**From:** Wayne, Kathleen A (HSS)
**Sent:** Friday, September 05, 2014 2:15 PM
**To:** HSS DPA WIC Coordinators
**Cc:** HSS DPA WIC Anchorage; HSS DPA WIC Juneau; Khmelev, Erin N (HSS); Stouder, Kristen A (HSS); Olejasz, Aimee M (HSS); 'Danielle Rybicki' (afdrr@uaa.alaska.edu)
**Subject:** WIC Update September 5

Hi Everyone,

Success Story:
"One of our CPA's finished her training at the end of last quarter. This quarter, I have seen much more confidence in her and her abilities as she works with our families. She is also more comfortable when she is alone in the office when I need to be out of the office."

1. LA Memo 15-02---Please see attached memo on ensuring compliance with state grant statutes before making changes from your approved service delivery plans.
2. LA Memo 15-3----Please see attached memo on grant performance expectations and changes to grant funding.

3. Upcoming Changes with the Final Food Rule--- MOV packages for Children ≥ 2 years and Women will automatically be changed to reflect the 1% or non-fat milk types. CPAs only need to change milks for these client types if the client's dietary need is assessed and another milk type is more appropriate. An MOV package with a different milk type would then be assigned.

4. One Call Now Forms---LAs need to submit their One Call Now forms to the state in order for the system to be implemented. Please submit forms to Dana.Kent@alaska.gov by Monday, September 8. Each LA was sent this form from Dana about a week ago, so please check your emails if you are not aware of this request.

5. Measles, mumps, whooping cough. Diseases that were largely eradicated a generation ago in the United States are returning. Why?---Find out more, watch NOVA's *Vaccines—Calling the Shots* on Wednesday, September 10 at 9 pm ET/8C on PBS.

   http://www.pbs.org/wgbh/nova/body/vaccines-calling-shots.html

   **Follow live tweets during the broadcast on September 10.**
   Add your own live tweet and include the hashtag #vaccinesNOVA. Featured experts from the film include:

   - Infectious Disease expert, Dr. Paul Offit @DrPaulOffit
   - President of Autism Science Foundation @AutismSciFounda, Alison Singer @AlisonSinger

- Writer, director, producer & co-executive producer, Sonya Pemberton @pembertonfilms
- NOVA series executive producer, Paula Apsell @mamaNOVA

6. QA from Final Food Rule Teleconference:

1. When will we get the new ENPR? In time for the October 1 implementation. We're waiting for USDA approval.
2. Will the state be sending them to all care providers, or are we responsible for that? We can send them to pediatricians. We don't have a good method for getting them to all providers.
3. Will there be an electronic version that care providers can complete electronically? Not at this time.
4. Will you give me some more information about what the RD can "prescribe" on the ENPR? So, for example, can the RD prescribe the infant foods for a child? Whole milk? 2% milk? No- the RD can only prescribe regular WIC foods for a child or women that don't require a prescription- special cases that require an ENPR, such as infant foods for children, require a health care provider to prescribe. Whole milk for children 2-5 and women requires a health care provider (and formula). Those rules haven't changed. If you have a child 2-5 or a woman for whom the HCP has prescribed a formula and has not specified whole milk- that participant needs to receive the type of milk appropriate for their category (such as 1% or skim for children 2-5 and women). The rules here have not changed much- because clients eligible for food package III are considered to be medically fragile; the Final Rule requires that they be under the care of a HCP. Here is the wording from the Rule

Due to the nature of the health conditions of participants who are issued supplemental foods in Food Package III, close medical supervision is essential for each participant's dietary management. FNS considers it appropriate that the responsibility for this close medical supervision remain with the participant's health care provider. Medical documentation requirements for specific supplemental foods that do not usually require a prescription were established to ensure that the participant's healthcare professional has determined that the supplemental foods are not medically contraindicated by the participant's condition. Therefore, FNS retains the technical requirements for medical documentation for supplemental foods in Food Package III as written in the interim rule. However, FNS recognizes that WIC registered dietitians and/or qualified nutritionists play an important role in the continuum of care of medically fragile WIC participants. Therefore, FNS would support State agency policy that allows health care providers to refer to the WIC registered dietitian and/or qualified nutritionist for identifying appropriate supplemental foods (excluding WIC formula) and their prescribed amounts, as well as the length of time the supplemental foods are required by the participant. This arrangement would be supported only in situations where the health care provider has indicated on the medical documentation form that the provider acknowledges referral to the WIC registered dietitian and/or qualified nutritionist for such determinations. This gives the health care provider medical oversight while allowing the WIC registered dietitian and/or qualified nutritionist to determine the appropriate issuance of WIC foods to participants with qualifying conditions in Food Package III.

7.

5. Slide 30 talks about giving 2% milk if we are using Risk 114. Sometimes we use risk 114 when the parent's weight is high, sometimes we use it if the child's weight is high. Being overweight or at risk for overweight are both acceptable reasons for prescribing 2% milk.

6. Am I correct in understanding that we have the *option* to give 2% milk if a one-year-old is overweight (but not *required*). Yes, you understood correctly. Whole milk is the standard for this age group

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# Nice To Know

Nickelodeon Day of Play Sept 20- Nickelodeon is promoting active play by hosting a World Wide Day of Play on Saturday, September 20th, 2014! Nickelodeon goes completely dark for three hours on Worldwide Day of Play, taking their programming off the air on all of its channels and shutting down its websites to reinforce the message: Get up, get out, and go play!.

http://www.nick.com/thebighelp/road-to-wwdop/

This is a great opportunity to promote active play! Please share with your programs and encourage them to get their staff and families involved!

September 4, 2014

## JUST RELEASED!

### CDC'S 2013 State Obesity Map Detailing the Prevalence of Adults with Obesity

Today, the CDC Division of Nutrition, Physical Activity, and Obesity released its 2013 state-specific data on adult obesity prevalence using self-reported information from the Behavioral Risk Factor Surveillance System (BRFSS). This new data shows that the proportion of adults with obesity in the United States in 2013 remained high with estimates across states ranging from 21.3% in Colorado to 35.1% in both Mississippi and West Virginia.

Obesity continues to be a common, serious, and costly public health problem. Other findings from the 2013 BRFSS include the following:

- In 7 states (California, Colorado, Hawaii, Massachusetts, Montana, Utah, and Vermont) and the District of Columbia, obesity ranged from 20–25%.
- Obesity prevalence in 20 states (Alabama, Arkansas, Delaware, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, and West Virginia) was 30% or greater.
- The South had the highest prevalence of obesity (30.2%), followed by the Midwest (30.1%), the Northeast (26.5%), and the West (24.9%).
- Combining data from 2011 through 2013, non-Hispanic blacks had the highest prevalence of self-reported obesity (37.6%), followed by Hispanics (30.6%), and non-Hispanic whites (26.6%).

BRFSS is the nation's state-based data tracking system that collects self-reported information (through telephone surveys) from U.S. residents about their health-related behaviors, chronic health conditions, and use of preventive services. BRFSS collects data in all 50 states, as well as the District of Columbia and three U.S. territories (Guam, Puerto Rico, and the Virgin Islands).

Several updates were made to BRFSS methodology in 2011 that impact the estimates of state-level adult obesity prevalence. Because of these changes in methodology, data collected in 2011 provided a new baseline for state adult obesity prevalence. Data collected in 2011 and forward cannot be compared to estimates from previous years. The 2013 State Adult Obesity Map reflects these changes in the BRFSS and is available at: http://www.cdc.gov/obesity/data/prevalence-maps.html.

## More CDC Resources

- Body Mass Index (BMI) provides a reliable indicator of body fatness for most people and is used to screen for weight categories such as obesity that may lead to health problems like heart disease and diabetes. CDC's adult BMI calculator is now available in both English and Spanish and can be accessed here.
- Defining Overweight and Obesity
- What Causes Overweight and Obesity?
- Strategies to Combat Obesity

PBS
Premieres September 10 at 9 PM ET
#vaccinesNOVA | PBS.ORG/NOVA
VACCINES
CALLING THE SHOTS
TANGLED BANK STUDIOS
NOVA
GENE(POOL)

THE STATE of ALASKA
GOVERNOR SEAN PARNELL

Department of Health and Social Services
DIVISION OF PUBLIC ASSISTANCE
Family Nutrition Programs
P.O. Box 110612
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Main: 907.465.3100
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**MEMORANDUM**

All LA Memo 15-03

DATE: September 5, 2014

Action: _X___
Information: _X___
Policy: _X__

TO: X-LA Coordinators

FROM: Kathleen Wayne, RD, MS, LD
Family Nutrition Programs Manager

SUBJECT: WIC Caseload Performance Standards and Grant Funding

As of January 19, 2015, the state will determine WIC grant funding twice annually (January and July) and funding will be dependent on the average active caseload from the prior 6 months. Grantees can expect to have their funding increased or decreased based on their active caseload as compared to their assigned caseload performance standard. This policy change is in compliance with the department's SY 15 implementation of a Result Based Management framework to ensure the delivery of quality services (effectiveness) while making the best use of public resources (efficiency).

In order to keep WIC grantees informed of their caseload performance and other grant compliance requirements, the state WIC Program Office will issue quarterly reports to grantees to verify program data, ensure grantees are informed of any concern by the WIC Program Office, and to quickly resolve any data or program compliance discrepancy.

THE STATE of ALASKA
GOVERNOR SEAN PARNELL

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DIVISION OF PUBLIC ASSISTANCE
Family Nutrition Programs
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**MEMORANDUM**

All LA Memo 15-02

DATE: September 4, 2014

Action: _X___
Information: _X___
Policy: _X__

TO: X-LA Coordinators

FROM: Kathleen Wayne, RD, MS, LD KW
Family Nutrition Programs Manager

SUBJECT: Changes to Grant Agreement

WIC program services are authorized under 7 CFR Part 246; and as well as AS 18.05.010 (Administration of Laws by Department), AS 47.05.010 (Duties of Department), and 7 AAC 78 Grant Programs. Conditions for both grantees and the department for changes to grant agreements are addressed in 7 ACC 78.260. Certain changes to grant agreements require prior notice from the grantee, and approval from the department before a change is implemented.

- Grantees are required to provide a thirty (30) day prior notification, in writing, seeking approval from the Department of Health and Social Services (DHSS) if the grantee decides to:
  1. Change the service plan of a grant project from the terms of the approved grant agreement.
  2. Change the beginning or ending date of a grant period.
  3. Immediate notification in writing must be provided if the grantee wishes to replace the director or the director relinquishes control of the grant project. (The grantee must also obtain approval from DHSS for the replacement director.)
  4. A minimum of thirty (30) days prior written formal notice, on a grantee's letterhead stationery is required from a grantee's board of directors, or chief executive officer to terminate a grant project.
- Instructions for the grantee responsibilities, should they decide to terminate services, are described in 7 ACC 78.255, which includes:

1. The grantee's responsibility to develop a transition plan to mitigate any disruption of services to clients of the program. This includes prompt notification of WIc clients, agency partners and stakeholders, and the community at large.
2. Submission of a plan for the safe storage and, if necessary, orderly transfer of records; and,
3. Coordination with DHSS for an appropriate disposition of property purchased with grant funds.

Grantees should use the following template when notifying Grants and Contracts of service plan updates. Updated changes must reflect actual resources available to implement any requested change by the implementation date. Supply details that help mitigate any possible negative outcomes of the service plan change and implementation components.

| Date of Request | Date When Change Will Occur | Requested Change | State's Comments/Questions | LA Response | Date State Approval or Denial |
|---|---|---|---|---|---|

ACTION ITEMS:
All grantees must review their SFY 14 service plan which they originally submitted at the beginning of the five year grant cycle as part of their grant proposal.

- If there have been substantive changes to the original service plan, use the template above to update the plan and submit to the Grants and Contracts administrator for approval at: donna.jones@alaska.gov. The Grants and Contracts administrator will forward it to WIC program staff for review.
- If there have been no changes to the original service plan, email Donna Jones that there are no changes planned.

For questions contact Dana Kent at dana.kent@alaska.gov or 465-5322.