

Lead Screening and WIC: How We Help!

Brittany Klein, RD, CLC

May 14, 2015



Health and Wellness for all Arizonans

WIC's Role

- Federal Policy Memo 93-75
 - Implements requirements to assess for lead poisoning
- AZ WIC
 - Required to ask about lead testing
 - Incorporated into assessment to meet requirement

AZ WIC Policy

Chapter 2, Section M, Page 55

- The following referrals must be given to participants or their Authorized Representatives when appropriate:
 - SNAP (Food Stamps) (all)
 - Temporary Assistance for Needy Families (TANF) (all)
 - Medicaid (AHCCCS) Income Guidelines (all)
 - Child Support Enforcement (when parents of child WIC participant aren't together)
 - Immunizations (children)
 - Substance Abuse (all)
 - Folic Acid supplements and education (postpartum women)
 - **Lead Screening (women and children)**
- **Policy**
 - All authorized representatives of children participants will be asked if their child has received a lead screening from a health care provider and a referral made if no lead screening has been performed.

Universal Screening

- Infants and Children
 - 9 to 12 months of age
 - Again at ~24 months of age
 - All children 36-72 months of age who have not been previously screened should receive a lead screening using a blood lead test.

WIC Nutrition Assessment ABCDE



200's Biochemical = Blood Tests *(Anything related to blood- anemia, lead)*

- What has your doctor said about your/your child's iron and lead levels?
- What have you heard about anemia and lead screening?
- Have you or your child had a lead test before?

Refer and Document

07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 02 - MID-TOWN WIC (CLOSED)

Home Sys Admin Ops Mgmt **WIC Services** Scheduling Finance Vendor Program Integrity Reports Help

Income Cert Med Assess Care Plan Fd Pkg Appts Notes

WIC Codes Nutrition Discussion Referrals

Referrals [+ Add new record](#)

<input checked="" type="checkbox"/>	Date	Program	Organization	Address	Status		
<input checked="" type="checkbox"/>	05/05/2015	LOCAL AGENCY REFERRAL LIST					
<input checked="" type="checkbox"/>	05/05/2015	FOOD STAMPS (SNAP) SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM					
<input checked="" type="checkbox"/>	05/05/2015	TANF					
<input checked="" type="checkbox"/>	05/05/2015	NUTRITIONIST/RD			Referred		
<input checked="" type="checkbox"/>	05/05/2015	AHCCGS			Participating		
<input checked="" type="checkbox"/>	05/05/2015	LEAD SCREENING			Referred		