

Module Five: Other Topics

Part 1: Closet Formula

As part of the sole-source formula contract, Mead Johnson Nutritionals, supplies a predetermined and starting October 1, a limited number of can equivalents of closet formula are sent to local WIC agencies over the contract period. Allocations of closet formula have been determined by the State WIC Office, and the agency will receive quarterly deliveries of the formula from Mead Johnson. Local agencies do not have to order closet formula. Closet formula is available in concentrate, and powdered however, concentrate is the preferred form. Local Agencies wanting to report problems of the shipments, delivery or wanting to change their order, should contact the State WIC Financial Manager.

The purpose of closet formula is to have available a supply of formula for distribution to participants for the following reasons:

- a) Participants needing trial samples to test for formula tolerance;
- b) Partial exchange of one formula for another;
- c) If the clinic receives a large quantity of a single type of returned formula it may be reissued to a current participant at check issuance; and
- d) Breastfed infants during the short-term management of breastfeeding problems.

Clerks must not distribute closet formula starting October 1, 2007. A CPA must assess the infant's need for the formula, counsel the participant as needed, and then document the contact. It must be remembered that WIC is a supplemental nutrition program, and the maximum amount of concentrate formula for infants allowed by Federal Regulation is 31 cans per month.

A Closet Formula Log has been developed by the State WIC office and must be used at each clinic site that is using closet formula documenting who received the formula, how much they received, the reason for giving it including the date it was given, and the initials of the staff person issuing the formula. The log should be monitored by the WIC Coordinator or clinic supervisor. The State Nutrition and Clinic Services Consultant(s) will also monitor and evaluate the log periodically and during Comprehensive Reviews.

Closet formula should be kept in a secure location and out of sight of participants. Returned or exchanged formula should be added to the closet inventory and redistributed as appropriate. The local WIC agency needs to make sure the formula stock is rotated by the First In, First Out (FIFO) method. **Please remember: Expired closet formula should be**

opened and poured down the clinic drain. It should never be issued to participants, food banks/distribution centers, individuals in the community or WIC staff persons.

Beginning October 1st, 2007 closet formula can not be issued to applicants.

Other inappropriate closet formula issuance includes:

- Issuance that exceeds the maximum allowable amount for the month
- Replacement of lost or stolen checks
- Staff personal use
- Selling formula

Part 2: Universal Precautions

All employees are required to attend annual training on blood borne pathogens.

Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands. Because specifying the types of barriers needed for every possible clinical situation is impractical, some judgment must be exercised. (Centers for Disease Control and Prevention).

Universal precautions are infection control guidelines designed to protect workers from exposure to diseases spread by blood and certain body fluids. The training provided at the WIC clinic is intended to protect you and the participant. Adherence to state and local policies is critical in maintaining a safe clinic environment.

Performing routine cleaning of surfaces is everyone's responsibility to keep germs and other potentially infectious fluids from penetrating barriers and spreading contaminants.

For general purposes, a common household bleach solution of one part bleach to ten parts water shall be used when a blood, culture or spill occurs in the WIC setting. The solution is not effective after 24 hours and must be discarded.

More detailed instructions on Universal Precautions will be provided at the WIC agency mandatory training.

Part 3: The Farmers' Market Nutrition Program

FMNP stands for Farmers' Market Nutrition Program. Women, children, and infants (6 months of age and older) who are eligible for the WIC program are also eligible for the WIC FMNP program.

Funding for the FMNP was signed into law on July, 1992 and is funded by United States Department of Agriculture Food and Nutrition Service (USDA-FNS).

Through the WIC FMNP program participants are able to go to local authorized markets and farm stands to purchase fresh fruits, vegetables, and edible herbs. Each participant will receive a maximum of \$18 in checks to spend at the market for the entire FMNP season (May 1 to Oct 31). Nutrition education is provided at the clinics on benefits of fresh produce as well as how to prepare and cook fresh fruits and vegetables.

How it works

USDA-FNS distributes money each year to State agencies for administration of the WIC FMNP through a grant process. The Indiana State Department of Health is required to provide a minimum 30% match. Since 2003, the Indiana WIC FMNP has utilized the entire funding amount. In 2006 \$301,941.00 was spent on food alone, while USDA provided \$278,055.00 of this money.

Checks for the WIC FMNP are preprinted in booklets of 6 checks and delivered to the clinics participating in the WIC FMNP. The local WIC clinics distribute the WIC FMNP checks to eligible participants who have had nutrition education on fruits and vegetables (this can be an ILA, class or second nutrition contact). After receiving the checks and education, the participant will go to an authorized farmers' market or authorized farm stand and buy locally grown produce. The participant signs each check before it is given to the authorized farmer for the produce.

Most clinics that participate in the WIC FMNP have authorized markets and/or farm stands in their counties. The state WIC FMNP Coordinator authorizes markets and farm stands, and provides training annually for Local WIC agencies, market masters, and farmers.

Not all WIC agencies participate in the WIC FMNP program. In 2006, 31 Indiana WIC Agencies participated in the WIC FMNP program, and 37,038

participants received \$18 to spend at local markets. Not every WIC community has the advantage of a farmers' market.

Clinic Participation Requires:

- Maintaining a bulletin board that promotes the Farmers Market, providing market locations, eligibility criteria, and check usage. A list of the times of group education both in the clinics and at the market must be posted.
- Provide nutrition education for participants.
- Give out checks to participants.
- Educate participants on: how to use their checks, locations of markets and farm stands, how to identify an authorized farmer, and what they can buy.
- Assist the state in monitoring the authorized markets, farm stands, and farmers.
- Assist in communication with the market and farmers.
- Document any verbal complaints and notify the state of any complaints by participants or vendors/farmers.

Authorized Markets and Farm Stands

Authorized Indiana Farmers Markets must have a market master or representative who completes the market Application every three years and serves as a contact person for the state FMNP. The market must have defined days and hours of operation at a permanent location.

Indiana Farm stands will be authorized for the first time in 2007. To have an authorized farm stand there must be a farm stand master or representative who is in charge of the overall compliance of the farm stand. The items sold to WIC participants at the stand must be locally grown, and the owners of the stand must grow a majority of what they sell.

Part 4: WIC Overseas Benefits

The Women, Infants and Children (WIC) Overseas, a Department of Defense (DOD) special supplemental food program, provides several important benefits for pregnant or breastfeeding women, infants, and young children. These benefits include:

- Education on nutrition and proper diet;
- Tips for preparing a balanced meal;
- Nutrition and health screening;
- Redeemable food coupons, called “drafts,” for nutritious food; and
- Referrals to other health agencies.

The WIC Overseas program was implemented several years ago in response to concerns from military families, family center personnel, military spouse clubs, medical personnel, chaplains, and NMFA, which noted that families who were eligible for the program in the United States lost access to the program when ordered overseas. The reason: WIC is funded by the U.S. Department of Agriculture (USDA), but administered by the individual states. More than one-half of all the infants born in the United States are eligible for WIC based on income. Given the demographics of today’s military— young families—it is not surprising that many military families are eligible to receive the benefits provided by WIC. In many states, even more military families are eligible for the program because their Basic Allowance for Housing (BAH) is not counted as income.

After several years of unsuccessful efforts to persuade DOD and USDA to work together to make sure military families overseas had access to WIC, its food vouchers, and nutritional counseling, Congress finally ordered DOD to create a WIC Overseas program in 2000. The program is administered by the TRICARE Management Activity. NMFA was instrumental in obtaining the legislation mandating the program and in speeding its implementation.

Members of the armed forces, civilian employees of a military department, contractors for DOD living overseas, and their family members may be eligible to participate in the WIC Overseas program. To receive benefits under this program, the military member and/or family members must first meet the program’s income guidelines published by the Departments of Health and Human Services, which are used by USDA for its safety net programs and be certified at nutritional risk for medical or

dietary reasons. The WIC Overseas Program uses the income poverty table for the State of Alaska when determining income eligibility. To view the income guidelines, go to:

<http://www.fns.usda.gov/wic/howtoapply/incomeguidelines.htm>.

Once eligibility is established for pregnant women, they will receive WIC services throughout their pregnancy and up to six weeks after they deliver, or if the pregnancy ends. If they are breastfeeding, they can continue to use the program until the infant's first birthday. Mothers who are not breastfeeding can continue in the program for up to six months after the child's birth. Eligible children may participate up to the age of five.

Once a family is approved to participate in the program, they will meet with a nutrition counselor who will give them approved food lists specifying type, brand and quantity of foods they may purchase using food drafts for specified foods and quantities that may only be redeemed at overseas commissaries and NEXMARTs. The following food items are generally available through the WIC Overseas program:

- Iron-fortified infant formula and infant cereal
- Iron-fortified adult cereal
- Vitamin C-rich fruit and/or vegetable juice
- Eggs
- Milk
- Cheese
- Peanut butter
- Dried beans or peas
- Canned tuna
- Vitamin A-rich vegetables

The WIC Overseas program offices are located in Germany, England, Belgium, Netherlands, Italy, Spain, Japan, Korea, Turkey, Portugal, and Central America. Families can check with their local installation telephone operator to obtain the WIC Overseas office listing in their area or see "Site Locations" on the WIC website:

www.tricare.osd.mil/Wic/.

Article printed on the National Military Family Association web site.

Part 5: Immunizations

Immunization status must be screened on infants and children up to two years of age at each certification. If proper proof is not presented the infants and children are placed on monthly check pick-up. Referrals must be made for infants and children whose immunizations are not up to date.

The following is considered proof of immunization:

- A. CHIRP
- B. Immunization record from healthcare provider
- C. Other record that includes dates (mm/dd/yy)
 - 1. Receipts from doctor's office that lists immunizations given
 - 2. Baby book
 - 3. Immunization card maintained by parents

Exceptions to providing acceptable proof of immunizations:

- A. Healthcare Provider refuses to release immunization record
 - a. Contact healthcare provider for immunization records. If health care provider does not release records, document this is the SOAP note.
 - b. Contact the State WIC Program if this situation continues
- B. Medical contraindication, physician documentation required. Document in the SOAP note.
- C. Religious beliefs. Document in the SOAP note.
- D. Foster parent who does not have access to the immunization record will have until the next certification to obtain immunization records. Document in SOAP note.
 - 1. If immunization records are not presented by the next certification, place foster infant/child on monthly check pick-up.
 - 2. Return infants and children to tri-monthly pick-up as soon as acceptable proof of immunizations is presented.

Unless the infant/child falls under the above exemptions, if their parent/guardian/caretaker does not bring in their immunization record they will be placed on monthly check pick-up. As soon as acceptable proof is presented the infants and children are placed on tri-monthly pick-up.

Part 6: Referral to Health and Social Services

At each certification the Local Agency will refer participants to appropriate health and social programs as needed. The applicant's current enrollment in health and social services and any referrals made during the certification must be documented.

Written information must be provided by the Local Agency for referrals to Drug/Substance Abuse and Medicaid and given to each participant/applicant and /or parent/guardian/caretaker at the initial certification and at each subsequent certification.

An up to date list of referral agencies must be maintained by the Local Agency and made available to participants.