



***Week ending issue: November 22, 2013 – Issue #192***

## ***Policy***

### **From the WIC Services Policy and Procedure Manual – 220.10 Documenting Identity**

Proof and documentation of identity is required for each applicant. Proof of identity must be implemented in a manner that does not constitute a barrier to participation, particularly to applicants who may have been victims of theft, loss, or disaster.

Examples of acceptable forms of identification include:

- Valid driver's license
- Non-driver ID
- Passport/visa
- Social Security card
- Work or school ID card
- Medicaid or Health benefit card
- Pay stubs
- Matricula Consular Card
- Immunization record
- Other medical or health record (including crib cards)
- Birth certificate
- Voter registration
- WIC Identification Card ("blue card")

Note: The WIC Identification Card may be used as proof of identity for those family members participating in WIC. The list of participating members can be accessed in the data system using the family identification number listed on the card.

## ***Information***

### **Give Thanks, Fight BAC!**

Steering clear of foodborne illness this Thanksgiving just got easier.

This new infographic puts a safe holiday feast at your fingertips. Whether you're shopping, preparing, or re-heating your meal, make this your road-map for staying food safe.

[Download](#) and share today!

### **Civil Rights**

The Iowa WIC Civil Rights training has been updated. It is located on the WIC web portal under the **Training** link and then under the category **Personnel**. You are required to have Civil Rights training on a yearly basis. Once you have completed the training please make sure to record it in your education record. State staff will be monitoring compliance with this at agency monitoring visits.

## **Webinar - Making Connections for a Healthier Iowa: Your Place at the Table**

The Iowa Public Health Association (IPHA) invites you to join us for a webinar on Tuesday, 11.26.13 (1:00 - 2:00 PM) made possible by a grant from the American Public Health Association. Please share this information among your networks as appropriate. We very much want to connect with Iowans outside the health sector as well and appreciate your assistance in making that happen.

### **Making Connections for a Healthier Iowa: Your Place at the Table**

**Tuesday, 11.26.13 // 1:00 - 2:00 PM**

Please join us for this free webinar. Register at: <https://cc.readytalk.com/cc/s/registrations/new?cid=9f0ef5mmpwf7>

Healthy kids are better prepared to learn, a healthy workforce is more productive and healthy communities thrive. Yet we know that much of what contributes to the health of our communities is impacted by sectors other than public health and health care. This webinar will present concepts to spur thinking and make connections for collaboration across sectors to achieve mutual goals. Local and state governments must face increasingly complex challenges with tighter resources. Tackling shared problems through cross-sector collaboration potentially increases efficiencies, reduces redundancies, improves outcomes and decreases costs. Join us for this webinar to identify opportunities and leverage non-traditional partners across sectors and within the community to advance the consideration of health and assure that policies and services from all sectors have beneficial or neutral impacts on the determinants of health.

## **Iowa WIC Formula Product Guide**

If you have not checked the Iowa WIC Formula Product Guide on the WIC Web Portal lately now would be a good time! We are constantly updating this document as we hear of changes manufacturers are making to products and we are also adding or removing formulas from it and IWIN according to our client's needs. You will also notice that we have added statements to some of the formulas within the guide in the "Max per FI" box. The statement reads "contact your nutrition consultant before issuing". The formulas we have added this statement to are the ones we have identified as being hard to locate or extremely expensive. To best serve your participant and protect our vendors we ask that you contact us before issuing these products

### ***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***

### **Free Women's Mental Health Publications**

Now is your opportunity to order the remaining copies of the Office on Women's Health's consumer mental health publication, *Women's Mental Health: What It Means To You*. This 22-page booklet can help you talk to women about mental health — it addresses stigma, discusses mental health throughout the lifespan, offers information about signs and symptoms, and provides advice on prevention and coping mechanisms. (See Flyer at end of Friday Facts).

## ***Health Literacy Series – Part 2***

### **Health Literacy Series (Part 2 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 second of six fact sheets in this series at the end of this week's addition of Friday Facts.

## ***IWIN Update***

### **New Formula in IWIN**

Nutramigen Toddler with Enflora LGG formula has been added to IWIN. It is approved for older infants and children over 12 months of age. It is a hypoallergenic formula with increased calcium and vitamins to meet the nutritional needs of toddler's with a cow's milk protein allergy. We would still encourage the use of soy milk or goats' milk when possible in situations where a child has a cow's milk protein allergy but no other medical problems.

## ***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

### **Core Trainings**

- Maternal: March 25, 2014
- Breastfeeding: March 26, 2014
- Infant/Child: August 28, 2014
- Communication and Rapport: October 29, 2014

### **Contractor's Meetings**

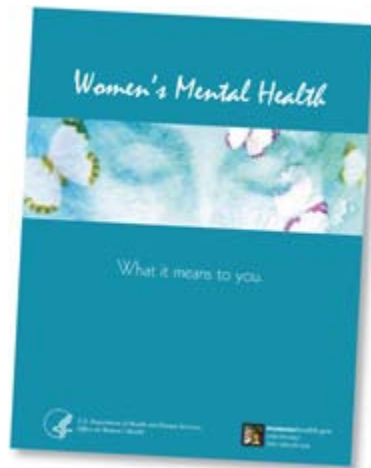
- January 29 – 8:30-11:30 and 12:30-3:30
- January 30 – 8:30-11:30 and 12:30-3:30

## ***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	4/2016	Mid-Sioux Opportunity	Glenda Heyderhoff 712-786-3417



## Free Women's Mental Health Publications



Now is your opportunity to order the remaining copies of the Office on Women's Health's consumer mental health publication, [Women's Mental Health: What It Means To You](#). This 22-page booklet can help you talk to women about mental health — it addresses stigma, discusses mental health throughout the lifespan, offers information about signs and symptoms, and provides advice on prevention and coping mechanisms.

We are looking for organizations that can order bulk quantities — for FREE — and disseminate this important resource to women. **To order the booklet, call the OWH Helpline at 1-800-994-9662 or use our [online order form](#).**

For more updates on important women's health issues, visit the new [Office on Women's Health blog](#). It's a place where you can learn about and comment on topics that matter to you. Be the first to know when we publish a new entry — [subscribe](#) for email updates.

## How is Low Health Literacy Identified?

***Low health literacy can seem invisible, but it is present among patients seeking care and made worse by the complexity of services provided by health care organizations.***

Health care organizations should assume that every individual may have difficulty understanding health care information. They can use universal precautions<sup>1</sup> to reduce the complexity of their verbal and print communications to reach all patients more effectively. However, organizations that want to prioritize interventions for patients with the poorest levels of health literacy – and health status – may benefit from using some informal and formal health literacy assessments to identify these individuals and develop appropriate services and supports.

### ***Informal Patient Assessments***

Adults with low health literacy report feeling a sense of shame and may hide their struggles with reading or health vocabulary.<sup>2,3</sup> There are, however, informal ways to identify individuals who may be at higher risk for low health literacy. Such patients may:

- Frequently miss appointments;
- Fail to complete registration forms;
- Be unable to name medications or explain their purpose or dosing;
- Identify pills by looking at them, not reading label;
- Be unable to give coherent, sequential medical history;
- Show lack of follow-through on tests or referrals; and/or
- Repeatedly use statements such as "I forgot my reading glasses," "I'll read through this when I get home," or "I'm too tired to read," when asked to discuss written material.

#### **HEALTH LITERACY SNAPSHOT**

*A primary care physician finds that many of her diabetic patients do not schedule follow-up appointments and often miss their scheduled foot, cholesterol, and eye exams. The physician feels she can only do so much in brief appointments if patients do not speak up about their needs. Her clinic leadership is asking her to identify high-risk patients for a new diabetes quality improvement program.*

During conversation, the following questions may help a provider or health administrator assess the health literacy needs of an individual:

- ***Medical terms are complicated and many people find them difficult to understand. Do you ever get help from others in reading prescription labels, completing insurance forms, or using health materials?***
- ***A lot of people have trouble reading and remembering health information because it is difficult. Is this ever a problem for you?***
- ***What do you like to read?*** (Newspapers are generally at 10<sup>th</sup>-grade reading level and news magazines are at the 12<sup>th</sup>-grade level). ***What do you rely on most to learn about health issues? Everyone has a unique source. TV? Radio? Internet? Friends and family?***

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

## Formal Patient Assessments

Formal assessments can help organizations systematically address health literacy in their quality improvement processes. Assessments can be administered separately or portions can be incorporated into existing tools such as performance metrics, patient and staff satisfaction surveys, and focus groups.

Below are three common tools used by organizations to identify individuals with low health literacy by assessing their word recognition and reading comprehension (visit the hyperlinks for more information):

- **REALM/D (Rapid Assessment of Adult Literacy in Medicine/Dentistry):** Measures ability to read common medical words.
- **SAHLSA (Short Assessment of Health Literacy for Spanish-speaking Adults):** Form of the REALM for adults who speak Spanish as a primary language.
- **TOFHLA (Test of Functional Health Literacy in Adults):** Measures reading and numeracy using common medical scenarios and materials. Assigns *inadequate*, *marginal*, or *adequate* health literacy scores to users. Also available in a shortened seven-minute s-TOFHLA version (original version is 22 minutes long).

### KEY CONSIDERATIONS WHEN IDENTIFYING LOW HEALTH LITERACY

- ✓ **Use a combination of informal and formal measures** to gain a more nuanced understanding of individuals' abilities.
- ✓ **Conduct assessments in private settings**, and with sensitivity and respect, to ensure that patients do not feel ashamed, inferior, or like "targets of study."
- ✓ **Distinguish low literacy skills from cognitive decline**, developmental disability, or mental health disorder.
- ✓ **Differentiate English proficiency from literacy.** Individuals who are more – or highly – proficient in a non-English language do not necessarily have low literacy.

## Organizational Assessments

Health care organizations can also use the following tools to identify areas for improvement in their services and communication approaches (visit the hyperlinks for more information):

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Item Set for Addressing Health Literacy** (31 supplemental items for use with the CAHPS Clinician and Group Surveys);
- **Health Literacy Assessment Questions** (for primary care practices);
- **Health Plan Organizational Assessment of Health Literacy Activities**; and
- **Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool User's Guide.**

<sup>1</sup> Agency for Healthcare Research and Quality (AHRQ). "Health Literacy Universal Precautions Toolkit." Accessible at: <http://www.ahrq.gov/qual/literacy/>

<sup>2</sup> M.S. Wolf, M.V. Williams, R.M. Parker, N.S. Parikh, A.W. Nowlan, and D.W. Baker. "Patients' Shame and Attitudes Toward Discussing the Results of Literacy Screening." *Journal of Health Communication*, 12, no.8 (2007), 721–732.

<sup>3</sup> D.W. Baker, R.M. Parker, M.V. Williams, K. Ptikin, N.S. Parikh, W. Coates, et al. "The Health Care Experience of Patients with Low Literacy." *Archives of Family Medicine*, 5, no.6 (1996), 329–334.