



What is a DUNS Number and Why Is It Important?

Rachelle Hazelton, Program Consultant

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In 2006, Congress passed the Federal Funding Accountability and Transparency Act (FFATA). The objective of this act is to promote open government by enhancing the federal government’s accountability for its stewardship of public resources, which will be assisted by making government information accessible to the public. The federal government’s Office of Management and Budget (OMB) adopted the use of DUNS numbers as a way to keep track of how federal grant money is awarded and dispersed.

What is a DUNS number? A DUNS number is issued from a company named Dun and Bradstreet. This company provides information about other companies and their credit, marketing and/or purchasing decisions among other things. DUNS stands for Data Universal Numbering System, which is a unique nine digit number that is used by businesses and the federal government to track more than 130 million businesses world-wide.

Why is a DUNS number important? State agencies must begin reporting specific information about themselves and their sub-grantees via the Federal Reporting system. Each sub-grantee must have a DUNS number in order to report their grant amount in the Federal Reporting system. These reporting requirements apply to awards of new grants and significant modifications to existing grants occurring on or after October 1, 2010.

Each County Health Department will need to have a DUNS number. If the County does not already have a DUNS number they will need to register their County Health Department for one as soon as possible by registering through Dun and Bradstreet’s website at <https://eupdate.dnb.com/requestoptions.asp> . Once the County has acquired a DUNS number, they should contact the State WIC office and inform them of their new DUNS number.



Kansas Breastfeeding—Now's the Time for Success

Martha Hagen, MS, RD, LD, IBCLC

Every ten years the United States sets health objectives to be met over that ten year time span. Improving the initiation and duration of breastfeeding are included in these objectives. The 2010 Healthy People objectives for breastfeeding were to increase the proportion of mothers who breastfeed their infants to:

- 75 percent for early postpartum
- 50 percent at 6 months
- 25 percent at 12 months
- 40 percent exclusively for 3 months
- 17 percent exclusively for 6 months.

The 2020 Healthy People Objectives were recently established to increase the proportion of infants who are breastfed to:

- Ever breastfed to 81.9 percent
- At six months to 60.6 percent
- At one year to 43.1 percent
- Exclusively for 3 months to 46.2 percent
- Exclusively for 6 months to 25.5 percent.



Breastfeeding, especially exclusive breastfeeding to six months, improves the health of infants and mothers. Health care costs are reduced through fewer doctor's visits for ill infants, fewer hospitalizations, less prescription medications and decreased chronic disease in the child and mother. Diseases reduced in the child are: ear infections, diarrhea, respiratory illnesses, diabetes, many cancers, obesity and heart disease. Diseases reduced in the breastfeeding woman are: uterine and ovarian cancer, diabetes, obesity, osteoporosis, heart disease and post partum depression. Breastfeeding can reduce infant mortality in the U.S. with decreased deaths from disease and Sudden Infant Death Syndrome.

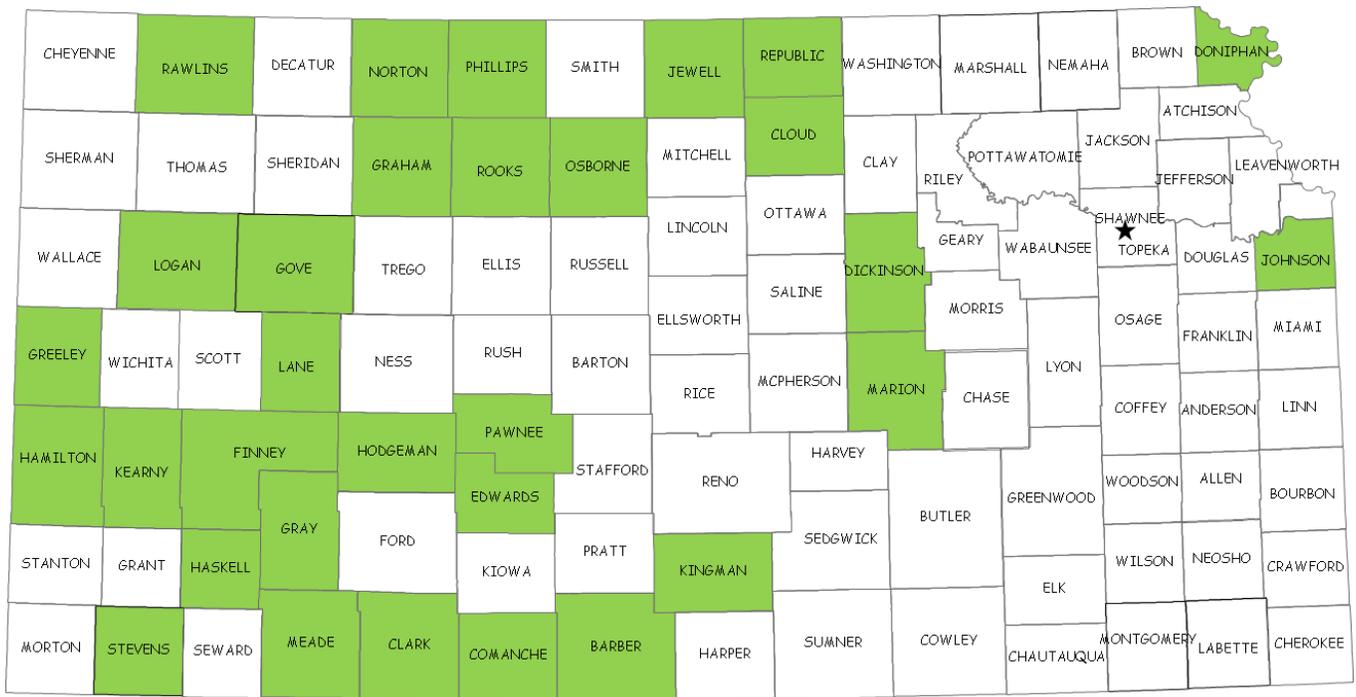
Kansas birth certificate data, looking at all Kansas births, shows that Kansas met the Healthy People 2010 initiation goal in 2005 and initiation rates have continued to slowly increase to a 78 percent initiation rate in 2009. Several Kansas WIC clinics also met this goal in 2010. The Kansas WIC Program recently sent out certificates of accomplishment congratulating WIC clinics that had a 75 percent initiation rate for calendar year 2010. Congratulations to the following counties: Rawlins, Norton, Phillips, Jewell, Republic, Doniphan, Graham, Rooks, Osborne, Cloud, Logan, Gove, Dickinson, Johnson, Greeley, Lane, Marion, Hamilton, Kearny, Finney, Hodgeman, Pawnee, Haskell, Gray, Edwards, Kingman, Stevens, Meade, Clark, Comanche and Barber. The state map shows Kansas counties and those with initiation rates of 75 percent or more in 2010.

Kansas has not been as successful for continued breastfeeding and exclusive breastfeeding rates. To improve exclusive breastfeeding and the duration of breastfeeding, Kansas needs to improve maternity care practices, provide education and support pre and post delivery to mothers and improve lactation support in the workplace.

(Continued on Page 3)

Kansas Breastfeeding—Now's the Time for Success, continued

Regina Benjamin, M.D., M.B.A., the U.S. Surgeon General, recently released “The Surgeon General’s Call to Action to Support Breastfeeding.” This document includes a call to action of twenty steps to support breastfeeding and can be viewed at: <http://www.surgeongeneral.gov/topics/breastfeeding/index.html>. The health, economic and environmental positive effects of breastfeeding are potentially huge. The time is now to support a mother’s intention to breastfeed. For more information about how to help Kansas families reach their breast feeding goal contact Martha Hagen at mhagen@kdheks.gov.



Legend: Green =>75% BF initiation rate in 2010

Preventing Dual Participation

Pamela Combes, BSE, CBE

The State Agency (SA) is responsible for preventing and identifying dual participation between Local WIC Agencies (LA) and CSFP (Commodity Supplemental Food Program) Agencies under the State's jurisdiction. The SA is also responsible for preventing and identifying dual participation with Kansas WIC and WIC in bordering states.

Dual participation is considered fraudulent when the SA or LA determines that a client has intentionally enrolled more than once in one program or has enrolled in two programs and has simultaneously accepted benefits from both enrollments.

Updated procedures for identifying, preventing and eliminating dual participation in the Kansas WIC and CSFP have been established. Data files for all active women, infant and child participants from both programs are analyzed by the Kansas State WIC Agency on a set schedule. Procedures between bordering states also occur on a set schedule throughout the year. In the event that dual participation is suspected, follow-up action will be initiated by the SA. Any LA with potential dual participants will be contacted and will work with the SA to resolve the issue.

Local Agencies will continue to monitor any suspected WIC dual participants within Local Kansas WIC Programs. Each LA is responsible for running the Potential Dual Participation report that is available in the report section of Client Services in KWIC, on a monthly basis. Refer to Policy: PRI 02.01.00 for more information.

Websites of Interest

Pat Dunavan, MS, RD, LD, CBE

www.eatbetterearly.com This website was developed by General Mills especially for WIC families. It highlights a variety of recipes using low cost ingredients listed by category (breakfast, lunch, dinner, snacks, etc.). There are also a variety of nutrition resources in English and Spanish. Information on MyPyramid, Cooking Tips, Nutrition Tips and Helpful links are included.

<http://www.eatright.org/nnm/> March is National Nutrition Month. This year's theme is "Eat Right with Color". Check out the ideas for activities with a family focus, downloadable handouts in English and Spanish and much more. Coordinate your celebration with the Eat a Rainbow materials sent to WIC agencies in 2009 and you will be ready to encourage your WIC families to Eat Right with Color.



Meet Wendy Froggatte, RN

Wendy Froggatte is the newest edition to the WIC State Staff. Wendy began the latter part of January and here is some more information about Wendy, in her own words.

Hello to the Nutrition and WIC world. My name is Wendy Froggatte, and I am your new Breastfeeding Peer Counselor Coordinator. I am so pleased to be here in this role working side by side with some fantastic people for an agency that offers practical nutrition education and support for our WIC families and communities throughout Kansas.

I will tell you a little about myself and why I am so excited to be here. Firstly, I have been married for 13 years to my hero and best friend who has supported me without question through all of my endeavors great and small. I am a mother of four children ranging in ages from 19 to 9 years old, the 1st two are my bonus babies, and the last two my husband and I had together.



My passion for my work started with the delivery of my daughter, which being quite traumatic encouraged a desire for me to learn more about the obstetrics world so I become an OB RN. I have worked as a nurse in this field since I graduated from nursing school in 2005 and it remains something very dear to my heart, (so much so that on occasion I still work a shift to get my fix).

In an attempt to become more accessible to my children I left the night scene at the hospital and found a position as a public health nurse in my local health department. Then and there my eyes were opened to a field that gave me wings, and chartered the initiation of something that today I still find myself surprised that I'm actually being paid to do. When things just couldn't get any better, they did. Upon learning that I was accepted for this role I was overjoyed to have the opportunity to pour myself into something so solid and truly fundamental to the well being and homeostasis of humanity; breastfeeding. Not only breastfeeding, but working with the peers of all breastfeeding mothers, encouraging a support system that enables the success and continuation of the precious and life sustaining gift of a mother's milk. This role also comes with a voice, one that I can exercise to empower a much needed movement towards things like "baby friendly hospitals", and "the business case for breastfeeding" and many other exciting plateaus that with enough support and science will become successful, and thus change the overall forecast for humanity's health and well being for all generations to come. Who could have ever thought something as simple as breastfeeding could be so powerful? Sometimes basic is beautiful. My job now is just getting infant nutrition back to that. Awesome right!

It is my absolute pleasure to be here for you to answer any questions, to just chat with, or for whatever the need may be. I look forward to it, whatever it is.

Blessings, Wendy K. Froggatte, RN
wfroggatte@kdheks.gov
785-296-0949

How Does Your Clinic Measure Up?

Patrice Thomsen, MS, RD, LD, CBE

Here are some common observations from Management Evaluations. Read them and see how your clinic measures up.

Secondary Nutrition Education for High Risk Infants

Observation: A high risk infant was provided a low risk nutrition appointment at nine months. The Flow Sheet plan was for an RD visit at three months and NE+ at nine months. The infant's high risk was low birth weight.

Correct Procedure: High risk nutrition education must also be provided after the midcertification for infants and breastfeeding women certified for longer than six months. (If the high risk condition has been resolved, the nutrition education after the midcertification may be low risk.)

Question: What risk might that be? How should that be documented?

Answer: The high risk conditions of Breastfeeding Complications and Underweight are examples that are often resolved within a short time. Here is an example.

At Certification, newborn Baby Kate was assigned risk factors of "Infant Born to a WIC-Eligible Woman" and "Underweight" at the initial certification. "Underweight" makes the infant High Risk. The nurse created a Flow Sheet with this plan: RD visit at three months, MC at six months, RD at nine months, and RC at twelve months.

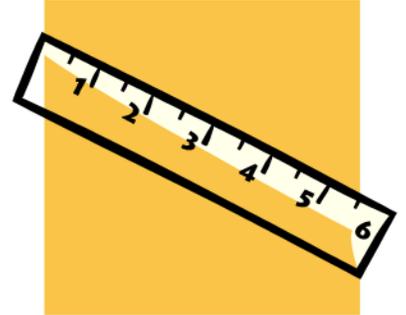
When Baby Kate had her RD visit at three months, she had gained weight and her BMI was above the underweight cut-off. The dietitian included in her notes, "Underweight resolved – will have NE+ at nine months" and changed the Flow Sheet. However, the dietitian does **not** take away the risk factor on the risk tab.

If Baby Kate had missed her three-month RD visit, the same change could be done by the RN or RD doing the Midcertification appointment.

Notice this same policy applies to breastfeeding women certified for longer than six months.

Policy: NED 02.03.00 Nutrition Education Contact – Second, High Risk

http://www.kansaswic.org/manual/NED_02_03_00_Nutrition_Education_Contact_Second_High_Risk.pdf



Early Introduction of Solid Foods May Be Linked to Later Obesity

Pat Dunavan, MS, RD, LD, CBE



A new study, published in the February issue of *Pediatrics* indicates that early introduction of solid foods among formula-fed infants seems to be linked to obesity by the time the child is preschool age. Dr Susanna Huh and colleagues tracked 850 infants and their mothers over three years. When the babies were six months old, researchers asked the mother whether they had breastfed, and if so, how long, and when they started feeding their infants solid foods. Infants were categorized as (breastfed) breastfed for at least four months, or (formula-fed) never breastfed or breastfed for less than four months. In the first four months, 67 percent of the infants were breastfed and 32 percent were formula-fed.

When the children reached three years of age, the researchers measured their height, weight and determined their BMI. Those with BMI values above the 95th percentile were identified as obese. Nine percent of the children in the study at age three were identified as obese.

The study found that among infants who were breastfed for at least four months, the age that they first received solid foods—before four months, at four-five months or at six months or later, had no effect on whether they were obese at three years of age. Breastfed infants in the study had a one in fourteen chance of being obese as preschoolers.

However, the study found that among infants who were formula-fed from birth or who stopped breastfeeding before four months, the results were significantly different. In these infants, there was a one in four chance of being obese at age three if they started solid foods before four months old. If parents waited until four-five months of age to add solids, the obesity chance was one in twenty. The study concluded that formula feeding combined with early introduction of solid foods led to the greatest risk of obesity in preschool children.

Spring Cleaning

Brad Iams, Vendor Manager

It is hard to believe but spring is right around the corner and as winter comes to an end and everyone is thawing out, it is a good time to get a jump-start on some spring cleaning around the office. As part of a management evaluation I encourage Local Agency staff to discard documents that are older than four years. The Record Retention policy in the Policy and Procedure Manual (PPM) states that all supporting documentation and records shall be retained for four (4) years (current Federal Fiscal Year plus prior three Federal Fiscal Years).

The only exception is for Voter Declination forms, which only have to be retained for two (2) calendar years. This means that any records older than October 1, 2007 can be discarded, and any Voter Declination forms older than January 1, 2009 can also be discarded. It is important to remember that any documentation containing confidential WIC client information must be shredded. This includes the Voter Declination forms. Take some time this spring to clean out the storage room and get rid of the boxes and boxes of old records that are collecting dust and taking up space. After that task is done you can start on your own desk, because if it looks anything like mine it could use some attention too. Here's to spring cleaning and hopefully some warmer weather!



Defining Lactation Acuity to Improve Patient Safety and Outcomes

Robin Rziha, RN, CBE at Pawnee County Health Department

This is Robin's report regarding a CERP activity she recently completed in preparation for sitting for the IBCLC certification examination.

In preparation for sending in the registration to sit for the 2011 IBLCE Certification Exam for Lactation Consultants, I realized that I needed 4 1/2 additional hours of lactation-specific education to meet the requirement of 45 hours that is necessary for Pathway 1 eligibility. Most of the continuing education programs I have attended over the past five years have been lactation related so I didn't think there would be an issue with being short on hours. In Kansas there are not a lot of offerings that do include CERPs for CE programs and obtaining CERPs through internet based modules can be very expensive, \$30 per credit hour!



Starting in 2012 the eligibility requirements for lactation specific education for the IBLCE Certification Exam for Lactation Consultants will increase significantly to at least 90 hours. This change will likely be a barrier for many who are thinking about applying for the exam. Hopefully we will see more programs being offered to earn CERPs in Kansas.

One of the five module tracks that I participated in by internet on the ILCA website was "Defining Lactation Acuity to Improve Patient Safety and Outcomes" presented by Rebecca Mannel, BS, IBCLC, FILCA from Oklahoma University Medical Center. Rebecca Mannel presented the research developed by the Lactation Consultant Workgroup for HCA Healthcare in the United States.

Patient acuity is often used as part of a patient classification system to help determine staffing needs and acceptable workloads in healthcare settings and is an important determinant of patient safety and outcomes. Substantial research has been done to identify risk factors associated with premature weaning from breastfeeding, but no attempt has been made to develop definitions of patient acuity in the lactation field. Developing an evidence-based definition of lactation acuity will help to standardize terminology and ultimately improve breastfeeding initiation and duration rates.

The proposed lactation acuity definition for this project relates increasing maternal/infant acuity to risk of poor breastfeeding outcomes. Thus as the lactation acuity level increases for a mother/baby couplet, the risk of premature weaning also increases. The acuity levels can help determine the level of skilled support required to provide optimal breastfeeding care to mothers and babies in the hospital setting. Multiple risk factors and/or hospital practices can increase acuity. Higher acuity patients require practitioners with greater knowledge and skills in lactation support and justify referral to an IBCLC.

I thought this learning module was interesting and it became obvious to me how breastfeeding problems could be avoided or overcome much more easily starting in the hospital setting if there were a standardized lactation acuity. This would discourage use of supplements because acuity level increases with supplement use. Hospitals would not be allowed to discharge babies from the hospital when nursing isn't going well and would be forced to make community referral for lactation follow-up after discharge a priority. Lactation acuity could also be used in the out-patient setting such as the WIC Clinic and would encourage continuity of care.

Tips for Talking to Clients About Breastfeeding

Alice H. Jantzen, RN, CBE, Harvey County WIC Program

Alice attended Certified Breastfeeding Educator training in Lawton, Oklahoma and shared the following.

What I gained in these three days will definitely assist me in promoting and advising women about breastfeeding. One thing I am paying attention to is suggested ways of talking to the client about breastfeeding issues.

- "Some moms have found.... or recent research shows that" works better than "You should or you should not....."
- "Dan is showing these signs of hunger, now would be a good time to breast-feed" instead of saying "Do you want to try (implies possible failure) breastfeeding?"
- Complement the mother on everything that she does well.
 - "The position you are using is great. Look how you can see one eye, one arm and one leg."
 - "Your baby opened his mouth well for that latch."
 - "You can hear your baby swallowing, that's a great way to know your baby is getting milk."
 - "Look at how your baby seems to be enjoying this."



When talking to pregnant women don't ask if they have decided whether to breastfeed or use the bottle. Instead of putting them on the spot, ask if they know someone who enjoyed nursing. Ask if they have any questions about nursing. (What do they most want to learn?) Talking to women several times in small doses about lactation is better than telling them everything you know in one long session.



Nutrition and WIC Services

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WWW.KANSASWIC.ORG

Growing healthy Kansas families

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Our Vision: Healthy Kansans living in safe and sustainable environments

Local Agency News

We welcome these new WIC employees:

Brown County, Melanie Mears, RN

Geary County, Tracy Sabo, RD

Graham County, Michelle Billips, RN

Leavenworth County, Kelly Matz, RD

Miami County, Pam Ammerman, Clerk

Sedgwick County, Amanda Linehan, RD

Sedgwick County, Cara Williams, RD

Shawnee County, Ana Martinez, Clerk

Shawnee County, Michelle Perez, Clerk

Sheridan County, Kerri Schippers, RN

Woodson County, Gayle Green, Clerk

Wyandotte County, Alisa Funk, RD

Congratulations to: Rebecca Richardson Potvin, RD, Ft. Riley, on her recent marriage

Congratulations to: Aarynne Struble, RD, on receiving her RD credential

We say goodbye to these WIC friends:

Leavenworth County, Karen Savage, RD

Miami County, Rhonda Powers, Clerk

Russell County, Kayla Schneider, Clerk

Sedgwick County, Emilee Foote, RD

Sedgwick County, Tammi Linnebur, RD

Woodson County, Carol Lyon, Clerk