From: Wayne, Kathleen A (HSS)
Sent: Friday, August 15, 2014 4:10 PM
To: HSS DPA WIC Coordinators; Bennis, Don; Welch, Scooter (HSS Sponsored); O'Gara, Kathy (HSS Sponsored)
Cc: HSS DPA WIC Juneau; HSS DPA WIC Anchorage; Khmelev, Erin N (HSS); Olejasz, Aimee M (HSS); 'Danielle Rybicki' (afdrr@uaa.alaska.edu)
Subject: WIC Update August 15

Hi All,
Lots of information to share this week. Hope you have a wonderful (dry) weekend.
Kathleen

1. **NEW Vendor Staff**-- Kristen Stouder will join the Vendor Management staff on August 25th. Kristen has an MS in Experimental Psychology, and she focused on preschoolers and family processes in her research and thesis. She has a strong background in research design and methodology, and statistics, with experience in developing and delivering training. During her university years, Kristen volunteered with a food bank, where she worked on improving the quality of food distributed to recipients. At WIC, Kristen will be the lead for monitoring, compliance investigations, and vendor training development.

2. **Vendor Newsletter**-- The Summer Vendor newsletter is attached. More guidance on the Final Food Rule will be distributed to WIC vendors early next week, and posted on our website.

3. **Vendor Training**--- A revised Vendor Manager & Cashier Training powerpoint has been posted on our website at: http://dhss.alaska.gov/dpa/Pages/nutri/wic/vendors/default.aspx. The training contains all elements required by USDA regulations, and it includes a page at the end that vendors can download, sign, and fax to the Vendor Management Unit to document employee training. The training will also be useful for clinic staff – either the powerpoint can be presented or the slides can be printed for training during routine monitoring visits to make sure all required topics are covered.

4. **Changes to Neocate and Similac Alimentum formula prescriptions**--Neocate Junior: The maximum 14 containers will be split onto five checks instead of three. Four checks with five units and one check with four. Similac Alimentum Ready-to-Feed: The maximum 28 containers will be split onto six checks instead of four. Five checks with five units and one check with three.

5. **Lower fat milk**- Here are some material developed by the state of Washington that your staff can use now as resources to help staff talk to participants about the change to 1% milk coming October 1. We'll talk more about the changes to milk at our Sept 4 teleconference (at 8:15 AM) and at the Coordinator's Conference. Please call or email Jennifer Johnson (465-8104) with comments and suggestions. Don't forget- schools and head starts will also be using lower fat milk.

   Here is some useful information from the Washington state materials with ideas for counseling and for making a bulletin board:

   - *When speaking with clients, portray the change as a positive*- this means listening first and then offering what we can do rather than what we can't: "This change is coming in October. We want to help you plan for this change. We have some tips and ideas for you to help your family change to lower fat milk, I can share these if you'd like." or "What ideas do you have that will help your family change to a lower fat milk?" or

"Your September checks have the milk you're currently buying; you might try getting some 1% milk also. Then you can start giving some 1% milk and switch slowly. How does that sound?"

- Bulletin Board ideas: People decide what they'll do based on looking at what others are doing. Share testimonials from other moms about what worked for them.
  Create a bulletin board with client testimonials from the USDA Milk Messages. Find this reference here:
  - http://www.fns.usda.gov/sites/default/files/MilkMessagesTipsAdviceforMoms.pdf

  In focus groups, mothers consistently said messages that appealed to them tapped into their desires to teach their children new skills and to help their children have a better future. Moms also preferred tips that suggested an activity that would help their children learn, have greater self-esteem, or simply make them happy. Use the stories included in the pages following this table to convey some of these messages about 1% and fat-free milk.
  - Title your board- *What Moms Say About Making the Switch to Fat-Free or Low-Fat (1%) Milk* or something similar of your choosing.
  - Print the stories in color – enlarge if your bulletin board area is larger. You'll want clients to be able to read the stories from where they're sitting.
  - Your clients may have their own stories to add.

6. **WIC Services in Valdez/Cordova/Copper River Regions** –WIC Services in Valdez/Cordova/Copper River Regions are now being served out of the Alaska Family Services (AFS) office in Wasilla. AFS is in the process of establishing a 1-800 number which we will broadcast when available. To immediately contact AFS about services in their new region call 373-4467 and ask for Carly Pearl.

7. **Clinic closure**-- The Municipality of Anchorage WIC's, Regional Hospital clinic's last day was Thursday, August 14. Regional clients will be served out of the "L" Street office. Contact "L" Street office at 343-4668 for client assistance.

8. **Hemoglobin Guidance**-- (attachment- with new guidance about hgb) and the LA Memo on Mid-Certification Assessment attachment. Getting current hemoglobin tests is an opportunity to partner with providers in your region, leveraging your time and cost to do testing. We encourage you to utilize other sources for hemoglobin testing as much as possible. Questions or comments, contact Dana Kent at 465-5322 or dana.kent@alaska.gov.

9. **New Service!!** One Call Now will be implemented statewide October 1st. One Call Now is an automated calling service for appointment reminder calls, emails and texts. There is also the capability to send reminders to clients that do not have scheduled appointments in the calendar. Kim Gustafson, from One Call Now, will contact your clinic during the next few weeks to work on the automated scripts for each appointment type you have in SPIRIT. Scripts will be due to One Call Now by September 8th. A training for 1-2 people at each agency will be conducted via **Webinar on Tuesday, September 30 at 9:00**. Please schedule this on your calendars. Questions or comments? Contact Dana Kent at 465-5322 or dana.kent@alaska.gov.

10.

SPIRIT Information:

⇨Two new training scenarios, 17 " Choose One Year Food Package" and 21 "Build Master Calendar" have been added the SPIRIT training website.

The training can be found by clicking on the following link: http://dhss.alaska.gov/dpa/Pages/nutri/wic/localagencies/WIC-SPIRIT-Just-in-time-training.aspx

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

Nice To Know:

1. **Common anti-bacterials may affect unborn babies: Study**

http://www.cbsnews.com/news/common-antibacterials-may-affect-growth-of-fetus-study/

Many pregnant women and their unborn children are being exposed to antibacterial compounds that may be linked to developmental and reproductive issues, a new small study suggests. The antibacterial triclosan appeared in the urine of every woman tested in the study, and triclocarban, another antibacterial chemical, appeared in more than 85 percent of the urine samples, the researchers report. Potentially worse, triclosan also showed up in more than half the samples of umbilical cord blood taken from the mothers, indicating that the chemical is reaching some fetuses.

2. **WIC's breastfeeding resources available under *Loving Support Makes Breastfeeding Work*.**

In partnership with the National Agriculture Library, Food Nutrition Information Center, a new mobile-friendly website, http://lovingsupport.nal.usda.gov, has been created that brings together *Loving Support Makes Breastfeeding Work* campaign materials for easy access. As you know, *Loving Support Makes Breastfeeding Work* is the United States Department of Agriculture's national breastfeeding promotion campaign.

The campaign's goals are to increase breastfeeding initiation rates among WIC participants; increase breastfeeding duration among WIC participants, increase referrals to WIC for breastfeeding support and to increase general public acceptance and support of breastfeeding. Enhanced with refreshed graphics, the website targets the four communities of WIC Moms, Family & Friends, WIC Staff, and Community Partners. Some resources and campaign materials have been updated and new resources will continue to be added to help WIC agencies promote and support breastfeeding. Click on one of the four communities to access the resources.

Note: If you are using Internet Explorer version 10, you may see different formatting. This is currently being addressed.

3. **As we celebrate National Breastfeeding Month, catch up on recent podcasts:**

- **Breastfeeding Solutions for Mothers Working Outside the Home.** With special guest Nancy Mohrbacher, IBCLC, FILCA. [Listen now.]
- **Breastfeeding Support A Winning Goal for Generations.** With special guest Marian Tompson, one of the La Leche League founders. [Listen now.]
- **Mothers On the Go: Breastfeeding and Pumping in Airports Across America.** [Listen now.]
- **Making Space for Breastfeeding.** With special guest Carrie Andrews, Minority Leader of the Monroe County (NY) Legislature. [Listen now.]

Questions or comments? E-mail podcasts@breastfeedingoutlook.com at any time.

¡No hay poder como el poder de MAMÁ!

Usted es una influencia positiva en la vida de sus hijos.

Ayúdelos a desarrollar hábitos alimenticios saludables para toda la vida. Ofrézcales leche descremada (sin grasa) o baja en grasa (1%) con sus comidas y bocadillos.

Leche descremada (sin grasa) o baja en grasa (1%) contiene los nutrientes que todos necesitan.

¿Sabía que la leche está llena de vitaminas, minerales y proteínas, con nueve (9) nutrientes esenciales? Y aún mejor, la leche descremada (sin grasa) o baja en grasa (1%) también proporciona esta nutrición, sólo que sin la grasa extra que está en la leche entera y en la leche reducida en grasa (2%).

A partir del 1 de Octubre, usted va a recibir cheques para leche descremada (sin grasa) o baja en grasa (1%).

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Consejos

para mamás sobre cómo hacer que sus niños tomen leche descremada (sin grasa) o baja en grasa (1%)

Tómelo con calma. Si su niño pequeño o su familia toman leche entera, primero cambie a leche reducida en grasa (2%) por unas cuantas semanas, luego cambie a leche baja en grasa (1%). Más tarde, puede probar la leche descremada (sin grasa).

Agregue leche a algunos de los alimentos favoritos de sus hijos, como las sopas o la avena. Por ejemplo, prepare una sopa de tomate cremosa en lugar de la sopa clásica de tomate agregándole leche al 1% de grasa.

En el refrigerador, ponga la leche descremada (sin grasa) o baja en grasa (1%) a la vista de sus niños. Así, podrán verla y pedirle un vaso para tomar o para añadirla a su cereal de granos integrales.

¡Haga un batido con su hijo! Mezcle leche baja en grasa (1%), con las frutas favoritas de su hijo o 100% jugo de fruta y yogur sin grasa.

Esta institución es un empleador que ofrece igualdad de oportunidades.
El Programa de Nutrición WIC del estado de Washington no discrimina.

Washington State Department of Health
DOH 962-962 June 2014 Spanish

Las personas con discapacidades, está disponible a su pedido en otros formatos. Para hacer su pedido, llame al 1-800-841-1410 (TDD/TTY llame al 711).

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Help them develop healthy eating habits for life. Offer them fat-free or low-fat milk at meals and snacks.

Fat–free and low–fat (1%) milk have nutrients everyone needs.

Did you know that milk is loaded with vitamins, minerals and protein, with nine (9) key nutrients? Better yet, fat-free and low-fat (1%) milk still deliver this nutrition, just without the extra fat that's in whole and reduced-fat (2%) milk.

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Tips from moms about getting kids to drink 1% or fat–free milk

Take it slow. If your young child or family is drinking whole milk, first change to reduced-fat (2%) milk for a few weeks, then switch to low-fat (1%) milk. Later, you can try fat-free milk.

Add milk to some of your child's favorite foods, such as soups and oatmeal. For example, make creamy tomato soup instead of classic tomato soup by adding 1% fat milk.

Put fat-free or low-fat (1%) milk at eye level in the refrigerator so kids are more likely to see and ask for a glass or to have it poured over whole-grain cereal.

Make a smoothie with your child! Blend together low-fat (1%) milk, your child's favorite fruits or 100% fruit juice, and fat-free yogurt.

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Hemoglobin Guidance
Please reference:
LA Memo 15-01 Mid-Certifications
Alaska Policy and Procedure Manual, Chapter 2; pages 30-42.

One Year Certification Policy and Hemoglobin Testing

The SPIRIT system will allow the Alaska WIC Program to implement the federal regulation on extending one year certifications. However, some hemoglobin test due dates will be out of sync with client certification due dates. As general practice when a participant is in for an appointment:

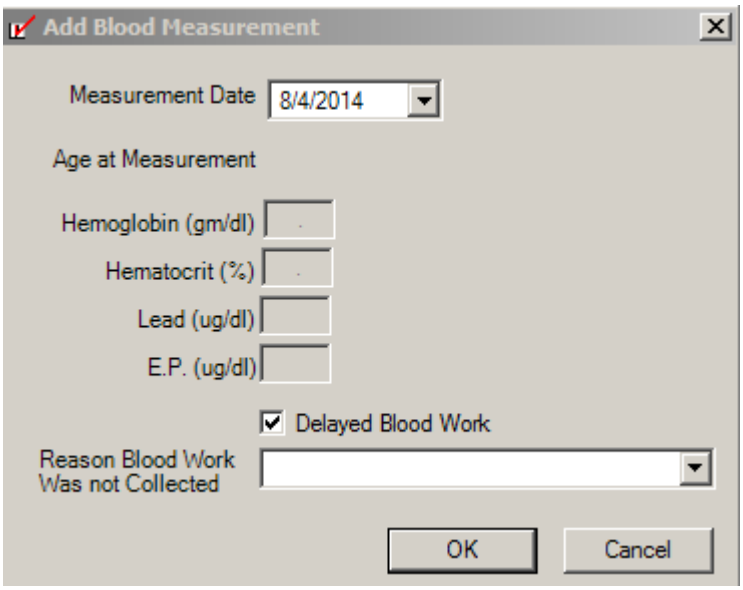
- Hemoglobin testing must be done at certification or mid-certification appointments
- Clinic staff must assess whether a hemoglobin check is due by following the federal guidance: CFR 246.7(e)(1)(i)(A) and 246.7(e)(1)(i)(B)(1-3) and Alaska WIC Policy and Procedure, Chapter 2.

Importance of Hemoglobin Testing in WIC
WIC helps safeguard the health of the WIC population by identifying participants with low hemoglobin and providing critical counseling and referrals to address this condition. A positive emphasis should be placed on hemoglobin screening relaying to participants the valuable free screening made available by WIC.

SPIRIT User Guidance

1. "Add Blood Measurement" box should be filled out as described below:

   Check the "Delayed Blood Work" box only if the blood work was due but impossible to get the day the client is applying for WIC or in for a mid-certification (and the hemoglobin was low hgb 6 months earlier.)



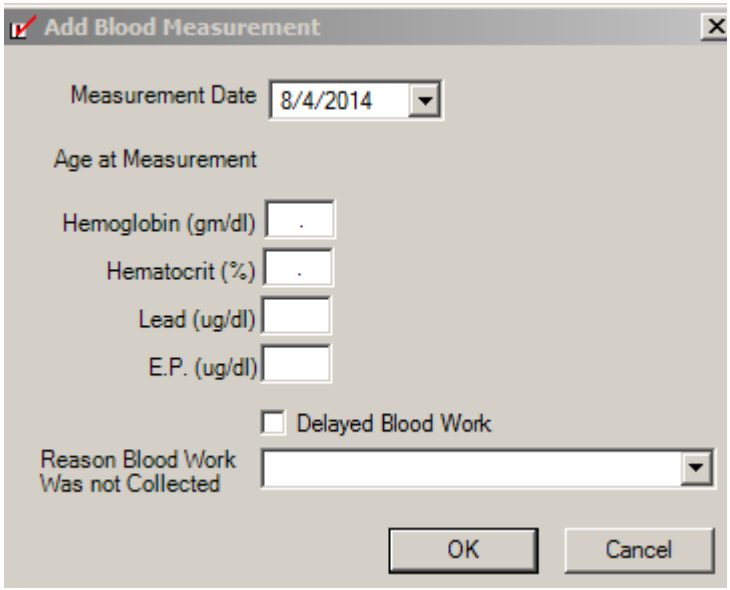
   Examples of this would be:

- The hemogolobin is due but faxed the application came without hemoglobin value
- Child is uncooperative with having the hemoglobin checked and the clinic is unable to get a sample
- Participant is waiting for lab results from the doctor and prefers not to have her finger poked
- Participant is allergic to the latex gloves and that is all the clinic has the day the participant is in for the appointment

2. "Reason Blood Work Was Not Collected" is used if the hemoglobin test is skipped because the client's certification remains within compliance and will not be out of compliance by the next appointment. This is not required when the "Delayed Blood Work" box is marked. In this case, do not select an option.

3. "Delayed Blood Work" box is marked, unless a hemoglobin value is provided within 60 days, the participant wil be termed.

   When blood work is not required at the appointment (appointmenrt is not a certificaiton or recertification), an assessment should be done by the CPA to determine that if the hemoglobin test can be skipped and if the client will still be in compliance by the next certification appointment.



Reasons Blood Work Was not Collected:

- Religious Beliefs
- Medical Condition
- ~~Delayed Blood Work~~ ---will be deleted

- MCA: HGB was good at most recent certification—will be added soon

In all cases, choosing the appropriate response to the situation from the drop down box will not stop benefits from being printed.

Hemoglobin Guidance (July 25 Friday Update)

Hgb Guidance

There seems to be some confusion surrounding hemoglobin testing. With the implementation of SPIRIT and one year certifications occurring simultaneously we want to make this clearer.

Please keep in mind the following points:

- Bloodwork needs to be collected for each participant category
  - Infants
  - Children
  - Postpartum/Breastfeeding
  - Pregnant
- <u>INFANTS:</u>
  - For infants the recommended time frame to collect hemoglobin bloodwork is between 9-12 months of age. A hemoglobin test for an infant is acceptable as long as it has been collected by the end of the month in which the infant turns 12 months
  - If the test is taken for the infant's bloodwork during the 12th month, this cannot meet the **child**'s bloodwork requirement
  - We will not require an infant hemoglobin check at 6 months during the 6 month check-ups
- <u>CHILDREN</u>:
  - For children the recommended time frame to collect hemoglobin bloodwork is between 15-18 months of age; ideally done 6 months after the infant screen. A hemoglobin test for a child is acceptable as long as it has been collected by the end of the month in which they turn 24 months
  - Testing needs to be done once every 12 months if results are normal
  - For a child with low hemoglobin bloodwork, screening must be done at 6 months after the initial low hemoglobin
- <u>POSTPARTUM/BREASTFEEDING</u>
  - All women changing participant category must have bloodwork done
  - For postpartum recertification's this includes women who deliver an infant, miscarry, have an abortion or fetal demise; hemoglobin taken during pregnancy does not meet the requirement for a postpartum / breastfeeding woman's category bloodwork requirement
- <u>PREGNANT</u>
  - Take the hemoglobin at the earliest opportunity
  - Can be deferred for up to 90 days for presumptively eligible pregnant women who have an identified risk

We plan to take out the “Reason Blood Work Was Not Collected” selection in SPIRIT that reads “Most Recent Cert <12 Months Ago Blood Work Normal” because it appears to be contributing to the confusion when bloodwork is due.

THE STATE of ALASKA
GOVERNOR SEAN PARNELL

Department of Health and Social Services
DIVISION OF PUBLIC ASSISTANCE
Family Nutrition Programs
P.O. Box 110612
Juneau, Alaska 99811-0640
Main: 907.465.3100
Fax: 907.465.3416

MEMORANDUM

All LA Memo 15-01

DATE: August 15, 2014

Action: _X___
Information: _X___
Policy: _X__

TO: X-LA Coordinators
X- LA Satellite Clinics

FROM: Kathleen Wayne, RD, MS, LD KW
FNP Program Director

SUBJECT: Mid-Certification Assessment

Infants (below the age of six months), children, and breastfeeding women receive a 12-month certification. Regulatory requirements such as anemia screening, anthropometric measurements, immunization screening, and referral services, remain unchanged with extended certification periods. WIC local agencies must provide the nutrition services the participants would receive during a shorter certification period. The intent is to ensure that there will be no decrease in health and nutrition education. For infants, mid-certification nutrition assessment shall occur routinely between **five and seven months** of age, however, if there is a difficulty in scheduling the appointment, mid-certification nutrition assessment may be given after seven months of age. For children from 1 to 4 years of age who transfer in from a state with a one year certification period, or who are certified on the Spirit system, mid-certification nutrition assessment shall occur between the 4th and 8th month of the certification period.

For children from one to four years of age, and breastfeeding women, mid-certification nutrition assessment shall occur at or near the midpoint of the certification period.

A. Mid-certification assessments require collecting relevant information, including:

1. Anthropometric data;
2. Biochemical data (when appropriate[1]) including follow up blood work;
3. Update health and dietary assessment;
4. Immunization screening for infants and children less than two years of age;

5. Environmental and family information; and

6. Reviewing previous nutrition education plans to establish continuity of care.

B. Clarifying and prioritizing the relevant information that has been collected and probing for additional information as needed;

C. Identifying the pertinent risks and issues and making participant-centered decisions about:

1. Appropriate nutrition education and counseling to include breastfeeding promotion, support and referrals;
2. Tailoring the food package to address nutrition needs; and
3. Appropriate referrals;

D. Documenting the nutrition assessment and education; and

E. Following up as needed to monitor progress, reinforce the nutrition education message, elicit feedback from the participant and promote continuity of care.

Category	Anemia Screening Schedule
Women:	
Pregnant	During their current pregnancy
Postpartum	After the termination of their pregnancy
Breastfeeding	After the termination of their pregnancy[1]
Infants	Once between the ages of 9-12 months[2]
Children	Once between the ages of 12-24 months[3] (one blood test at or before 12 months cannot fulfill the requirements for the infant and the 12-24 month child screening) Annually between the ages of 24-60 months[4]

[1]Blood Test Requirements for WIC Certification from the Alaska WIC Policy and Procedure Manual, Chapter 2, page 39.

(1)A blood test taken between 6-9 months of age can be used to meet this screening requirement.
(2)A blood test is recommended 6 months after the infant test, at around 15 to 18 months of age.
(3)Children ages 24-60 months with a positive anemia screening result require a follow-up blood test at 6-month intervals.