IOWA WIC Friday Facts
Bureau of Nutrition & Health Promotion
1-800-532-1579

Week ending issue: November 29, 2013 – Issue #193

Policy

From the WIC Policy and Procedure Manual – 370.80 Administrative on site review section XII, Civil Rights

Americans with Disabilities Act of 1990

In July, President George Bush signs into law the Americans with Disabilities Act of 1990 (ADA) -- the world's first comprehensive civil rights law for people with disabilities. The Act prohibits discrimination against people with disabilities in employment (Title I), in public services (Title II), in public accommodations (Title III) and in telecommunications (Title IV). EEOC is responsible for enforcing Title I's prohibition against discrimination against people with disabilities in employment. The ADA is described as the Emancipation Proclamation for the disability community.

The WIC administrative on-site review tool checks for compliance to ADA. Evidence of an agency supervisory staff training or orientation to ADA that are paid with WIC federal funding must be documented.

ADA training can be found http://www.ada.gov/reachingout/intro1.htm. Once a supervisor has completed the training simply document the training in the personnel record. This training is valuable to anyone involved in the hiring process.

Information

Free CEU Opportunity

"Addressing Tobacco Use in Iowa The Brief Tobacco Intervention" is an online training for health care staff. The training provides information on making a Quitline Iowa referral and the different program options that are available. It also explains the 2 A's and R approach to tobacco interventions- Ask, Advise, and Refer. Two tracks are available, one for Physicians, Dentists, and NP/PAs and one for Other Allied Health Professionals. **CEUs are available for nurses and dietitians!** The training is available at the following web address: www.iatobaccointervention.org

wichealth.org Guidance

Several archived webinars about wichealth.org are available for guidance in using wichealth.org at your agency. Webinars include: "Getting Your Agency Started", "Follow-Up in Clinics", and "In Clinic Lessons". To access these webinars see the WIC WebPortal- Training section under the CEUs and webinars section. There is also information about an upcoming webinar series titled "Engage".

Reminder

Before printing checks and then again before issuing them to a participant make sure to double check your work! We have had several checks lately that have had the wrong quantity listed for the food item description. For example we have seen checks for **1** "oz Natural Cheese- Chunk, Shredded, or Mozzarella String Cheese" or **1** "Containers of 8 oz. RTU PediaSure 1.5 Cal". Please double check that the quantity is appropriate for the food item description; some formulas are described by the bottle, some by the 6-pack, and some by the case.

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. 18th Ave., Marshalltown, IA 50158; 641-752-9724; jeanette@micaonline.org Open until filled. EOE

Health Literacy Series (Part 3 of 6)

Health Literacy Series (Part 3 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 third 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
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

Health Literacy and the Role of Culture

Individuals' social and cultural contexts are inextricably linked to how they perceive and act on health information.

An individual's perception of his or her health is shaped not only by personal convictions, but also by the beliefs of his or her racial, ethnic, religious, social and/or linguistic communities. These personal and collective values can be summed up as culture, and they influence an individual's health literacy. Culture can impact how individuals:

- Define what they feel is a health problem;
- Express concerns about the problem or report symptoms;
- Decide what type of service should be obtained, when, and from whom; and
- Respond to treatment guidance.

HEALTH LITERACY SNAPSHOT

A young Latina woman is told by her physician she needs to lose 30 lbs to lower her risk of diabetes and heart disease. Her family cannot afford a gym membership and she is too embarrassed to play sports at school, where she is often teased. Her physician told her simply to "improve her lifestyle and run outside," but she does not feel safe running in her neighborhood, where crime rates have been rising.

If cultural norms do not match up with the dominant values of the health care system, an individual – even with adequate reading, writing, and numeracy skills – can have trouble accessing health services, communicating with providers, and pursuing effective self-management. Such cultural mismatches – along with low socio-economic levels and historic discrimination – have contributed to disparities in health and health care experienced by individuals in racial, ethnic, and linguistic minority groups.

Low health literacy is both a key cause and effect of these disparities. National estimates suggest that minority populations tend to have greater rates of low health literacy.[1] Further, studies show that when controlling for health literacy, racial and ethnic disparities in health care quality and outcomes often disappear.[2]

Cultural Competency

Cultural competency refers to the "practices and behaviors that ensure that all patients receive high-quality, effective care irrespective of cultural background, language proficiency, socioeconomic status, and other factors that may be informed by a patient's characteristics."[3] Improving the cultural competency of health materials, personal interactions, and services is an important step toward addressing low health literacy among diverse populations.

National Standards for Culturally and Linguistically Appropriate Services

In 2000, the Office of Minority Health developed National Standards on Culturally and Linguistically Appropriate Services (CLAS) to provide a common understanding and consistent definition of culturally and linguistically appropriate services in health care. These standards are designed to offer a practical framework for providers, payers, accreditation organizations, policymakers, health administrators, and educators. Learn more about the CLAS guidelines at https://www.thinkculturalhealth.hhs.gov/Content/clas.asp.

*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**.*

Strategies to Improve Cultural Competency in Health Organizations

Provider-Patient Communication

- Give guidance on nutrition and lifestyle that aligns with patients' cultural, dietary, and/or religious values;
- Respect cultural norms around body language, clothing, and gender during appointment interactions; and
- Be sensitive when asking questions to clarify understanding or dispel pre-conceived notions.

Care Management

- Include diverse backgrounds and skill sets in care teams to meet patients' range of medical and social needs;
- Provide culturally-relevant education and management tools to facilitate self-care and shared decision-making; and
- Link patients with community-based services and supports outside of the clinic.

Health Information

- Reduce the use of health industry jargon;
- Translate health materials into multiple languages and provide interpreter services for in-person encounters;
- Represent racially and ethnically diverse groups in the images and content of materials; and
- Tailor prevention and health promotion messages to diverse communities using social marketing strategies.

Workforce Training

- Increase racial, ethnic, and linguistic diversity among professional and paraprofessional providers (e.g., physicians, physician assistants, nurses, behavioral health specialists, community health workers, peer navigators, etc); and
- Train providers and front-line staff in cross-cultural communication, trust-building, and motivational interviewing.[4]

SPOTLIGHT ON LIMITED ENGLISH PROFICIENCY

More than 23 million Americans have limited English proficiency (LEP). While their lack of skills in English drives their low health literacy, it is important to differentiate literacy from English-language proficiency. For example, some individuals with adequate health literacy may be more adept at a non-English language than English, and there are many individuals who have inadequate health literacy, even though English is their primary language. Individuals with LEP experience similar problems to those with low health literacy, such as delay or denial of services, issues with medication management, and underutilization of preventive services.[5] Translation and interpretation services are recognized as best practices in engaging individuals with LEP.[6] Title VI of the Civil Rights Act of 1964 requires all entities (e.g., state agencies, hospitals, providers) receiving federal funds to provide these services.[7]

Resources for Providing Culturally Competent Care

Visit the hyperlinks for more information.

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Cultural Competence Item Set**: Survey instruments that assess provider cultural competency. Part of the suite of CAHPS Clinician & Group Surveys developed by the Agency for Healthcare Research and Quality.
- **Health Resources and Services Administration – Culture, Language and Health Literacy**: Resources such as tools, assessments, and articles for health care providers, particularly those serving the uninsured, isolated or medically vulnerable, such as Federally Qualified Health Centers, Essential Community Providers, Rural Health Centers, and Community Health Centers.
- **DiversityRx**: Resource website for delivering health care to minority, immigrant, and indigenous communities.

---

[1] L. Nielson-Bohlman, A.M. Panzer, and D.A. Kindig (Eds.) *Health Literacy: A Prescription to End Confusion.* (Washington, DC: The Institute of Medicine & The National Academies Press, 2004).
[2] A.E. Volandes and M.K. Paasche-Orlow. "Health Literacy, Health Inequality and a Just Healthcare System." *The American Journal of Bioethics*, 7, no.10 (2007), 5-10.
[3] Office of Minority Health, Department of Health and Human Services. *What is Cultural Competency?* Accessible at**:** http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11
[4] M.K. Paasche-Orlow, D. Schillinger, S.M. Green, and E.H. Wagner. "How Healthcare Systems Can Begin to Address the Challenge of Limited Literacy." *Journal of General Internal Medicine,* 21, no.8 (2006), 884–887.
[5] M. Youdelman. "The Medical Tongue: U.S. Laws and Policies on Language Access." *Health Affairs*, 27, no. 2 (2008): 424–433.
[6] A. Sampson. National Health Law Program (2006). "Language Services Resource Guide for Health Care Providers." Available at: http://www.healthlaw.org/images/pubs/ResourceGuideFinal.pdf**.**
[7] M. Au, E. Taylor, and M. Gold. "Improving Access to Language Services in Health Care: A Look at National and State Efforts." Mathematica Policy Research, April 2009. Available at: http://www.ahrq.gov/legacy/populations/languageservicesbr.pdf**.**