



**Week ending issue: December 20, 2013 – Issue #196**

## **Policy**

### **From the WIC Services Policy and Procedure Manual – 225.70 Proxies**

Adult participants or parents/guardians may authorize another individual as their proxy to:

- Bring an infant or child to their certification appointment, and/or
- Pick up food instruments (FIs).

Proxy authorizations may be effective for a single month or several months. However, the maximum length of time allowed for a proxy authorization is the participant's certification period. Therefore, a new proxy card or note is required at a subsequent certification for someone to continue to be a proxy.

A proxy is anyone other than the adult participant or the individual with legal responsibility (parent, legal guardian, or other individual) for an infant or child. Examples of proxies include grandparents, aunts, uncles; childcare providers; friends; and teenaged children living in the household. The second parent in a household is NOT a proxy; this individual does not need permission from the other parent in the household to bring children for appointments or pick up FIs.

Note: If the adult with legal responsibility for a child abandons that child (i.e., leaves that child in the care of relatives or friends), that relative or friend is considered to be a parent/guardian for certifications and picking up FIs.

WIC staff must discuss the proxy option for picking up food instruments and encourage the designation of a proxy at each certification. At subsequent certifications, WIC staff must review the list of family members to determine if any proxies should be deleted.

Make proxy authorization cards available whenever possible for your participants to use. Participants/parents/guardians may substitute a handwritten note providing the same information.

## **Job Posting**

### **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.

## Resources

### New NWA Webinar: Supporting Long-term Breastfeeding with the New WIC Food Packages

[Register for our webinar](#) to learn about the Vermont WIC Mother/Baby Breastfeeding Study: Supporting Long-Term Breastfeeding with the New WIC Food Packages.

**When:** Wednesday, January 22, 2013, 3:00 p.m. – 4:00 p.m., Eastern Standard Time

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

- Understand the key findings of Vermont's 2009 WIC Special Project Grant
- Learn strategies for screening and supporting mothers at risk for breastfeeding attrition
- Identify new social marketing materials and messages
- Learn Vermont's recommendations for achieving gains in long-term exclusive breastfeeding rates

**Speakers:**

- Lynne Bortree, MS, WIC Nutrition Specialist, Vermont Department of Health
- Karen Flynn, BS, WIC Program Administrator, Vermont Department of Health

### Infant Feeding Guide

WIC works has an infant feeding guide document for many languages. It can be found at: [http://www.nal.usda.gov/wicworks/Sharing\\_Center/gallery/family6.html#preschool](http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/family6.html#preschool)



#### WIC Infant Feeding Guide For Healthy Infants

The **guide** was developed in response to a need at the local WIC agencies in New Jersey for an up to date nutrition guide for the baby's first year. The guide is meant to be distributed at the new baby certification appointment and the relevant recommendations reviewed during subsequent contacts. The guide is also available in [Spanish](#), [French](#), [Vietnamese](#), [Korean](#), [Bengali](#), [Haitian Creole](#), [Portuguese](#), and [Arabic](#). In PDF format.

## IWIN

### Losing Information?

There have been reports of agencies losing information in IWIN. We have found that information can be lost if there is more than one staff member in a record at the same time. A good practice to follow would be to make sure that only one staff member is in the record at a time and to save and close immediately when you are finished with your part of the appointment.

## Health Literacy Series (Part 6 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 last 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
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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*

<b>Product</b>	<b>Quantity</b>	<b>Expiration Date</b>	<b>Agency</b>	<b>Contact</b>
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

## Health Literacy: Policy Implications and Opportunities

*Health care policymakers nationwide are seeking to expand insurance coverage, improve care, and control costs. To meet these goals, health care programs must focus on the cultural, linguistic, and social barriers facing vulnerable populations, including those with low health literacy.*

### Affordable Care Act

The Affordable Care Act (ACA)<sup>1</sup> is the most significant piece of health care legislation in recent history. Though there are only four explicit mentions of the term “health literacy” in the law, the ACA indirectly addresses this topic in the following areas:<sup>2</sup>

1. **Coverage Expansion:** Millions of Americans will gain insurance through the state-based exchanges and Medicaid beginning in 2014.<sup>3</sup> For such expansion to be successful, outreach efforts and enrollment methods must be streamlined, easy to understand, and coordinated with other social services and community programs.
2. **Equity:** Moving toward universal coverage and creating the same “floor” for the lowest-income populations should help address some of the fundamental disparities in access to care, but only if there is attention to culture, language, and literacy.
3. **Workforce:** Provider training and diversity provisions in the ACA will help build a workforce with the background, cultural competency, and patient-centered orientation to adequately meet care needs across all levels of patient health literacy.
4. **Health Care Information:** From medication management to provider performance rating, patient information must be presented in a way that is accessible to the millions of Americans with low literacy skills.
5. **Public Health and Wellness:** The development of consumer information – whether in print, electronically, or otherwise – on issues ranging from prevention to emergency preparedness must be done with low literacy in mind, and in partnership with local communities.
6. **Quality Improvement:** The promotion of payment and delivery system redesign models such as health homes and accountable care organizations, and emphasis on quality measurement and reporting presents many new opportunities for making the business and policy case for investments in health literacy.

#### HEALTH LITERACY SNAPSHOT

*A young, unemployed mother is unable to obtain coverage for her children because she cannot read the Medicaid application and feels uncomfortable asking for help. She and her family continue to go without care.*

### Additional Federal Policy Efforts Related to Health Literacy

#### National Action Plan to Improve Health Literacy

The *National Action Plan to Improve Health Literacy*, released in 2010 by the U.S. Department of Health and Human Services, outlines seven goals that address the importance of health and safety information that is accurate, accessible, and actionable. It addresses how payers, the media, government agencies, health care professionals, and community institutions can work together to tackle the national problem of low health literacy.<sup>4</sup>

*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).*

## Plain Writing Act of 2010

This legislation requires the federal government, including all health agencies, to use “plain writing” guidelines in every covered document – both print and electronic. This includes every document that agencies issue or substantially revise, including letters, publications, forms, notices, or instructions. It also includes any document necessary for the public to obtain a federal government benefit or service; file taxes; or comply with federal requirements.<sup>5</sup>

## Healthy People 2020

*Healthy People 2020*<sup>6</sup> is a set of 10-year goals for improving the health of Americans. It provides national benchmarks for meeting specific aims around health promotion and disease prevention. Several objectives explicitly speak to health literacy principles.<sup>7</sup>

## National Resources to Address Health Literacy

Following are a variety of resources available to health care policymakers, providers, and administrators looking to address health literacy (visit the hyperlinks below to access each resource).

- **Health and Human Services (HHS)**
  - Overview and Resources
  - Health Literacy Action Plan
  - A Guide to Writing and Designing Easy-to-Use Health Web Sites
  - Expanding the Reach and Impact of Consumer e-Health Tools
- **Center for Disease Control (CDC)**
  - Health Literacy Resources
- **National Institutes of Health (NIH)**
  - Clear Communication: A NIH Health Literacy Initiative
- **Health Resources and Services Administration (HRSA)**
  - Free Online Course for Health Professionals and Students
- **Agency for Healthcare Research and Quality (AHRQ)**
  - Health Literacy Universal Precautions Toolkit
- **Institute of Medicine (IOM)**
  - Roundtable on Health Literacy
- **Surgeon General**
  - Improving Health by Improving Health Literacy
- **The Joint Commission**
  - Improving Health Literacy to Protect Patient Safety

*“Health literacy is the  
currency for everything  
we do.”*

Dr. Howard Koh  
Assistant Secretary for Health,  
U.S. Department of Health and Human  
Services, 2010

<sup>1</sup> U.S. Congress, “H.R. 3590: Patient Protection and Affordable Care Act.” 11<sup>th</sup> Congress, 2009 – 2010. Signed into law March 23, 2010. Available at: <http://www.govtrack.us/congress/bill.xpd?bill=h111-3590>.

<sup>2</sup> S.A. Somers and R. Mahadevan. *Health Literacy Implications of the Affordable Care Act*. Center for Health Care Strategies. November 2010

<sup>3</sup> Banthin J and Masi S. (March 2013). How Has CBO’s Estimate of the Net Budgetary Impact of the Affordable Care Act’s Health Insurance Coverage Provisions Changed Over Time? Congressional Budget Office. Available at: <http://www.cbo.gov/publication/44008>.

<sup>4</sup> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *National Action Plan to Improve Health Literacy*. Washington DC, 2010.

<sup>5</sup> U.S. Congress. “H.R. 946: Plain Writing Act of 2010.” 11<sup>th</sup> Congress, 2009 – 2010. Signed into law October 13, 2010. Available at: <http://www.govtrack.us/congress/bill.xpd?bill=h111-946>.

<sup>6</sup> Healthy People 2020. Federal Government website managed by the U.S. Department of Health and Human Services, Washington DC, 2010. Available at: <http://www.healthypeople.gov/2020/default.aspx>

<sup>7</sup> Healthy People 2020: Health Communication and Health Information Technology. Federal Government website managed by the U.S. Department of Health and Human Services, Washington DC, 2010. Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HealthCommunication.pdf>