



***Week ending issue: November 15, 2013 – Issue #191***

## ***Policy***

### **From the WIC Services Policy and Procedure Manual – 220.10 Identification Requirements**

Applicants, participants and proxies in the WIC Program must present identification:

- At each certification,
- Every time they pick up checks, and
- Every time they buy food with WIC checks.

Participants and proxies must present a WIC Identification Card to pick up WIC checks and to buy food with WIC checks.

Note: When a participant presents a WIC Identification Card to buy food with a WIC check, the vendor may **not** require additional identification.

## ***Job Postings***

### **WIC Coordinator - Marshalltown**

Coordinates all WIC services, grants, and reports. Assures that all clinics are staffed, completes assessments and provides nutrition education to families at clinics. Coordinates WIC and community needs assessments, develops WIC action plans, monitors budget, and reports to county boards of health. Manages agency WIC data and IWIN system.

- Prefer a master's degree in food and nutrition, dietetics, community nutrition or related field.
- Must possess a minimum of a bachelor's degree in nutrition, nursing or a health-related field OR possess a Registered Nurse credential
- Must have five years of public health experience, including services to children 0-6 years of age.
- Supervisory experience required.
- Must have reliable transportation, valid driver's license and insurance.

Send, fax or e-mail cover letter and resume to:

MICA, 1001 S. 18<sup>th</sup> Ave., Marshalltown, IA 50158; 641-752-9724; [jeanette@micaonline.org](mailto:jeanette@micaonline.org) Open until filled. EOE

## *Resources*

### **Violence against Women**

WHO recently released new info graphics on violence against women that can be downloaded in various languages.

[http://www.who.int/violence\\_injury\\_prevention/publications/violence/vaw\\_infographic/en/index.html](http://www.who.int/violence_injury_prevention/publications/violence/vaw_infographic/en/index.html)

### **Webinar - ACA Basics: Breastfeeding & WIC**

See Flyer at end of Friday Facts to learn more about Affordable Care Act (ACA) basics as they apply to breastfeeding coverage and preventive services, and how you can be a resource for WIC participants.

## *Health Literacy Series*

### **Health Literacy Series (Part 1 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 first 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\*
- 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\*
- 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

**\*\*\*\* Please note changes in order of trainings for January & May**

**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***

<b>Product</b>	<b>Quantity</b>	<b>Expiration Date</b>	<b>Agency</b>	<b>Contact</b>
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
Neocate Infant Powder	3 cans (14 oz) 7 cans (14 oz)	5/18/2014 6/18/2014	Broadlawns	Rose Logan 515-282-6717
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



## Association Update

NOV 13.13

### Webinar - ACA Basics: Breastfeeding & WIC

[Register for our webinar](#) to learn about Affordable Care Act (ACA) basics as they apply to breastfeeding coverage and preventive services, and how you can be a resource for WIC participants.

**When:** Wednesday, December 4th from 3-4pm Eastern Standard Time

**Objectives:** By the end of the session, participants will be able to:

- Understand key components about the ACA and women's health coverage
- Identify the coverage of women's preventive health services and the requirement to provide breastfeeding support and supplies
- Learn how they can be a resource for ACA info for WIC participants

**Speaker:** [Anna Benyo](#), Senior Health Policy Analyst, National Women's Law Center. Anna works to advance the goals of the Affordable Care Act at the state level.

**Resources:** Here are some resources from the National Women's Law Center including an ACA/Breastfeeding [fact sheet](#), their [preventive services toolkit](#) and their recent blog on [ACA benefits for moms](#).

*NWA's mission: NWA inspires and empowers the WIC community to advocate for and promote quality nutrition services for all eligible mothers and young children, and assure effective management of WIC.*

**National WIC Association** 2001 S Street, NW, Suite 580 Washington, DC 20009 TEL 202.232.5492 FAX 202.387.5281



## What is Health Literacy?

**Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”<sup>1</sup>**

Health literacy refers to the skills necessary for an individual to participate in the health care system and maintain good health. These skills include reading and writing, calculating numbers, communicating with health care professionals, and using health technology (e.g., an electronic diabetes monitor).

### Who has Low Health Literacy?

An estimated 90 million Americans have low health literacy,<sup>2</sup> including many:

- With lower socioeconomic status or education;
- Who are elderly;
- With low English proficiency (LEP) and/or who are non-native speakers of English; and
- Who are receiving publicly-financed health coverage or other socio-economic assistance.

The burden of low health literacy does not lie only on the individual. Health care *organizations* must also be health literate to reduce the demands placed on individuals.<sup>3</sup>

### Why is Health Literacy Important?

People make choices about their health every day: what to eat, when to see a doctor, whether or not to smoke. In order to stay healthy, individuals must know how to read the labels on food and medicine, locate the nearest health center, report symptoms to health professionals, understand insurance paperwork, and pay medical bills. These can be complicated tasks and the skills to achieve them are not explicitly taught by the health care system or other educational and social institutions.

The consequences of low health literacy are felt by:

- Individuals, families, and communities struggling to access quality care or maintain healthy behaviors;
- Health care delivery systems unable to provide safe and effective services; and
- Governments, employers, insurers, and patients facing higher costs.

#### HEALTH LITERACY SNAPSHOT

*Sherry, 53, is referred to a clinic for care following a four-week hospitalization. Upon discharge, she is provided with a handwritten list of medications. When asked by clinic staff why she was admitted, Sherry says, “I had a bad cold.” Her hospital records, however, show an admission for pneumonia complicated by congestive heart failure and diabetes. Although Sherry’s hospital physicians said they communicated these diagnoses, she left the hospital without a full understanding of her condition.*

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

## What is the Impact of Low Health Literacy?

Low health literacy can result in:

- Medication errors;
- Low rates of treatment compliance due to poor communication between providers and patients;
- Reduced use of preventive services and unnecessary emergency room visits;
- Ineffective management of chronic conditions, due to inadequate self-care skills;
- Longer hospital stays and increased hospital re-admissions;
- Poor responsiveness to public health emergencies; and
- Higher mortality.<sup>4,5</sup>

Compared to those with proficient health literacy, adults with low health literacy experience:

- **4 times** higher health care costs
- **6%** more hospital visits
- **2 day**-longer hospital stays

Source: Partnership for Clear Health Communication at the National Patient Safety Foundation.

Through all its impacts – medical errors, increased illness and disability, loss of wages, and compromised public health – low health literacy is estimated to cost the U.S. economy up to \$236 billion every year.<sup>6</sup>

## What are Ways to Address Low Health Literacy?

Solutions for addressing low health literacy rely both on individual health care consumers as well as broader societal structures like the health care system, educational institutions, and the media. Interventions in the health system fall into three broad categories:

1. Making print, oral, and electronic health information easier to understand (e.g., at a fifth-grade reading level);
2. Providing education to improve literacy skills and empower individuals; and
3. Reforming health care delivery to be more patient-centered.

### RESOURCES

Visit the hyperlinks below for more information.

[The Health Literacy of America's Adults](#) – Results from the 2003 National Assessment of Adult Literacy by the National Center for Education Statistics.

[Health Literacy: A Prescription to End Confusion](#) – The landmark report on health literacy from the Institute of Medicine.

[Health Literacy Interventions and Outcomes](#) – Agency for Healthcare Research and Quality systematic review.

[Health Literacy Fact Sheets](#) – A series of health literacy fact sheets produced by CHCS that provide guidance in identifying and addressing low health literacy.

<sup>1</sup> S.C. Ratzan and R.M. Parker. Introduction, National Library of Medicine Current Bibliographies in Medicine: Health Literacy. (Bethesda, MD: 2000).

<sup>2</sup> L. Neilsen-Bohlman, A.M. Panzer, and D.A. Kindig. "Health Literacy: A Prescription to End Confusion." (Washington, DC: National Academies Press, 2004).

<sup>3</sup> C. Brach, B. Dreyer, P. Schyve, L.M. Hernandez, C. Baur, A.J. Lemerise, and R. Parker. "Attributes of a Health Literate Organization." *IOM Roundtable on Health Literacy*. (Washington, DC: National Academy of Sciences, 2012).

<sup>4</sup> Neilsen-Bohlman et. al., op cit.

<sup>5</sup> N.D. Berkman, et al. "Literacy and Health Outcomes." (Rockville, MD: Agency for Healthcare Research and Quality, 2004).

<sup>6</sup> J. Vernon, A. Trujillo, S. Rosenbaum, and B. DeBuono. "Low Health Literacy: Implications for National Health Policy." University of Connecticut; 2007.