

Iowa WIC Program
1-800-532-1579



Your child has you. And you have WIC.

Bureau of Nutrition and Health Promotion

Friday Facts

Week ending Issue: April 8, 2011 – Issue #96

Policy

From the WIC Services Policy and Procedure Manual — 370.80 Administrative On-Site Review

An administrative on-site review covers the following areas:

<ul style="list-style-type: none"> • Administration • Organization and communication • Personnel policies • Job descriptions • Fiscal policies • Fiscal control • Property management 	<ul style="list-style-type: none"> • Expenditures and documentation • NE and BF documentation and calculation methods • Civil rights compliance • Voter Registration Act compliance • OSHA compliance
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The WIC Program Planner conducts administrative on-site reviews. Administrative on-site reviews are conducted every other year.

Documents for Review	<p>These documents should be available during the on-site review.</p> <hr/> <ul style="list-style-type: none"> • Current table of organization • Administrative and personnel policies and procedures • Verification of current licensure status of professional staff • Current job description for each budget position • Current salary schedule • Employee performance evaluation form • Employment application form • Time sheets • Time studies • Affirmative action plan • Verification of compliance with: <ul style="list-style-type: none"> – OSHA bloodborne pathogens standards – Americans with Disabilities Act of 1990 • Clinic site accessibility evaluation documentation (Section 504) • Equipment inventory list and procedures • Fiscal policies and procedures
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	<ul style="list-style-type: none"> • Fiscal records, chart of accounts, and support documentation • Verification of cash advance amounts and tracking of interest earned • Contract and budget file • Vehicle lease agreement • Contracts and agreements with other providers or agencies • Rent leases/agreements and space cost allocation plan • Cost allocation plan for shared costs • MCH/FP sliding fee, billing, collection and bad debt policies • Documentation of compliance with requirements of previous reviews
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Information

Comment Cards

The Participant and Vendor Comment Cards are currently not available at the Clearinghouse. If you need some of these, please contact the State office.

PNSS and PedNSS Discontinued

On Tuesday, we received notice from CDC that PNSS and PedNSS will be discontinued following the release of the 2011 data. There are several reasons for this decision which can be found in the letter from CDC at the *end of Friday Facts*. The state office is in the process of scheduling meetings to determine how we can continue to produce this necessary data. We will let you know final decisions and any transition plans that develop.

Reports

Nutrition Education Contacts Report

Did you know the Nutrition Education Contacts report is available in IWIN? The report provides a count and percentage of high risk and low risk nutrition education contacts for each participant category. Contacts are reported as those documented on the Nutrition Ed Tab regardless of appointment type. For more information regarding this report, please see policy 330.50.

Training

16th Annual National Maternal and Infant Nutrition Intensive Course

Registration for the 16th Annual National Maternal and Infant Nutrition Intensive Course is now open. On-site and distance education opportunities are available for this conference. The course will be held July 27-29 at the University of Minnesota, Minneapolis campus. Detailed information about the course, including topics, speakers, CEUs, registration and housing can be found at: <http://www.sph.umn.edu/ce/trainings/mnic/>.

Featured topics this year include:

- Effects of obesity and glycemic status in pregnancy on infant and child obesity and health outcomes
- Environmental health issues for maternal and child health populations
- Breastfeeding promotion for minority women and mothers of multiples
- The lifecourse theory and nutrition
- The National Children's Study Management of feeding issues in early childhood
- Food insecurity and weight
- Developing effective messages to advance health policy and advocacy

Presumptive Medicaid for Pregnant Women:

All WIC agencies are eligible to apply with DHS to be approved as a qualified provider. A qualified provider may complete on line applications for women to access "Presumptive Medicaid for Pregnant Women". Once approved by DHS as a qualified provider, personnel would need to complete the (DHS) online training. DHS will only provide access to the web based training to qualified providers.

Presumptive Eligibility Applications are targeted to be online in the month of April 2011. After DHS approval, a letter will be forwarded to you. After reading the letter, the instructions will tell you to go to the end of the message to find the attachment. Put a check mark in the box before the attachment marked **messagebody.htm**, from there follow the link as instructed in the message. After you complete the training, you must then open the attachment below the message, called **IMPA Request for PE-QE.mht**, to complete and submit this form to make you an official qualified entity for Presumptive Eligibility. This process should take no more than 20 minutes.

EBT Update

It will be very important for participants to be properly trained on how to use their EBT cards when that time comes. This will help ensure that the participants have a positive WIC experience, both at the clinic and at the grocery store.

Helpdesk Updates

New Email Address

The WIC helpdesk has a new email address. It is now WICHD@idph.iowa.gov.

Dates to Remember

2011

NETC

- July 25 & 26
- October 24 & 25

Advisory Committee Meetings

- July 15
- October 7

Core Workshops

- April 29 - Communication & Rapport Building Workshop
- June 23 & 24 - Infant and Child Nutrition Workshop

Available Formula

Product	Quantity	Expiration Date	Agency	Contact
Nutren 2.0	(3) 24 pks of 8.45 oz bottles	April 2011	Broadlawns	Nikki Davenport at 515-282-6710
Nutren 2.0	(2) 24 pks of 8.45 oz bottles	June 2011	Broadlawns	Nikki Davenport at 515-282-6710
Peptamin Jr Vanilla	(2) 24pks of 8.45oz bottles	June 2011	Broadlawns	Nikki Davenport at 515-282-6710
Enfaport Lipil	23 – 8 oz cans (ready-to-feed)	9/1/2011	Johnson County WIC	Chuck Dufano @ 319-356-6042
Similac Special Care Premature 24kcal	5 cases 48 pk 2 oz bottles	11/2011	Broadlawns	Nikki Davenport at 515-282-6710
Elecare, Vanilla	4 cans, 14.1 oz Powdered Elecare Vanilla	Elecare Vanilla – March 2012	Upper Des Moines Opportunity	Julie Erskine @ 712-213-1230



April 5, 2011

To Whom It May Concern:

Since the 1970s, CDC has partnered with public health nutrition programs across the country, especially WIC, to operate the Pediatric Nutrition Surveillance System and the Pregnancy Nutrition Surveillance System (PedNSS and PNSS). These systems extract data that are routinely collected for other purposes and process them into meaningful data on trends and differentials in nutritional status and behaviors. In 2009, CDC and USDA initiated a process to carefully examine the utility and efficiency of these systems. After considerable deliberation, CDC has concluded that the benefits of the systems no longer merit their costs. As such, CDC plans to discontinue operation of the systems in the Fall of 2012 after production of the 2011 reports. A number of considerations have contributed to this decision:

- When created, there were no existing systems to monitor nutritional behaviors or status, and thus these systems filled a critical gap in documenting nutrition outcomes across the U.S. Since then, numerous population-based systems have been created that allow for monitoring of nutrition in various target groups: NHANES, NHIS, NIS, PRAMS, BRFSS, and YRBS. Additionally, periodic surveys have provided critical in-depth snapshots of nutrition, including FDA's Infant Feeding Practices Study and the National Survey of Children's Health. Because these systems are population-based, they show patterns not just among low-income populations, but also allow for comparisons to middle- and upper-income populations as well.
- In the beginning, the systems also provided a much-needed data processing function that took paper-and-pencil forms and converted them to nutritional indicators. Now, all state WIC programs operate computerized management information systems with abilities to query various statistics on an ad hoc basis. Additionally, USDA has created the biennial WIC Participant Characteristics (PC) study, which provides comparable statistics across all states on most of the indicators provided in PedNSS and PNSS.
- The simultaneous operation of PedNSS/PNSS and the WIC PC study creates a duplication of effort at the federal and state level. Two federal agencies are processing similar data and producing reports on similar indicators. States are burdened with extraction and troubleshooting for three different record layouts and reporting schedules.
- In response to the obesity epidemic, CDC has made the strategic decision to focus on effecting environmental change. It is clear that the epidemic has been created by a changing environment, and if we are to reverse the epidemic, new policies and an improved environment will be necessary. CDC's attention in surveillance is increasingly focused on how to measure these environmental and policy changes.
- Many of today's research questions are related to how to change the environment or what the effect of environmental/policy changes are on behaviors, but PedNSS and PNSS lack data on the environment.

We recognize that discontinuation of these systems will leave some gaps in meeting information needs at the federal, state, and local level. CDC is committed to working with USDA and state health departments to identify ways to modify existing systems (esp. WIC PC) to fill these gaps. While this change will no doubt be painful for some, we believe that this decision is in the best interest of efficiency in government. CDC takes seriously its mission to be good stewards of taxpayer resources and believes that the resources currently expended on PedNSS/PNSS can make greater contributions to public health through other initiatives.

PedNSS and PNSS have served the nation's public health for over 35 years. It is now time to focus on future data needs and ways to meet these needs in new and creative ways.

Sincerely,

A handwritten signature in black ink, appearing to read "William H. Dietz". The signature is fluid and cursive, with a large, stylized initial "W".

William H. Dietz, M.D., Ph.D.
Director
Division of Nutrition, Physical
Activity, and Obesity