I attended the 2012 NWA Nutrition and Breastfeeding conference and this is a review of a presentation by Zonya Foco, RD.

High-energy Zonya shared tips from the extensive speakers’ training she has received. She also demonstrated these tips throughout her lecture so the audience could comprehend their effectiveness.

1) She recommends getting clients’ attention in the first 30 seconds or less. One way of doing this might be to play a high-energy game to start the session. Tell them you have three questions for them and they need to answer ‘true’ or ‘false’ to each. You might have a prepared list of questions and choose which to use based on the dietary questionnaire, hemoglobin, or anthropometric measures, such as 1) You should avoid giving peanut butter to a one-year old, 2) A good source of iron is beef, or 3) You should start feeding solids at 3 months. People remember things when they have to come up with answers. At the end you might ask them what they learned from the T/F questions.

2) Another important teaching tool is personal stories. Tell them things that have worked in your family in the past—or with other clients you have seen. Zonya shared numerous stories about how she gets her son to eat healthy. One rule in their house is that all snacks must include either a fruit or a vegetable.

(Continued on Page 2)
Making Nutrition Inspirational, Fun & Exciting Across All Generations, continued

2) **Startling statements or statistics** are also effective tools for teaching. An example might be from a recent study published in the popular press: Did you know that approximately 2500 mouth or teeth injuries happen each year to toddlers who walk around with sippy cups, pacifiers, or bottles?

3) **Eye-popping visuals** are the last tool mentioned. Zonya demonstrated how much fat one could eliminate from the diet in a year by quitting the habit of eating a double quarter pounder with cheese and large fries every week. There are 67 grams, or 17 teaspoons of fat in this. She multiplied this by 52 weeks to get 18 cups of fat which could be eliminated by skipping this meal weekly for a year. She piled 18 cups of shortening in a large plastic container and showed it to the crowd. A visual such as this could be used with our clients.

It is always motivating to hear speakers such as Zonya. I have put some of these ideas into practice already. I appreciated the opportunity to get away and participate in this conference!

**Congratulations IBCLC’s !!!!!!!!!!!!!!!**
Martha Hagen, MS, RD, LD, IBCLC

The International Board Certified Lactation Consultant (IBCLC) credential identifies a knowledgeable and experienced member of the maternal-child health team who has specialized skills in breastfeeding management and care. The IBLCE certification program offers the only credential in lactation consulting and is available globally.

IBCLCs have passed a rigorous examination offered one time per year that demonstrates the ability to provide competent, comprehensive lactation and breastfeeding care. Attainment of the IBCLC credential signifies that the practitioner has demonstrated competence to:

- work together with mothers to prevent and solve breastfeeding problems
- collaborate with other members of the health care team to provide comprehensive care that supports, protects and promotes breastfeeding
- encourage a social environment that supports breastfeeding families
- educate families, health professionals and policy makers about the far-reaching and long-lasting value of breastfeeding as a global public health imperative.

The Kansas WIC Program supports state and local WIC staff in becoming IBCLC’s and wishes to congratulate the following staff on obtaining this status:

Jennifer Cauble – Johnson County
Wendy Cluskey—formerly with Wyandotte County
Here are some common observations from Management Evaluations. Read them and see how your clinic measures up.

**Proof of Identity**

*Observation:* “Personal Knowledge” used as proof of identify at the initial certification.

*Correct Procedure:* CFT 04.00.00 *Proof of Identity* specifies that “Personal Knowledge” can be used as proof at subsequent certifications but not for a client’s initial certification. The policy lists multiple acceptable options.

**Proof of Income**

*Observation:* There is some confusion about what income should or should not be counted as income. Following are some common problem sources we’ve seen recently.

*Correct Procedure:* Exclude SNAP benefits (aka Food Stamps) and, generally, financial aid. See CRT 06.01.02 *Income Exclusions when Determining Eligibility* for details and other exclusions. On the other hand, Temporary Aid to Families (aka Cash Assistance) should be included in determining income. See CRT 06.02.01 *Determining Household Income* for details.

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**Plan Ahead—March is National Nutrition Month®**

March is National Nutrition Month® – a time to showcase the importance of good nutrition for lifelong health benefits. The theme for 2013 is “Eat Right, Your Way, Every Day.” You can find tip sheets, games and puzzles to help promote your event at: [http://www.eatright.org/nnm/content.aspx?id=5342](http://www.eatright.org/nnm/content.aspx?id=5342).

LA staff can also emphasize the importance of practicing healthy eating habits by being role models for WIC clients.

Convince WIC parents of the importance of being healthy role models for their children. Children tend to do what we do, not what we tell them to do!
The National WIC Association (NWA) Local Agency Section is now ready to start our new committees. Five different committees have been established. These committees are: Nutrition Education, Breastfeeding, Client Service, Administrative and Outreach. Applications are available on the NWA website under the Community tab, Join a Committee. Be sure to be logged in as a member so the downloadable application form is available. At this time, two people will represent each USDA region, one for a 1 year term, and the other for a 2 year term. After that, all committee members will serve a 2 year term. The committee descriptions and tasks are not available online yet, but should be soon. Please contact me if interested and I’ll be glad to share the information during the interim. nsanchez@wycokck.org It would be great to have a Kansas representative on one of the committees! As long as your agency is a NWA member, any WIC staff person can be involved. It does not have to be the Coordinator. Everything will be done by conference calls.

The NWA mission/vision statements have been revised. The new mission statement is: The National WIC Association, NWA, inspires and empowers the WIC community to advocate for and promote quality nutrition services for all eligible mothers and young children and assure effective management of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The new vision statement is: A nation of healthier women, children and their families.

We continue to have discussions with USDA and FNS concerning funding and also with the Academy of Nutrition and Dietetics and their desire to change the credentialing process to make entry level positions require a master’s degree. Discussions with all three agencies/organizations will be held at this week’s Board of Director’s meeting.

Kids Cook Mondays
Adapted from information on the Healthy Kids Challenge website

Letting kids help fix a meal can be a fun family activity. It can teach responsibility, balanced eating and basic cooking skills. The Kids Cook Mondays initiative encourages families to set aside the first night of every week for cooking and eating together as a family. Challenge families to create healthy meals together by sharing the resources and suggestions below.

Kids Cook Mondays web site - Offers a helpful toolkit, downloadable posters, kitchen safety advice and age appropriate recipes.

Have parents try these tips to get started!
Choose a simple dinner meal... 3 or 4 dishes at the most. Use www.Choosemyplate.gov to assist with balanced menu choices. For example, tacos with corn tortillas and ground hamburger, topped with shredded low fat cheese, chopped lettuce and tomatoes; a side of cooked corn and fruit salad make a healthy plate!

Develop a grocery list for the needed meal ingredients and include the kids when shopping.

Assign age appropriate tasks for each child when cooking (see Kids Cook Mondays).
Kansas Statewide Farmworker Health Program—WIC Referral Source
Kendra Baldridge, KSFHP Lead Case Manager

LAs need to be aware of services that may be helpful for their WIC clients. One service that LAs may not be familiar with is the Kansas Statewide Farmworker Health Program. The lead case manager of this program shares the following information to help all Kansas WIC LAs know more about this important resource. This may be a program to add to your LA resource list.

The Kansas Statewide Farmworker Health Program (KSFHP) is a health assistance program that assists migrant and seasonal farmworkers in Kansas access primary care, dental services, and pharmacy. It serves approximately 5,000 farmworkers and their dependents each year. KSFHP case managers and health promoters, located throughout the state, work to educate the farmworker population in Kansas on health care needs and resources. The program divides the state into three regions. Each region has one or two case managers that oversee the area. For more information about the program, including contact information, check out the website at www.ksfhp.org, access the facebook page at www.facebook.com/ksfhp, or call 785-296-6028.

New School Meals Are Important for Children’s Health
From an article by Thomas K. McInerny, M.D., president, American Academy of Pediatrics

Our children eat at least half of their daily calories at school. School meals can play an important role in introducing children to healthy food options, encouraging children to make healthier food choices and ensuring proper portion sizes. In 2010, a federal law called the 2010 Healthy, Hunger-free Kids Act set new school meals standards, and children are now seeing more fruits, vegetables, and whole grains on their cafeteria trays. Meals also include more low-fat and nonfat dairy products, and less fat and sodium. And portion sizes are based on age groups in elementary, middle and high school.

Pediatricians support the new standards and portion sizes because they are grounded in science and help provide healthy food options for our children when they are away from home. Across the United States, more than 23 million children and adolescents—one in three—are obese or overweight, and the numbers are growing. Excess weight harms the physical health of children and teenagers as well as their growth and potential. Pediatricians are now seeing toddlers who weigh as much as 5-year-olds, and are diagnosing preschool aged children with obesity-related diabetes and liver disease. The lifelong effects of overweight and obesity can be prevented by changes in diet and promotion of healthy activity. Changing the way children eat in schools is an important step.

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New School Meals Are Important for Children’s Health, continued

While some recently have expressed concern over the new restrictions on calories, the portion sizes and calorie ranges are in fact substantial, appropriate and essential to promoting healthy weight and address the crisis of obesity. School meals programs have had the same nutrition standards since 1946, enacted during the Truman Administration. These new changes are simply making the standards healthier by incorporating the latest knowledge about children’s health and nutrition. In schools around the country, high school students are being served lunches that are around 850 calories or less. One sample menu from Ohio shows us that 850 calories translates to pepperoni pizza, a side salad with low-fat dressing, seasoned vegetables, a fresh pear, low-fat milk and cherry cobbler for dessert. A lunch option in Kansas includes spaghetti with meat sauce, garlic bread, garden salad, seasoned peas, two fruit servings and milk. Anyone would tell you that is a lot of food!

Schools and parents also have some flexibility so that highly active students, such as athletes who may need more calories beyond the school meals, have the ability to receive additional nutrients. Schools can structure after-school snack and dinner programs to include the requirements of athletes or children with other special needs. Parents can supplement with an additional snack or two from home. While it is certainly important to ensure that all active children are receiving enough calories, the unique needs of a few students should not prevent the rest from eating healthy, well-balanced meals while in school.

Reversing the childhood obesity epidemic will require a long-term, sustained commitment to solving the problem from multiple sources—parents, health professionals and government. We need to restore opportunities for physical activity, reduce screen time, build healthy habits early on, and enlist entire families and communities in maintaining kids’ health. However, improving the quality of meals served in school is a significant and needed component of this strategy, and one we cannot do without. While students may need some time to adjust to these healthier options, pediatricians know that the new national school meal standards are needed and will go a long way in tackling this crisis. We owe it to our children to provide them with healthy options and to work together to solve this problem.
I would like to share some information with you to encourage any breastfeeding mother. One way to help is making nursing covers so moms can go anywhere they are comfortable and still be able to nurse their baby. First we found a nursing cover that is simple to make. The website is listed below for you to use also. I went to local businesses and asked for donations of fabric. The local quilt shop donated $500.00 worth of fabric. We bought the “D” rings and the ribbon with another $500 we had received as a general breastfeeding donation from a local business. The “D” rings are a little expensive with the amount we wanted to make. Instructions state each cover needs 2 “D” rings, but we made them with only one to cut cost. You just tie it like a shoe.

We found volunteers by asking the people I knew that like to sew. If you don’t know anyone who likes to sew, you can call your Department of Aging. Older people love to help with crafts like this. We make these covers for our new breastfeeding mothers. They get to choose either a nursing cover, a Green Baby Bounty Bag, or an infant t-shirt. On the inside bottom corner of the nursing covers we used iron-on transfer paper and put a small label with my contact information, as the Breastfeeding Peer Counselor.

(You may have to copy and paste into your browser window.)
Dr. Saint Nick’s SEA of Real Change

Trish Hight, RD, LD, Miami County WIC Coordinator

Nick Yphantides (or Dr. Saint Nick, as his clients call him) was the closing speaker for the 2012 National WIC conference in Denver, Colorado. Saint Nick is a real saint, in my estimation. He stepped down from his medical director position and his clinical practice as a physician for one year to pursue a dream. His dream was to lose weight. At 487 pounds, Nick Yphantides was not the physical man he wanted to be. He was not the specimen that he wanted to represent to his clients. His goal was to lose 220 pounds over an eight-month sabbatical.

He mortgaged his house and traveled across the United States in a Chevy van, which he called the USS Spirit of Reduction van. Nick enjoyed baseball and bought tickets to attend baseball games at stadiums across America during his journey. His goal was to journey through each state in America.

The night before Thanksgiving he returned to his parents’ home. His mother hardly recognized her own son in his transformed physical body. His journey was a success. He was now in a body that could provide him with good health for the rest of his life. It now has been 11 years and he still looks like a new man from the “before” pictures.

Nick is a man of character. He works in Escondido County, California, never taking an insured patient and serving the poor. His emphasis for good health includes encouragement to not lose sight of your dream, keep active, and serve others.

He could not say enough about how the WIC program is the only preventive medicine program in all of the United States. He urged us to continue to help the WIC community learn lifetime-long habits of good eating and lifetime goals of physical activity.

He believes success results from:
- Support,
- Encouragement, and
- Accountability.

He called it the SEA of real and lasting change.

(Note: If you’d like more information, Nick Yphantides has authored a book called My Big Fat Greek Diet and currently hosts a free on-line weight loss program called HealthSteward.com.)
Sprouts: What You Should Know
From www.Foodsafety.gov

Do sprouts carry a risk of illness? Like any fresh produce that is consumed raw or lightly cooked, sprouts carry a risk of foodborne illness. Unlike other fresh produce, seeds and beans need warm and humid conditions to sprout and grow. These conditions are also ideal for the growth of bacteria, including Salmonella, Listeria, and E. coli.

Have sprouts been associated with outbreaks of foodborne illness? Since 1996, there have been at least 30 reported outbreaks of foodborne illness associated with different types of raw and lightly cooked sprouts. Most of these outbreaks were caused by Salmonella and E. coli.

What is the source of the bacteria? In outbreaks associated with sprouts, the seed is typically the source of the bacteria. There are a number of approved techniques to kill harmful bacteria that may be present on seeds and even tests for seeds during sprouting. But, no treatment is guaranteed to eliminate all harmful bacteria.

Are homegrown sprouts safer? Not necessarily. If just a few harmful bacteria are present in or on the seed, the bacteria can grow to high levels during sprouting, even under sanitary conditions at home.

What can industry do to enhance the safety of sprouts? In 1999, the FDA provided the sprout industry with guidance on reducing the risk of contamination of sprouts by harmful bacteria. The FDA and other Federal and state agencies continue to work with industry on detecting and reducing contamination and keeping contaminated sprouts out of the marketplace.

What can consumers do to reduce the risk of illness?
- Children, the elderly, pregnant women, and persons with weakened immune systems should avoid eating raw sprouts of any kind (including alfalfa, clover, radish, and mung bean sprouts).
- Cook sprouts thoroughly to reduce the risk of illness. Cooking kills the harmful bacteria.
- Request that raw sprouts not be added to your food. If you purchase a sandwich or salad at a restaurant or delicatessen, check to make sure that raw sprouts have not been added.

The following link provides some information on food safety during pregnancy:
Safe Eats: Fruits, Veggies, and Juices (FDA)  Includes warnings about sprouts.
Local Agency News

We welcome these new WIC employees:

Atchison County, Beth Brown, Clerk
Cloud County, Dana Alkire, Clerk
Cowley County, Josephine Tijerina, Clerk
Harvey County, Sara Dick, RN
Jackson County, Karen Wellman, RD
Jackson County, Kris Kesel, BFPC
Leavenworth County, Ashley Bach, Clerk
Leavenworth County, Vicki Valencia, BFPC

Reno County, Carolyn Ardolino, Clerk
Sedgwick County, Cintia Yaret Baez, Clerk
Sedgwick County, Rebekah Mentor, RD
Shawnee County, Milza Hernandez, Clerk
SWKS WIC, Viviana Mayalca, Clerk
Sumner County, Vanessa Irey, Clerk
Trego County, Denise Woodworth, RN

Congratulations to:

Donna Thomas, RN, Linn County, on her retirement
Virginia Soukup, RD, Saline County, on the birth of her daughter

We say goodbye to these WIC friends:

Atchison County, Karen Compton, Clerk
Butler County, Debra Barber, RN
Cowley County, Carolyn Hale, Clerk
Cowley County, Melissa Shaw, Clerk
Crawford County, Madison Wood, BFPC
Ft. Riley, Paradise Thompson, Clerk

Leavenworth County, Charity McDaniel, Clerk
Sedgwick County, Vanessa Leos, Clerk
Sedgwick County, Kaitlyn Starns, RD
SEK, Anderson County, Janice Steedley, Clerk
Wyandotte County, Blakely Page, RD

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