



Week ending issue: December 6, 2013 – Issue #194

Policy

From the WIC Services Policy and Procedure Manual – 225.20 Food Instruments (FI)

Food instrument (FI) means a check used by a participant to obtain specified supplemental foods.

Cash value voucher (CVV) is a specific type of food instrument with a fixed-dollar amount used by a participant to obtain authorized fruits and vegetables.

The following terms, food instruments and checks, may be used interchangeably. Unless described otherwise, all policy references to WIC FIs includes both checks for specified supplemental foods and cash value vouchers for fruits and vegetables.

Contract agencies will print WIC FIs on check stock intended solely for this purpose. CVVs are printed on the same check stock as other FIs. This check stock must be stored in a secure location to reduce the risk of loss or theft.

Contract agencies will receive drop shipments of check stock every quarter. The amount of check stock is based on caseload.

Note: Call the state WIC office if it appears that the inventory is inadequate to last until the next regular shipment.

Information

DVD Clips now available to use with clients

We have recently uploaded a series of clips on a variety of topics pulled from the “Welcome to WIC” DVD and the “WIC Food Tips” DVD to the WIC webportal, the Iowa Department of Public Health WIC webpage and the Iowa Department of Public Health’s YouTube and Pinterest pages.

These clips are short targeted messages on a variety of topics such as “Using Brown Rice” “General Rules for Using Your WIC Checks” or “A Review of Your WIC Check”. Our hope is that you will be able to use these clips as an educational tool with clients in clinic or provide them as a resource for clients to turn to if they have questions once they get home from their WIC appointment or when they are at the store if they have a computer or mobile device. Clients could also pull up these clips to show other family members who were not present at the appointment but may be involved in using the WIC checks at the store or in the preparation of food for the family.

You can find these clips on the WIC webportal on the “Resources” page. You can direct clients to find them on the IDPH WIC web page by clicking “Videos” along the left hand side of the page.

(Note: If your agency does not allow staff to view YouTube videos you will only be able to access these videos from clinic via the WIC webportal as they are in a windows media player format on the WIC webportal and all other options will pull from YouTube, thus allowing greater accessibility for clients who may be trying to connect from a variety of sources.)

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.

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

Health Literacy Series (Part 4 of 6)

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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 fourth of six fact sheets in this series at the end of this week’s addition of Friday Facts.

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
- 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
Neosure RTU	2 cases (6-1Q) plus 3 bottles	1/2014	Mid Sioux Opportunity	Glenda Heyderhoff 712-786-3488
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 Jr.	8 cases of 24 15 cans	6/2014 5/2014	Mid-Sioux Opportunity	Glenda Heyderhoff 712-786-3488
Duocal	1 can – 14 oz	April 2016	Mid-Sioux Opportunity	Glenda Heyderhoff 712-786-3417

Improving Print Communication to Promote Health Literacy

While most health care materials are written at a 10th-grade reading level, the average American reads at only a 5th-grade level.¹ Materials that are simple, attractive, and relevant are more likely to effectively reach patients.

Key Components of Effective Print Materials

Individuals rely on print materials when they are unable to speak directly with a health care professional, or when they are unable to engage fully in a verbal encounter. Materials that effectively communicate health messages will generally adhere to the following principles:

1. Plain and clear language is used and content is relevant to the audience.

- Assumes minimal background knowledge.
- Sentences are short. Messages are simple.
- Presents numbers and percentages simply. Does not require extra calculation.
- Uses commonly understood words. Minimizes multi-syllabic words.

2. Ideas are organized clearly.

- Provides background information or needed context.
- Contains logical flow of information.
- Groups information into meaningful sections with clear headings.
- Uses key points, summaries, and highlights to emphasize main points.

3. Layout and design facilitate reading and comprehension.

- Lot of white space (fewer words or less dense text).
- Bullets and/or Q&A format used to break up text, and graphics used to clarify text.
- Dark text (preferably black) on a light or white background.
- Large and familiar font. Consistent use of font sizes and styles throughout document.
- Upper and lower case letters (use of all caps can make text difficult to read).
- Left-justified margin.

HEALTH LITERACY SNAPSHOT

A 30-year-old Vietnamese-speaking man applies for Medicaid after a devastating assault leaves him with a disability. The local Medicaid office does not have application materials in Vietnamese so he attempts to use the English version, although he is not proficient. Due to errors in his application, he never receives coverage.

Testing and Improving Print Materials

Health care organizations can use quality improvement processes to help create materials that will be most useful for patients. These involve getting input from patients, creating materials, testing them with patients, and refining the materials to ensure they are effective.

This is one in a series of health literacy fact sheets that address topics like identifying low health literacy and the role of culture in health literacy, produced with support from Kaiser Permanente Community Benefit. For more information, visit www.chcs.org.

PROCESS FOR DEVELOPING EFFECTIVE HEALTH COMMUNICATION MATERIALS

- Step 1.** Define the key health problem or areas of interest (e.g., low use of preventive services) and identify your intended audience (e.g., Hispanic and African-American women).
- Step 2.** Engage the intended audience. Focus groups, surveys, patient advisory councils, or community advisory boards can be good mediums to seek input. Determine the audience's needs, beliefs/values, level of knowledge, and perceived barriers related to the identified health topic.
- Step 3.** Determine key concepts and messages based on your knowledge of the audience.
- Step 4.** Design a draft of the materials.
- Step 5.** Pilot materials with the intended audience, or an available subset. Patient volunteers or community partner organizations may be good sources for a pretest audience. Incentives such as gift certificates might help gain their participation.
- Step 6.** Revise draft according to feedback from the pretest audience.
- Step 7.** Publish and distribute materials.
- Step 8.** Evaluate the audiences' satisfaction and understanding, using focus groups, surveys, and related tools.

Using Instruments to Assess Print Materials

Grade-level readability is a common metric for print materials. It is based on the number of difficult words (usually words with three or more syllables) and the length of sentences. However, even materials written at a low reading level may be difficult to comprehend if content is poorly organized or not designed well. The following instruments may help organizations assess their materials (visit the hyperlinks for more information):

- **Flesch-Kincaid Grade Level and Flesch Reading Ease Score:** Analyzes readability based on the number of syllables per word and words per sentence in addition to other measures.
- **FOG (Frequency of Gobbledygook):** Assigns a grade level based on sentence length, number of words, and number of polysyllabic (>3) words.
- **Fry Readability Formula:** Measures readability of small documents using sample sizes of 100 words. Identifies more difficult words or sentences.
- **SMOG (Simple Measure of Gobbledygook):** Analyzes reading level of prose in sentence and paragraph format.
- **SAM (Suitability Assessment of Materials):** Measures readability based on content, literacy demand, graphics, layout, learning stimulation, and cultural appropriateness. Can also measure audio-visual materials.
- **PMOSE/ IKIRSCH Document Readability Formula:** Assigns a grade-level to charts, tables and other non-prose documents.

¹ National Patient Safety Foundation. *Health Literacy Statistics At-A-Glance*. Accessible at: http://www.npsf.org/wp-content/uploads/2011/12/AskMe3_Stats_English.pdf