



Week ending issue: July 4, 2014 – Issue #218

Policy

From the WIC Services Policy and Procedure Manual – 320.70 USDA Nondiscrimination Statement

A nondiscrimination statement must appear on all materials that identify or describe the WIC Program, to comply with the civil rights requirements found in the WIC regulations.

A nondiscrimination statement is required if the material:

- Describes the eligibility requirements of the WIC Program,
- Identifies the benefits of WIC participation,
- Describes participation requirements for WIC participation,
- Provides notice of conditions to continue eligibility, or
- Provides notice of ineligibility or disqualification.

Example #1: The nondiscrimination statement must be used for the WIC Identification Card, because it contains information about the use of WIC checks and the appeal procedure.

Example #2: Local agency newsletters or WIC services brochure that describe WIC services must have the nondiscrimination statement.

A statement is not required if the material does not identify or describe the WIC Program. Listing the local or state WIC program as the source or author on print materials is not considered a description or discussion of the WIC Program.

Example 1: No statement is required for the pamphlet *Building Good Food Habits . . . Nutrition for Children 1-10*, because it does not discuss or describe program benefits or eligibility.

Example 2: No statement is required on outreach items such as cups, buttons, magnets, and pens.

Information

Free CEU Opportunity

Sarcopenia, the age-related loss of muscle mass and function, is often considered an issue for the elderly, but it can begin much earlier in life. In fact, sarcopenia is a progressive process that can be characterized by approximately 3-8% reduction in lean muscle mass per decade after 30 years of age! Understanding the importance of early interventions to maintain muscle mass and strength through nutrition and exercise may help improve quality of life. Learn more about this topic during a free webinar -- Aging and Muscle Loss: Too Young to Worry? Think Again! -- on Wednesday, July 23 from 1:00 - 2:00 p.m. ET (12:00 -

1:00 p.m. CT). See the flyer at the end of the Friday Facts or on the WIC Web Portal on the Training page.

Status of Women in Iowa

See the attachment at the end of Friday Facts from the Office of Women's Health on the status of women in Iowa.

Resources

2013 Iowa Health Fact Book

If you need health related statistics compiled by the University of Iowa College of Public Health and the Iowa Department of Public Health, you might want to access the 2013 Iowa Health Fact Book. The link is: <http://www.public-health.uiowa.edu/FACTBOOK/2013/menu.htm>

WIC 40th Anniversary Trivia

WIC 40th Anniversary Trivia Week #8

Here is Week #8 trivia with answers from Week # 7.

Week #7 questions **with answers in bold**

- The organization that advocates and works for WIC across the nation is NWA, what does NWA stand for?
National WIC Association
- What year were canned beans removed from the Iowa WIC Program due to cost, after just being added to the program in 2009? **2012 (February)**
- What did Cycle 1 and Cycle 2 refer to? **Prior to IWIN we used cycles for check distribution. Cycle 1 participants received checks between the 1st of the month and the 14th of the month. Cycle 2 participants received checks between the 15th of the month and the last day of the month.**

Week #8 questions:

- What former WIC Director went on to write the book, Eat Fat, Be Healthy: When A Low Fat Diet Can Kill You?
- Iowa WIC is in the Mountain Plains WIC Region, what ten states make up our region?
- A participant can get two half-gallons of milk if their check specifies the one gallon size? True or False

Join the fun with Trivia:

Consider writing up a few trivia questions that would pertain to WIC in general or would be appropriate state wide and send them to Holly at holly.szcodronski@idph.iowa.gov or fax to 515-281-4913. Your trivia will appear in a Friday Facts issue this summer with credit given to the person or agency submitting the trivia questions.

Find Us on Facebook



<https://www.facebook.com/IowaWIC>

Dates to Remember

2014

- Final Food Rule Changes for Local Agency Staff Training – September 10 at Noon
- Final Food Rule Changes for Local Agency Staff Training – September 15 at 8 a.m.
- 2014 Iowa WIC Training – October 9

New Employee Training Go-to-Meeting

- 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

- Infant/Child: August 28, 2014
- Communication and Rapport: October 29, 2014

Contractor's Meetings

- August 26 - 10:00 a.m. - 3:00 p.m.

Available Formula

Product	Quantity	Expiration Date	Agency	Contact
Pregestimil	1 can (16 oz) Powder 10 cans (16 oz) Powder	7/2014 9/2014	Upper Des Moines Opportunity	Tammy Chapman 712-859-3885 Ext. 110
Pediasure Peptide 1.0 cal 8 oz RTU	19 cans 6 case and 18 cans	8/2014 12/2014	HACAP	Angela Munson 319-393-7811
Powder Vanilla Ketocal 4:1	8 containers -11 oz	8/10/14	Webster County	Kathy Josten 515-573-4107
Powder Vanilla Ketocal 4:1	1 container -11 oz	9/28/14		
Powder Vanilla Ketocal 4:1	4 containers -11 oz	11/1/14		
Boost Breeze	24 8-oz containers	11/19/14	Broadlawns	Rose Logan 515-281-6716

Product	Quantity	Expiration Date	Agency	Contact
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
Vanilla Pediasure 1.5 Calorie w/Fier	3 cases (24 cans/case)	2/2015	MICA	Sierra Meyer 515-232-9020 x105
Elecare Jr Unflavored Powder	2 cases/6 cans each	5/2015	Mid Sioux Opportunity	Glenda Heyderhoff 712-786-3488
Powdered Nutricia Neocate Infant DHA/ARA Amino Acid Based Infant Formula w/iron	5 cans	8/2015	North Iowa Community Action	Carla Miller 641-432-5044 X24
Duocal Powder	2 cans 1 can	8/2015 6/2015	Mid Sioux Opportunity	Glenda Heyderhoff 712-786-3488
EleCare Jr. Unflavored, powder	12 cans, 14.1 oz	11/2015	Siouxland	Allyson Woltman 712-279-6636
Duocal	1 can – 14 oz	4/2016	Mid-Sioux Opportunity	Glenda Heyderhoff 712-786-3417

ⁱ The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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Hello,

Sarcopenia, the age-related loss of muscle mass and function, is often considered an issue for the elderly, but it can begin much earlier in life. In fact, sarcopenia is a progressive process that can be characterized by approximately 3-8% reduction in lean muscle mass per decade after 30 years of age! Understanding the importance of early interventions to maintain muscle mass and strength through nutrition and exercise may help improve quality of life. Learn more about this topic during a free webinar -- Aging and Muscle Loss: Too Young to Worry? Think Again! -- on Wednesday, July 23 from 1:00 - 2:00 p.m. ET (12:00 - 1:00 p.m. CT).

We invite you to join Hope Barkoukis, PhD, RD, LD and Susan Kundrat, MS, RD, CSSD, LDN as they discuss the latest research on sarcopenia and protein's role in muscle building and maintenance. Practical advice highlighting dietary and exercise approaches for middle-aged Americans will be shared.

Key Takeaways

- Understand that sarcopenia is a progressive syndrome that can start when people are middle-aged, including the gradual, "domino-effect" decline in health that accompanies muscle loss.
- Leverage the latest research on sarcopenia and muscle maintenance to elevate the importance of proper exercise and protein intake among middle-aged Americans.
- Identify the best dietary and exercise approaches for middle-aged Americans to adopt in order to maintain muscle and reduce their risk for sarcopenia.

Continuing Education

- This webinar has been approved by the Commission on Dietetic Registration for 1 CPEU.
- National Strength and Conditioning Association (NSCA) approved 1 CEU for certified individuals attending this event.
- This webinar has been approved by the American Council on Exercise (ACE) for 1 CEC.

Space is limited - [register today!](#)



WOMEN'S HEALTH IN IOWA (DHHS REGION VII)

Female Population of IOWA

Total state population: 3,074,186 (1,549,698 females; 1,524,488 males)

Racial/ethnic distribution of Female Residents*	Total	White, non-Hispanic	Black, non-Hispanic**	American Indian	Asian/Pacific Islander	Hispanic
Number	1,549,698	1,384,237	51,244	7,969	33,177	76,973
% of total females	100.0%	89.3%	3.3%	0.5%	2.1%	5.0%
Below poverty level***	208,226	159,656	16,282	NA	4,942	20,041
% of females below poverty level	13.9%	12.0%	40.1%	NA	17.7%	26.7%
High School graduates***	965,557	902,374	18,416	1,898	14,971	20,797
% of female high school graduates	92.4%	94.0%	81.4%	82.1%	84.0%	60.9%

Age distribution of Female Residents	10-14	15-44		45-64	65-84	85+
		15-19	20-44			
Number	98403	103,699	475,992	409,610	214,206	52,439
% of total females	6.3%	6.7%	30.7%	26.4%	13.8%	3.4%

Sources: 2012, U.S. Census Bureau and NCHS; 2012 U.S. Census Bureau, American Community Survey

*Racial/ethnic groups may not sum to total

**Poverty and educational status data in the Black, non-Hispanic column reflect estimates for all Black females (both Hispanic and non-Hispanic)

*** Estimates of poverty status are based upon estimates of the population whose poverty status could be determined. Estimates of high school graduates are based upon the population who are 25 years and older. Some estimates of poverty and educational status in the API column may reflect Asian data alone.

Health Status (Age-adjusted[§] percent of adult females)

- In poor general health: 2.9%
- Activity limitation due to poor phys/mental health: 7.9%
- No natural teeth: 4.8%

Sources: 2012, BRFSS

Access to Care (Age-adjusted[§] percent of adult females)

- No health insurance coverage (under 65): 12.8%
- No personal doctor or primary care physician: 11.9%
- Saw a dentist in past year: 75.5%

Health Conditions and Risk Factors (Age-adjusted[§] percent of adult females)

Condition or Risk Factor	Total	White, non-Hispanic	Black, non-Hispanic	American Indian	Asian/Pacific Islander	Hispanic
Currently smoke (age 18+)	17.7%	17.6%	NA	NA	NA	15.8%
No leisure time activity in past month	22.1%	19.5%	NA	NA	NA	35.3%
Overweight (age 20+)	28.3%	28.1%	NA	NA	NA	23.1%
Obese (age 20+)	29.8%	28.9%	NA	NA	NA	44.6%
Hypertension ^{†*}	27.7%	27.1%	40.8%	NA	NA	27.6%
High cholesterol [†]	30.3%	29.7%	22.9%	NA	NA	35.0%
Diabetes [*]	10.3%	9.8%	NA	NA	NA	15.8%
Arthritis	26.6%	26.0%	NA	NA	NA	30.2%
Asthma, currently	10.2%	9.5%	NA	NA	NA	8.2%

Source: 2012, BRFSS; [†]2011, BRFSS; *Includes pregnancy-related condition

Preventive Services/Screenings (Age-adjusted[§] percent of adult women)

- Routine physical exam within past two years: 86.1%
- Mammogram within past 2 years (age 50-74): 80.1%
- Pap smear within past 3 years (age 21-65): 84.4%
- Sigmoidoscopy/colonoscopy ever (age 50+): 71.4%
- Influenza immunization in past year: 49.2%
- Influenza immunization in past year (65+ only): 69.3%

Sources: 2012 BRFSS; For race information, see Quick Health Data Online: <http://www.womenshealth.gov/quickhealthdata>

NA - Data not available or suppressed

NR - Data not reported

Mortality (Female residents)

Cause of Death	Number of Deaths	Age-Adjusted Death Rate (deaths per 100,000)
Total (all ages)	14,292	608.3
Heart Disease	3,431	136.2
Cancer	3,000	144.1
Breast Cancer	392	19.5
Cervical Cancer	34	2.0
Stroke	936	36.4
Chronic Lower Respiratory Disease	807	36.4
Alcohol- or Drug-Induced	167	10.8
Suicide	68	4.5
Homicide	26	1.8
Human Immunodeficiency Virus (HIV)	NA	NA
Infant Mortality Rate (All Causes, Not gender-specific) [†]		5.2

Source: 2010, NCHS National Vital Statistics System; [†] 2006-2010, NCHS National Vital Statistics System

Prenatal Care and Pregnancy Risk (Percent)

Pregnant women:

- Receiving prenatal care in 1st trimester[†]: 76.4%
- Smoking cigarettes[†]: 16.4%

Sources: [†]2010, NCHS National Vital Statistics System; ^{††}2010, CDC PRAMS

Women:

- With live births who reported unintended pregnancy^{††}: NR
- Reported physical abuse during pregnancy^{††}: NR

Birth Outcomes (Percent)

Births:

- Low birthweight (LBW)[†]: 7.0%
- Preterm[†]: 12.3%
- Cesarean among low-risk women (full-term, singleton, vertex presentation)[†]: 25.7%

Sources: [†]2010, NCHS National Vital Statistics System; ^{††}2009, CDC NIS data for the cohort of children who were born in the year 2009

Children Breastfeeding:

- Exclusively breastfed at least 3 months^{††}: 43.0%
- Breastfed at least 6 months^{††}: 48.7%
- Ever breastfed after delivery^{††}: 79.3%

Sexually Transmitted Infections (Number of new annual reported infections and rate per 100,000 women)

- Chlamydia: 8,194 cases (530.4)
- Gonorrhea: 1,170 cases (75.7)
- Primary and Secondary Syphilis: 7 cases (0.5)
- HIV^{†*}: 21 cases (1.6)
- AIDS[†]: 11 cases (0.9)

Source: 2012, Estimated Data from the CDC NCHHSTP Atlas; [†]2011, Estimated Data from the CDC NCHHSTP Atlas

Violence and Abuse:

- Females reported physical abuse during pregnancy (percent)[†]: NR
- Reported female rapes (number and rate per 100,000 females)^{††}: 876 (57.5)

Sources: [†]2010, CDC PRAMS; ^{††}2009, FBI Uniform Crime Statistics

Mental Health

- Adult females reporting poor mental health on 8 or more of the past 30 days (age-adjusted percent)[†]: 15.1%
- Female suicide deaths (number and age-adjusted rate per 100,000 females)^{††}: 68 (4.5)

Source: [†]2012, CDC BRFSS; ^{††} 2010, NCHS National Vital Statistics System

Teen Health (Percent teenage females unless otherwise specified)

- Birth rate[†]: 12.8
- Currently use alcohol: 35.8%
- Currently use cigarettes: 18.1%
- Currently use marijuana: 11.2%
- Pregnancy rate[†]: 18.1
- Currently sexually active: 34.3%
- Attempted suicide: 7.7%
- Overweight: 14.5%

Sources: 2011, YRBS; [†]2010, NCHS National Vital Statistics System and Individual State Health Departments, per 1000 women ages 15-17

NA - Data not available or suppressed

NR - Data not reported

[§]Age adjustment is a statistical process applied to rates of disease, death or other health outcomes that allows populations to be compared by controlling for age group differences in the composition of each population.



These data and much more can be found at Quick Health Data Online:

<http://www.womenshealth.gov/quickhealthdata> .