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George, Amy R (HSS)  
RE: February 7, 2014 - WIC Update

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**From:** Wayne, Kathleen A (HSS)  
**Sent:** Sunday, February 09, 2014 9:58 AM  
**To:** HSS DPA WIC Coordinators; Donn Bennice; Welch, Scooter (HSS Sponsored); O'Gara, Kathy (HSS Sponsored); Keyes, Kelly (HSS Sponsored)  
**Cc:** HSS DPA WIC Juneau; HSS DPA WIC Anchorage; Olejasz, Aimee M (HSS); 'Danielle Rybicki'  
**Subject:** February 7 WIC Update

Hi All,

I am out of the office next week attending the national Association of Snap-Ed Nutrition Networks and Other Implementing Agencies (ASSNA) conference. Becky Carrillo is Acting FNP/WIC Manager and her contact information is [Rebecca.Carrillo@alaska.gov](mailto:Rebecca.Carrillo@alaska.gov) or 465-8629.

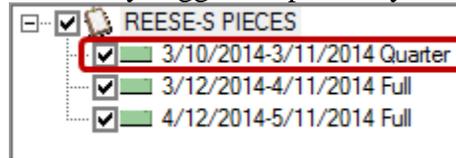
Take care,  
Kathleen

1. New WIC Food List— The State office has not completed printing the newest version of the WIC food list and we can provide some copies to LAs at this time. Please contact Sandy at [sandra.harbanuk@alaska.gov](mailto:sandra.harbanuk@alaska.gov), or 907/465-4704 with the number that you need. We will prorate the remaining copies. As soon as the new food list is ready for shipment, we will work with LAs to determine the number of copies you will need through September 30.
2. WIC Coordinator Recruitment----Southeast Alaska Regional Health Consortium (SEARHC) is seeking an RD for our WIC Coordinator position located in Juneau, AK. SEARHC is a non-profit tribal health consortium serving 18 Native communities throughout southeast AK. Apply online at [www.searhc.org](http://www.searhc.org) or call 907-966-8311 for more information. Please see attached flyer.
3. **National WIC Association---Thank You of the Week** *“I was 18 years old when I first heard of the WIC program. In fact, the reason I heard of it, like many young moms, was because I was in trouble. I was young, single, fresh out of high school, scared, and, yes, pregnant. I was truly in need. [I was] not only in need of financial assistance, but above all things, in need of sound advice and encouragement to make the right decisions for me and my unborn baby.” -WIC Participant, Miami-Dade County, FL*
4. Support creation of an Alaska Milk Bank—see attached template

5. Immunization Schedule Update—see attached
6. Earned Income Credit (EIC) -- Attached are two flyers on the EIC. Please post flyers in waiting rooms or other public locations to share the message about tax credits and free tax filing assistance with your WIC clients. For posters, additional flyers and envelope stuffers, order an EIC outreach Campaign kit. At [www.eitcouthoorg](http://www.eitcouthoorg). Please contact 202-408-1080 for additional information or materials.
7. Similac Transition-- it looks like everyone's doing a great job transitioning off Similac Sensitive. The State is not monitoring the 5% threshold for ENPR at this time. We'll see how it goes and revisit this issue a little later. Please contact [Jennifer.Johnson@alaska.gov](mailto:Jennifer.Johnson@alaska.gov) with any comments or questions.
8. ***SPIRIT Tips and Reminders:***  
 TIP # 1--Read SPIRIT messages carefully. Many times the correction that is required is described!  
 Reminder---Duplicate Participant procedure: If you get the "Potential Duplicate Applicant/Participant" screen from SPIRIT, and you choose to complete the prescreening, please make note of both WIC ID#s and send them to the WIC SPIRIT Help Desk. The help desk will process the unwanted record; do not terminate either WIC ID# (participant).
9. ***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. **Please** don't be concerned about whether a question is important enough for consideration; don't worry about whether it's something that you think you should already know! The only way we find out if there is a problem with SPIRIT or if there is an issue we should cover in training is through your calls and emails to the WIC SPIRIT Help Desk.
10. SPIRIT Batch Issuance ---The SPIRIT Utilities web site hosts Reports and Batch Issuance:  
<https://wicspiritprod1.dhss.alaska.gov/WICSPIRITPROD1/BatchIssuance/Authentication/Login.aspx>.  
 The Similac Sensitive Participant, Medicaid Outreach, and ME Clinic Roster by Active Status reports are available now.  
 (Log-in with your SPIRIT username and password).
11. SPIRIT--Short Month in February ----***This message went out earlier this week: ALERT!!***  
 Due to the short month in February, SPIRIT may over issue a partial set of benefits that overlap with the last set issued.  
**Example:** Participant's last set's LDTU is 3/11/2014.

Benefit Set		
PFDTU	LDTU	
02/10/2014	03/11/2014	Issued
01/10/2014	02/09/2014	Issued
12/10/2013	01/09/2014	Issued
Issuance Frequency		Tri-Monthly

When benefits are issued for March, the system incorrectly suggests a partial syncing package.



**WHAT YOU SHOULD DO:**

Print the benefit and void the partial package that is incorrectly suggested and overlaps the participant’s previous set of benefits. Remember good “voiding” techniques.

- Take the printed FI that needs to be voided and immediately write “Void” on it
- Set the FI aside
- Go back into SPIRIT and void immediately
- Scan the copy of the voided FI into SPIRIT ( if your agency requires this)
- Shred the FI

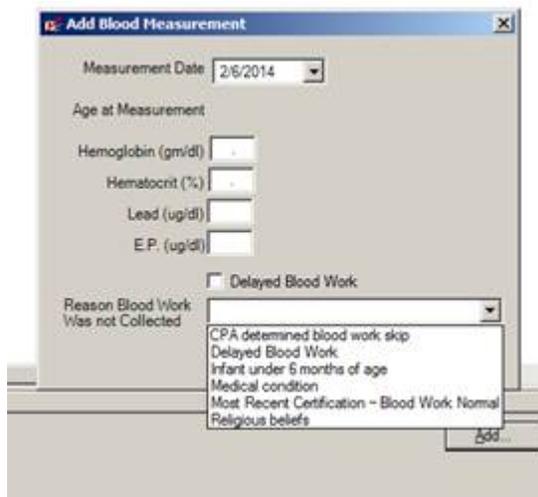
This issue will not occur next year due to a correction in the next release of SPIRIT.

Questions? Contact Dana Kent at [dana.kent@alaska.gov](mailto:dana.kent@alaska.gov) or 465-5322

Terry Hoskinson at [Terence.hoskinson@alaska.gov](mailto:Terence.hoskinson@alaska.gov) or 465-6398

12. SPIRIT Blood Work and Certification **----This message was sent out earlier this week** (the program staff are considering further policy changes). We made a change to SPIRIT affecting the requirements for Blood Work at certification. We reset a business rule that better supports our current policy. Please let Terry know if you have questions. [Terence.hoskinson@alaska.gov](mailto:Terence.hoskinson@alaska.gov)

- During CGS, you will have to go to the Blood tab
- If Blood Work is needed at this visit, enter the value.
- If Blood work is not required, you pick a reason from the drop down (CPA determined blood work skip).
  - The Red Check will appear on the CGS checklist and you do not have to do Blood Work. Checks will print as usual for this participant.
  - **ONLY** check the Delayed Blood Work box if **Blood Work IS DUE** at this visit and the participant or applicant does not have it with them. Only **three** months’ checks will be issued in this case.



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#### Nice To Know

1. Free Resources—Eat Play Grow---see attached.
2. Future reference-- Join Marie Biancuzzo RN MS IBCLC in a [FREE webinar](#) on Wednesday, February 5th, at Noon and 6:00 PM (EST). This webinar will help you:
  - Become familiar with the current requirements (Hint: They doubled the education requirements in 2011.)
  - Find and open the door to new opportunities for yourself, your staff, or your friends!

Marie Biancuzzo has prepared literally thousands of IBLCE-exam candidates. She will help you see how people from various backgrounds have successfully made the journey. They found their dream job...and you can, too!

This LIVE webinar is free, but space is limited! The first 25 people to sign up get to spend one hour with Marie. Visit [Breastfeeding Outlook](#) to sign up.

P.S. Spread the word! Share this information with your colleagues and friends or send them to [Breastfeeding Outlook](#) so they can sign up for themselves.

Kind regards,  
The Staff at Breastfeeding Outlook

NEW! You can catch Marie every Monday at 6 PM EST on VoiceAmerica's Health & Wellness channel. Her brand-new show, [Born to be Breastfed](#), covers topics like breastfeeding multiples, medications and breastfeeding, and much more.

*If you've found our courses and products valuable, please help us spread the word! LIKE Marie on [Facebook](#) and feel free to mention us to colleagues and in professional forums.*

*Evidence for your practice starts here... [www.breastfeedingoutlook.com](http://www.breastfeedingoutlook.com)*

*703-787-9894*

*Breastfeeding Outlook, PO Box 387, Herndon, VA 20172-0387*

*This message may be considered a solicitation for purposes of the CAN-SPAM Act.*

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# Recommended Immunization Schedules for Persons Aged 0 Through 18 Years

## UNITED STATES, 2014

This schedule includes recommendations in effect as of January 1, 2014. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967).

The Recommended Immunization Schedules for  
Persons Aged 0 Through 18 Years are approved by the

**Advisory Committee on Immunization Practices**  
(<http://www.cdc.gov/vaccines/acip>)

**American Academy of Pediatrics**  
(<http://www.aap.org>)

**American Academy of Family Physicians**  
(<http://www.aafp.org>)

**American College of Obstetricians and Gynecologists**  
(<http://www.acog.org>)



**Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2014.**

**(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).**

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13–15 yrs	16–18 yrs
Hepatitis B <sup>1</sup> (HepB)	1 <sup>st</sup> dose	←-----2 <sup>nd</sup> dose-----→			←-----3 <sup>rd</sup> dose-----→											
Rotavirus <sup>2</sup> (RV) RV1 (2-dose series); RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis <sup>3</sup> (DTaP: <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose				←-----4 <sup>th</sup> dose-----→			5 <sup>th</sup> dose				
Tetanus, diphtheria, & acellular pertussis <sup>4</sup> (Tdap: ≥7 yrs)														(Tdap)		
<i>Haemophilus influenzae</i> type b <sup>5</sup> (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 5				←-----3 <sup>rd</sup> or 4 <sup>th</sup> dose-----→ See footnote 5							
Pneumococcal conjugate <sup>6</sup> (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose				←-----4 <sup>th</sup> dose-----→							
Pneumococcal polysaccharide <sup>6</sup> (PPSV23)																
Inactivated poliovirus <sup>7</sup> (IPV) (<18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	←-----3 <sup>rd</sup> dose-----→							4 <sup>th</sup> dose				
Influenza <sup>8</sup> (IIV; LAIV) 2 doses for some: See footnote 8					Annual vaccination (IIV only)						Annual vaccination (IIV or LAIV)					
Measles, mumps, rubella <sup>9</sup> (MMR)								←-----1 <sup>st</sup> dose-----→				2 <sup>nd</sup> dose				
Varicella <sup>10</sup> (VAR)								←-----1 <sup>st</sup> dose-----→				2 <sup>nd</sup> dose				
Hepatitis A <sup>11</sup> (HepA)								←-----2-dose series, See footnote 11-----→								
Human papillomavirus <sup>12</sup> (HPV2: females only; HPV4: males and females)															(3-dose series)	
Meningococcal <sup>13</sup> (Hib-Men-CY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 13											1 <sup>st</sup> dose		Booster

Range of recommended ages for all children
  Range of recommended ages for catch-up immunization
  Range of recommended ages for certain high-risk groups
  Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
  Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2014. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

**FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States, 2014.**

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Persons aged 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks		
Rotavirus <sup>2</sup>	6 weeks	4 weeks	4 weeks <sup>2</sup>		
Diphtheria, tetanus, & acellular pertussis <sup>3</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>3</sup>
<i>Haemophilus influenzae</i> type b <sup>5</sup>	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12 through 14 months No further doses needed if first dose administered at age 15 months or older	4 weeks <sup>5</sup> if current age is younger than 12 months and first dose administered at < 7 months old 8 weeks and age 12 months through 59 months (as final dose) <sup>5</sup> if current age is younger than 12 months and first dose administered between 7 through 11 months (regardless of Hib vaccine [PRP-T or PRP-OMP] used for first dose); <u>OR</u> if current age is 12 through 59 months and first dose administered at younger than age 12 months; <u>OR</u> first 2 doses were PRP-OMP and administered at younger than 12 months. No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 (PRP-T) doses before age 12 months and started the primary series before age 7 months	
Pneumococcal <sup>6</sup>	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated poliovirus <sup>7</sup>	6 weeks	4 weeks <sup>7</sup>	4 weeks <sup>7</sup>	6 months <sup>7</sup> minimum age 4 years for final dose	
Meningococcal <sup>13</sup>	6 weeks	8 weeks <sup>13</sup>	See footnote 13	See footnote 13	
Measles, mumps, rubella <sup>9</sup>	12 months	4 weeks			
Varicella <sup>10</sup>	12 months	3 months			
Hepatitis A <sup>11</sup>	12 months	6 months			
Persons aged 7 through 18 years					
Tetanus, diphtheria; tetanus, diphtheria, & acellular pertussis <sup>4</sup>	7 years <sup>4</sup>	4 weeks	4 weeks if first dose of DTaP/DT administered at younger than age 12 months 6 months if first dose of DTaP/DT administered at age 12 months or older and then no further doses needed for catch-up	6 months if first dose of DTaP/DT administered at younger than age 12 months	
Human papillomavirus <sup>12</sup>	9 years	Routine dosing intervals are recommended <sup>12</sup>			
Hepatitis A <sup>11</sup>	12 months	6 months			
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated poliovirus <sup>7</sup>	6 weeks	4 weeks	4 weeks <sup>7</sup>	6 months <sup>7</sup>	
Meningococcal <sup>13</sup>	6 weeks	8 weeks <sup>13</sup>			
Measles, mumps, rubella <sup>9</sup>	12 months	4 weeks			
Varicella <sup>10</sup>	12 months	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

# Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2014

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

For vaccine recommendations for persons 19 years of age and older, see the adult immunization schedule.

## Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.
- For purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Vaccine doses administered 4 days or less before the minimum interval are considered valid. Doses of any vaccine administered  $\geq 5$  days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see *MMWR, General Recommendations on Immunization and Reports / Vol. 60 / No. 2; Table 1. Recommended and minimum ages and intervals between vaccine doses* available online at <http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>.
- Information on travel vaccine requirements and recommendations is available at <http://wwwnc.cdc.gov/travel/destinations/list>.
- For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "Vaccination of persons with primary and secondary immunodeficiencies," in General Recommendations on Immunization (ACIP), available at <http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>; and American Academy of Pediatrics. Immunization in Special Clinical Circumstances, in Pickering LK, Baker CJ, Kimberlin DW, Long SS eds. *Red Book: 2012 report of the Committee on Infectious Diseases. 29th ed.* Elk Grove Village, IL: American Academy of Pediatrics.

### 1. Hepatitis B (HepB) vaccine. (Minimum age: birth)

#### Routine vaccination:

##### At birth:

- Administer monovalent HepB vaccine to all newborns before hospital discharge.
- For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
- If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

#### Doses following the birth dose:

- The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
- Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the **first** dose. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks.
- Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

#### Catch-up vaccination:

- Unvaccinated persons should complete a 3-dose series.
- A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
- For other catch-up guidance, see Figure 2.

### 2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [RotaTeq])

#### Routine vaccination:

Administer a series of RV vaccine to all infants as follows:

1. If Rotarix is used, administer a 2-dose series at 2 and 4 months of age.
2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
3. If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

#### Catch-up vaccination:

- The maximum age for the first dose in the series is 14 weeks, 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
- The maximum age for the final dose in the series is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.

### 3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks.

#### Exception: DTaP-IPV [Kinrix]: 4 years)

##### Routine vaccination:

- Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

##### Catch-up vaccination:

- The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
- For other catch-up guidance, see Figure 2.

### 4. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix, 11 years for Adacel)

#### Routine vaccination:

- Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
- Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of time since prior Td or Tdap vaccination.

#### Catch-up vaccination:

- Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose.
- Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
- Inadvertent doses of DTaP vaccine:
  - If administered inadvertently to a child aged 7 through 10 years may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11 through 12 years.
  - If administered inadvertently to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Tdap booster.
- For other catch-up guidance, see Figure 2.

### 5. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks for PRP-T [ACTHIB, DTaP-IPV/Hib (Pentacel) and Hib-MenCY (MenHibrix)], PRP-OMP [PedvaxHIB or COMVAX], 12 months for PRP-T [Hiberix])

#### Routine vaccination:

- Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used in primary series) at age 12 through 15 months to complete a full Hib vaccine series.
- The primary series with ActHIB, MenHibrix, or Pentacel consists of 3 doses and should be administered at 2, 4, and 6 months of age. The primary series with PedvaxHib or COMVAX consists of 2 doses and should be administered at 2 and 4 months of age; a dose at age 6 months is not indicated.
- One booster dose (dose 3 or 4 depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months. An exception is Hiberix vaccine. Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years who have received at least 1 prior dose of Hib-containing vaccine.

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

**5. Haemophilus influenzae type b (Hib) conjugate vaccine (cont'd)**

- For recommendations on the use of MenHibrix in patients at increased risk for meningococcal disease, please refer to the meningococcal vaccine footnotes and also to *MMWR* March 22, 2013; 62(RR02);1-22, available at <http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf>.

**Catch-up vaccination:**

- If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
- If the first 2 doses were PRP-OMP (PedvaxHIB or COMVAX), and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later, regardless of Hib vaccine used for first dose.
- If first dose is administered at younger than 12 months of age and second dose is given between 12 through 14 months of age, a third (and final) dose should be given 8 weeks later.
- For unvaccinated children aged 15 months or older, administer only 1 dose.
- For other catch-up guidance, see Figure 2. For catch-up guidance related to MenHibrix, please see the meningococcal vaccine footnotes and also *MMWR* March 22, 2013; 62(RR02);1-22, available at <http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf>.

**Vaccination of persons with high-risk conditions:**

- Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
- For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
- Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
- A single dose of any Hib-containing vaccine should be administered to unimmunized\* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.
- Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized\* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through 18 years of age with human immunodeficiency virus (HIV) infection.  
*\* Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.*

**6. Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPSV23)**

**Routine vaccination with PCV13:**

- Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.
- For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).

**Catch-up vaccination with PCV13:**

- Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- For other catch-up guidance, see Figure 2.

**Vaccination of persons with high-risk conditions with PCV13 and PPSV23:**

- All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.
- For children 2 through 5 years of age with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; solid organ transplantation; or congenital immunodeficiency:
  - Administer 1 dose of PCV13 if 3 doses of PCV (PCV7 and/or PCV13) were received previously.
  - Administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV (PCV7 and/or PCV13) were received previously.

**6. Pneumococcal vaccines (cont'd)**

- Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.
- The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.
- For children with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.

- For children aged 6 through 18 years who have cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma:
  - If neither PCV13 nor PPSV23 has been received previously, administer 1 dose of PCV13 now and 1 dose of PPSV23 at least 8 weeks later.
  - If PCV13 has been received previously but PPSV23 has not, administer 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13.
  - If PPSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.
- For children aged 6 through 18 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus, alcoholism, or chronic liver disease, who have not received PPSV23, administer 1 dose of PPSV23. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after any prior PCV13 dose.
- A single revaccination with PPSV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

**7. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)**

**Routine vaccination:**

- Administer a 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

**Catch-up vaccination:**

- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
- If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age. IPV is not routinely recommended for U.S. residents aged 18 years or older.
- For other catch-up guidance, see Figure 2.

**8. Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV], 2 years for live, attenuated influenza vaccine [LAIV])**

**Routine vaccination:**

- Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) those with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see *MMWR* 2013; 62 (No. RR-7):1-43, available at <http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf>.

**For children aged 6 months through 8 years:**

- For the 2013-14 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2013-14 ACIP influenza vaccine recommendations, *MMWR* 2013; 62 (No. RR-7):1-43, available at <http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf>.
- For the 2014-15 season, follow dosing guidelines in the 2014 ACIP influenza vaccine recommendations.

**For persons aged 9 years and older:**

- Administer 1 dose.

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

**9. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)**

**Routine vaccination:**

- Administer a 2-dose series of MMR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
- Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
- Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.

**Catch-up vaccination:**

- Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

**10. Varicella (VAR) vaccine. (Minimum age: 12 months)**

**Routine vaccination:**

- Administer a 2-dose series of VAR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

**Catch-up vaccination:**

- Ensure that all persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007; 56 [No. RR-4], available at <http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf>) have 2 doses of varicella vaccine. For children aged 7 through 12 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.

**11. Hepatitis A (HepA) vaccine. (Minimum age: 12 months)**

**Routine vaccination:**

- Initiate the 2-dose HepA vaccine series at 12 through 23 months; separate the 2 doses by 6 to 18 months.
- Children who have received 1 dose of HepA vaccine before age 24 months should receive a second dose 6 to 18 months after the first dose.
- For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.

**Catch-up vaccination:**

- The minimum interval between the two doses is 6 months.

**Special populations:**

- Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection. This includes persons traveling to or working in countries that have high or intermediate endemicity of infection; men having sex with men; users of injection and non-injection illicit drugs; persons who work with HAV-infected primates or with HAV in a research laboratory; persons with clotting-factor disorders; persons with chronic liver disease; and persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. The first dose should be administered as soon as the adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.

**12. Human papillomavirus (HPV) vaccines. (Minimum age: 9 years for HPV2 [Cervarix] and HPV4 [Gardasil])**

**Routine vaccination:**

- Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months to all adolescents aged 11 through 12 years. Either HPV4 or HPV2 may be used for females, and only HPV4 may be used for males.
- The vaccine series may be started at age 9 years.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose 24 weeks after the first dose and 16 weeks after the second dose (minimum interval of 12 weeks).

**Catch-up vaccination:**

- Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals (see above) for vaccine series catch-up.

**13. Meningococcal conjugate vaccines. (Minimum age: 6 weeks for Hib-MenCY [MenHibrix], 9 months for MenACWY-D [Menactra], 2 months for MenACWY-CRM [Menveo])**

**Routine vaccination:**

- Administer a single dose of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at age 16 years.
- Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of Menactra or Menveo with at least 8 weeks between doses.
- For children aged 2 months through 18 years with high-risk conditions, see below.

**Catch-up vaccination:**

- Administer Menactra or Menveo vaccine at age 13 through 18 years if not previously vaccinated.
- If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
- If the first dose is administered at age 16 years or older, a booster dose is not needed.
- For other catch-up guidance, see Figure 2.

**Vaccination of persons with high-risk conditions and other persons at increased risk of disease:**

- Children with anatomic or functional asplenia (including sickle cell disease):
  1. For children younger than 19 months of age, administer a 4-dose infant series of MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
  2. For children aged 19 through 23 months who have not completed a series of MenHibrix or Menveo, administer 2 primary doses of Menveo at least 3 months apart.
  3. For children aged 24 months and older who have not received a complete series of MenHibrix or Menveo or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart. If Menactra is administered to a child with asplenia (including sickle cell disease), do not administer Menactra until 2 years of age and at least 4 weeks after the completion of all PCV13 doses.
- Children with persistent complement component deficiency:
  1. For children younger than 19 months of age, administer a 4-dose infant series of either MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
  2. For children 7 through 23 months who have not initiated vaccination, two options exist depending on age and vaccine brand:
    - a. For children who initiate vaccination with Menveo at 7 months through 23 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
    - b. For children who initiate vaccination with Menactra at 9 months through 23 months of age, a 2-dose series of Menactra should be administered at least 3 months apart.
    - c. For children aged 24 months and older who have not received a complete series of MenHibrix, Menveo, or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart.
- For children who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or the Hajj, administer an age-appropriate formulation and series of Menactra or Menveo for protection against serogroups A and W meningococcal disease. Prior receipt of MenHibrix is not sufficient for children traveling to the meningitis belt or the Hajj because it does not contain serogroups A or W.
- For children at risk during a community outbreak attributable to a vaccine serogroup, administer or complete an age- and formulation-appropriate series of MenHibrix, Menactra, or Menveo.
- For booster doses among persons with high-risk conditions, refer to *MMWR* 2013; 62(RR02);1-22, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm>.

**Catch-up recommendations for persons with high-risk conditions:**

1. If MenHibrix is administered to achieve protection against meningococcal disease, a complete age-appropriate series of MenHibrix should be administered.
2. If the first dose of MenHibrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
3. For children who initiate vaccination with Menveo at 7 months through 9 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
4. For other catch-up recommendations for these persons, refer to *MMWR* 2013; 62(RR02);1-22, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm>.

**For complete information on use of meningococcal vaccines, including guidance related to vaccination of persons at increased risk of infection, see *MMWR* March 22, 2013; 62(RR02);1-22, available at <http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf>.**

March 20, 2014

Board of Directors  
Blood Bank of Alaska  
4000 Laurel Street  
Anchorage, Alaska 99508

Dear Board:

The Alaska Family Nutrition Programs strongly supports breastfeeding and encourages the Blood Bank of Alaska to open the Anchorage Mother's Milk Bank. The preferred nutrition for the newborn is his/her own mother's milk, but when this is not available or is limited, pasteurized human donor breast milk is the best alternative for all babies, especially hospitalized neonates.

Human milk banks fulfil an important role in the preservation of newborn life. Donating breast milk is a simple and safe process that can help save the lives of babies and having an Alaskan Milk Bank will help reach babies across the state without securing milk from distant milk banks. Availability of human banked milk within our own state will make the support of fragile neonates less reliant upon shipped milk, more convenient, efficient, affordable, available and reliable than from outside Milk Banks. As Alaska's breastfeeding rates increase and there is a rising demand for donor milk, we will be able meet these demands with our own "Made in Alaska" milk. Potentially having donor milk available can raise Alaska's exclusivity rates by supplying small amounts for supplementation if needed after birth.

The Alaska Blood Bank is the perfect fit for The Mother's Milk Bank since blood banking has similar regulatory requirements as donor milk banking. Processes such as collecting, separating, processing, and storing these products fall within the spectrum of the blood bank's similarities. The Blood Bank of Alaska is already able to properly perform the tasks related to "banking" blood and milk.

WIC is a potential partner, serving many breastfeeding mothers who are willing to express milk and make it available to the Mother's Milk Bank. We look forward to future dialog and partnership in this endeavour. Clearly, milk banking offers life-savings benefits to the most vulnerable members of society. Please support opening the Mother's Milk Bank for our state.

Sincerely,

# *EatPlayGrow™:* *Creative Activities for a Healthy Start* *Training*

Wednesday, February 5, 2014



# Introductions



# What We'll Cover

- What is EatPlayGrow™?
- How was it developed?
- What is EatPlayGrow™ about?
- Does it Work? (Evaluation)



# What is *We Can*?

*We Can!* (Ways to Enhance Children's Activity & Nutrition)<sup>®</sup>



A health education program developed by the NIH designed to provide parents, caregivers and communities the tools and strategies they need to help children stay at a healthy weight through:

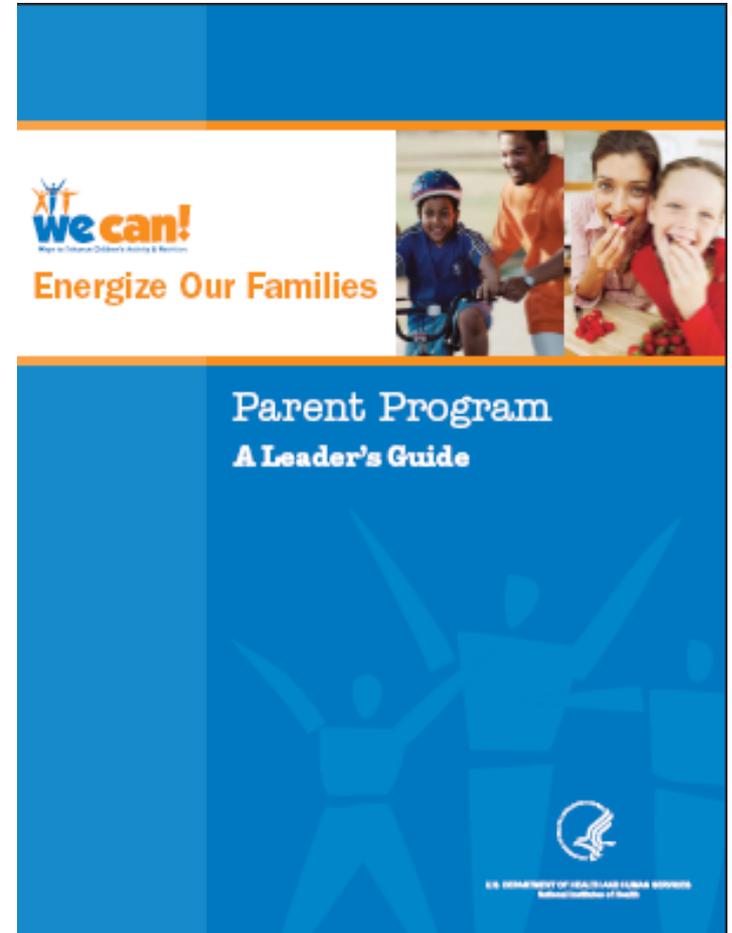
- Eating right
- Moving more
- Reducing screen time



# *We Can! Energize Our Families: Parent Program*

4-session curriculum for parents and caregivers

- Concepts include nutrition, energy balance, family physical activity, reducing screen time
- Tips offered for recruitment, retention, implementation, promotion



# What is EatPlayGrow™?



# Children's Museum of Manhattan

Over **35 years** serving families in the most diverse city in the world

**375,000** visitors per year

**20%** of visitors are low income, head start families and groups

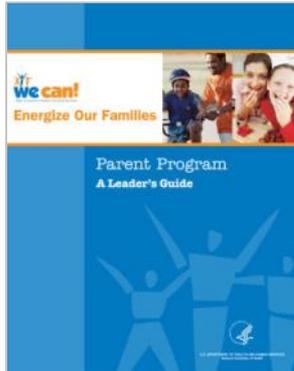
**A nationally recognized leader**, CMOM tours exhibitions and programs in early childhood education, creativity, culture and health throughout the U.S. and in Canada

**Experienced collaborator with public and private partners**

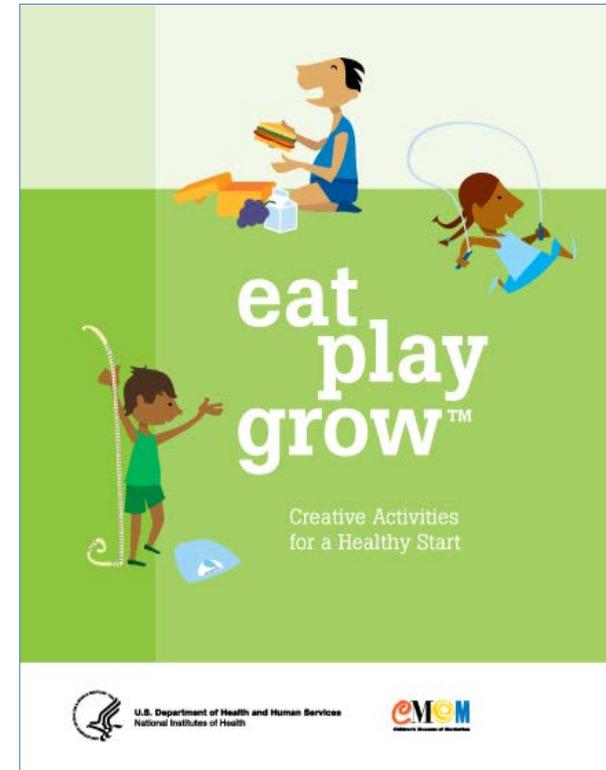


# Research + Creativity = *EatPlayGrow*<sup>TM</sup>

## *We Can!* Parent Program



- Research on, nutrition, physical activity, obesity prevention
- Behavior change theories
- Community Engagement
- Art-making
- Storytelling
- Music
- Age-appropriate movement activities
- Family Health Journal



# EatPlayGrow™

An early childhood health curriculum developed by the Children's Museum of Manhattan in partnership with the National Institutes of Health's (NIH's) *We Can!* program

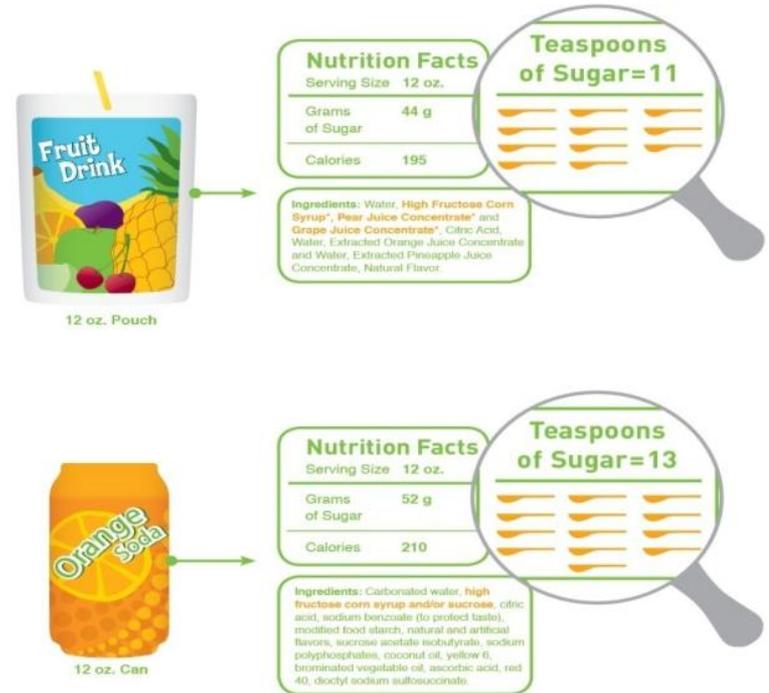


- Teaches positive messages about health in fun and engaging ways for the whole family
- Designed to meet Pre-K and Health Standards
- Uses art, literacy, math and physical activities to teach health content

# EatPlayGrow™

Provides *families* with information and strategies to make healthy choices.

## The Hidden Sugar Truth



\*The words that are highlighted in yellow are added sugars. Added sugar is the sugar added to processed food and drinks while they are being made. Naturally occurring sugar is the sugar found in whole, unprocessed foods, such as milk, fruit, vegetables, and some grains.

## Question:

Write your thoughts in the chat box

- *How often do kids ask for snacks?*
- *What do parents...and others... normally give them?*

# What is *EatPlayGrow*<sup>™</sup> all about?



# *EatPlayGrow™: The Eleven Lessons*

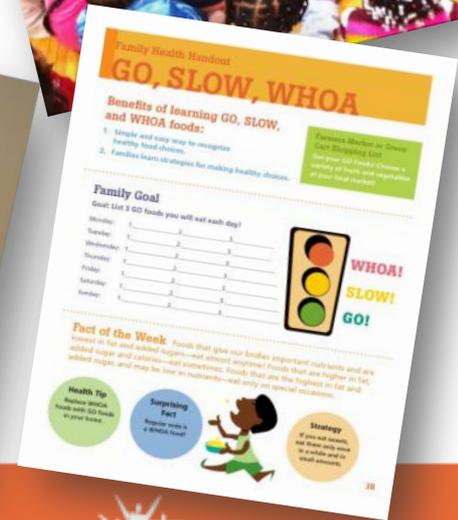
- *My Five Senses*
- *Go Slow Whoa*
- *Fabulous Fruits*
- *Move to the Beat*
- *Energy Balance*
- *I Love My Veggies*
- *Perfect Portions*
- *Dem Bones*
- *Healthy Beverages*
- *Smart Sleep*
- *Family Meal*



*Each lesson takes approximately 70 minutes*

# EPG: Lesson Structure

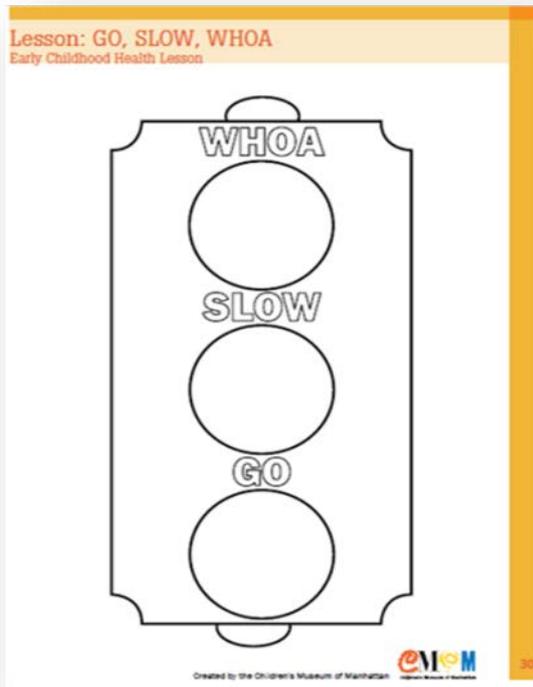
- Introduction and Discussion
- Key Teaching Messages
- Art Activity
- Healthy Snack
- Story Time
- Physical Activity
- Parent Hand-Outs



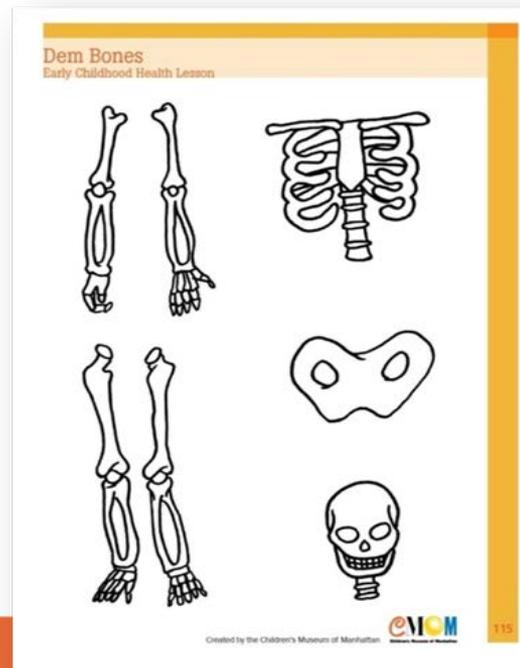
# Three Lessons From the EPG Curriculum

## Lesson #2

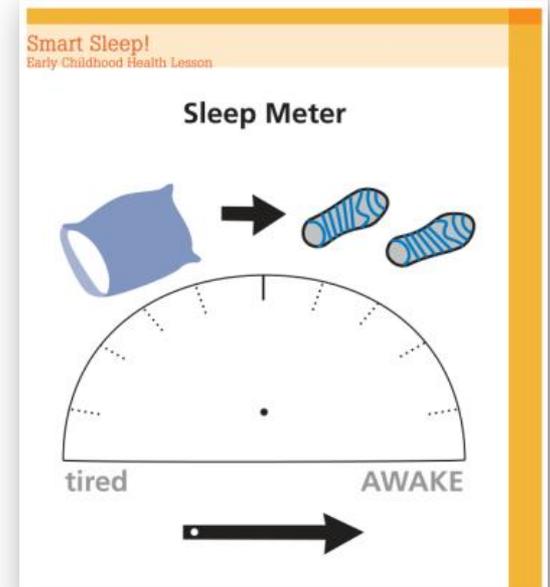
### Go, Slow, and Whoa



## Lesson #8 Dem Bones



## Lesson #10 Smart Sleep



# Welcome Game! True or False?

- **True or False?** Drinking a small glass of orange juice is just as healthy as eating one orange?
- **True or False?** 1-3 year olds need about 12-14 hours of sleep in a 24 hour period and 3-5 year olds need about 11-13 hours of sleep each night?
- **True or False?** Skim milk and 2% milk have the same amount of calcium?
- **False:** Drinking a small glass of orange juice is healthy and provides nutrients, but does not provide the amount of fiber that a whole orange has.
- **True:** Sleep is important for growing children because sleep is a time for the body to perform functions that only occur while sleeping.
- **True:** Skim, 2%, and whole milk all have the same calcium content; the only difference between them is what? (Fat)

# A Walk Through Lesson # 2: GO, SLOW, WHOA



# EatPlayGrow™ : Getting Started

## GO, SLOW, WHOA Early Childhood Health Lesson



Objective: Learn the three *We Can!* food categories (GO, SLOW, and WHOA) and how to recognize foods that are the better choices for a healthy body.

### WE CAN! MESSAGES

GO foods should be eaten often; SLOW foods should be eaten sometimes; and WHOA foods should be eaten sparingly.  
Limit the availability and accessibility of high-fat, high-density/low nutrient foods in the home.  
Increase availability and accessibility of healthy foods in the home.  
Balance energy in and energy out.  
Limit the availability and accessibility of sugar-sweetened beverages.

### NATIONAL PRE-K-2ND GRADE HEALTH PERFORMANCE STANDARDS

Identify how the family influences personal health practices and behaviors.  
Identify healthy behaviors that impact personal health.

### ADULT MESSAGE

Increase families' daily intake of "GO" foods, while reducing servings of "SLOW" and "WHOA" foods.

### DEVELOPING PRESCHOOL READINESS SKILLS

Learn to count, sort, and categorize.

### PROGRAM CONTENT

Themed lesson plans incorporating art, literacy, movement and music support a multi-disciplinary approach to teaching young children and adults.  
Program Length: 70 minutes

### INTRODUCTION/DISCUSSION

**Materials:** Name stickers, markers

Welcome families with name stickers and "hello" song. Begin a discussion by highlighting the differences between how foods taste, smell, look, and feel. Explain that different foods provide us with different nutrients and that these nutrients fuel our body and help us to play, learn, and grow.

Ask the adults "What is a calorie?" Explain how food's energy is measured in calories. The body needs calories/energy to perform basic functions (like breathing and digesting), but only a certain amount. GO foods are the lowest in fat and added sugar and are relatively low in calories, but are rich with nutrients. WHOA foods are the highest in fat and added sugars and are high in calories, with often low levels of nutrients. SLOW foods are in-between; they have nutrients but are higher in fat, added sugar, and calories than GO foods.

Ask children to name their favorite foods and help them discover if their favorite foods are GO, SLOW, or WHOA. Show examples of GO foods and discuss how GO foods are usually fruits and

# GO, SLOW, WHOA: Introduction

The “Hello” Song will begin each lesson



Lyrics:

Hello everybody yes indeed, yes indeed, yes indeed  
hello everybody yes, indeed we're so glad to see you!

Hello to (insert each child's name)

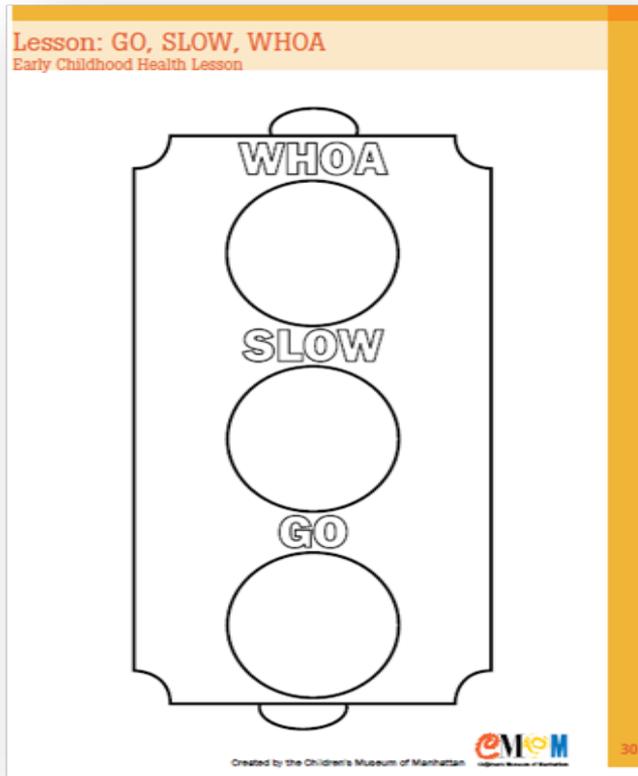
Short rhythmic songs are fun and engaging for children and help focus the class!

# The Hello Song!

<http://vimeo.com/83615830>

# GO, SLOW, WHOA: Discussion

We use the concept of a stop light to explain how to think about foods in three categories.



- **GO Foods** - lowest in fat, sugar, and relatively low in calories. Great anytime!
- **SLOW Foods**- higher in fat, sugar and calories. Have sometimes, at most a few times a week.
- **WHOA Foods** - highest in fat, sugar and calories. Have once in a while, in small portions.

# GO, SLOW, WHOA: Key Teaching Messages

- **Objective:**

Learn the three food categories and how to identify foods that are good choices for a healthy body

- **Adult Message:**

Increase family's daily intake of "Go" food, while reducing "SLOW" and "WHOA" food

- **Pre-School Readiness Skills:**

Learn to count, sort and, categorize

# Go, Slow, and Whoa! Lesson Video

<http://vimeo.com/83615828>

# GO, SLOW, WHOA: Physical Activity

## GO, SLOW, WHOA Movement Game

### Directions:

Call out and show an image of a GO, SLOW, or WHOA food.

For **GO** foods, children run in place

For **SLOW** foods, children walk in place

For **WHOA** foods, children sit down/or stop

# Cool Down Activities

- It's important to add a warm up and a cool down to any physical activity.
- It's also a great way to get students focused and on task.



# GO, SLOW, WHOA: Art Activity

## Stop Light Collage

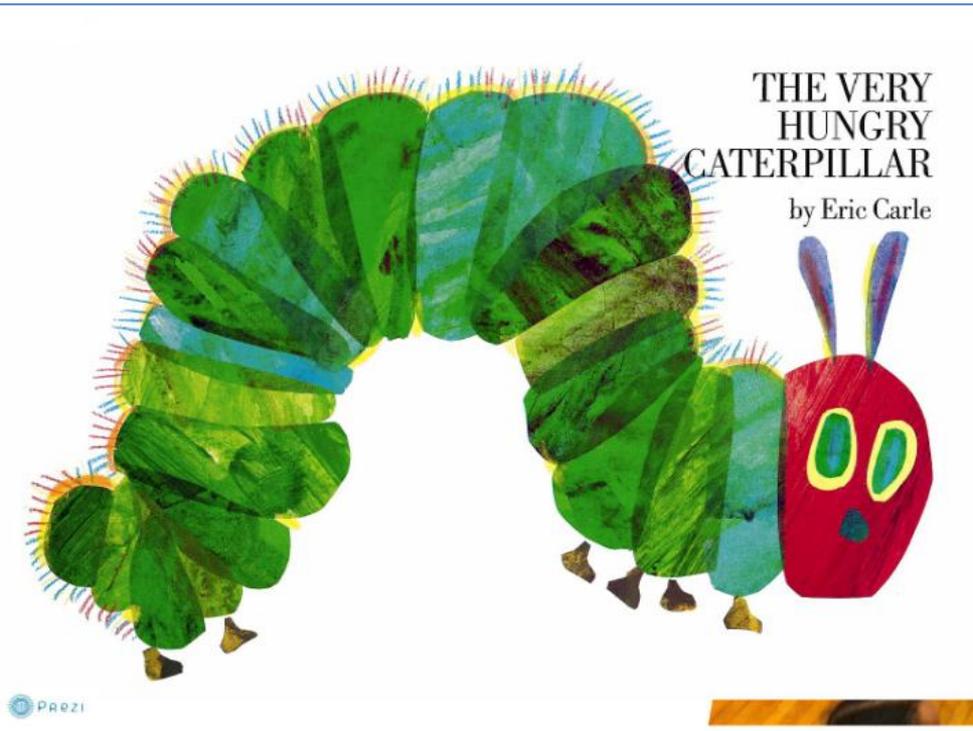
### Directions:

1. Make copies of the stop included in the lesson plan.
2. Cut out food images included in the Lesson plan.
3. Color in the stop light.
4. Go through each category one at a time and have students glue them to their corresponding light.



A Go, Slow, Whoa Traffic light made by a Head Start classroom in Brooklyn, NY

# GO, SLOW, WHOA: Group Story Time



# Ending the Lessons

## The Banana Song

*Grow Banana, Grow, Grow Banana  
Grow Banana, Grow, Grow Banana*

*Peel Banana, Peel, Peel Banana  
Peel Banana, Peel, Peel Banana*

*Go Bananas, Go, Go Bananas!!!  
Go Bananas, Go, Go Bananas!!!  
(from Lesson 3 Fabulous Fruits)*

**An active song is a fun way to end the lesson!**

**EPG has a number of songs that you can use!**

# The Fruit Song! Go Bananas

<http://vimeo.com/83614743>

# GO, SLOW, WHOA: Healthy Snack

- There is a recommended snack that accompanies every lesson.
- This lesson has two GO Foods: orange slices and whole grain rice cakes!



# GO, SLOW, WHOA: Parent Handouts

**At-Home Tools**

**Books**  
*The Very Hungry Caterpillar* by Eric Carle  
*Sweet as a Strawberry* by Sally Smallwood  
*Gregory, the Terrible Eater* by Mitchell Sharmat

**Did you know...**  
 Some examples of GO foods are: 100% juice, chicken, doughnuts, and...

**Physical Activity**  
**Get Moving!**  
 Sing and dance to *Green Shake Your Sillies Out*. Follow exercise with a smoothie: blend ice, if free or low...

**Cookie, Cook!**  
 Based on "Duck, Duck, Go" nutrition knowledge, food and a GO recipe. Healthy choices give around the circle of cold water and with...

**Family Health Handout**  
**GO, SLOW, WHOA**

**Benefits of learning GO, SLOW, and WHOA foods:**

1. Simple and easy way to recognize healthy food choices.
2. Families learn strategies for making healthy choices.

**Farmers Market or Green Cart Shopping List**  
 Get your GO Foods! Choose a variety of fruits and vegetables at your local market!

**Family Goal**  
 Goal: List 3 GO foods you will eat each day!

Monday: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Tuesday: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Wednesday: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Thursday: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Friday: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Saturday: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Sunday: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Fact of the Week** Foods that give our bodies important nutrients and are lowest in fat and added sugars—eat almost anytime! Foods that are higher in fat, added sugar and calories—eat sometimes. Foods that are the highest in fat and added sugar, and may be low in nutrients—eat only on special occasions.

**Health Tip**  
 Replace WHOA foods with GO foods in your home.

**Surprising Fact**  
 Regular soda is a WHOA food!

**Strategy**  
 If you eat sweets, eat them only once in a while and in small amounts.



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**Herramientas**

**Libros**  
*The Very Hungry Caterpillar* de Eric Carle  
*Sweet as a Strawberry* de Sally Smallwood  
*Gregory, the Terrible Eater* de Mitchell Sharmat

**Sabía que...**  
 Algunos ejemplos de Comidas DESPACIO a la francesa, pollo...

**Actividad**  
**¡Muévase!**  
 Cante y baile al ritmo de *Green Shake Your Sillies Out*. Después de hidratante y nutriente, leche libre...

**¡Galleta!**  
 Basado en "Duck, Duck, Go" conocimiento de una comida PARE. ¡Recuerde: Seleccione energía para comer! Después beba un vaso de manzana...

**Folleto de Salud Familiar**  
**SIGA, DESPACIO, PARE**

**Beneficios de aprender acerca de las comidas SIGA, DESPACIO Y PARE:**

1. Una manera simple y fácil de reconocer selecciones saludables de comida.
2. Las familias aprenden estrategias para hacer selecciones saludables.

**Mercado de Agricultores o Lista de Compras del Carrito Verde**  
 ¡Consuma comidas sigue! Escoge de una variedad de frutas y vegetales de tu mercado local.

**Meta Familiar**  
 ¡Haga una lista de 3 comidas SIGA que comerá cada día!

Lunes: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Martes: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Miércoles: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Jueves: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Viernes: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Sábado: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Domingo: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Dato de la Semana** ¡Comidas que le dan a nuestros cuerpos nutrientes importantes y son los más bajos en grasa y azúcares añadidos—cómalas casi a cualquier hora! Comidas que son más altas en grasa, azúcar añadido y calorías—cómalas algunas veces. Comidas que son las más altas en grasa y azúcares añadidos, y muchas son bajas en nutrientes—cómalas solamente en ocasiones especiales.

**Consejo de Salud**  
 Reemplace comidas PARE con comidas SIGA en su casa.

**Dato Sorprendente**  
 ¡La gaseosa regular es una comida PARE!

**Estrategia**  
 Si usted come cosas dulces, cómalas de vez en cuando y en pequeñas cantidades.





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# GO, SLOW, WHOA: At-Home Strategies

- Serve a piece of fruit instead of cookies
- Serve water and fat-free or low-fat milk instead of sodas with sugar
- Remove WHOA and SLOW snacks from the house and replace with GO choices
- Remember, if you eat sweets and snacks, eat small amounts and only once in a while

# GO, SLOW, WHOA: Lesson Visuals

## The Hidden Sugar Truth



Nutrition Facts	
Serving Size	3/4 cups
Grams of Sugar	12 g
Calories	100
Fat	1.5 g

**Ingredientes:** Cereal: Corn Flour, Sugar\*, Oat Flour, Brown Sugar\*, Coconut Oil, Salt, Niacinamide, Yellow 5, Reduced Iron, Zinc Oxide, Yellow 6, Thiamin, Monontrate, BHT (A preservative), Pyridoxine Hydrochloride, Riboflavin, Folic Acid



Blueberry Muffin

Nutrition Facts	
Serving Size	1 Muffin
Grams of Sugar	44 g
Calories	480
Fat	15 g



**Ingredientes:** Muffin: Enriched Bleached Wheat Flour (Wheat Flour, Niacin, Iron, and Folic Acid), Thiamin Monontrate, Enzyme, Riboflavin, Folic Acid, Sugar\*, Blueberries, Water, Eggs, Soybean Oil, Contains less than 2% of the following: High Fructose Corn Syrup\*, Leavening (Baking Soda, Sodium Aluminum Phosphate, Aluminum Sulfate), Modified Corn Starch, Soy Protein Isolate, Salt, Whey (a milk derivative), Mono and Diglycerides, Sodium Stearoyl Lactate, Natural and Artificial Flavor, Sorbitan Monostearate, Polyacrylate 10, Cellulized Wheat Starch, Natural Flavor, Propylene Glycol, Topping, Sugar\*

\*The words highlighted in yellow refer to added sugar. Added sugar is the sugar added to processed food and drink while they are being made. Naturally occurring sugar is the sugar found in whole, unprocessed foods, such as milk, fruit, vegetables, and some grains.



## La Verdad Oculta del Azúcar



Datos de Nutrición	
Tamaño de la Porción	3/4 taza
Gramos de Azúcar	12 g
Calorías	100

**Ingredientes:** Cereal: Harina de Maíz, Azúcar\*, Harina de Avena, Azúcar Moreno\*, Aceite de Coco, Sal, Niacinamida, Amarillo 5, Hierro Reducido, Óxido de Zinc, Amarillo 6, Tiamina, Monontrato, BHT (como preservativo), Piridoxina Clorhidrato, Riboflavina, Ácido Fólico



Panecillo de Moras

Datos de Nutrición	
Tamaño de la Porción	1 Panecillo
Gramos de Azúcar	44 g
Calorías	480
Grasa	15 g

**Ingredientes:** Panecillo: Harina de Trigo Enriquecida (Harina de Trigo, Niacina, Hierro como Sulfato Férrico, Tiamina Monontrato, Enzimas, Riboflavina, Ácido Fólico), Azúcar\*, Moras, Agua, Huevos, Aceite de Soya, Contiene menos del 2% de lo siguiente: Jarabe de Maíz Alto en Fructosa\*, Levadura (Sacarato de Soya, Fosfato de Aluminio de Sodio, Sulfato de Aluminio), Améson de Maíz Modificado, Aceite de Proteína de Soya, Sal, Suero (un derivado de la leche), Miel y Diglicéridos, Lactato Cálcico de Sodio, Subaromáticos Naturales y Artificiales, Monontrato de Sorbitol, Polisorbato 80, Almidón de Trigo Gelatinizado, Subaromático Natural, Glicerol de Propileno, Cubierta Azúcar\*



\*Los palabras resaltadas en amarillo se refieren al azúcar agregado. El azúcar agregado es el azúcar que se agrega a los alimentos y bebidas procesados al momento de producirse. El azúcar de origen natural es la que se encuentra naturalmente en alimentos sin procesar, tales como la leche, la fruta, los vegetales, y algunos granos.



**Question: *If you lose sleep during the week and try to make it up on the weekend are you really making up sleep?***

**We will tell you after the  
5 Minute break!**



# 5 Minute Break



**Question:** *If you lose sleep all week and try to make it up on the weekend are you really making up that lost sleep?*

**No, lost sleep is lost sleep. Sleep is a time for the body to perform functions that only occur while sleeping; like hormone regulation. Once you lose sleep you cannot get it back.**



Other questions?



# A Walk Through Smart Sleep: Lesson #10



# Smart Sleep:

Understanding the importance of sleep in maintaining good health!

*Developed in collaboration with Judith Owen, M.D.,  
M.P.H Director of Sleep Children's National Medical  
Center*



# Smart Sleep: Discussion

## Benefits of Sleep

- Helps your brain download new information and prepare to learn
- Helps your bones and muscles
- Helps your immune system fight off sickness

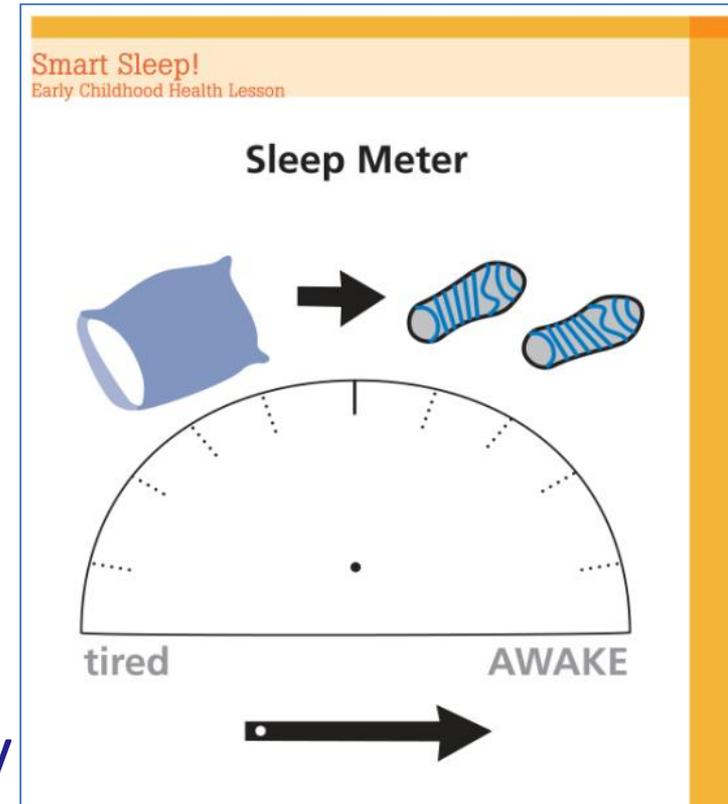


# Smart Sleep: Discussion

## Building Healthy Sleep Habits

- Maintain a consistent bedtime
- Increase daily physical activity
- Do not watch TV or movies, close to bedtime

Getting too little sleep may lead to chemical changes in the brain that cause you to feel hungrier and eat more, and may contribute to obesity



# Sleep Scenario

- Listen to the real-world story shared by CMOM
- What would *you* do?  
(type your answers in the chat box)



# Smart Sleep: Key Messages

## Objective:

- Learn the importance of getting healthy sleep.

## Adult Message:

- Children who get optimal sleep tend to have fewer problems with mood swings and irritability, less behavior consequences, and increased learning and academic success.

## Preschool Readiness Skills:

- Learn Counting, Dramatic Play, Body Awareness, Gross Motor Development



# Smart Sleep: Art Activity

## Sleep Mobile

Parents and children decorate and create a sleep mobile to encourage healthy sleeping habits.

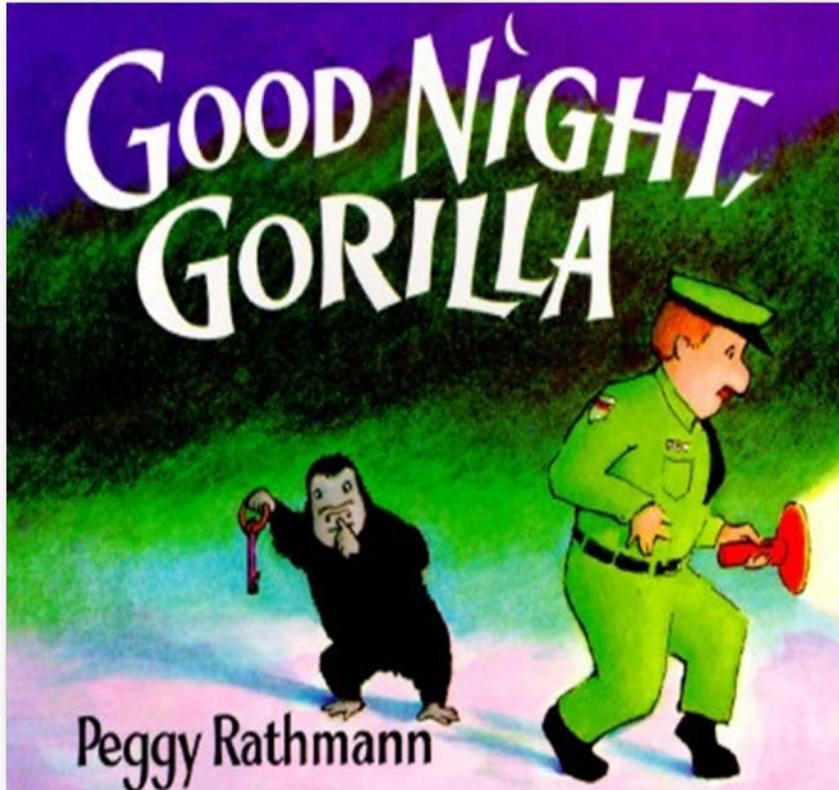


# Smart Sleep: Physical Activities and Cool Down Activities

- Breathing
- Yoga Moves
  - Downward Dog
  - Tree Pose
  - The Horse



# Smart Sleep: Group Story Time



Reading favorite stories helps to establish a healthy sleep routine for all family members.

# Smart Sleep!

## Benefits of Sleep:

1. Body restores itself during sleep.
2. Increases brain's ability to focus, learn, and think clearly.
3. Helps boost immune system which helps fight sickness.
4. Active period of bodily growth and repair.

Farmers Market or Green Cart Shopping List

Pick up a banana—a healthy bedtime snack—at your local market!

## Family Goal

Goal: Develop a family bedtime routine! Use this nighttime checklist:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Take a warm bath	<input type="checkbox"/>						
Brush teeth	<input type="checkbox"/>						
Place a cup of water by the bed	<input type="checkbox"/>						
Share the best part of the day	<input type="checkbox"/>						
Read a story together	<input type="checkbox"/>						
Turn on the night-light	<input type="checkbox"/>						
Sing a lullaby	<input type="checkbox"/>						
Give a hug or kiss goodnight	<input type="checkbox"/>						
Give a backrub	<input type="checkbox"/>						

**Fact of the Week** 1–3 year olds need 12–14 hours of sleep in a 24-hour period. 3–5 year olds need 11–13 hours of sleep each night.



**Health Tip**  
Help children sleep better by maintaining a consistent bedtime routine.

**Surprising Fact**  
Increasing daily physical activities helps all family members sleep better.

**Strategy**  
Turn off the TV and read a book together in bed.

# A Walk Through Dem Bones: Lesson #8



# Dem Bones: Key Messages

## Objective:

- To learn the importance of calcium in building strong bones.

## Adult Messages:

- Calcium and weight-bearing physical activity are essential to healthy bone growth.

## Developing Preschool Readiness Skills:

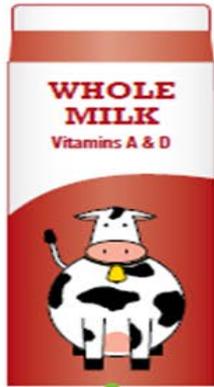
- Fine and Gross Motor Control, Body Awareness

# Dem Bones: Discussion

- *Do children and adults have the same number of bones in our bodies?*
- Children have over 300 bones and adults have 206.
- Calcium is the building block; it's needed for both the creation and repair of our bones.
- There are lots of dietary sources of calcium!

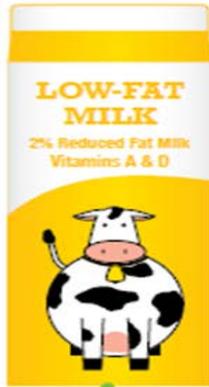
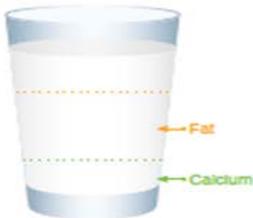
# Dem Bones: Discussion/Visuals

## The Hidden Milk Truth



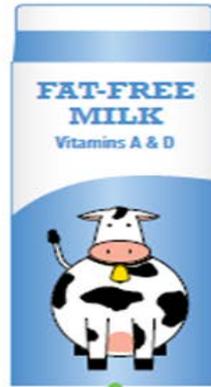
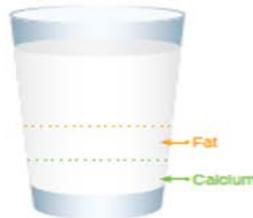
Nutrition Facts	
Serving Size	1 cup
Calories	150
Total Fat	8 g

Calcium equals 30% of your daily value.



Nutrition Facts	
Serving Size	1 cup
Calories	120
Total Fat	5 g

Calcium equals 30% of your daily value.



Nutrition Facts	
Serving Size	1 cup
Calories	80
Total Fat	0 g

Calcium equals 30% of your daily value.



The Hidden Truth: **What happens to the calcium as the fat content decreases?**

The calcium stays the same as the fat content decreases. You get the same amount of calcium in fat-free or skim milk as you do in whole milk.

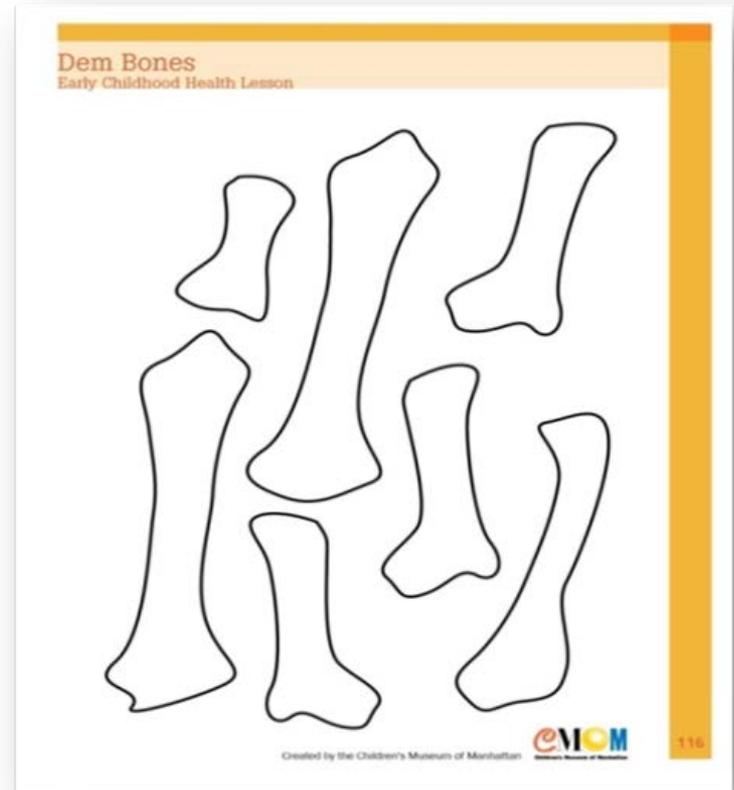
# Dem Bones: Art Project Video Demonstration

<http://vimeo.com/83614735>

# Dem Bones: Art Project

## Bones Collage

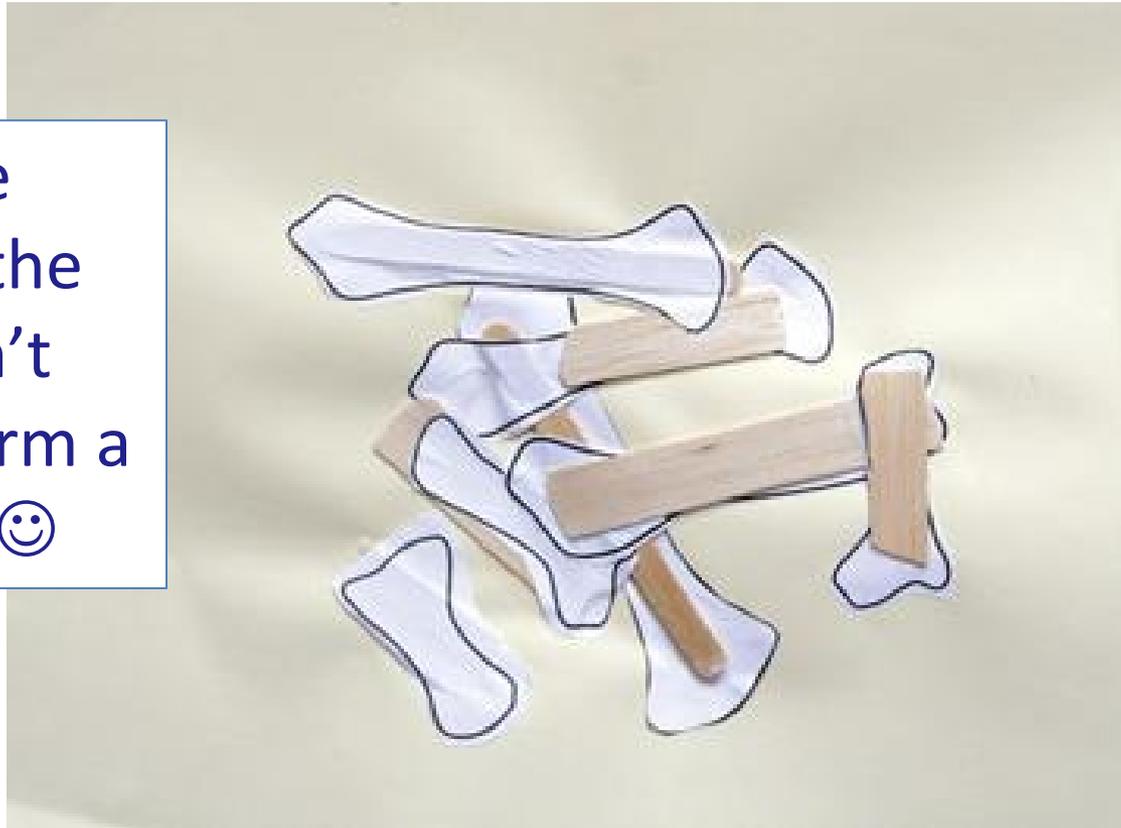
Children and adults work together to create a collage while learning about the importance of calcium for healthy bone development and growth.



# Dem Bones: Art Project

## Bones Collage

Let kids be creative...the bones don't *have* to form a skeleton...😊



# Dem Bones: Clean-Up Song Video

<http://vimeo.com/83614733>

# Dem Bones: Physical Activity

*What are the best physical activities for growing bones? Write in your answer...*

Weight-bearing physical activities such as walking, running, and dancing are best for building strong bones.

# Dem Bones: Dealing with Challenges

What do you do when you can't get outside to play but you still want children to get enough daily physical activity?

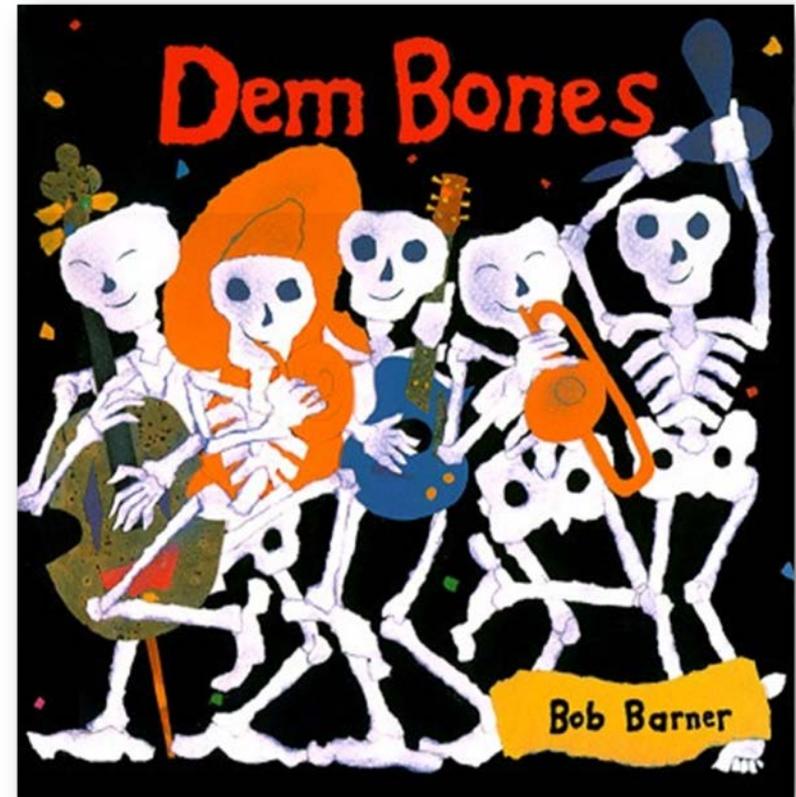
*Tell us in the chat box and be creative...*



# Dem Bones: Group Story Time

Children sing along to learn the names of the bones of their skeletons and how they function.

*“Foot bone connected to the leg bone!”...*



# Dem Bones

## Benefits of Calcium and Physical Activity:

1. Helps build and maintain strong bones!
2. Calcium and other nutrients can be found in milk, milk products, some vegetables, and other foods.



Farmers Market  
or Green Cart  
Shopping List

Try bone-building  
broccoli from your  
local market  
this week!

## Family Goal

Goal: Increase servings of calcium every day. Try fat-free or low-fat milk, cheese or yogurt, broccoli, almonds, or soybeans.

Monday: We added \_\_\_\_\_ today.

Tuesday: We added \_\_\_\_\_ today.

Wednesday: We added \_\_\_\_\_ today.

Thursday: We added \_\_\_\_\_ today.

Friday: We added \_\_\_\_\_ today.

Saturday: We added \_\_\_\_\_ today.

Sunday: We added \_\_\_\_\_ today.



**Fact of the Week** Fat-free or low-fat milk, cheese and yogurt provide essential nutrients such as calcium, potassium, vitamin D and protein for healthy bone growth.

### Surprising Fact



Children 1–3 years of age need 500 mg of calcium each day. (1 full cup is 300 mg)



Children 4–8 years of age need 800 mg of calcium each day. (1 full cup is 300 mg)

Don't forget, grown-ups need calcium too!

### Strategy

Use fat-free or low-fat milk instead of water to make oatmeal and other hot cereals.

### Health Tip

Some children are allergic to milk and milk products, but they still need calcium. Ask your doctor for creative ways to include calcium in their diet. (Try broccoli!)

# Questions?



# Does EatPlayGrow™ Work?



# Research and Evaluation:

- Three-year study conducted by Michael Cohen Group, LLC in Head Start centers in the South Bronx and New Orleans.
- Two-Year study conducted by Learning Analytics Group, LLC in 8 Head Start centers throughout NYC
- Two-year study conducted by Michael Cohen Group, LLC with Nurse Family Practitioners and CUNY childcare Providers.
- Results from Brown University sleep evaluation and family study conducted at CMOM.

# Quantitative and Qualitative Data collected through:

- Surveys
- Observations
- Focus Groups
- Document review

# Does EatPlayGrow™ Work?

All participants became aware that children's nutritional habits and food preferences are formed at very young ages and that those preferences can change.



# Key Findings

## Participants:

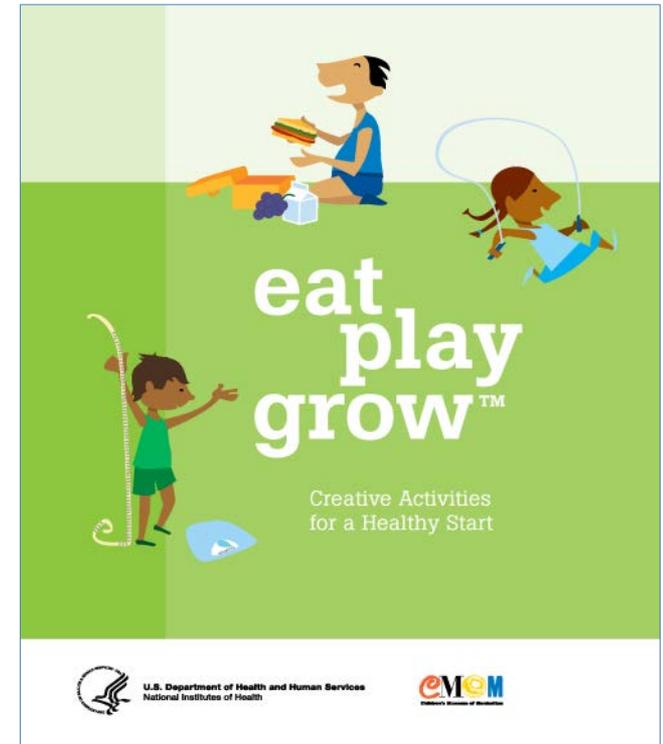
- Switched from whole milk to skim or low-fat
- Substituted water for other beverages
- Began to use frozen and canned vegetables when fresh produce was too expensive or not readily available
- Caregivers' attention to portion control increased
- Parents shifted from “love equals more food” to “love equals less and better foods”
- Families in *all economic brackets* were previously unaware of the link between developing healthy sleep habits and obesity.

# Getting Started



# How to Get Started

- First, download a copy of EatPlayGrow FREE from [www.cmom.org](http://www.cmom.org) or NIH
- Order one (also free, while supplies last) from the NHLBI Health Information Center: 301-592-8573
- Think about the topics you're comfortable presenting, and don't be afraid to adapt the lessons to accommodate your students' needs
- Re-visit/Review.



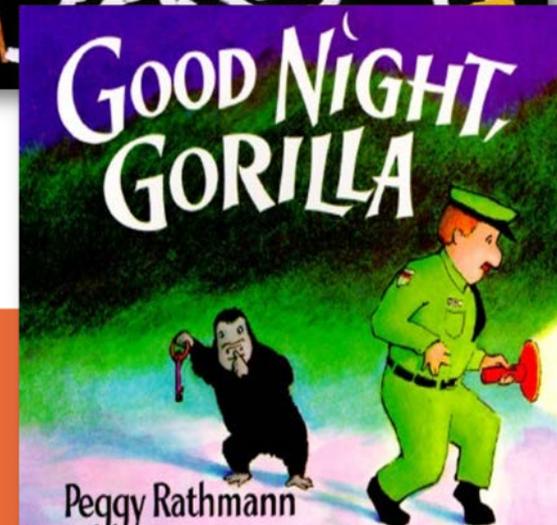
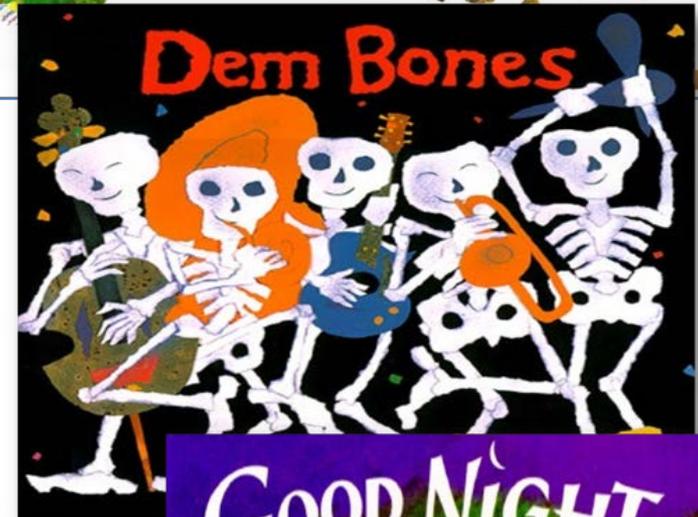
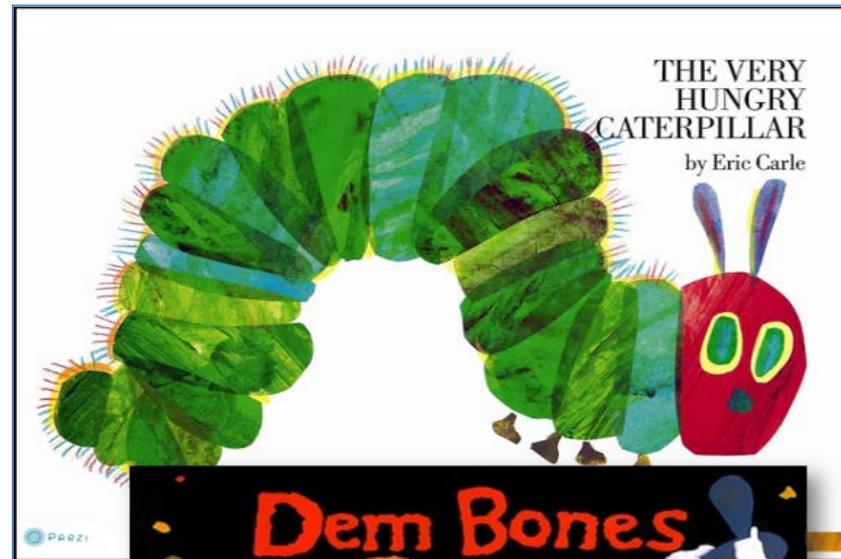
# First Book

First Book is partnering with CMOM to provide low cost early childhood health books through their website.

First Book: [www.firstbook.org](http://www.firstbook.org)

EatPlayGrow Marketplace on First Book:

<http://www.fbmarketplace.org/topics/healthy-living/cmom-eatplaygrow>



# Getting the *Entire* Family on Board

Changing a family's lifestyle isn't about convincing one parent to make a change...it's about the whole family making health a priority

## Tips for the family “gatekeeper:”

- Make changes slowly
- Talk individually to family members that may be a barrier – What approaches will *they* value for improving diet and physical activity?
- Think parent and family *engagement*
- Be a role model, even if it's hard



# Working Across Generations

- Start with your key points!
- Be direct and specific – focus on *actions*
- Speak clearly and at an understandable pace
- Use simple, *positive* statements
- Offer a small number of steps or key points
- Ask for (and anticipate!) questions; *ask* questions as well
- Use large type, simple pictures, and/or relatable stories
- Keep culture in mind
- Offer hands-on practice



Tips adapted from “*Making Your Printed Health Materials Senior Friendly*” and “*Helping Older Adults Search for Health Information Online: A Toolkit for Trainers*” from the National Institute on Aging, NIH/HHS; and “*Eat Smart, Live Strong: Nutrition Education for Older Adults*” from the Food and Nutrition Service, USDA

# Questions?

## EPG Information:

Leslie Bushara:

[lbushara@cmom.org](mailto:lbushara@cmom.org)

## We Can! Information:

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Melinda Kelley:

[kelleym@nhlbi.nih.gov](mailto:kelleym@nhlbi.nih.gov)

[www.cmom.org/eatplaygrow\\_curriculum](http://www.cmom.org/eatplaygrow_curriculum)

[www.nih.gov/wecan](http://www.nih.gov/wecan)



# Thanks for joining us!!



## Help us make a difference in the lives of our children & families!

# Steps to Building Partnerships

- Determine a specific goal/vision that supports health & wellness
- Understand your own resources and expertise
- Identify a partner through research
- Contact your prospective partner with marketing pitch
- Jointly establish your outreach plan and deliverables
- Plan for long-term sustainability and build capacity
- Evaluate collaboration
- Share success stories

***Partnerships require patience and trust, and a focus on the bigger picture for a better future.***

# Exploring Partnerships: The importance of community outreach in maintaining program sustainability

- Building relationships creates accessibility and addresses the lack of resources.
- Partnerships need to be a collaborative effort. Must be a shared vision.
- Partnerships must be sustainable, maintaining and building upon successes is the only way to prevent deterioration.

***Partnerships require patience and trust, and a focus on the bigger picture for a better future.***



**✓ The Earned Income Credit and the Child Tax Credit: You Could Owe Less in Taxes and Get Cash Back from the IRS!**

- If you worked in 2013 — full-time or part-time — you may qualify.
- Even if you don't owe income tax you can get the credits.

**✓ If You Had Children Living With You for More than Half of 2013:**

- **For the EIC**, children must be under 19 at the end of 2013. (Full-time students can be under 24; children who are permanently and totally disabled can be any age.)
- **For the CTC**, children must be under 17 at the end of 2013.

**✓ If You Did Not Have Children Living With You:**

- You may claim **the EIC** if you were between ages 25 and 64 at the end of 2013.

**✓ How Much Can I Earn? How Large a Tax Credit Can I Get?**

For the EIC, if you have:	Earned income less than:	Claim an EIC up to:
1 child	\$37,870	\$3,250
2 children	\$43,038	\$5,372
3 or more children	\$46,227	\$6,044
No children	\$14,340	\$487
For the CTC, if you have:	Earned more than:	Claim a CTC up to:
1 or more children	\$3,000	\$1,000 per child

EIC income limits for married workers are \$5,340 higher!

**✓ What if I'm Not a U.S. Citizen?**

- **For the EIC:** worker, spouse and any child claimed needs a valid Social Security Number.
- **For the CTC:** a Social Security Number or Individual Taxpayer Identification Number (ITIN) is needed.

**✓ Get Free Tax Help!!!**

- You must file a federal tax return to get the EIC and CTC.
- VITA — Volunteer Income Tax Assistance — helps people fill out tax returns for free.
- Trained community groups operate VITA. **For a site near you, call 1-800-906-9887.**

**✓ Claim These Tax Credits and not Lose Other Public Benefits**

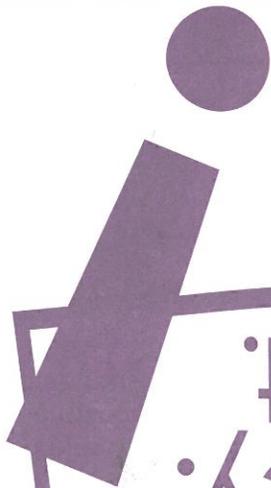
EIC and CTC refunds won't count as income when you apply for or renew benefits like SNAP (food stamps), SSI, Medicaid, cash assistance, or public housing. Refunds that are saved do not count against federally-funded benefit program resource/asset limits for 12 months after the refund is received.

**✓ New Tax Credit for Health Insurance Coverage Begins in 2014!**

If you don't have insurance or can't afford your current plan, this credit could cover most of the cost of a new plan. Enroll between Oct. 1, 2013 – March 31, 2014. Get more information at 1-800-318-2596 or [www.HealthCare.gov](http://www.HealthCare.gov).

Your Money.  
You Earned It.

Now It  
Claim It



## Earned Income Credit and Child Tax Credit

File a Tax Return  
to Claim the Tax  
Benefits You Earned  
with the

As Much As \$6,044  
- or More -  
Could Be Waiting  
for You!



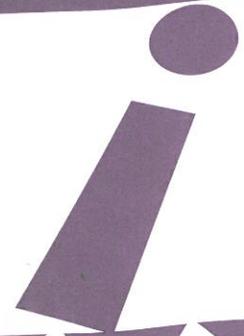
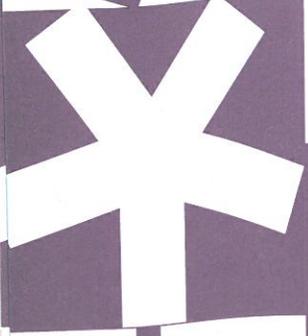
For More Information:

If you worked in 2013, had children  
living with you and earned  
less than about \$48,000  
OR  
Did not have children living with  
you and earned less than about \$14,000  
You can get **FREE** tax help.

Call the IRS at 1-800-829-1040 to learn more.

Ask About New Health Insurance Coverage!

Enroll Oct. 1, 2013 - Mar. 31, 2014  
1-800-318-2596 or [www.HealthCare.gov](http://www.HealthCare.gov)



**Registered Dietitian/WIC Coordinator Needed in Juneau, AK  
Full-Time & Benefited**

SouthEast Alaska Regional Health Consortium (SEARHC) is seeking a WIC Coordinator for our Juneau location. SEARHC is a non-profit tribal health consortium of 18 Native communities located throughout southeast AK.

**Position Summary:**

The WIC Coordinator works as a member of the SEARHC Health Promotion team to assess for, plan, implement, administer and evaluate nutrition and health education programming. The WIC Coordinator also works to ensure high quality WIC services are provided to eligible women, infants and children throughout Southeast Alaska. Additionally, the WIC Coordinator partners with organizations working with the WIC population to make appropriate referrals and to enhance the WIC program.

**Major Duties/Responsibilities:**

- Provide Medical Nutrition Therapy (MNT) in an outpatient clinic setting targeting high risk client's nutrition-related conditions such as diabetes, hyperlipidemia, hypertension, and weight management as well as children with special needs, high risk pregnant women and clients with other special nutrition needs. As part of MNT, services provided include nutrition assessment, Value Enhanced Nutrition Assessment (VENA), participant-centered nutrition and lifestyle education, brief motivational clinical encounters, proper charting and nutrition care planning as well as referrals as needed.
- Manage the WIC and Breastfeeding Peer Counselor program for Southeast Alaska. This includes ensuring compliance with WIC program policies and procedures, SEARHC WIC grant goals and objectives, program outreach, and WIC vendor monitoring and training.
- Supervise WIC and Breastfeeding Peer Counselor staff with the responsibility and authority to hire, train, evaluate and discipline subordinates. This may include providing WIC CPA mentoring and acting as preceptor for nutrition students.
- Assist with annual grant application to the State of Alaska's WIC Agency and administers program operations in compliance with Federal and State WIC regulations; provides any required reporting to the granting agency; manage monthly budget to remain in compliance with grant requirements.

**Baseline Qualification Requirements:**

- BS in Community Nutrition/Dietetics or nutrition related field.
- 4 years clinical nutrition and/or community nutrition work experience with specific progressive experiences in maternal/child nutrition, outpatient medical nutrition therapy, and program planning and administration.
- Must be both a Registered Dietitian and Licensed Dietitian/Licensed Nutritionist.
- Valid driver's license required.
- Ability to travel, including to remote Southeast Alaska locations required.

Pay starts at \$57,844/year OR MORE depending on experience.

Apply online at [www.searhc.org](http://www.searhc.org).

Call us at 907-966-8311 if you have any questions.

Preference given per PL 93-638