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WIC Makes a Difference!

- Prenatal WIC participation is associated with lower infant mortality rates.
- WIC benefits positively influence the nutrient intakes of children.
- WIC infants are in better health than eligible infants not participating in WIC.
- WIC children have increased intakes of iron, potassium and fiber.

Reference: National WIC Association.

(www.nwica.org)

World Health Organization Growth Chart

The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) both recommend the use of the World Health Organization (WHO) Growth Chart Standards to monitor the growth of infants and children 0 to 2 years old in the U.S. The WHO Growth Charts were developed using data from children who were living in environments believed to support optimal growth and development. This data was used to create a growth standard that defines normal growth. The 2000 CDC Growth Charts for this age group, on the other hand, are considered growth references. This type of growth chart describes how children do grow and gives a point of comparison but the data was collected without regard to whether or not the children had been exposed to optimal nutrition and environment.

In addition to recommending the use of the WHO Growth Charts to monitor the growth of children from birth to age 2, the

CDC also recommends that health care providers continue to use the 2000 CDC Growth Charts for children age 2 and older. The WIC Program will be adopting the CDC's recommendations before the end of this year.

Since the CMS Portal web based system will plot growth measurements on the new CDC Birth-to-24-Month Growth Charts, the following Nutrition Risk Code definitions will change for this age group:

- "At Risk for Underweight" will be defined as $> 2.3^{\text{rd}}$ to $\leq 5^{\text{th}}$ percentile weight for length;
- "At Risk for Short Stature" will be defined as $> 2.3^{\text{rd}}$ to $\leq 5^{\text{th}}$ percentile length for age; and
- A new risk code, "High Weight for Length", will be defined as $\geq 97.7^{\text{th}}$ percentile weight for length.

While there will be no change in the Growth Chart for children ages 2 to 5,

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there will be a change in terminology regarding overweight and obese children in this age group. Currently, the definition for “At Risk for Overweight” is > 85th percentile or < 95th percentile BMI as plotted on the Growth Chart. These children will now be assigned the Nutrition Risk Code for “Overweight.” The current definition of “Overweight” (\geq 95th percentile BMI as plotted on the Growth Chart) will become the definition for the new Nutrition Risk Code for “Obese.” Remember, this language is for medical documentation and for risk-determination purposes. When talking to a child’s caregiver, always use language they will be receptive to during nutrition counseling.

WIC Coordinators will be notified of the date on which the new Growth Charts will be implemented. From that date on, use the CMS Portal Web-based system to generate growth charts. All previously printed 0-to-36-Months Growth Charts must be retained in the medical record. Do not discard them. The WIC and Nutrition Manual will be updated in accordance with the new risk code criteria.

For more information about the new growth charts, visit the CDC’s website: http://www.cdc.gov/growthcharts/who_charts.htm. A webcast of training provided by the Kentucky WIC Program is available by logging on at ky.train.org and entering course ID# 1037142.

Nutrition Risk Code Criteria Update

The Nutrition Risk Codes for the WIC Program have been updated to include new criteria for certification based on thyroid disorders and metabolic disorders.

The Risk Criteria for Thyroid Disorders (344) now includes Congenital Hyperthyroidism and Congenital Hypothyroidism for Infants and Children. The diagnosis of Postpartum Thyroiditis has also been added for the Pregnant, Post Partum and Breastfeeding status. If a patient or guardian reports any of these diagnoses during certification, they should be assigned the 344 risk code and referred for Medical Nutrition Therapy.

The Risk Criteria for Inborn Errors of Metabolism (351) has also been updated. The diagnoses include, but are not limited to:

- Amino Acid Metabolism Disorders;
- Carbohydrate Disorders;
- Fatty Acid Oxidation Defects;
- Organic Acid Disorders;
- Lysosomal Storage Disease;
- Mitochondrial Disorders;
- Peroxisomal Disorders; and
- Urea Cycle Disorders.

If a patient or caregiver reports any of the above conditions, they should be assigned the 351 Risk Code and referred for Medical Nutrition Therapy.

If you need more information on any of these Nutrition/Metabolic Conditions, contact the Clinical Nutrition Section of the Nutrition Branch at 502-564-3827 ext. 4100.

Did You Know?

Four and five-year-olds whose mothers participated in WIC during pregnancy have better vocabulary test scores than children whose mothers had not received WIC benefits.

Reference: National WIC Association (www.nwica.org)

Franklin County Health Department Receives National Awards

The Franklin County Health Department (FCHD) recently became one of 39 health departments nationally to receive a “Model Practices” award from the National Association of County and City Health Officials (NACCHO). The award was given for the health department’s now annual fall “Three for Free” drive-through flu vaccines at Commonwealth Credit Union, during which non-perishable food items are collected for the Food Pantry. FCHD received its first Model Practices Award last year, for innovative application of the new national public health accreditation standards to a quality improvement project.

NACCHO’s Model Practices recipients date to 2004. FCHD and Louisville-Jefferson County Health Departments have been Kentucky recipients, each earning two such awards. FCHD also received a “Promising” designation this year for the partnership with the Frankfort City Police Department and the federal



FCHD Clinic Director of Nursing Tammie Bertram, second from left, accepts a NACCHO award from executive director Bobby Pestronk, left, and President John Wiesman, far right. FCHD director Paula Alexander, center, and Judy Mattingly, FCHD quality improvement and accreditation coordinator joined them on stage.



Franklin County Judge Executive Ted Collins, left, and Dr. Paula Hoover, accept the Gold Award from the National Association of Local Boards of Health (NALBOH) President Steve Scanlin.

Drug Enforcement Agency for quarterly drive-through Drug Disposal Days. Many other Kentucky local health departments likewise received Promising designations this year. A complete listing can be found at www.naccho.org.

The FCHD has also received the first ever Gold Award from its professional affiliate, the National Association of Local Boards of Health (NALBOH), during an annual conference in Atlanta, GA. The new award targets local health departments demonstrating outstanding leadership and commitment to board development, public health policy and public health outcomes.

Paula Alexander, FCHD Director, said she submitted the board’s nomination for the Gold Award in part because the board agreed to be one of eight national pilot sites for a new Centers for Disease and Prevention (CDC) instrument to improve local health board performance, but more importantly, for their support of the expansion of the school RN program and their early support of quality improvement processes and national public health accreditation, as well as many other progressive initiatives.

National Kidney Foundation Partnership Recognition

Julie Shapero, MEd, RD, LD and Joan Geohegan, RN, BSN, CDE, with the Northern Kentucky Health Department, as facilitators of the Northern Kentucky Diabetes Coalition, collaborated with the local office of the National Kidney Foundation to host the first Kidney Early Evaluation Program (KEEP) event in Northern Kentucky. The goal of KEEP is to prevent kidney disease through early detection and intervention for people known to be at increased risk.

During the KEEP event, which was held on April 24, 2012, sixty-eight participants received a free screening and consultation with a health care professional and education. During the event, participants' height, weight, waist circumference and blood pressure were measured. Blood and urine specimens were collected and a measurement of kidney function was determined. The participants received an on-site consultation with a doctor or nurse practitioner to review their initial test results. Physician referral letters were given out if test results were abnormal.



left to right are: Sarah Caston, Community Outreach Manager, NKF, Louisville office; Joan Geohegan, RN, BSN, CDE; Brenita L. Brooks, Regional Vice President, NKF; Julie Shapero, MEd, RD, LD; Kristen Berry, NKF, Greater Cincinnati office.

At the August 28, 2012 National Kidney Foundation's Annual Regional Meeting in Columbus, Ohio, the Northern Kentucky Diabetes coalition was awarded the first ever Program Services Award in recognition of their collaborative efforts with this very successful event.

State Fair

The Kentucky State Fair kicked off on Thursday, August 16 and continued through Sunday, August 26, 2012 in Louisville. This year, the theme of the Nutrition Services Branch (NSB)'s exhibit was "5-2-1-0, Healthy Numbers for KY Families," with an emphasis on the "0" for "zero sweetened beverages."

The exhibit was very busy! Fairgoers were especially interested in the display of test tubes showing the amount of sugar in various beverages, which helped drive home the "zero sweetened beverages" message. Giveaways included crayons, 5-2-1-0 coloring sheets and the extremely popular blue water bottles with the 5-2-1-0 and WIC logos.

A special thank you goes to the great volunteers who helped to make this year's NSB exhibit on August 16th and 17th a success: Cathy Winston (Northern Kentucky Health Department); Kelly Ball, Shalaka Gupte and Joanne Jones (University of Louisville Children and Youth Project); Vernessa Autry and Gina Bogart (Park DuValle Community Health Center); Connie Howell, Jennifer Alvis, Nancy Merk and Misty Morris (NSB). Also, thanks to Rhonda Goff and the Program Management Section for the WIC outreach materials.

The 2013 Kentucky State Fair is set for August 15–25 in Louisville, KY.

WIC

Helpful Hints and Reminders

eWIC Cards

- Only issue one eWIC card per household. A household can have multiple members. The only exception to this is foster children. Foster children are considered a household of one and are issued their own card.
- If custody of a child is shared, the eWIC card is issued to the parent who first presents to the clinic for services. If there is a change in custody and the infant/child member leaves the household, any available benefits would transfer with the participant based on the hierarchy in the EBT Policy and Procedures document.
- If an eWIC card is lost, stolen or damaged, the card should be deactivated by clinic staff and the participant issued a replacement card at the clinic. Any deactivated and replaced cards will be listed in the participant's EBT Account Detail.
- Document replacement cards in the medical record. Each time a participant requests a replacement card, make note of this in the chart.
- Remind participants to bring their eWIC card with them to all WIC appointments.

Registration

- **IMPORTANT!** When assessing adjunct eligibility for **WIC Services**, Medicaid eligibility must be verified through KY Health Net, not the managed care provider, in order to verify that the participant has KCHIP III. Participants with KCHIP III must be screened for household size and house-

hold income. (Refer to WIC memorandum dated 11/17/11.)

- **IMPORTANT!** Use the Save and VOC on the Registration page **ONLY** to process out-of-state VOCs. In-state VOCs **must** be processed using the VOC Search functionality.

Training/Resources

- Health department staff performing WIC services can access the "WIC 101" training by logging onto TRAIN and entering course # 1033155.
- Remember to add a link to your desktop and/or print the new "WIC and Nutrition Manual" for easy access and reference: chfs.ky.gov/dph/WIC+and+Nutrition+Manual.htm.
- Check it out!! More WIC Forms are available for downloading on the NSB website: chfs.ky.gov/dph/mch/ns/Program+Management+Staff.htm
- Include counseling on recommendations for physical activity for all WIC participants. See the WIC and Nutrition Manual for counseling guidelines.

Help Desk

- When a clinic contacts the WIC Helpdesk or CDP Helpdesk, please have all participant household information available so the Helpdesk can assist in resolving the issue.
- Advise participants and/or vendors experiencing problems with a transaction to contact the WIC Helpdesk at 1-877-597-0367 while the participant is in the store.

Food and Fun After School

Research from the Centers for Disease Control and Prevention (CDC) shows that most children need to eat more fruits and vegetables. But how can parents, schools and other caregivers get them to do that?

"Food and Fun after School" is a curriculum designed to develop healthy habits for children when they're away from school. Eleven teaching units help afterschool programs incorporate healthy

snacks, physically active games and creative learning activities into regular program schedules. Curriculum materials are available free of charge at www.foodandfun.org.

The Food and Fun after School website also has a section for parents that includes an interactive "Household Assessment," as well as other useful resources.

Formula Update

Nutramigen AA Name Change

The WIC Program has received updated information from Mead Johnson Nutrition regarding a name change for Nutramigen AA. The name will change from Nutramigen AA to PurAmino. The name change was in response to customer feedback to make it easier for customers to distinguish between Nutramigen AA and Nutramigen with Enflora LGG.

Nutramigen AA/PurAmino is an iron-fortified, amino acid-based infant formula for the dietary management of infants and toddlers with severe cow's milk protein allergy, not effectively managed by an extensively hydrolyzed formula. The formulation, grams per unpacked leveled scoop, can size, reconstituted ounces and price are not changing with the labeling change. The UPC code for the PurAmino has been updated in the WIC EBT system. The food package codes in the system will remain the same. The newly labeled product is expected to start shipping in January 2013.

The table below shows the Case UPC codes and the Food Package Codes for the PurAmino.

Product	Case UPC	Food Package Codes
PurAmino (Formerly Nutramigen AA)	300875104811	Infant Partially Breastfed—M13 Infant Full Formula Fed— M57 Child—U11

Compleat Pediatric Reduced Calorie

In addition, the WIC Program has received information from Nestlé Health Science regarding a new product, Compleat Pediatric Reduced Calorie. Compleat Pediatric Reduced Calorie is a reduced calorie pediatric tube feeding product designed for children 1-8 years old with lower calorie needs. The product is available in 8.45 oz. RTF cartons, 24 per case. This product requires state approval for issuance.

The table below shows the Case UPC codes and the Food Package Codes for the Compleat Pediatric Reduced Calorie.

Product	Case UPC	Food Package Codes
Compleat Pediatric Reduced Calorie	10043900380749	Child—C57

Please share this information with appropriate WIC staff.

If you have questions, please contact our office at (502) 564-3827, extension 4100.

Did You Know?

Every dollar spent on pregnant women in WIC produces \$1.92 to \$4.21 in Medicaid savings for newborns and their mothers.

Reference: National WIC Association (www.nwica.org)

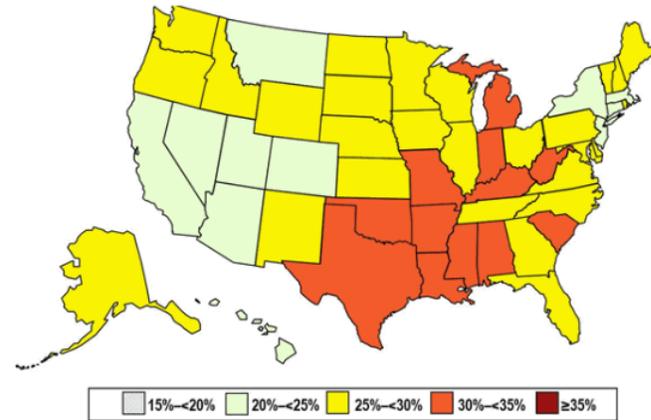
2011 Obesity Data Now Available

The 2011 CDC map detailing adult obesity prevalence for all U.S. states based on Behavioral Risk Factor Surveillance System (BRFSS) data is now available at <http://www.cdc.gov/obesity/data/adult.html>

In 2011, rates of adult obesity remain high, with state estimates ranging from 20.7 percent in Colorado to 34.9 percent in Mississippi. Kentucky's adult obesity prevalence of 30.4 percent put it in an undesirable category with 12 other states over 30 percent. It is clear to see from this most recent data that the obesity epidemic is still a major public health problem in the United States.

It is important to note that several updates occurred with BRFSS that impact estimates of state level adult obesity prevalence. These changes in methodology were made to ensure that the sample better represents the population in each state and to generate more accurate estimates of obesity prevalence. Because of these changes in methodology, estimates of obesity prevalence from 2011 forward cannot be compared to estimates from previous years. Data collected in 2011 will provide a new baseline for obesity prevalence data collected in subsequent years.

Prevalence of Self-Reported Obesity Among U.S. Adults
BRFSS, 2011



Using the data from the BRFSS, the Kentucky Department for Public Health (KDPH) compiled information for each of Kentucky's fifteen Area Development Districts (ADDs). Rates of adult obesity in Kentucky range from 25.8 percent in the Bluegrass ADD to 40.3 percent in the Big Sandy ADD.

The 2011 data for obesity prevalence for each of the fifteen ADD in Kentucky, may be viewed at: www.lexingtonhealthdepartment.org/LinkClick.aspx?fileticket=gKyufDI3C3w%3D&tabid=225. The ADD profiles also contain information on the prevalence of 23 other risk factors that are linked to chronic diseases, injuries, or preventable infectious diseases.

Newsletter Contributors

- Nicole Nicholas, MS, RD, LD, Dietitian Consultant/Clinical Nutrition Supervisor
- Connie Howell, M.Ed., RD, LD, Field Representative
- Paula Alexander, RN, MSN, Public Health Director, Franklin County Health Department
- Cathy Winston, M.Ed., RD, LD, CLC Northern Kentucky Health Department
- Julie Shapero, M. Ed., RD, LD, Diabetes Educator, Northern Kentucky Health Department
- Misty Morris, MS, RD, LD, Field Representative
- Rhonda Goff, Supervisor, Program Management Section
- Michele Burton, RD, LD, Newsletter Editor



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