

Alabama WIC Program 2007



**Alabama Department of Public Health
Bureau of Family Health Services
Division of WIC**

TABLE OF CONTENTS

PAGE

4	History of WIC
5	WIC Program in Alabama
6	Program Summary
6	Websites with WIC Information
7	WIC Program: History and Growth
11	On-Going Objectives
13	ADPH Organization Chart
14	Division of WIC Organization Chart
16	Financial Management Summary
17	Chart: WIC NSA Expenditures, FY07
18	Chart: WIC Food/NSA Grant, FY07
19	Chart: WIC NSA Cost by Function, FY07
20	Chart: Alabama WIC Average Participation, 1974-2007
21	Chart: AL WIC Average Monthly Participation, By County
22	Chart: WIC Caseload by Status
24	Data Management Summary
25	Chart: Special Infant Formula Purchases, FY07
26	Chart: Complimentary Formula, FY07
29	Vendor Management Summary
30	WIC Vendors and Sales by County, FY'07
32	Training Summary
34	Nutrition Management Summary
37	Nutrition Education Summary
40	Breastfeeding Summary

HISTORY of WIC



2007

Special Supplemental Nutrition Program for Women, Infants and Children

Bureau of Family Health Services
Alabama Department of Public Health

I. History of WIC

In September 1972, Congress passed legislation creating the Special Supplemental Nutrition Program for Women, Infants and Children, which became known as WIC. Senator Hubert Humphrey introduced the bill for a two-year pilot program costing \$20 million annually.

WIC was to address the nutritional needs of the most vulnerable citizens: low-income pregnant women, infants, and very young children. It was the newest nutrition program to be administered by the U.S. Department of Agriculture. WIC's early years were marked by endless struggles aimed at translating Senator Humphrey's idea into health and nutrition benefits for the poorest pregnant women and young children. Delay by the Department of Agriculture prompted class action lawsuits, intensive congressional oversight, and tenacious work by local health staff and advocates. USDA took little action however and was sued by the Food Research and Action Center on behalf of a group of mothers and children potentially eligible for WIC. A federal court judge ordered USDA to issue program regulations by July 1973 implementing the program. Finally, in January 1974, WIC began in a handful of communities. By April 1974, WIC was operating in many more communities, including the Rosebud Reservation in South Dakota. By the end of 1974, WIC operated in all states but Nebraska, North Dakota, Utah, Virginia, Wyoming, and the District of Columbia. It served some 205,000 participants.

In 1974 and 1975, Congress passed legislation extending the WIC program. Its first evaluation, released in 1976, found WIC improved infant health and reduced anemia among both mothers and infants. Reflecting on WIC's first years, Senator Charles Percy said at a national conference held in 1977, "Sometimes I have the feeling that WIC isn't a program...it really is a course in survival...survival for those of you who have tried so hard to bring the benefits of WIC to our urban and rural poor, survival for those of us in Congress who wondered if the law would ever be fully implemented, and most importantly, survival for millions of women, infants, and children that WIC really serves."

Congress made WIC permanent in 1978, and by 1981 WIC operated in all states, the District of Columbia and 29 Indian nations and tribal councils.

During the 1980s, WIC grew from a \$750 million program serving 1.9 million people to a \$1.9 billion program serving just over 4 million participants. Numerous evaluations during the decade concluded that WIC was cost-effective and improved participant's health.

In the late 1980s, states began using competitive bidding to lower the cost of infant formula purchased for WIC infants. In 1989, Congress required states to select a single manufacturer through competitive bidding to provide formula for WIC. These reforms have been heralded as one of the most successful state initiatives ever undertaken to contain costs of a federal program.

Congressional support for WIC has been strong since the program's inception. From 1981 to 1992, federal WIC appropriations rose by more than 90 percent after adjustment for inflation - the largest percentage increase achieved for any major social program during the period.

II. The WIC Program in Alabama

WIC in Alabama is administered at the state level by the Division of WIC, Bureau of Family Health Services. Services are available in each county health department and three private local agencies. The private agencies are: Poarch Band of Creek Indians; Lister Hill Clinic in Montgomery; and Alabama Council on Human Relations in Auburn and Opelika. Local administration is through the eleven Public Health Areas and the three private agencies.

In 1974, Alabama's first programs were started in Mobile County, Jefferson County, Tri-Counties, Lowndes County Health Services, and Coffee County. The state budget was \$2 million; 90 percent for food and 10 percent for administration. In 1975, legislation extended the program to 1978, increased the state budget to \$250 million for each of the two years, increased the administrative allotment to 20 percent and mandated that one-sixth of the state's budget be spent for nutrition education. The Alabama WIC program has expanded gradually through the years in accordance with an Affirmative Action Plan based on low-birth weight and low-income. In 1980, Madison was the last county to begin operation.

The Alabama WIC program serves pregnant women; non-breastfeeding postpartum women until six months after delivery; breastfeeding women until one year after delivery; infants; and children until their fifth birthday. To be certified as eligible, individuals must meet income guidelines (maximum in Alabama is 185 percent of poverty guidelines) and must meet at least one nutrition risk criteria. The criteria include: for women - iron-deficiency anemia, inappropriate pre-pregnant weight, inappropriate weight gain during pregnancy, history of complications during pregnancy such as delivery of a premature or low-birth weight infant, medical conditions related to nutrition, and inappropriate dietary patterns; for infants and children - iron-deficiency anemia, inappropriate weight or growth patterns, medical conditions related to nutrition, and inappropriate dietary patterns. Participants receive individualized nutrition counseling from a nutritionist, nutrition associate, or nurse who then decides the specific foods to be issued based on individual need and within the limits of maximums in the regulations for each category. Foods include: for infants - formula, cereal and juice; for women and children - milk, cheese, iron-fortified cereal, juice with a high Vitamin C level, eggs, dried peas/beans, and peanut butter. Women who choose to exclusively breastfeed their babies are also given tuna and carrots. Participants are also given appropriate referrals for health care. The monthly average for FY 2007 of individuals to whom food instruments were issued was 126,220 - 31,427 women, 36,274 infants, and 58,578 children. The total administrative cost per participant is approximately \$14.51 per month, while the food cost per participant is averaging \$70.18.

After certification and nutrition counseling, food instruments for one, two, or three months supply of food are issued. The number of food instruments per month is usually one for infants and four for women and children. The food instruments are used to obtain the prescribed foods at 808 approved grocery stores. In 1979, Alabama instituted a Negotiable Food Instrument System whereby a grocery store receives payment upon deposit into the bank. Local banks are then paid by a central, contract bank. Participants return monthly, bi-monthly, or tri-monthly for food instrument pick-up which is coordinated, whenever possible, with appointments for health services and nutrition education. Eligibility until recertification for pregnant women continues until six weeks postpartum; for infants, certified at less than six months of age, until the first birthday; for breastfeeding women up to one year postpartum if they continue breastfeeding; and for all other participants for six months. Individuals must be recertified to continue on the program after these time limits. At recertification, assessment for eligibility is repeated in its entirety. Income must continue to be within the prescribed limits and the individual must meet at least one nutrition risk criteria.

In FY 1999, printing of all WIC food instruments was initiated at the local clinics using on-site MICR printers. Proofs of income, residency, and identity was required beginning in 1999.

Through a sole source contract for infant formula rebate, which saves approximately \$30 million a year, Alabama serves an additional 44,000 participants.

III. Summary

The uniqueness of WIC is that it targets its benefits to those who have a demonstrated need both economically and physiologically. No other food program provides individual nutrition counseling to its participants - an opportunity to improve the nutritional status of the participant as well as the whole family unit. In addition, no other food program draws its participants into the health care system, enabling them to receive the benefits of appropriate medical care in conjunction with improved nutrition. Since its inception, the WIC program has been extensively evaluated through numerous studies with results indicating that the program is associated with an improved pregnancy outcome, a decrease in anemia, and improvements in growth in infants and children. Most of the WIC federal monies are utilized in the food delivery system, which certainly has a positive impact on many local economies in Alabama. WIC is a valuable resource for Alabama and has made a difference in the lives of the population it serves.

IV. Websites with Further WIC Information

www.adph.org/wic
www.fns.usda.gov/wic
www.nal.usda.gov/wicworks
www.nwica.org

WIC PROGRAM: HISTORY AND GROWTH

- Sept. 1972** **Public Law 92-433** authorizes WIC as a two-year pilot program through fiscal year 1974.
- July 1973** USDA publishes the first WIC regulations and requests applications from interested agencies.
- Aug. 1973** **Dotson vs. Butz** class action suit forces USDA to begin processing applications and funding WIC programs.
- Nov. 1973** **Public Law 93-150** extends WIC pilot program legislation one year, and allows Native Americans to act as their own agencies.
- Jan. 1974** The first WIC programs open.
- 1974** Alabama's WIC Program began in six counties and one contract agency serving 3,639 participants.
- April 1974** First California WIC vouchers distributed.
- Oct. 1975** **Public Law 94-105** makes WIC a permanent, national program and extends authorization through fiscal year 1978. Administrative costs are increased to 20 percent of total. Nutrition education is allowed as an administrative cost for the first time. Congress overrides President Ford's veto.
- June 1976** **Durham vs. Butz** class action suit orders USDA to release impounded funds and begin WIC in neediest areas first.
- April 1979** WIC awards special state grants to serve migrants.
- April 1980** WIC awards special state grants to serve Indochinese refugees.
- 1980** All of Alabama's county health departments had a WIC Program.
- Aug. 1980** Wyoming is the last state to enter WIC.
- Dec. 1980** **Public Law 96-499** (Omnibus Reconciliation Act) extends WIC authorization through fiscal year 1984.
- June 1981** Washington, D.C., begins serving participants.
- June 1982** Class action suit forces USDA to reallocate unspent state funds to needy states.

- Nov. 1978** Public Law 95-627 extends WIC authorization through fiscal year 1982. Income eligibility ceilings established. Nutrition education becomes required at no less than 1/6 of administrative budget. States are required to submit annual plan. President Carter signs after extensive lobbying.
- Dec. 1982** New food package regulations come into effect; six different packages now allowed.
- 1984-86** WIC program growth slows but does not decline.
- April 1989** On April 19, Alabama implemented a negotiable food instrument system.
- Nov. 1989** States initiated infant formula rebate projects. USDA later mandated rebate contracts for WIC infant formula purchase.
- 1989** Public Law 101-147 reauthorized WIC to 1993; changes 80%-20% split in appropriation to average national administrative cost per participant.
- May 1991** On May 6, a WIC Training Center, with an on-site WIC clinic, opened for training all WIC staff statewide.
- June 1991** On June 25, proposals for a sole source infant formula contract was received.
- 1992** A magnetic stripe EBT pilot was researched; however, efforts were abandoned.
- 1992** Incarcerated women at Julia Tutwiler Women's Prison were provided WIC benefits.
- 1994** Re-authorization of the WIC Program is in progress, including several legislative issues concerning operation of the program to keep full funding on track. Changes name from "Special Supplemental *Food* Program for Women, Infants and Children" to "Special Supplemental *Nutrition* Program for Women, Infants and Children".
- 1995** Contract for America. Proposed welfare reform lumped WIC into block grants. U.S. Senate has no desire to block grant the WIC Program, realizing the importance and uniqueness of the program as a preventive health/nutrition program.
- 1996** Congress continues to debate welfare reform. WIC program growth has remained relatively unchanged and state programs are determining ways to increase caseload. The role of Electronic Benefit Transfer (EBT) in the WIC program is being developed.
- 1997** For the first time in many years the WIC program was level funded. This created a crisis situation in that many states did not have sufficient funds to maintain caseload, thus had to cut caseload.
- 1999** All clinics began printing food instruments on demand.

- 1999** Nationally Standardized Nutritional Risk Criteria was implemented by each state to ensure uniformity in certification. Documentation of income, residency, and identification was mandated.
- Pilot of WIC Farmers Market Nutrition Program initiated in Montgomery County.
- 2000** Mandatory grocery vendor sanctions, physical presence, and blood work policies implemented. MCH money used to create “bonus incentive” for counties to increase caseloads.
- 2002** Alabama begins three month issuance of WIC food instruments. High risk patients are kept on monthly issuance for follow-up appointments.
- All clinics have the capability to print computerized growth charts and have the computer calculate BMI.
- The WIC infant formula policy was revised. Under the revised policy, the Alabama WIC Program limits the issuance of milk-based, soy-based, and milk-based lactose free formulas to the contract formulas only. Prescriptions for non-contract milk-based, soy-based, and milk-based lactose free formulas are not accepted. Special formulas are issued with an appropriate nutrition related medical diagnosis and/or ICD-9 code on the Alabama WIC Formula Prescription form or the physician’s own prescription form.
- To assist the clinics/areas with marketing WIC to physicians and health care providers, a new pamphlet was developed entitled “Building A Healthier Alabama”.
- The Alabama Department of Public Health set up a separate web page for the WIC Program, www.adph.org/wic. The Alabama WIC Program funded the development and broadcasting of TV commercials to increase outreach efforts. Two new outreach posters were developed based on the TV commercials.
- 2003** In order to increase clinic efficiencies “WIC only” forms were piloted at clinic sites that only performed WIC services. The pilots proved so successful that the forms were permanently adopted.
- Clinics were able to plot growth charts from the computer rather than hand plotting charts. This proves to be both a time saver as well as reduce errors in plotting.
- 2006** FNS initiates Value Enhanced Nutrition Assessment (VENA) which builds on recommendations from the Institute of Medicine (IOM). VENA enhances the interaction between WIC providers and patient rather than having the nutrition assessment primarily as a means of eligibility.
- 2005 - 2006** Piloted an electronic signature pad to reduce the amount of paperwork associated with WIC food instrument receipts.

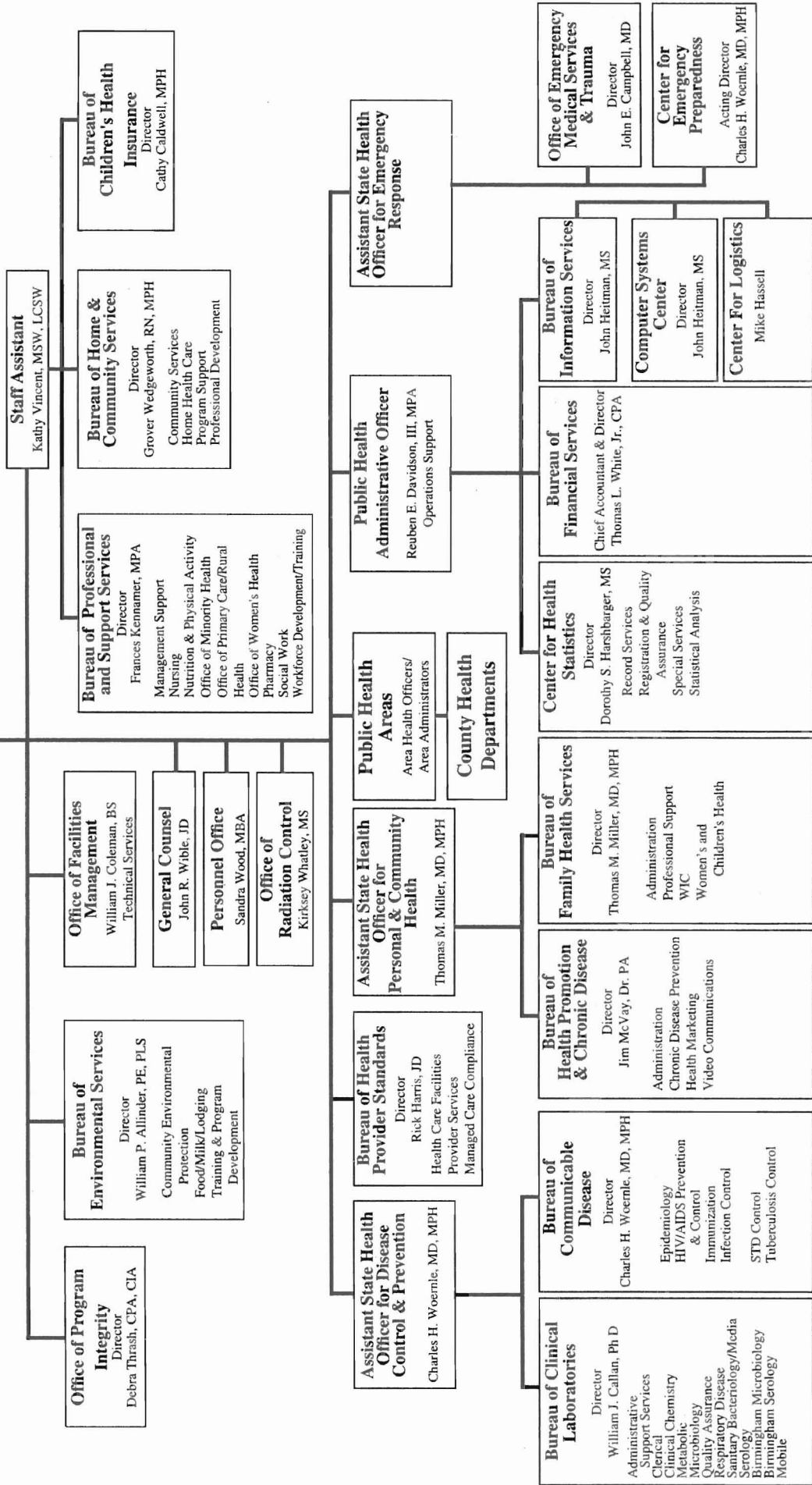
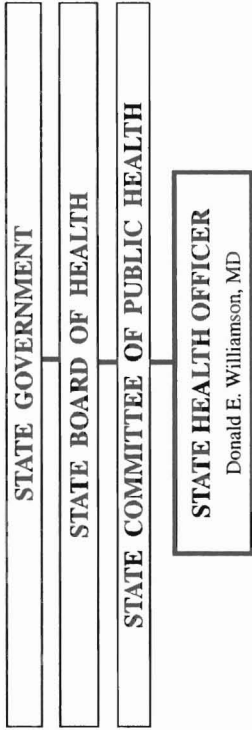
- 2004** Alabama was chosen to participate in a consortium for developing the State Agency Model (SAM) WIC Information System. The consortium was named Crossroads and includes four states, Alabama, North Carolina, Virginia, and West Virginia, to build a system that can be replicated by other WIC programs.
- 2005** FNS issues guidance for implementing Congressional mandate to limit payments made to vendors whose food sales are comprised of 50% or more WIC food instrument redemptions. Other cost containment for “regular” stores are also initiated.
- 2007** Training provided to over 250 WIC providers (nutritionists and nurses) on the VENA/I CARE nutrition assessment and counseling procedure to meet the requirements of the USDA Value Enhanced Nutrition Assessment (VENA) policy. (I CARE stands for “I Collect and Assess with Respect and Empathy and was coined by local Hale County nutritionist Jane Neill.)
- 2007** The Implementation Advance Planning Document (IAPD) for the USDA State Agency Model (SAM) Crossroads Consortium Project was finalized and completed for submission to USDA in 2008. Upon approval of the IAPD, the design, development, and implementation phase of the project will begin. Rollout of the new WIC Information System is scheduled for December 2010.

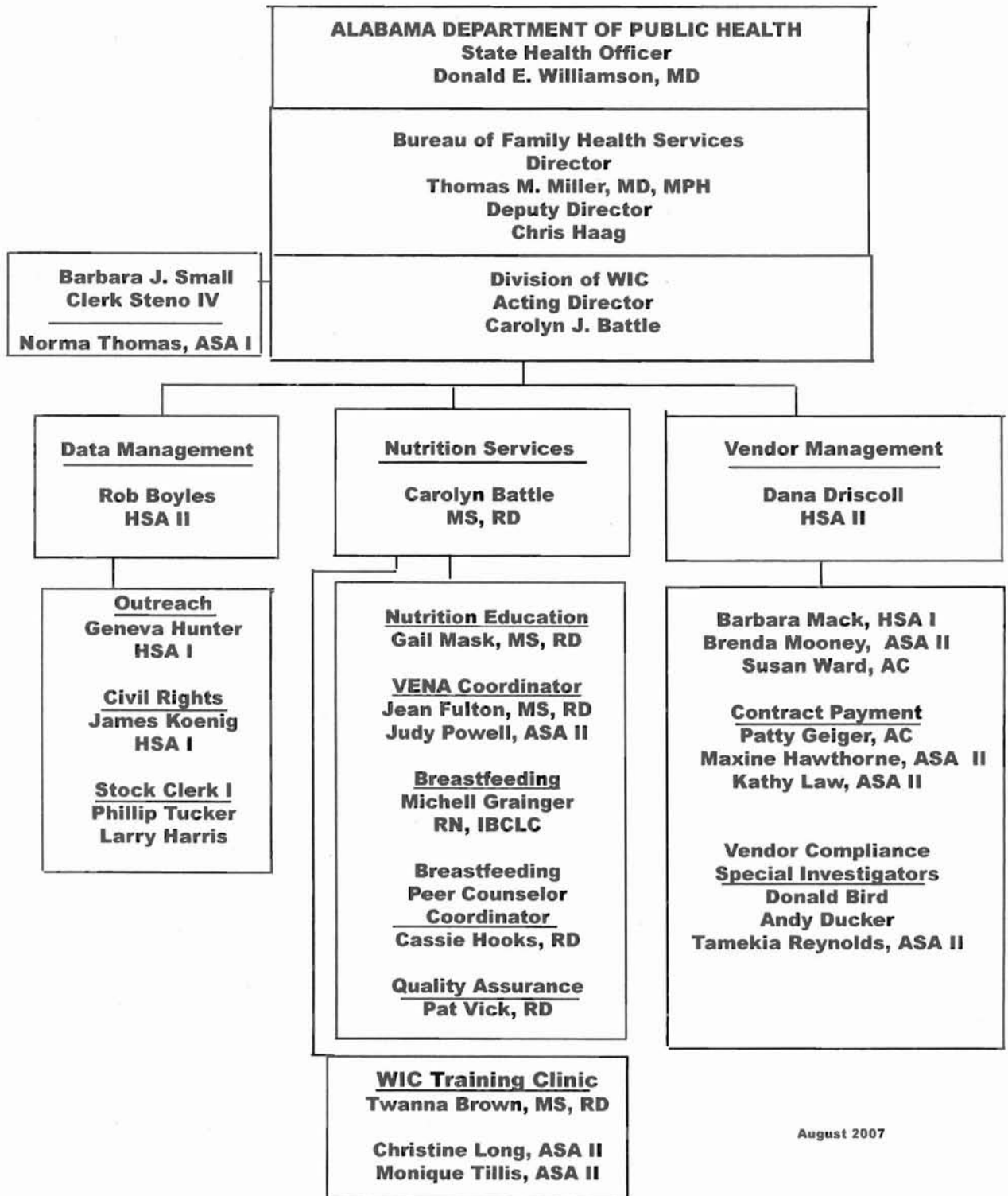
ON-GOING OBJECTIVES

- 1.** Continue to provide a comprehensive WIC orientation/training program to local agency clerical, nursing, and nutrition personnel working in WIC.
- 2.** Continue to address the nutritionist shortage.
- 3.** Increase caseload with emphasis on early prenatal participants.
- 4.** Work with Immunization Division to meet goals for immunization rates among WIC participants.
- 5.** Increase breastfeeding initiation and duration rates on a statewide basis.
- 6.** Continue to work with Computer Systems Center on programming for the reporting of WIC Program data to the Center for Disease Control (CDC) for the Pediatric Nutrition Surveillance System and Pregnancy Surveillance System in order to monitor trends in the prevalence of health and growth problems within the state.
- 7.** Develop an orientation module for clinic level nutritionist positions. This module should be completed/implemented through the Area Nutrition Director.
- 8.** Continue implementation of a Farmers Market Nutrition Program (FMNP) and evaluate possibility of expansion.
- 9.** Coordinate with the Child Health Insurance Program (CHIP), Department of Human Resources (DHR), and Medicaid to provide income eligible referrals.
- 10.** Continue to assist Computer Systems Center with enhancements of the Public Health of Alabama County Operations Network (PHALCON) System in all clinics.
- 11.** Explore methods and resources for increasing clinic efficiency to better enable clinic staff in providing quality nutrition services.
- 12.** Work with CSC to expand the use of electronic signatures in WIC clinic sites, statewide.
- 13.** Continue to evaluate computer assisted nutrition education with professionals available for questions.
- 14.** Continue to promote WIC through various outreach efforts.
- 15.** Enhance the database for vendor operations to include on-line applications and price submissions.
- 16.** Continue work on the State Agency Model (SAM) Crossroads Consortium with the WIC programs of North Carolina, Virginia, and West Virginia.

- 17.** Work on the revision of nutrition assessment policies and procedures in preparation for VENA implementation.
- 18.** Implement and revise policies, as needed, for vendor cost containment issues.
- 19.** Evaluate the Breastfeeding Peer Counseling Program in three clinics and consider expansion.

ORGANIZATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH





August 2007

Financial Management



**The Smart Idea
for Better Health!**

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS, AND CHILDREN

from
THE ALABAMA DEPARTMENT OF
PUBLIC HEALTH

2007

FINANCIAL MANAGEMENT

Monitors caseload, food costs, Nutrition Services and Administration (NSA) expenditures, and makes projections related to these costs. Prepares the budget and determines the allocation of food and NSA funds distributed to the area/counties. Prepares and submits on a timely basis reports relative to the WIC Program and as required by USDA regulations.

The following reports are produced to monitor caseload, food costs, and NSA expenditures:

On A Monthly Basis

Monthly Caseload Report

Participation by Status and Priority

Infant Formula Worksheet

Rebate Invoice

Monthly Food Obligation

NSA Projections Worksheet

FNS-798 Monthly Financial and Participation Report

YTD Food Projections Worksheet

Budget Revision Worksheet (S/O & Area) As Needed

Monitors and determines 97% food and 10% administrative performance standards.

On A Quarterly Basis

Time Sheet/Cost Center, Classification, and Area Worksheet.

Infrastructure Reports

Production Report

On An Annual Basis

Annual Participation Report

Graphical Analysis of Data

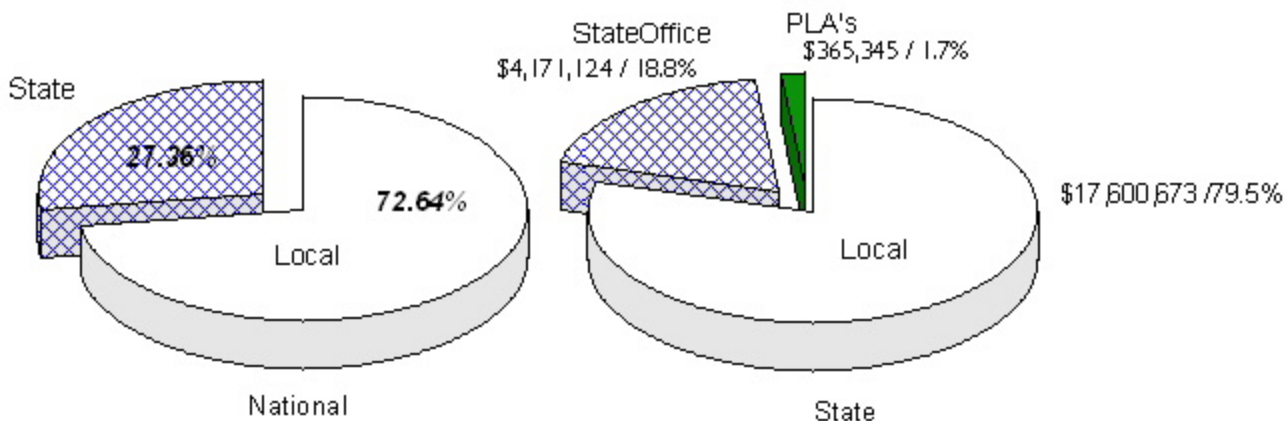
Closeout Program

Calculates spend forward/back spend options

Prepares, develops, and monitors statewide WIC budget - preliminary, revisions, final.

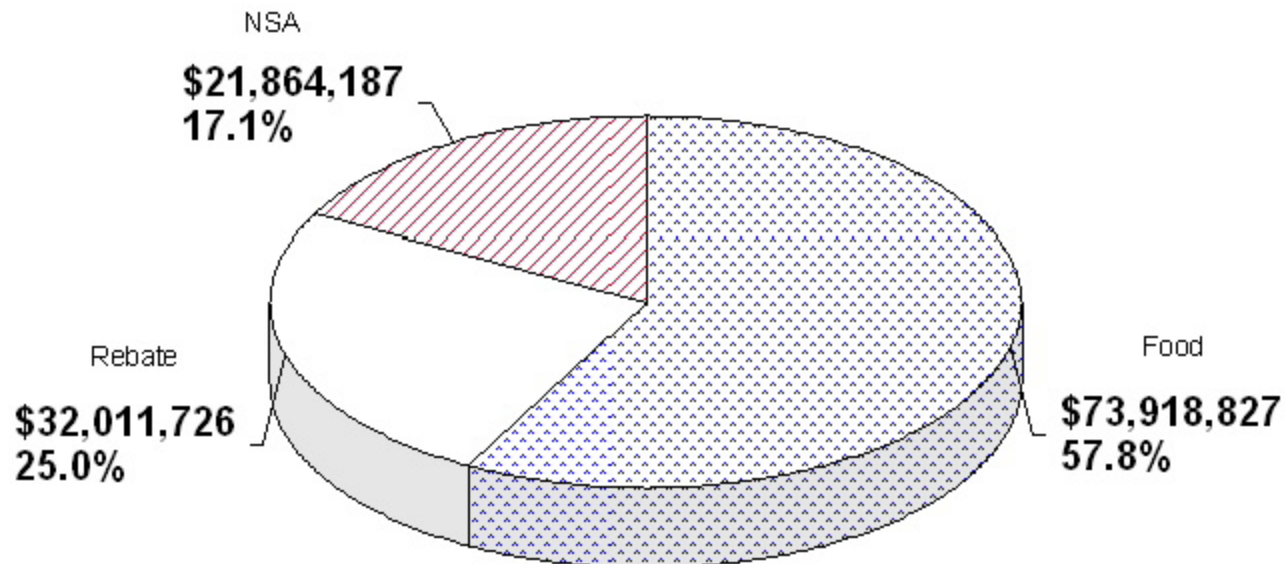
Infrastructure Financial Status Report, SF-269A

WIC NSA EXPENDITURES FY 2007



Expenditures thru 9/30/07
Total \$22,137,142

WIC FOOD/NSA GRANT FY 2007

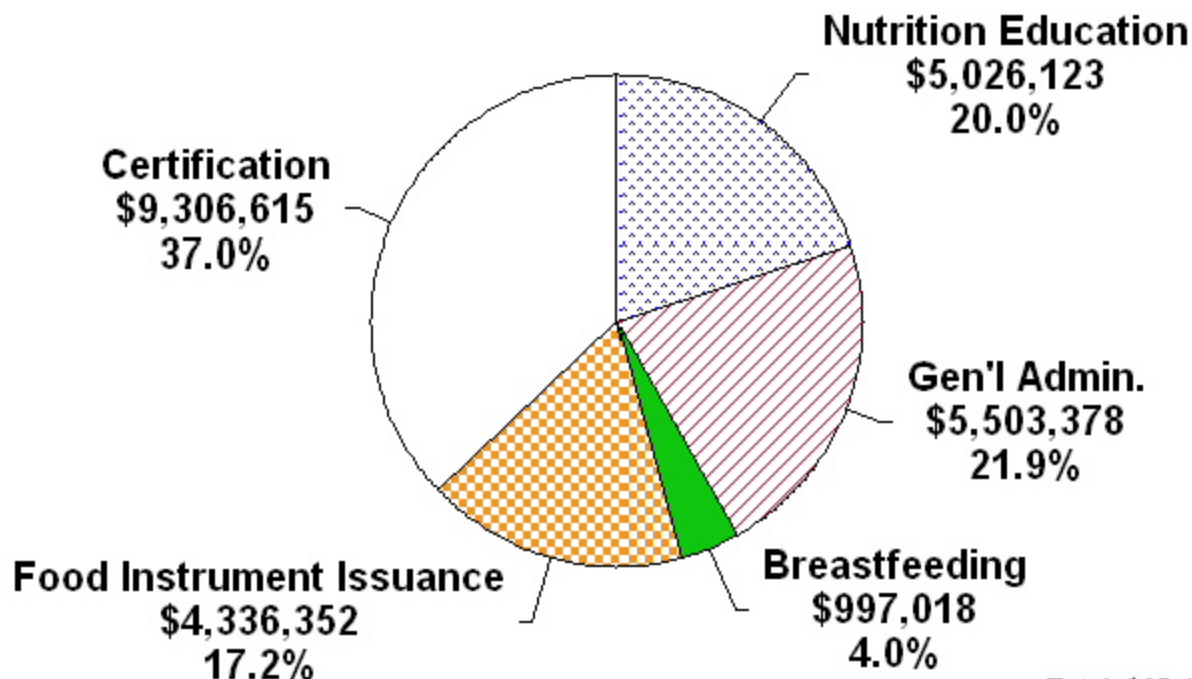


TOTAL FUNDING - \$127,794,740

WIC

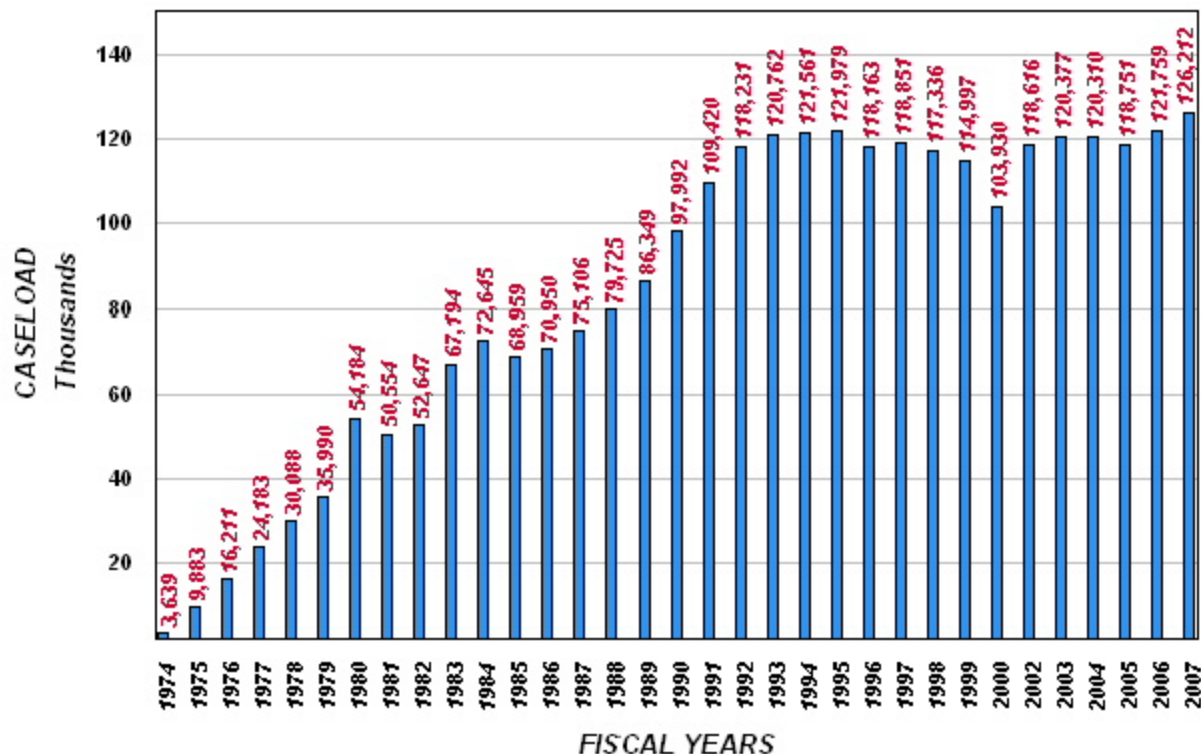
NSA COST BY FUNCTION

FY 2007



Total: \$25,169,486
Total Cost @ 9/30/07

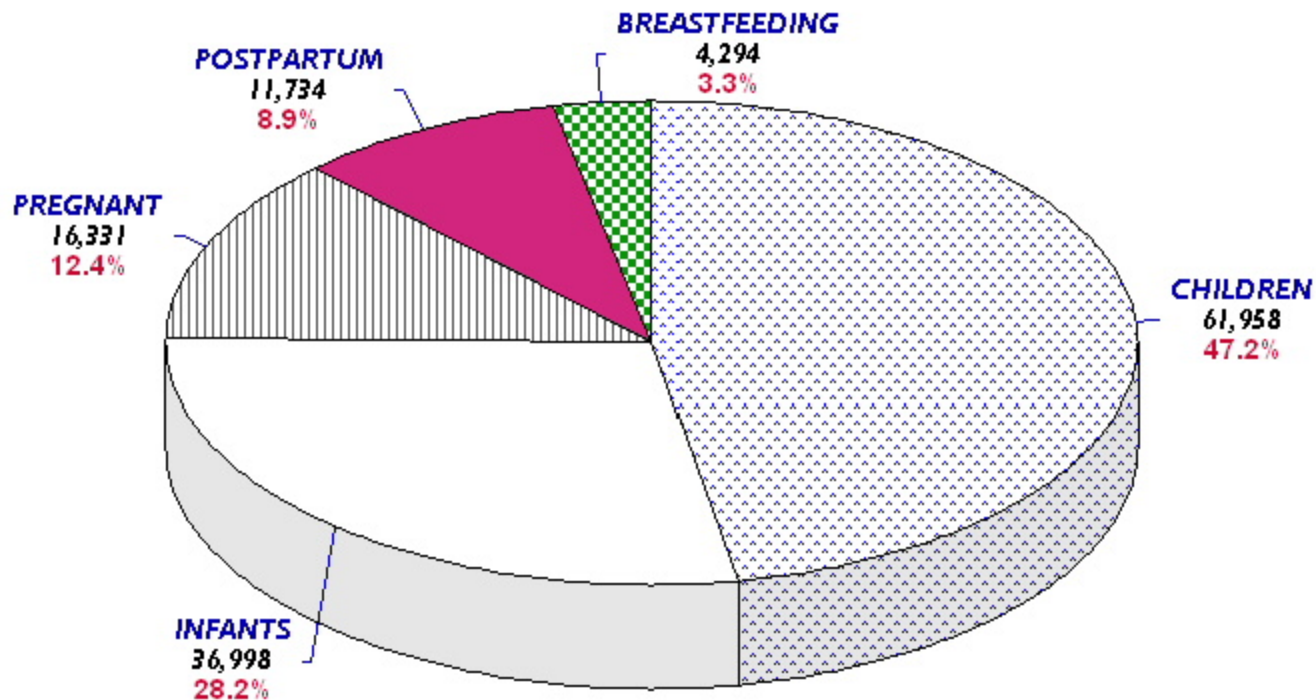
ALABAMA WIC AVERAGE PARTICIPATION 1974 - 2007



WIC
Average Monthly County Participation
FY 2007

County	Average Participation	County	Average Participation
Autauga	1144	Houston	3228
Baldwin	3576	Jackson	1384
Barbour	1292	Jefferson	13554
Bibb	678	Lamar	457
Blount	1674	Lauderdale	2442
Bullock	612	Lawrence	989
Butler	823	Lee	2528
Calhoun	2899	Limestone	1707
Chambers	887	Lowndes	633
Cherokee	806	Macon	656
Chilton	1176	Madison	5592
Choctaw	440	Marengo	822
Clarke	888	Marion	1024
Clay	531	Marshall	2507
Cleburne	619	Mobile	11470
Coffee	1323	Monroe	804
Colbert	1717	Montgomery	7063
Conecuh	486	Morgan	3862
Coosa	164	Perry	698
Covington	1098	Pickens	766
Crenshaw	375	Pike	1031
Cullman	2615	Randolph	770
Dale	1498	Russell	1388
Dallas	2434	Shelby	2577
DeKalb	3022	St. Clair	2079
Elmore	1148	Sumter	607
Escambia	1514	Talladega	2551
Etowah	3674	Tallapoosa	1252
Fayette	466	Tuscaloosa	3917
Franklin	1369	Walker	2194
Geneva	810	Washington	464
Greene	599	Wilcox	790
Hale	662	Winston	859
Henry	530		

WIC CASELOAD BY STATUS



SEPTEMBER 2007 CASELOAD - 131,315

Data Management



2007

DATA MANAGEMENT

Major Activities

The disbursement of all complimentary and special infant formula provided by the WIC Program is the responsibility of this branch. The State WIC office arranges for special infant formulas to be shipped directly from the vendor to the WIC clinic. About 96 percent of special infant formula ordered from the Data Management Branch was shipped directly to WIC clinics. The Data Management Branch strives to provide excellent service to the WIC population it serves. Having special formulas, as well as standard milk, soy, and lactose free formulas, shipped directly from the manufacturer to the WIC clinic is very timely and is more cost effective than warehousing large volumes of formula for shipment through a local carrier. The Data Management Branch arranged for 721 cases of special infant formula to be shipped from its warehouse location in Montgomery, AL, or from one clinic site to another as well as initiated the shipment of 17,215 cases of special formula directly from the manufacturer to clinic sites in Alabama. A total of 547 cases of complimentary formula were shipped directly from our formula contractor to clinic sites this fiscal year.

The Data Management Branch also coordinates computer related activity for WIC with the department's Computer Systems Center. During the year, many enhancements to the WIC portion of the computer system PHALCON (Public Health of Alabama County Operations Network) were requested and completed. This is an ongoing process to tailor the system to accommodate any required policy or procedural changes. Alabama WIC is participating in a four state consortium, working on a project called SAM (State Agency Model). A model WIC system is being developed by this consortium which will eventually replace the WIC component of our PHALCON data system. PHALCON system releases are done approximately every month. These upgrades result in overall improvements and correct previously identified problems at the clinic level. The Data Management Branch worked with the Nutrition Branch and the Computer Systems Center in preparation for a new infant formula rebate contract, effective October 1, 2007. Coding changes were made in PHALCON, as well as policy and procedural changes to accommodate the provisions of our contract, which specified a different "formula of first choice". WIC continues to work with the Computer Systems Center in automating risk codes and developing a web-based vendor application and price submission process. Our electronic signature project has been successfully implemented, statewide, and it accelerates the clinic food instrument issuance process.

Special Infant Formula Purchases from State Office FY2007

In an effort to provide the best possible service to individual WIC clinics and ultimately the WIC participant, the State WIC Office arranges for special infant formula to be shipped directly from the vendor to the WIC clinic. This process streamlines procedures and costs versus warehousing large quantities of formula for shipment through a local freight carrier.

Also, a total of 721 cases of special infant formula was shipped from the State WIC Office to WIC clinics or shipped directly from one clinic to another.

Formula Name	Case Amount
Beneprotein Powder	1
Bright Begin. Soy Powder	1
MCT Oil	1
Propimex-2 Powder	1
Nepro 8 oz. RTF	2
Scandical Powder	2
Glutarex-1 Powder	3
PhenylAde MTE Powder	3
Xphe Maxamum Powder	3
Hominex-1 Powder	4
I-Valex-1 Powder	4
Lactose Free 32 oz. RTF	4
Cyclinex 1 Powder	5
Isomil Powder	5
Nutramigen 32oz. RTF	5
Resource Breeze	6
Similac Powder	6
Polycose Powder	7
Phenyl Free 2HP Powder	9
Vivonex Pediatric	9
Ensure RTF	10
Kindercal TF	10
Similac Special Care 20 RTF	10
Similac 32 oz. RTF	11
Xphe Analog Powder	11
Kindercal	13
Lactose Free Powder	13
Portagen Powder	13
Similac Human Milk Fort.	13
Duocal Powder	14
Enfamil Human Milk Fort.	15
Resource JFK w/Fiber	17
Ensure Plus	18
Xphe Maxamum Sachets	19
Pediatric Peptinex DT	20
Peptamen Jr. w/Fiber	26
Similac Neosure 32oz. RTF	26
Pro-Phree Powder	29
Suplena RTF	30
Ketocal Powder	33
Similac Special Care 30 RTF	35
Phenex-1 Powder	45

Formula Name	Case Amount
Alimentum 32oz. RTF	51
Phenex-2 Powder	70
Nutramigen Powder	71
Neocate One+ Powder	76
Compleat Pediatric RTF	78
PhenylAde 40	88
Neocate Jr. Powder	95
Kindercal w/Fiber	96
Isomil DF 32 oz. RTF	98
Pediasure w/Fiber Enteral	100
Similac Sensitive RS 32oz.	103
Resource JFK	104
Vital Jr.	118
Kindercal TF w/Fiber	120
Pregestimil Powder	127
Similac PM 60/40 Powder	148
Enfamil AR 32oz. RTF	149
Resource JFK 1.5 w/Fiber	163
Pregestimil 20 RTF	164
Nutramigen 13 oz. Conc.	206
Alimentum Powder	234
Similac Neosure Powder	277
Enfacare 22 Powder	342
Enfamil AR Powder	349
Pediasure Enteral	356
Enfamil Premature 24 RTF	373
Elecare Powder	386
Pregestimil 24 RTF	401
Resource JFK 1.5	456
Pediasure w/Fiber	485
Bright Begin. Soy 8oz. RTF	658
Peptamen Jr.	729
Enfamil 24 RTF	748
Pediasure	843
Neocate Powder	970
Similac Neosure RTF	1,281
Similac Special Care 24 RTF	2,674
Enfacare 22 RTF	2,916

Total FY 2007 Purchases from State Office:

17,215

Complimentary Formula

Similac 13 oz. Concentrate

	Oct-Dec 06	Jan-Mar 07	Apr-Jun 07	Jul-Sep 07	Annual Totals
Area I	13	15	13	15	56
Area II	24	21	17	25	87
Area III	13	3	9	5	30
Area IV	11	6	7	9	33
Area V	15	20	11	17	63
Area VI	0	0	0	1	1
Area VII	2	0	0	0	2
Area VIII	15	11	10	14	50
Area IX	12	10	3	12	37
Area X	2	2	0	2	6
Area XI	0	0	0	0	0
Total	107	88	70	100	365

Isomil 13oz. Concentrate

	Oct-Dec 06	Jan-Mar 07	Apr-Jun 07	Jul-Sep 07	Annual Totals
Area I	0	0	4	1	5
Area II	0	2	1	1	4
Area III	0	0	2	5	7
Area IV	3	5	0	4	12
Area V	0	0	0	0	0
Area VI	0	0	0	0	0
Area VII	1	0	0	0	1
Area VIII	1	2	3	11	17
Area IX	6	6	4	7	23
Area X	2	1	1	2	6
Area XI	0	0	0	0	0
Total	13	16	15	31	75

Similac Sensitive 13 oz. Concentrate

	Oct-Dec 06	Jan-Mar 07	Apr-Jun 07	Jul-Sep 07	Annual Totals
Area I	0	0	0	0	0
Area II	0	0	0	0	0
Area III	0	0	0	0	0
Area IV	0	2	2	8	12
Area V	0	0	0	0	0
Area VI	0	0	0	0	0
Area VII	14	23	10	3	50
Area VIII	12	3	9	13	37
Area IX	0	0	0	3	3
Area X	0	2	2	1	5
Area XI	0	0	0	0	0
Total	26	30	23	28	107

Vendor Management



**The Smart Idea
for Better Health!**

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS, AND CHILDREN
from
THE ALABAMA DEPARTMENT OF
PUBLIC HEALTH

2007

VENDOR MANAGEMENT

The WIC Vendor Management Branch has maintained a manageable number of grocery vendors through qualification requirements, regular store monitorings, and effective compliance investigations. There were 808 stores participating as of September 2007.

There were 45 store owners who applied for participation in the WIC Program. Seventeen stores were disapproved.

During FY 2007, vendors received training through the vendor newsletter and other communications with vendors.

This branch has a computerized method for detecting vendors who have overcharged on food instrument redemptions. A refund is requested from vendors for the amount that was overcharged. In FY 2007, \$120,969 was collected from vendors due to price adjustments.

The Compliance Unit of Vendor Management has been very effective in the prevention and detection of fraud and abuse by vendors and participants. The unit has a method of detecting potential fraud or abuse through several computerized reports. Any individual reports of fraud are also investigated by this unit. In 2007 this unit made 114 undercover compliance buys at high risk stores. The Compliance Unit made 215 visits to stores for routine monitoring and inspection.

WIC participants are also investigated by the Compliance Unit when there are indicators of possible fraud or abuse. Thirty-four participants received sanction letters in FY 2007 and twenty-two participants received warning letters.

WIC VENDORS AND SALES BY COUNTY FY 2007
Annual Sales

<u>No. of Stores</u>	<u>County</u>	<u>WIC Sales</u>	<u>No. of Stores</u>	<u>County</u>	<u>WIC Sales</u>
6	Autauga	\$961,547	18	Houston	\$2,575,415
23	Baldwin	\$2,764,819	12	Jackson	\$1,047,177
7	Barbour	\$1,016,018	114	Jefferson	\$13,011,241
5	Bibb	\$514,221	5	Lamar	\$334,693
10	Blount	\$963,945	18	Lauderdale	\$1,949,386
2	Bullock	\$567,242	6	Lawrence	\$803,622
6	Butler	\$756,528	14	Lee	\$1,893,078
24	Calhoun	\$2,558,037	8	Limestone	\$1,291,216
6	Chambers	\$786,397	6	Lowndes	\$102,637
5	Cherokee	\$553,982	4	Macon	\$489,108
7	Chilton	\$960,750	35	Madison	\$4,503,894
5	Choctaw	\$365,034	8	Marengo	\$699,772
14	Clarke	\$898,852	8	Marion	\$768,417
3	Clay	\$347,008	14	Marshall	\$2,798,444
7	Cleburne	\$352,675	66	Mobile	\$10,053,027
6	Coffee	\$1,088,068	12	Monroe	\$674,809
9	Colbert	\$1,193,259	37	Montgomery	\$6,129,477
2	Conecuh	\$353,558	18	Morgan	\$3,025,341
2	Coosa	\$82,500	5	Perry	\$572,494
10	Covington	\$934,295	7	Pickens	\$607,420
6	Crenshaw	\$297,159	7	Pike	\$965,135
10	Cullman	\$1,703,187	6	Randolph	\$628,695
8	Dale	\$1,034,741	13	Russell	\$1,305,301
16	Dallas	\$2,140,005	17	St. Clair	\$1,659,995
12	DeKalb	\$2,139,681	26	Shelby	\$2,214,546
12	Elmore	\$1,278,674	6	Sumter	\$491,832
8	Escambia	\$1,210,159	12	Talladega	\$2,041,518
17	Etowah	\$2,705,456	6	Tallapoosa	\$919,794
5	Fayette	\$369,515	25	Tuscaloosa	\$3,389,097
7	Franklin	\$1,025,090	14	Walker	\$1,672,592
6	Geneva	\$598,707	7	Washington	\$309,243
3	Greene	\$397,304	10	Wilcox	\$550,864
5	Hale	\$493,635	8	Winston	\$723,217
4	Henry	\$369,428			

Training



**The Smart Idea
for Better Health!**

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS, AND CHILDREN
from
THE ALABAMA DEPARTMENT OF
PUBLIC HEALTH

2007

TRAINING

The WIC Training branch offered Comprehensive and Refresher training sessions/activities during 2007 to WIC employees throughout the state at the Eastbrook WIC Training Clinic. The sessions included training on certification, breastfeeding, nutrition education, food instrument issuance, WIC reports, outreach, civil rights, PHALCON, vendor management, abuse, notifications, and hands-on training in the clinic. Training sessions are scheduled throughout the year and special training is provided as requested by the Area Nutrition Directors either at the Training Clinic or in the local clinic.

The Eastbrook WIC Training Clinic has a caseload of approximately 700 participants. The Training Clinic staff provides WIC services to the participants as well as one-on-one training to the attendees of the Comprehensive WIC training.

The State office nutrition and nurse staff provided Value Enhanced Nutrition Assessment Training (VENA) to nutritionists and nurses throughout the state. Training sessions were held in each area and a make-up session was provided in the Eastbrook WIC Training Center. A total of 259 providers attended.

Additional training opportunities were made available to WIC staff statewide. Training included:

- UAB Pediatric Intensive Course (February)

- UAB Pediatric Conference (Satellite)

 - "Prevention Assessment and Treatment of Childhood Obesity: Recommendations from AMA Expert Committee on Childhood Obesity"

- Alabama Dietetic Association Annual Meeting (March)

Training is conducted on a continuous basis to make sure the staff is kept abreast of any changes in policies and procedures and for continuity of care.

Nutrition Management



2007

NUTRITION MANAGEMENT

The Nutrition Management Branch is responsible for ongoing evaluations of the certification criteria for the program. A partial list of nutritional risk criteria is below and is grouped by category.

ANTHROPOMETRIC

- Low weight for height
- High weight for height
- Short stature
- Inappropriate weight/growth patterns
- Low birth weight
- Other anthropometric

BIOCHEMICAL

- Hgb/HCT below standard
- Blood lead levels elevated

CLINICAL/HEALTH/MEDICAL

- Pregnancy induced conditions (toxemia, pre-eclampsia, pregnancy induced hypertension, gestational diabetes, excessive vomiting and nausea)
- Premature infant
- History of high risk pregnancy
- General obstetrical risks (multiple births, closely spaced pregnancy)
- Nutrition related risk conditions
- Substance abuse (drug, alcohol, tobacco)
- Medical conditions (cerebral palsy, fetal alcohol syndrome, cystic fibrosis, cancer, failure to thrive).

DIETARY

- Inadequate/inappropriate nutrient intake
- Other dietary risk

OTHER

- Risks unique to WIC, i.e., mother/infant dyad, transfer, regression.

The nutritional risk criteria were last revised October 1, 2005. The next required nutritional risk criteria revision is Revision 8 of the USDA Policy Memorandum 98-9 for Nutrition Risk Criteria which was implemented October 1, 2007, for FY2008.

The last food package review was completed in March 2004 for FY 2005-FY 2007. The next food package review was in Spring 2007 for implementation October 1, 2007. After this review, the food package will be reviewed every two years.

Recruiting for nutritionists in Public Health continues to be important. The WIC Program works with the UAB full-time and part-time internship program for nutritionists. This course work helps to

qualify the non-registered nutritionists to be eligible to become a registered dietitian. The full-time and part-time internship program has a Public Health nutrition rotation. Also, the WIC Program works with the University of Alabama and Oakwood College, in some areas as well as some out of state internship programs, to provide public health nutrition rotations for their nutrition students. The review of the Public Health Nutritionist series was completed in January 2006. Nutritionist positions were reclassified and salaries were upgraded. The WIC Program worked with Personnel to complete this reclassification. The changes made in salaries and position responsibilities will help with recruitment and retention of nutritionists in Public Health and provide a career ladder in Public Health nutrition.

In March 2006, USDA issued the Value Enhanced Nutrition Assessment (VENA) policy which requires a complete revision of the WIC Program's nutrition assessment procedures and counseling techniques. The VENA policy is a more participant centered approach to nutrition assessment and counseling and must be completely implemented by October 1, 2009. Development of the revised forms and procedures were completed in December 2006 and were piloted in three counties beginning in January 2007. Training was conducted in August and September 2007 in each public health area by state nutrition staff prior to implementation on October 1, 2007. A total of 259 nutritionists and nurses participated, statewide. Additional training will be provided as an on-going process to meet the VENA policy requirements and competencies.

Nutrition Education



2007

NUTRITION EDUCATION

A two year Nutrition Education Plan titled “Establishing and Maintaining Healthy Weights among WIC Women and Children in Alabama” was implemented in FY 2007 in all Public Health Areas (PHAs) and at the WIC Training Clinic. It targeted postpartum and breastfeeding participants as well as child participants in an effort to reduce the incidence of obesity among WIC participants. As part of the Plan, a Fit Families series of four new pamphlets was produced in English and Spanish for WIC staff to use in promoting physical activity and healthy eating. In addition, clinics distributed pedometers to breastfeeding and postpartum women and beach balls to children during the year to encourage physical activity. A nutritionist on the State Office staff reviewed progress reports on the Plan submitted by all of the PHAs and the WIC Training Clinic at mid-year and again at the end of FY 2007.

Five Fit WIC Teams were honored during an awards presentation at the October 2006 WIC Training Conference. The Fit WIC Teams were made up of WIC staff as well as other health department staff from 5 clinics. The purpose of the Fit WIC Teams was for team members to support one another as they strived to reach their personal fitness goals and become better role models for WIC participants. Although the Fit WIC Teams focused more on healthy behaviors than weight loss, four teams reported total pounds lost. Together these four teams - with a combined 53 members - lost 293 pounds!

The “Best Fit WIC Team” award went to the Madison County WIC Program. Clinic representatives were presented with a “Best Fit WIC Team” plaque and a check for \$1,000 to spend on nutrition education materials for their WIC clinic. The money came from MCH funds provided by the Director of the Bureau of Family Health Services.

Four counties used computer assisted nutrition education during FY 2007. Walker County continued to use a single machine software application that was purchased from Teletask, Inc. and has been used since FY 2004. Madison County continued to use touch screen computer kiosks that were purchased in FY 2004 along with five modules that were developed and tested by the Madison County staff between FY 2004 and FY 2007. In addition, Madison County transferred ownership of two kiosks loaded with these modules for use in two other counties during the year. They were Calhoun and Tuscaloosa counties.

A member of the State WIC staff represented WIC on the Alabama Obesity Task Force (AOTF) and served on the AOTF Physical Activity, Nutrition, and Community Subcommittee during FY 2007. The Task Force continued implementing its Strategic Plan for the Prevention and Control of Overweight and Obesity in Alabama that was published in the summer of 2005.

Those members of the Alabama Obesity Task Force representing USDA food assistance programs in Alabama - WIC, Child Nutrition Program, and Food Stamps - and the Alabama Cooperative Extension System implemented the FY 2007 State Nutrition Action Plan (SNAP) in October. The FY 2006 SNAP was evaluated in November. Some revisions were made to the evaluation and to the FY 2007 SNAP in February.

A statewide WIC Nutrition Education & Breastfeeding Promotion Workshop was held in Montgomery, Alabama on January 25-26, 2007. The first day of the workshop was devoted to Value Enhanced Nutrition Assessment (VENA) training on “Motivational Interviewing” by Bruce A. Berger, PhD. Dr. Berger is Head and Professor of Pharmacy Care Systems at Auburn University and a nationally renowned speaker/trainer on motivational interviewing.

Other workshop sessions were: “The Role of Breast Pumps in Preserving Breastfeeding: New Insights into Research and Technology” by Cindy M. Wagner, MS, RD, LD, IBCLC, “Recognizing and Dealing with Feeding Difficulties in Children” by Linda Jennings, MS, RD, LD, “Feeding Disorders of Infancy and Early Childhood (0-5 Years)” by Terry Woosley, OTR, MPH, and “Treating the Infant and Child with Failure to Thrive including Formula Modulation” by Sue C. Teske, MS, RD, LD, CNSD.

An information campaign involving all WIC clinics was conducted for National Nutrition Month (NNM) during March 2007. This year’s NNM theme was “100% Fad Free!” WIC nutritionists and nurses in each clinic received a NNM informational packet and promotional materials, including NNM activity sheets, coloring sheets, posters, banners, and stickers for use during the month.

A Fruits & Veggies – More Matters information campaign was held in WIC clinics throughout the month of September to celebrate National Fruits & Veggies – More Matters Month. The WIC staff in each clinic received three different brochures, bookmarks, five different posters, stickers, and a set of six reproducible coloring sheets to help them conduct the campaign.

A Formula Preparation DVD in Spanish was produced by WIC staff in Public Health Area 2 and distributed to WIC clinics statewide.

Breastfeeding



**The Smart Idea
for Better Health!**

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS, AND CHILDREN

from
THE ALABAMA DEPARTMENT OF
PUBLIC HEALTH

2007

BREASTFEEDING

The 2007 Alabama Breastfeeding Resource Guide was available on the Alabama Department of Public Health's website. Updates to the guide were made throughout the year as needed. The guide facilitates networking among healthcare professionals in public and private sectors.

The 2007 WIC Nutrition Education and Breastfeeding Promotion Workshop was held in Montgomery.

"Loving Support Through Peer Counseling" training conference was held in May 2007 in Montgomery, Alabama. WIC staff participated in the training to learn more about the Peer Counseling Program and to be able to assist with implementation and sustaining peer counseling programs. The training utilizes evidence based curriculum. Implementation at six more clinic sites planned for FY 2008.

Breastfeeding Awareness Month was promoted during the month of August. The theme was "Breastfeeding: The First Hour-Save One Million Babies". Packets of information were provided to the staff in each WIC clinic. Some of the information included, suggestions from NWA on how to promote breastfeeding in your clinic, community and health care settings, and suggested resources for breastfeeding information. Each clinic received picture frame key rings and baby burper cloths with breastfeeding messages to encourage and support breastfeeding mothers. Many clinics held special receptions for their prenatal and breastfeeding mothers. A letter with breastfeeding information was sent to each delivering hospital in Alabama.

During 2007, the Alabama Breastfeeding Committee focused on strategies to encourage, support and protect breastfeeding in Alabama. ABC implemented a Breastfeeding Friendly Workplace Recognition Program.

The Alabama Breastfeeding Coalition became the Alabama Lactation Consultant Association (ALCA). The mission of the association is to advance the profession of lactation consulting in Alabama through leadership, advocacy and professional development.

The WIC State Breastfeeding Coordinator assisted in coordinating and presented two sessions at the "Second Annual Supporting Breastfeeding in Your Community conference". The conference was held in Dothan and included WIC, hospital and physician office staff. The Breastfeeding Coordinator was one of the speakers at Baptist East Medical Center's Breastfeeding conference held in Montgomery. Additionally, the coordinator conducted a breastfeeding class for mothers at Early Head Start.