



***Week ending issue: December 13, 2013 – Issue #195***

## ***Policy***

### **From the WIC Services Policy and Procedure Manual – 225.50 Issuing Food Instruments (FI)**

Three months of FIs are generally issued to each participant. However, clinic personnel can adjust the issuance cycle to one or two months based on individual needs.

Note: The data system does not allow the issuance of retroactive benefits.

A WIC staff person who has also been certified eligible to receive WIC benefits may not issue food instruments (FIs) for his/her household. Another staff person must issue the FIs to avoid any opportunity for, or appearance of, program fraud or abuse.

One person must determine eligibility and a second person must issue the FIs. There are two options to accomplish this:

1. A CPA determines eligibility (Certification Tab); a support staff member prints and hands the FIs to the participant and obtains signature on the receipt.
2. A CPA determines eligibility (Certification Tab) and prints the FIs; a support staff member hands the FIs to the participant and obtains a signature on the receipt.

The first option is preferable because the separation of duties will be evident through the two electronic signatures in the WIC data system. However, the second option is also acceptable and may be more realistic in some clinic settings.

## ***Job Postings***

### **Nutrition Educator/Registered Dietitian – Scott County WIC Program**

The Scott County WIC Program is seeking a part time nutrition educator or registered dietitian to provide individual assessment and counseling support for breastfeeding, pregnant and postpartum women, infants and children to age 5. Duties also include individual and group education, and responsibility for daily clinic functions. Monthly agency load is approximately 4000 clients. Breastfeeding support and advocacy a must.

Degree Required: Bachelor's Degree in Nutrition and Dietetics or degree in health-related field with a minor in nutrition.

Benefits include: Health/dental insurance, paid time off.

Contact McKenzie Taets: [mtaets@maternal.org](mailto:mtaets@maternal.org) or Jen Clasen: [jclasen@maternal.org](mailto:jclasen@maternal.org) for more information or to submit a resume.

## **WIC Professional/CPA – Broadlawns WIC Program**

Broadlawns WIC Program has an immediate opening for a full-time WIC Professional/CPA. Will perform all certification functions – intake, anthropometric, health and diet histories, and nutrition education - for a diverse population. Current Iowa dietetic or Registered Nurse license required. RN must have a minimum of 6 months experience as a WIC CPA.

If you are a flexible person who likes variety in your work and expanding your skills, contact Cheryl VonBehren, WIC Program Director at 515-282-6704 or [cvonbehren@broadlawns.org](mailto:cvonbehren@broadlawns.org) for more information.

Apply on line at [www.broadlawns.org](http://www.broadlawns.org). Only final applicants will be contacted. Post-offer pre-employment physical & drug screen required. Broadlawns Medical Center, 1801 Hickman Road, Des Moines, Iowa 50314 E.O.E.

### ***Health Literacy Series (Part 5 of 6)***

#### **Health Literacy Series (Part 5 of 6)**

Nearly 36 percent of adults in the U.S. have low health literacy, with disproportionate rates found among lower-income Americans eligible for Medicaid. Individuals with low health literacy experience greater health care use and costs compared to those with proficient health literacy.

This series of fact sheets was created to help clinicians, patient advocates, and other stakeholders improve care for individuals with low health literacy. The fact sheets define health literacy; describe ways to identify low health literacy; provide strategies to improve print and oral communication for low-literate consumers; provide information about the intersection of health literacy and culture; and highlight key policies relating to health literacy. Please see the fifth of six fact sheets in this series at the end of this week's addition of Friday Facts.

### ***Resources***

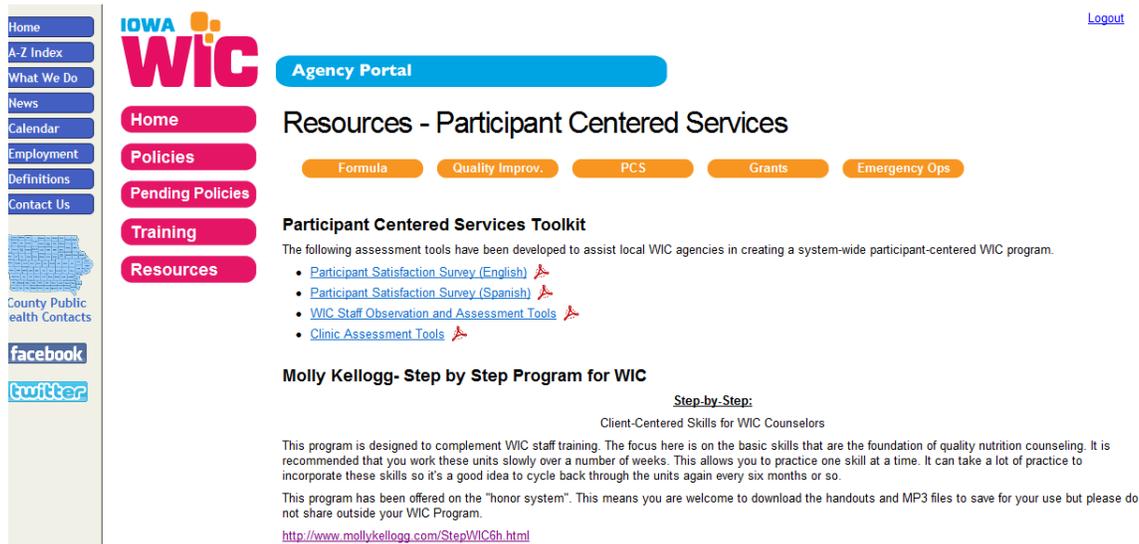
#### **Oregon State - Bilingual Pictorial Recipe Sets**

For those of you needing recipes using pictures and minimal text, you might be interested in materials from Oregon State. Scroll down to the bottom of the website and there will be a section all Recipes: Bilingual Pictorial Recipe Sets.

<http://extension.oregonstate.edu/nep/osu-edmaterials#R>

## Molly Kellogg Step by Step Program for WIC

We have added the Molly Kellogg Step by Step link to the Web Portal. This will make easy access. The first podcast is 13 minutes and audio. Print the note pages and read the related material. The process is to watch one podcast a week and then practice. This process will increase the quality of counseling and most agencies have experienced an increase in both staff and participant satisfaction as well as a savings in time. Contact Pat Hildebrand if you have any questions.



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### Resources - Participant Centered Services

Formula Quality Improv. PCS Grants Emergency Ops

#### Participant Centered Services Toolkit

The following assessment tools have been developed to assist local WIC agencies in creating a system-wide participant-centered WIC program.

- [Participant Satisfaction Survey \(English\)](#)
- [Participant Satisfaction Survey \(Spanish\)](#)
- [WIC Staff Observation and Assessment Tools](#)
- [Clinic Assessment Tools](#)

#### Molly Kellogg- Step by Step Program for WIC

[Step-by-Step:](#)  
Client-Centered Skills for WIC Counselors

This program is designed to complement WIC staff training. The focus here is on the basic skills that are the foundation of quality nutrition counseling. It is recommended that you work these units slowly over a number of weeks. This allows you to practice one skill at a time. It can take a lot of practice to incorporate these skills so it's a good idea to cycle back through the units again every six months or so.

This program has been offered on the "honor system". This means you are welcome to download the handouts and MP3 files to save for your use but please do not share outside your WIC Program.

<http://www.mollykellogg.com/StepWIC6h.html>

## Training

### 2014 Webinar Series – Improving the Mental and Emotional Well-Being of Communities through the National Prevention Strategy

Each webinar in this series highlights ways Federal agencies are working with communities to increase the number of Americans who are healthy at every stage of life – physically and mentally - by shifting the nation from a focus on sickness and disease to one based on prevention and wellness. (See attachment at end of Friday Facts).

### Available Trainings

We have received notice of quite a few trainings both by phone and webinar. Here are some of the listings.

#### 1. Office on Women's Health online information system –Quick Health Data Online (telephone trainings)

The system contains data on demographics, mortality, reproductive and maternal health, disease incidence, and access to care at the county level for all states and territories; additionally, data are included on prevention, violence, and mental health at the state level. To the extent possible, data are provided by race, ethnicity and gender, and where applicable/available, by age. Also, the system incorporates graphing and mapping features so that the data of interest can be used directly as tables, graphs/chart and maps.

The training will last one hour, and you can be sitting at your desk using your computer. The dates and times available for the sessions are as follows:

There are two trainings per month. The basic training will provide an overview of the system and the focus on mapping/second training will provide an emphasis on mapping techniques. The trainings are repeated on various days to allow anyone you wishes to participate an opportunity to do so.

There are two trainings per month. The first one will provide an overview of the system and second emphasis mapping techniques.

**Quick Health Data Online 101 trainings:**

Tuesday, January 21, 4-5 pm ET- Basic

Thursday, January 23, 1–2pm ET - focus on mapping

Monday, February 24, 2-3pm ET - Basic

Wednesday, February 26, 3-4 ET— focus on mapping

Tuesday, March 18, 3-4pm ET - Basic

Thursday, March 20, 1-2pm ET - focus on mapping

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You will need the following numbers to access the training session:

- Toll Free Number: 1-877-925-6129
- Passcode: 410171

Prior to the start of the session, please (1) be sitting in front of your computer, (2) open Internet Explorer on your computer, and (3) go to the following web address: [www.womenshealth.gov/quickhealthdata](http://www.womenshealth.gov/quickhealthdata).

A number of participants tend to sign in for the sessions, so, in order to permit everyone to hear the discussion, it is requested that participants set their telephones on Mute. The training staff will stay on the line to answer all questions arising from the session as well as addressing questions during the session. You are welcome to attend any of these training sessions and to suggest additional topics!

**2. CDC’s Public Health Grand Rounds**, “Community Water Fluoridation: A Vital 21<sup>st</sup> Century Public Health Intervention.”

This session will be available via live webcast from CDC headquarters in Atlanta, Georgia on **Tuesday, December 17 at 1 p.m. (EST)** at <http://www.cdc.gov/about/grand-rounds/>.

For nearly 70 years, community water fluoridation has been used to prevent tooth decay and improve oral health. Community water fluoridation (CWF) is not only safe and effective, but also cost-saving – yielding approximately \$38 savings in dental treatment costs for every \$1 invested. CDC has recognized water fluoridation as one of 10 great public health achievements of the 20th century. While there has been a notable increase during the early part of this century in the number of persons with access to CWF, CDC along with state and local health departments and other public health partners face ongoing challenges in promoting and expanding CWF.

Please join us as we discuss CWF as a community-wide strategy that remains important for maintaining and promoting oral health.

**Grand Rounds is available for Continuing Education.**

ALL Continuing Education hours for PHGR are issued online through the [CDC/ATSDR Training and Continuing Education Online system](#). If you have questions, [e-mail](#) or call Learner Support at 1-800-418-7246 (1-800-41TRAIN).

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Those who attend PHGR either in person, Envision, IPTV, or “web on demand” and who wish to receive Continuing Education must complete the online seminar evaluation. Thirty days from the initial seminar the course number will change to WD1640 and will be available for continuing education until January 21, 2014. The course code for PHGR is **PHGR10**.

### 3. New Training Module from Center TRT

[Center TRT](#) has a new [RE-AIM Training Module](#) that is useful for planning interventions, adapting existing interventions, and designing evaluations that assess the potential public health impact of interventions. This web-based training encourages public health practitioners to consider how to improve the sustainable adoption and implementation of effective interventions. It is free to practitioners and their community partners.

### 4. Improving the Mental and Emotional Well-Being of Communities through the National Prevention Strategy Presented by the Region VIII Federal Partners (See attached flyer)

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## Webinar - “Arsenic in Rice”

A webinar is available entitled: “Arsenic in Rice” that should answer many questions. It is available from SCAND and free until December 18<sup>th</sup>. It is free. You put it in your cart, check out and then it is available in the section entitled my profile.

<http://www.scandpg.org/search/?q=arsenic+in+rice>

This webinar speaks more to the science.

## Product Information

### Carnation Breakfast Essentials

Carnation Breakfast Essentials will be changing from a 4-pack 11 oz. product to a 6-pack 8 oz. product. Stores will start to see the new product in January. Both sizes may be available in stores until the transition is complete. An OR statement will be added to the Food Instrument (FI) description for this product on December 16th and will read as follows: Four-pack of 11 oz OR Six-pack 8 oz RTU Carnation Breakfast Essentials. Please check the Special Formula Report in IWIN to see if you have any participants receiving this formula so FIs can be reissued to ensure participants do not have problems receiving this product at the store.

## Dates to Remember

### 2014

- 2014 Iowa WIC Training – October 9

### New Employee Training Go-to-Meeting

- NETC Go-To-Meeting (All new staff) – January 9, from 8:30-11:30
  - NETC Go-To-Meeting (Support Staff) – January 16, from 8:30-11:30
  - NETC Go-To-Meeting (Health Professional) – January 23, from 8:30-11:30
- \*\*\*\* Please note changes in order of trainings for January**
- NETC Go-To-Meeting (All new staff) – March 13, from 8:30-11:30
  - NETC Go-To-Meeting (Health Professional) – March 20, from 8:30-11:30
  - NETC Go-To-Meeting (Support Staff) – March 27, from 8:30-11:30

- NETC Go-To-Meeting (All new staff) – May 8, from 8:30-11:30
- NETC Go-To-Meeting (Support Staff) – May 15, from 8:30-11:30
- NETC Go-To-Meeting (Health Professional) – May 22, from 8:30-11:30
- \*\*\* Please note changes in order of trainings for May
- NETC Go-To-Meeting (All new staff) – July 10, from 8:30-11:30
- NETC Go-To-Meeting (Health Professional) – July 17, from 8:30-11:30
- NETC Go-To-Meeting (Support Staff) – July 24, from 8:30-11:30
- NETC Go-To-Meeting (All new staff) – September 11, from 8:30-11:30
- NETC Go-To-Meeting (Health Professional) – September 18, from 8:30-11:30
- NETC Go-To-Meeting (Support Staff) – September 25, from 8:30-11:30
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- NETC Go-To-Meeting (All new staff) – November 6, from 8:30-11:30
- NETC Go-To-Meeting (Health Professional) – November 13, from 8:30-11:30
- NETC Go-To-Meeting (Support Staff) – November 20, from 8:30-11:30

**Core Trainings**

- Maternal: March 25, 2014
- Breastfeeding: March 26, 2014
- Infant/Child: August 28, 2014
- Communication and Rapport: October 29, 2014

**Contractor’s Meetings**

- January 29 – 8:30-11:30 and 12:30-3:30
- January 30 – 8:30-11:30 and 12:30-3:30

***Available Formula***

Product	Quantity	Expiration Date	Agency	Contact
Pregestimil	5 cans (16 oz) powder 1 can (16 oz) Powder 10 cans (16 oz) Powder	1/2014 7/2014 9/2014	Upper Des Moines Opportunity	Tammy Chapman 712-859-3885 Ext. 110
Peptamen Junior	6 cases/24 - 8.45 - oz	6/2014	Mid Sioux Opportunity	Glenda Heyderhoff 712-786-3488
Duocal	1 can – 14 oz	4/2016	Mid-Sioux Opportunity	Glenda Heyderhoff 712-786-3417
Elecare Infant Unflavored Powder	2 cases/6 cans each	5/2015	Mid Sioux Opportunity	Glenda Heyderhoff 712-786-3488

Elecare Infant Unflavored Powder	1 case/6 cans each plus 2 cans	6/2015	Mid Sioux Opportunity	Glenda Heyderhoff 712-786-3488
Elecare Infant Unflavored Powder	1 can	3/2015	Mid Sioux Opportunity	Glenda Heyderhoff 712-786-3488
Elecare Jr Vanilla Powder	4 can 1 can	9/2014 10/2014	Mid Sioux Opportunity	Glenda Heyderhoff 712-786-3488
Elecare Jr Unflavored Powder	1 case/6 cans each	1/2015	Mid Sioux Opportunity	Glenda Heyderhoff 712-786-3488
Elecare Jr Unflavored Powder	2 cases/6 cans each	2/2015	Mid Sioux Opportunity	Glenda Heyderhoff 712-786-3488
Elecare Jr Unflavored Powder	2 cases/6 cans each	5/2015	Mid Sioux Opportunity	Glenda Heyderhoff 712-786-3488
Duocal Powder	2 cans 1 can	8/2015 6/2015	Mid Sioux Opportunity	Glenda Heyderhoff 712-786-3488

## Improving Oral Communication to Promote Health Literacy

**Health information that is delivered in a clear, engaging, and personally relevant manner can promote understanding, action, and self-empowerment, no matter the literacy level of the recipient.**

Oral communication, particularly between providers and patients in a medical setting, is a critical medium through which vital information is shared and decisions are made. The following strategies should be used to promote health literacy:

- **Create a safe and respectful environment.** Greet patients warmly. Make eye contact. Take the time to get to know the patient and earn his or her trust.
- **Use speech that is easy to understand.** Slow down your speaking pace. Limit content to a few key points. Be specific and concrete, not general. Use words that are simple and familiar. Avoid complex technical jargon or acronyms (see *Simplified Language* examples in the box below).
- **Keep the individual engaged in the conversation.** Use pictures, physical models, videos, or interactive media to aid technically complex conversations. Ask open-ended questions to facilitate discussion. Get to know what the patient cares about most – family, friends, work, hobbies – and incorporate those into your health discussions.
- **Confirm patient understanding.** Ask the individual to “teach back” the information you have imparted. Remind the individual that many people have difficulty understanding the materials. Summarize key points.

### HEALTH LITERACY SNAPSHOT

*An older Asian-American man cannot understand the dosage label on his medication. For fear of taking the wrong dosage, he does not take it at all. His back pain gets worse and he is not able to go into work for a whole week. He recalls being rushed through his appointment and unable to understand the doctor's accent. He left without being able to ask any other staff for help as they seemed too busy.*

### Simplified Language Swap-Outs

Common Term	Modification
Eligible	→ Qualified, or able to get
Hormone	→ Natural or manmade chemical that can impact your energy, mood, and/or growth
Hypertension	→ High blood pressure
Infection	→ Problem caused by germs; reason you clean open wounds
Pulmonary	→ Related to breathing
Supplement	→ Add to, in addition to

For more, see: <http://stacks.cdc.gov/view/cdc/11500/>

*This is one in a series of health literacy fact sheets that address topics like identifying low health literacy, improving print communications, and the role of culture in health literacy, produced with support from Kaiser Permanente Community Benefit. For more information, visit [www.chcs.org](http://www.chcs.org).*

## **Preparation for Health Care Encounters**

To improve the quality and content of in-person encounters, providers, care managers, health plan administrators, and other professionals can ask patients to prepare for their medical visits by:

- Making a list of two or three questions they want answered;
- Bringing in a list of all medications (prescription, over-the-counter, vitamins/herbal) or the actual bottles;
- Bringing copies of recent test results or reports from other health care providers, including any personal health records;
- Asking a family member or friend to accompany them to help write down information or remember what was said; and/or
- Reporting all symptoms and anything that does not seem quite right during their office visit, and asking the provider to repeat instructions at the end of the visit.

## **Supports in the Medical Office Environment**

Beyond the interactions with health care professionals, other aspects of the medical office environment – unreadable signage, complicated layouts, or chaotic environments – can impact patient experiences. Individuals with lower health literacy may feel intimidated in professional health care environments. This may lead them to avoid seeking out services, asking clarifying questions, challenging a provider’s assumptions, or sharing vital personal details during medical appointments.

Health care institutions can pay attention to the following to help ensure that individuals with low health literacy will successfully participate in health care services:

- The facility’s name is clearly displayed outside the building and entry signs are visible.
- The signs use plain, everyday words such as “Walk-in,” in addition to “Ambulatory Care.”
- Maps, including handheld ones, are available to navigate the premises.
- Overhead signs use large lettering and are in languages of major population groups.
- Color codes or symbols are used consistently on walls and floors to mark paths.
- All staff wear a form of identification such as a uniform, nametag, or button.
- There is a welcome or information desk with friendly personnel.
- Multilingual and racially/ethnically diverse providers and administrative staff are available.

### **MOTIVATIONAL INTERVIEWING: Helping Providers and Patients Reach Goals Together**

Motivational interviewing is a patient-centered method of engagement and ongoing communication that is based on meeting patients in a comfortable, familiar environment; addressing goals defined by the patient; and gradually helping patients work toward more ambitious goals. It is a promising technique that is increasingly used by providers to support patients with complex chronic conditions and significant social barriers. Providers looking to better address the needs of individuals with low health literacy can use this model, or incorporate its elements into care delivery. For more information: [www.motivationalinterview.org](http://www.motivationalinterview.org).

## 2014 Webinar Series

# Improving the Mental and Emotional Well-Being of Communities through the National Prevention Strategy

Presented by the Region VIII Federal Partners



Each webinar in this series highlights ways Federal agencies are working with communities to increase the number of Americans who are healthy at every stage of life – physically and mentally - by shifting the nation from a focus on sickness and disease to one based on prevention and wellness.

The National Prevention Strategy was developed as a result of the Affordable Care Act. The strategy outlines how Federal departments from a variety of sectors are implementing prevention efforts to improve the health of the nation.

The target audience for the series is staff from Federal, State, and local governments; Tribal nations and communities; community based-organizations; academia; advocacy groups; and faith-based organizations. The general public is also welcome!

For more information about the National Prevention Strategy, the Region VIII Federal Partners Workgroup, and the 2014 Webinar series, including how to register, go to:  
[https://hrsa.connectsolutions.com/nsp\\_webinar/event/registration.html](https://hrsa.connectsolutions.com/nsp_webinar/event/registration.html)

**Community and Historical Trauma: Surviving and Recovering** - This webinar will provide a framework for understanding community and historical trauma, and key strategies for survival and recovery. The webinar will highlight American Indians, refugees, and those individuals and communities that have been impacted by community violence. **Thursday, February 20, 2:00-3:30 p.m. (MT)**

**Recognizing and Responding to Trauma: The ACE Study and Trauma-Informed Care** - This webinar will provide an overview of the Adverse Childhood Experiences (ACE) study completed by Kaiser Permanente in 2009 and the model of trauma-informed care. The impact of trauma is pervasive across all health, education, and social service programs, and its recognition is of critical importance for service provision that leads to healthy outcomes. **Thursday, March 20, 2:00-3:30 p.m. (MT)**

**Reducing Stigma and Misunderstanding of Mental Health** - One of the greatest barriers to people getting the mental health care they need is the significant misunderstanding and stigma related to mental health. In this webinar, we will share innovative national and regional programs that promote mental and emotional well-being. **Thursday, May 22, 2:00-3:30 p.m. (MT)**

**Prescription Drug Abuse: Why Does it Matter and What Can We Do?** - Prescription drug abuse is one of the most dangerous and underreported issues in our country today. This webinar will highlight the prevalence of prescription drug abuse, outline the five pillars of the White House Strategy, and share state and community initiatives that reduce prescription drug abuse. **Thursday, July 17, 2:00-3:30 p.m. (MT)**

**Recovery Oriented Systems of Care** - Recovery is "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." (SAMSHA, 2011) This webinar will highlight the role that individuals, families, and communities share in promoting recovery through work, housing, and social connectivity. **Thursday, September 18, 2:00-3:30 p.m. (MT)**

**Suicide Prevention and Response: Successful Community Strategies** - This webinar will include an overview of suicide data related to specific populations such as American Indians, youth, older adults, and individuals living with disabilities; Region VIII's mobilization of the National Strategy for Suicide Prevention; and successful suicide prevention strategies. **Thursday, November 20, 2:00-3:30 p.m. (MT)**

To receive notices about these webinars and other region VIII news, please send an email to [LISTSERV@LIST.NIH.GOV](mailto:LISTSERV@LIST.NIH.GOV) with "subscribe Region VIII <your name>" in the message body.

For questions related to this webinar series, please contact Cheri Pruitt [cheri.pruitt@hrsa.hhs.gov](mailto:cheri.pruitt@hrsa.hhs.gov).