



*Bureau of Nutrition and Health Promotion*

## *Friday Facts*

*Week ending Issue: November 19, 2010 – Issue #79*

### ***Policy***

## **From the WIC Services Policy and Procedure Manual —**

### **315.52 Vehicle Costs**

Allowable vehicle costs include transportation of staff and equipment to clinics, and travel for vendor monitoring, outreach, training and other program management purposes. These costs are met by:

- Reimbursing employees for use of their own vehicles,
- Leasing a vehicle,
- Purchasing a vehicle,
- Jointly purchase a vehicle between programs and have a written agreement outlining the proportionate use of the vehicle and share of funding each program is going to contribute, or
- A combination of the four.

### ***Information***

#### **Neocate One+ Discontinued**

Nutricia North America has informed us that Neocate One+ will be discontinued on or around February 1, 2011. Health care professionals have been notified by Nutricia of this discontinuation and have been requested to transition patients to Neocate Junior with Prebiotics. The transition from Neocate One+ to Neocate Junior will require a calculation. At this time we have identified two agencies with participants receiving this product using the IWIN Special Formula Report. These agencies have been contacted directly. Please contact the state WIC office if you have any questions or concerns.

#### **Blue I.D. Folders**

The blue ID folders will tentatively be shipped to the clearinghouse December 9th. Due to the time period involved, please be very conservative with your supply. If you find your inventory getting really low we will help coordinate getting your agency some folders from another agency. Please do not email the clearinghouse asking about the folders. We will send out a message when they are available at the clearinghouse. Until then, still coordinate getting more blue folders through us.

## **Stellar**

The Lead Bureau just met about the web based system, Stellar on November 15<sup>th</sup>. CDC will be on-site this week to install and do some testing. Once all that is completed, the bureau will do some in-house training for immediate personnel to enter data and do additional testing of the system. Then a secure web interface will need to be created for people outside of IDPH, like WIC coordinators. This process will take several months. It is anticipated the read-only version will not be available for at least another 6 – 8 months.

## **Redemption Rates**

The Iowa Department of Agriculture has provided data comparing the redemption rates of the WIC Farmers' Market Program and the Senior Farmers' Market Program. The latest data they have is 2009 and can be found on the last page of the Friday Facts.

## **Change to Check Stock**

The check stock that you will receive after this next shipment will have a minor change. The “\$ sign” in the “Pay Exactly” block will be “screened” or “suppressed”. The reason for this is that when the check is imaged or scanned by a financial institution the dollar sign currently is causing imaging issues/confusion – the scanners are attempting to read the \$ sign as a numeric character. When the \$-sign is “screened”, the confusion is removed – the \$ sign will not scan when it is screened.

Example of “screened” \$ sign --- \$ going to this \$.

Either design will be honored by retailers so do not dispose of any of your existing check stock.

## **Presumptive Eligibility**

There are three different presumptive Medicaid programs offered in Iowa. Presumptive Medicaid for children and presumptive Medicaid for women are the two that affect the Iowa WIC program. All presumptive programs provide immediate access to temporary Medicaid coverage to individuals who have been identified as potentially eligible for Medicaid (or *hawk-i* for children). Eligibility for presumptive Medicaid is determined by a provider or agency that DHS has certified as qualified to make such determinations.

These *potentially* Medicaid-eligible individuals may receive temporary Medicaid coverage pending a formal Medicaid eligibility determination by DHS. This temporary coverage is granted on a daily basis and is usually limited to the date of application up to the last day of the next calendar month. (Coverage may end earlier, without notice and with no appeal rights).

Presumptive Medicaid is not a formal determination of Medicaid eligibility. Thus, eligibility factors that must be verified for formal Medicaid do not necessarily apply for presumptive Medicaid. For instance, income for presumptive Medicaid for children and for pregnant women is limited to 300% of the federal poverty level but it is self-declared rather than verified. In addition, under the presumptive Medicaid programs for pregnant women, there is not a requirement that the woman be a citizen or qualified alien. Individuals approved for presumptive Medicaid are not issued a Medicaid card.

Individuals that have presumptive Medicaid eligibility are adjunctively income eligible for WIC just like those who are eligible for Medicaid under the standard determinations. Federal policy guidance does not distinguish between the two different Medicaid situations.

### **NCHS Data Brief – State Disparities in Teenage Birth Rates**

In October 2010, the Centers for Disease Control and Prevention released a data brief focusing on state disparities in teenage birth rates. For more information and to learn about the Iowa rates go to, [www.cdc.gov/nchs/data/databriefs/db46.htm](http://www.cdc.gov/nchs/data/databriefs/db46.htm) and ready through issue Number 46.

### **Household Food Security in the United States, 2009**

*A new report available from USDA Economic Research Service – In 2009, 11.5% of Iowa households were food insecure and 5.0% of households had very low food security. This represents a 3.5% and 2.4% increase respectively since 1996.*

By Mark Nord, Alisha Coleman-Jensen, Margaret Andrews, and Steven Carlson

Economic Research Report No. (ERR-108) 68 pp, November 2010

Eighty-five percent of American households were food secure throughout the entire year in 2009, meaning that they had access at all times to enough food for an active, healthy life for all household members. The remaining households (14.7 percent) were food insecure at least some time during the year, including 5.7 percent with very low food security. In households with very low food security, the food intake of one or more household members was reduced and their eating patterns were disrupted at times during the year because the household lacked money and other resources for food. Prevalence rates of food insecurity and very low food security were essentially unchanged from 14.6 percent and 5.7 percent, respectively, in 2008, and remained at the highest recorded levels since 1995, when the first national food security survey was conducted. The typical food-secure household spent 33 percent more on food than the typical food-insecure household of the same size and household composition. Fifty-seven percent of all food-insecure households participated in one or more of the three largest Federal food and nutrition assistance programs during the month prior to the 2009 survey.

The complete report can be accessed at <http://www.ers.usda.gov/Publications/ERR108/>

## **Resources**

### **Motivational Interviewing: Supporting Patients in Health Behavior Change**

#### **Goals**

This course is designed to equip healthcare providers and ancillary staff with the knowledge and tools to optimize patient behavior change to ultimately improve health outcomes. The goals of the course are to:

- Implement effective patient communication strategies based on individualized readiness to make a behavior change
- Increase healthcare providers' knowledge on the importance and utilization of the patient-centered model of behavior change
- Implement motivational interviewing techniques during patient visits for improved health outcomes

## **Intended Audience**

The intended audience for this course is any healthcare provider or ancillary staff that has direct patient care, especially those in family and pediatric medicine.

## **Length**

The length of time for participants to take this course is estimated to be one hour.

## **Course Content**

The following are the topics that will be covered in this course:

- Components of Motivational Interviewing (MI)
- Benefits of Using Motivational Interviewing
- Traditional Expert-Centered Model vs. MI Patient-Centered Model
- Principles of MI
- Readiness to Elicit Change Talk

## **Pilot Test**

We are calling for pilot testers/reviewers to pilot test this course. Pilot testers can complete the course in one sitting or over several shorter sessions (the same will be true for the final course). Testers can access the course from any computer with internet access with their personal learning management system (LMS) account and password.

<http://hcproviders.learnpublichealth.com>

The purpose of this pilot test is to make sure the content of the course is appropriate, helpful, and informative. The pilot test period will begin December 1 to December 21, 2010. Project staff will register any testers who have not yet created a LMS account. Directions about how to access the course will be provided via email.

Please contact Jennifer DeWall at [JDeWall@idph.state.ia.us](mailto:JDeWall@idph.state.ia.us) or call 515-242-5813 by close of business on Monday, November 29, 2010 if you are interested to participate in the pilot test. Please provide your **first name, last name, a valid email address, and a phone number.**

## ***Healthy Iowa Worksites toolkit***

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The Iowans Fit for Life team at the Iowa Department of Public Health has just released a new resource – the *Healthy Iowa Worksites toolkit*. The toolkit development project was funded by the Iowa Cancer Consortium in the spring of 2009 and was as a collaborative effort with the Bureau of Chronic Disease Prevention and Management, the Division of Tobacco Use Prevention and Control, Iowans for Wellness and Prevention, and the Wellness Council of Iowa. The toolkit was developed because we know that:

- Iowa ranks 22<sup>nd</sup> in the nation for obesity with an adult obesity rate of 27.6%. (*F as in Fat: How Obesity Threatens America's Future 2010*)
- Iowans generally spend more than forty hours per week on work and work-related tasks.
- Three of every four healthcare dollars is spent in the treatment of chronic disease. (*Centers for Disease Control and Prevention Chronic Disease Overview, 2009*)
- Insurance premiums are increasing at an average rate of 13% across all Iowa employers. (*David P. Lind Associates, 2010*)
- Iowa has roughly 91,000 businesses with fewer than 100 employees. (*Iowa Workforce Development, 2008*)

- Small businesses generally don't have the same resources and capacity that larger businesses have to implement worksite wellness programs.

Worksite wellness programming is gaining more attention and is considered an effective means for addressing health behaviors of employees. Small businesses need help and the Healthy Iowa Worksites toolkit is designed to provide that help. The toolkit provides a step-by-step process for implementing wellness programming, includes resources that are proven to be effective, programming examples, communications templates, and a comprehensive list of suggested policy and environmental change initiatives for employers to consider implementing.

Iowa employers offer some of the best opportunities in the nation. Implementing wellness and prevention will continue this tradition and improve the health of the Iowa work force.

*The toolkit can be found on the Iowans Fit for Life web site by clicking on the Active and Eating Smart Tools for Change toolbox icon on the home page or by visiting this link [http://www.idph.state.ia.us/iowansfitforlife/common/pdf/healthy\\_worksites\\_toolkit.pdf](http://www.idph.state.ia.us/iowansfitforlife/common/pdf/healthy_worksites_toolkit.pdf).*



**HELPDESK Updates**

**Help Desk Phones**

Connie and Susan do not have their desk phones anymore so their primary phone numbers are 515-281-6650 or 1-800-532-1579. The before and after hours cell phones are the same. If you have a WIC helpdesk emergency and you get put on voicemail and no one has contacted you within 10-15 minutes please call one of the WIC helpdesk cell phone numbers. Susan 515-371-1964 and Connie 515-822-4640.

**Dates to Remember**

**2010**

- November 30, 2010 – FFY2010 Water-Testing Summary due to Jill
- December 1, 2010 – Year-End Expenditure Report due to Bruce

**2011**

- 5<sup>th</sup> Monday clinics  
We do not anticipate any major changes to IWIN in 2011. Due to this, you can schedule clinics on the 5<sup>th</sup> Monday of the month if needed
- NETC
- January 24 & 25

- April 18 & 19
- July 25 & 26
- October 24 & 25

Advisory Committee Meetings

- March 4
- July 15
- October 7

Core Workshops

- March 28 & 29 - Maternal Nutrition and Breastfeeding Workshop
- April 29 - Communication & Rapport Building Workshop
- June 23 & 24 - Infant and Child Nutrition Workshop:

**Available Formula**

<b>Product</b>	<b>Quantity</b>	<b>Expiration Date</b>	<b>Agency</b>	<b>Contact</b>
<i>Peptamen 1.5</i>	<i>96 cans</i>	<i>12/2010</i>	<i>MICA</i>	<i>Justine Hoover at 641-752-7162</i>
<i>Similac Human Milk Fortifier</i>	<i>1 box</i>	<i>2/2011</i>	<i>Webster County Health Dept.</i>	<i>Kathy Josten at 515-573-4107</i>
<i>Pediasure 1.5</i>	<i>48 – 8 oz cans</i>	<i>7/1/2011</i>	<i>Broadlawns</i>	<i>Nikki Davenport at 515-282-6710</i>
<i>Enfaport Lipil</i>	<i>23 – 8 oz cans (ready-to-feed)</i>	<i>9/1/2011</i>	<i>Johnson County WIC</i>	<i>Chuck Dufano @ 319-356-6042</i>
<i>Pediasure 1.5 cal (vanilla)</i>	<i>2 cases</i>	<i>7/1/2011</i>	<i>Broadlawns</i>	<i>Nikki Davenport at 515-282-6710</i>
<i>Vital Jr (vanilla)</i>	<i>18 bottles</i>	<i>7/2011</i>	<i>Broadlawns</i>	<i>Nikki Davenport at 515-282-6710</i>

## Iowa Department of Agriculture Farmers' Market Redemption Rates

IOWA WIC FARMERS MARKET NUTRITION PROGRAM									
YEAR	09	08	07	06	05	04	03	02	01
Redemption Rate	58.2 0	59.0 5	58.3 2	56. 98	58.0 4	56.8 4	58.8 6	58.3 4	56. 61

IOWA Senior FARMERS MARKET NUTRITION PROGRAM									
YEAR	09	08	07	06	05	04	03	02	01
Redemption Rate	82. 54	83. 79	82. 62	83. 1	81. 69	81. 81	83. 43	83. 83	81. 6