



Funding Problems Resolved-This Year

David Thomason, WIC Director

Inside this issue:

| | |
|--------------------------------------------------------|---|
| <i>Kansas Information for Communities</i> | 2 |
| <i>Training for Local Vendor Managers Has Arrived!</i> | 3 |
| <i>Inadequate Vitamin/Mineral Supplementation-Iron</i> | 4 |
| <i>KWIC Update</i> | 5 |
| <i>Going the Extra Mile</i> | 5 |
| <i>Fiscal Fitness</i> | 6 |
| <i>Is Your Clinic VENA-Ready?</i> | 7 |
| <i>Local Agency News</i> | 8 |

As most of you know, the WIC program experienced a serious funding crisis as the new federal fiscal year began. Projections indicated WIC would run out of food dollars before the end of the year.

However, President Bush signed the omnibus appropriations bill that Congress sent to him in late December. WIC will be funded at a level of \$6.02 billion, which includes \$150 million for restoration of WIC Contingency Reserve, \$15 million for the Breastfeeding Peer Counseling initiative, \$14 million for Infrastructure and Technical Assistance, and \$30 million for MIS unless needed to support caseload. States were told to interpret the above message to say the Omnibus Bill will provide adequate funding to support current caseload (i.e., there is no need for waiting lists, etc.).



This is very good news. I would like to thank all local agencies or individuals that may have contacted Congress to provide urgency to the crisis. The National WIC Association (NWA) was right there in the thick of the fight. Douglas Greenaway, the NWA Executive Director, attended several meetings with congressional staff members from both sides of the aisle. His efforts, with those of many local and state WIC agencies paid off. The NWA hosted a national phone conference with all of the State WIC directors. During the call, I challenged each state to take appropriate action. In Kansas, we requested and were given permission to send a letter to each member of our delegation. The response was favorable.

Next year we may have to do this again. WIC is a federal discretionary program which receives an annual funding authorization. Every year WIC competes for a share of the limited funds that Congress and the President allow. The process is challenging. The process can also have some benefits. WIC is required to keep the message and importance of WIC in the forefront of Congress, the White House and the general public. This keeps us all involved and “on our toes” so to speak. In 2009, WIC will go through the reauthorization process. We will be asked to present why the WIC program should continue to be a program of the Federal government. How would you answer that question? I know that we will be able to say that in Kansas the program provides some of the best nutritional messages that can be heard anywhere in the United States. You can be proud that you are all a part of a very effective and successful program.



Kansas Information for Communities

Greg Crawford, Center for Health and Environmental Statistics

The Kansas WIC Program is now providing data to the Kansas Information for Communities (KIC) online database. This information help clinics, county and state officials compare their data to other counties or to obtain pertinent health information. Clinics should enter information into KWIC accurately. Some oddities were discovered when the data was reviewed. For example one woman smoked 999 cigarettes. The article below provides more information on KIC and how to use this database.

Kansas Information for Communities (KIC) is a health information portal maintained by the Center for Health and Environmental Statistics at the Kansas Department of Health and Environment. KIC, located at <http://kic.kdhe.state.ks.us/kic/>, went online in 2000 with births and deaths. It has proven to be an information resource device with links and statistics on outcomes and social determinants of health. The Center's Office of Health Assessment established KIC in response to a growing demand for public health data. As other programs contributed data, the number of query tools expanded to include pregnancies, population, hospital discharge by procedure, hospital discharge by diagnosis, and cancer morbidity.

What distinguishes KIC from paper-based reports generated by the department is the ability to tailor reports to a specific segment of the population. KIC queries can report results by county, zip code, sex, race, ethnic origin and age-group. For deaths and hospital discharge queries, the data can be stratified by selected causes of death, or in the event of hospitalizations by procedure or diagnosis category. KIC queries can be performed around the clock. Users can take advantage of multiple queries to compare outcomes of different cohorts. KIC is designed to return query results in less than 15 seconds – even using slower Internet dialup connections. Results can be printed and include the date the query was made.

Confidentiality of the individuals is fully protected. The KIC system uses a special dataset that removes identifying information. In order to prevent someone from deducing enough information to identify a person by the selected characteristics, KIC employs up to three suppression methods to block users from seeing the results.

KIC offers more than counts of the number of persons who died or number of babies with low birthweight. KIC will also compute percentage rates. Several other KIC modules will calculate population-based rates. These rates, and the ability in some modules to create confidence intervals, enable the users to not only reliably compare results among years, counties or other groupings, but to assure themselves the results are statistically meaningful.

The KIC system became more than a query tool when demand grew for information on social determinants of health and quick access to simple birth and death data. Some expressed the need for a one-button to obtaining all the statistics for their county. The response was KIC's FastStats module.

FastStats, available at <http://www.dhe.state.ks.us/kic/profile/countyprofile.aspx>, provides summary information on frequently requested public health information. In some instances FastStats links directly to the source Web site. Documentation provides the user with source citations and where to obtain more information.

KIC continued

KIC is in the midst of reprogramming to become more compliant with the agency's computer infrastructure. The new programming coincides with plans to add queries for traffic crashes, trauma, and infectious diseases. In the meantime the existing KIC system will be maintained and updated annually with new data.

A KIC user's guide is available at <http://kic.kdhe.state.ks.us/kic/guide/vsda14.pdf>. The best way to start with KIC is to ask a question about a particular health outcome. Then, inquire deeper and see what the results show. Core programming for the Kansas Information for Communities (KIC) was developed by the Missouri Department of Health and Senior Services and adopted by the state of Kansas. The graphics were developed using GD by Thomas Bouell and the database by using GNU database GDBM. This program cannot be copied in any form without the written permission of the Missouri Department of Health and Senior Services. The Web site was developed in part by project U93 MC00139-03 as a Special Project of Regional and National Significance (SPRANS), Title V (as amended), Social Security Act, administered by the Maternal and Child Health Bureau, Health Resources and Services Administration, United States Department of Health and Human Services.

Training for Local Vendor Managers Has Arrived!

Sandi Fry, State Vendor Manager

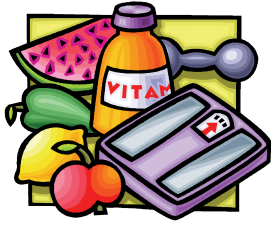


At long last, the Local Agency Vendor Manager KWIC training modules are completed and posted on the Kansas WIC Web site! All around the state, Local Vendor Managers have been struggling with what to enter in KWIC and when. The training link on the left side of the WIC homepage lists security clearances for KWIC and what training modules are required. The addition of the Local Agency Vendor Management module provides staff members a way to review screens, what and where to enter information as it either comes in from vendors in the form of a complaint or technical assistance out to the vendor in the form of on-site review of check processing procedure.

Local Agency staff may use the training documentation as a reference guide for questions that arise about what to enter in KWIC Local Vendor Management. Pictures of the screens in KWIC Local Vendor Management are included in the training documentation so access to the training database is not required unless staff members want to complete the training or are directed to do so.

All Local Agency staff members who are responsible for vendor management should have access to the KWIC application Local Vendor Management. Using another person's log-on information is prohibited by policy. If the staff member assigned to manage the vendors at the local level does not have security clearance, refer to the online policy and procedure manual ADM 07.02.01 (KWIC User Security) to find out how to get access.

Please refer to the online policy and procedure manual ADM 11.00.00 (Local Agency Staff Training – New Employees) for the process to gaining access to the training database.



Inadequate Vitamin/Mineral Supplementation-Iron

Sandy Perkins, MS, RD, LD

The new risk factor “Inadequate Vitamin/Mineral Supplementation” is defined as consuming supplemental vitamin and minerals in amounts less than the amount recognized as essential by national public health policy. Both the nutrient recognized as essential and the amount considered inadequate varies with client category and age and include:

- Iron - Pregnant women taking less than 30 mg of supplemental iron daily;
- Folic Acid - Non-pregnant women consuming less than 400 µg of folic acid from fortified foods and/or supplements daily;
- Vitamin D
 - Breastfed infants who are ingesting less than 500 mL (16.9 ounces) per day of vitamin D-fortified formula and are not taking a supplement of 200 IU of vitamin D;
 - Non-breastfed infants who are ingesting less than 500 mL (16.9 ounces) per day of vitamin-D fortified formula and are not taking a supplement of 200 IU of vitamin D;
- Fluoride, when the water supply contains less than 0.3 ppm fluoride
 - Infants, 6 months or older who are ingesting less than 0.25 mg of fluoride daily;
 - Children, under 36 months old, who are provided less than 0.25 mg of fluoride daily; and
 - Children, 36-60 months old, who are taking in less than 0.50 mg of fluoride daily.

This article will focus on the iron requirement for pregnant women. Future articles will discuss folic acid, vitamin D and fluoride.

Iron is one of the most abundant metals on earth and is essential to most life forms. In humans, iron is an essential component of proteins involved in oxygen transport. A deficiency of iron limits oxygen delivery to cells, resulting in fatigue, poor work performance, and decreased immunity.

Iron requirements of pregnant women are approximately double that of non-pregnant women. The RDA for iron for pregnant women increases from 18 to 27 mg per day. If iron intake does not meet increased requirements, iron deficiency anemia can occur. Iron deficiency anemia of pregnancy is responsible for significant morbidity, such as premature deliveries and giving birth to infants with low birth weight.

Several major health organizations recommend iron supplementation during pregnancy to help pregnant women meet their iron requirements. In the U.S., the main reasons a women may not be taking supplemental iron during pregnancy may include lack of health-care provider and reported uncomfortable side effects (e.g., constipation, nausea, and vomiting). A low-dose supplementation (i.e., 30 mg iron/day) may help reduce unwanted side effects and are as effective as higher dose regimens (i.e., 60 or 120 mg iron/day) in preventing iron-deficiency anemia.

KWIC Update

Jim Davis, KWIC Program Manager

The State WIC Staff have undertaken the task of addressing outstanding issues in both the KWIC applications and the KWIC System operations. The current contract with C-Quest America (who purchased Starling Consulting) is due to expire in July 2008. With that target in mind, we are actively addressing outstanding contractual and maintenance issues along with creating a Request for Proposal (RFP) to be submitted early in 2008 for obtaining a new contract for ongoing KWIC System maintenance and support.



The current task C-Quest America is addressing consists of agreed upon outstanding project deliverables, the finalization of known problems, and the addressing of various committed maintenance and enhancement tasks. While this is occurring, the State WIC office is updating the WIC computer hardware inventory and replacing equipment used in WIC operations. The State Agency continues working with the New Hampshire and the Inter-Tribal Council of Arizona in partnership with C-Quest America to complete the deliverables for all three organizations, minimizing time and costs.



Going the Extra Mile

Patrice Thomsen, WIC Program Consultant

The ice storm of December 2007 was difficult for many staff members and clients. In particular the Cherokee County WIC staff members were faced with a dilemma. The Cherokee Health Department in Columbus was closed and had no power. Yet in a couple days, they were due to travel more than 50 miles to Independence for a mobile WIC clinic. Road conditions were not so bad after a day, but with no power at the Cherokee Health Department, how could staff check out the current KWIC database to their mobile server? For those of you who don't work in traveling clinics, that means no services for the mobile clinic.

The Independence clinic has about 675 participating clients. That's a lot of clients anxious to get WIC checks! That's also a lot of certification appointments to complete or be terribly behind. Cherokee serves several large mobile clinics so it would not be easy to reschedule if they had to cancel the clinic day.

Many people worked quickly to solve the problem. Mary Donohoo, with C-Quest (Starling), worked to make database changes that would enable the Cherokee mobile server to be checked out through the KWIC program in Crawford County. Theresa Cassidy, with Cherokee County WIC, took the mobile server from the powerless health department to the Crawford County Health Department in Pittsburg and completed the necessary check-out procedures. The Cherokee County staff then was able to make the trip to Independence on their regular clinic day and provide services. Sandy Perkins, with the Kansas State WIC staff helped put it all together.

We'd like to award a "Warm Heart" award to the Cherokee County WIC staff for the extra efforts to serve clients in the Independence clinic. (Or maybe the award should be titled, "Perseverance despite ice.") Thank you to the people identified here and to those people who had a role, but are not identified. And thank you to WIC staff everywhere that go an extra mile every day to serve clients.



Fiscal Fitness

Randy Volz, WIC Fiscal Manager

Review your New Year's Resolutions to be sure you include at least an annual review of your "fiscal fitness goals" for the year. (Otherwise known as your WIC Local Agency Annual Budget) This review should include comparing what you had in your budget to the expenditures reported on your monthly affidavits. It's a good idea to look at things several times during the year to see how things are tracking. Perhaps you could have your own version of March Madness – a six-month review of actual costs versus what you thought you would spend.

Well, it may not be fun, but it's something you really need to do to keep you fiscally fit. This may become even more important over the next few years. We have at least two major changes in WIC services that are on the horizon – VENA and the WIC food package changes. No one knows exactly what these will entail, but it's safe to say it will take more time to do various things (like explanation of how to use a WIC check) than it takes now – meaning a shift of staff time towards these initiatives.

Several years ago we implemented the KWIC system, which should have reduced the time needed to handle and file paperwork, enabling you to shift this time to other activities. This year we allocated a greater percentage of our federal administrative funding toward local agency operations than we have in the past. These changes should allow greater flexibility to address the upcoming changes. But you'll only know if you look at your "fiscal scale" now and begin to plan for the future.

Over the past several years the folks on Capital Hill and in the White House have collaborated to ensure continued growth in WIC funding to meet our needs, and to a degree implement or expand other initiatives such as the Breastfeeding Peer Counselor Program. Based on the struggle we've seen this year to get the funding we need to stay afloat, there's no assurance this trend will continue.

As has always been the case, we all should be looking to provide WIC services in the most effective and efficient manner possible. From the fiscal perspective, we all need to look down the track to see what hurdles lie ahead and make plans to clear them.



Is Your Clinic VENA-Ready?

Pat Dunavan, Nutrition Services Coordinator

VENA is here! The Value Enhanced Nutrition Assessment (VENA) initiative has begun to change how we do WIC in Kansas. We began the process in July with the new nutrition risk factors and diet questionnaires. But VENA is much more than just completing the risk assessment. VENA encompasses providing “value enhanced” WIC services in all areas. It means allowing clients to guide the counseling sessions. It means providing client-centered nutrition education opportunities. It means providing a positive WIC experience every time the client comes to your clinic.



So how can you do all that? Well, let's begin by looking at our clinic. VENA begins with the applicant's first contact with WIC. It may be a telephone call, or a visit to the clinic. That first contact is an opportunity to show the applicant that we appreciate that she is seeking our services. Greet her warmly and let her know that she is making a healthy choice for herself and her family.

When the applicant arrives at your clinic, your front lobby or waiting area sets the tone for the rest of the visit. Take a moment to sit in your lobby and look around. When a participant walks in, does someone at the front desk automatically greet them and welcome them with a smile? Courtesy includes prompt attention. Many clinics have arranged their waiting areas to accommodate small children. If your clinic does not have toys, books, or other playthings, consider getting some. Keeping children distracted helps keep the noise down and makes parents more relaxed. Is the clinic cluttered or the walls covered with posters and brochures? You may wish to streamline and remove the clutter. Too many distractions on the walls can be unsettling for clients sitting in the area.

A value-enhanced clinic values privacy. If you need to discuss something with a participant in the waiting room area, do it quietly and with respect for their confidentiality. Establish a private place for the applicant to provide basic information about income and their circumstances. If you do not have a private area, ask for technical assistance from the State Agency in reconfiguring your space to provide this service.

When the clerk completes the intake of information on residency, identification and income, they should also pass on any pertinent information to the certifier about the person who is being certified that may be valuable to know (the baby is not feeling well or is hungry all the time). This keeps the client from having to repeat themselves to multiple people about their concerns. This small courtesy shows the client that their time is valuable.

Next, take a look around your office. Are there items to keep children occupied during counseling sessions? If a parent is busy trying to keep their child out of forbidden areas or from grabbing items off the desk, they cannot be expected to focus on the conversation. Make your counseling area pleasant to look at and “child-proof.” During the visit, make sure that the client has ample time to discuss what she is most interested in or where she would like some additional help. The client needs to feel that WIC staff hear her and recognize her as the authority on her own family. VENA teaches us to encourage participants to set personal goals to improve their family's health.

Lastly, be sure to end each WIC visit on a positive note. Thank the client for coming and praise her choice to help her family. The goal is to have each client leave the office feeling that they have been heard and valued during their time with you. To be most effective, VENA needs to permeate the entire WIC experience, not just the nutrition assessment. If WIC treats our clients with dignity and respect from the first call, they will be more likely to become willing partners with us to improve their family's health.

Nutrition and WIC Services

Kansas Department of Health and Environment

Nutrition and WIC Services

1000 SW Jackson, Suite 220

Topeka, Kansas 66612, 1274

Phone: 785-296-1320

Fax: 785-296-1326

264-19

WE'RE ON THE WEB!

WWW.KDHEKS.GOV/NWS-WIC



Growing healthy Kansas families

Published by Kansas Department of Health and Environment. Kathleen Sebelius, Governor. Roderick Breiby, Secretary. Managing Editor: Patricia Dunavan. Reprinting of articles should credit KDHE. This is an equal opportunity program. If you feel you have been discriminated against because of race, color, national origin, sex, age, or disability, write to the Secretary of Agriculture, USDA, Washington, DC.

KDHE promotes responsible choices to protect the health and environment for all Kansans. Through education, direct services and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We prevent illness, injuries and foster a safe and sustainable environment for the people of Kansas.

Local Agency News

We welcome these new WIC employees:

Barton County, Ann Christensen, Clerk
Sedgwick County, Amelia Serna, Clerk
Sedgwick County, Angie Mariotti, RD
Sedgwick County, Kristal Warren, Clerk
Sherman County, Joan Knodel, RN
Wyandotte County, Melissa Lopez, BFPC

Jefferson County, Misty Pardini, Clerk
Sedgwick County, Socorro Lozano, Clerk
Sedgwick County, Emilee Foote, RD
Shawnee County, Tomlin Robinson, Clerk
Southwest KS WIC, Donna Marley, RN

We say goodbye to these WIC friends:

Harvey County, Alice Huxman, Clerk
Jefferson County, Megan Fowler, Clerk
Sherman County, Ramona Kashka, RN

Harvey County, Maria Llamas, Clerk
Sedgwick County, Takendra Washington, Clerk
Wyandotte County, Rishma Holt, BF Peer Counselor

Welcome to these new State WIC Office Employees:

Rachelle Hazelton, WIC Program Consultant Pam Combes, WIC Program Consultant

Congratulations to Barbie (Christendon) Everett, Pratt County, on her recent marriage.

Congratulations to Karla (Kepley) Stiles, Wilson County, on her recent marriage.