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Is Your Agency Prepared For Disaster?

Rachelle Hazelton, WIC Program Consultant



Have you ever heard the saying, “if you don’t like the weather in Kansas, wait five minutes and it will change”? The weather definitely changes all of the time and we need to be prepared for anything that comes our way. While living in Kansas, we could experience disasters such as tornadoes, floods, fires, ice storms or other types of natural or man-made disasters. Begin planning now for the various types of disasters that could potentially affect your agency.

Start by putting together a contingency plan as to what your agency would do if your building was damaged and could not be used. Another location should be chosen as a back up site where operations could resume if the current location was not safe or operational. A secondary back up site, possibly in another town should also be chosen.

Next create contact lists for reaching employees, emergency phone numbers, as well as numbers for other agencies, organizations, or businesses. Keep copies of these lists not only at work, but at another location that is easily accessible. Update the lists quarterly or semi-annually. Larger agencies may want to establish a calling tree list so that several people are calling employees, clients or other organizations instead of one person calling a large number of people.

Decide in advance who would be responsible for the different activities that take place at your agency, such as calling clients to reschedule appointments or to inform them of your agency’s emergency. Decide who would be responsible for retrieving items from the original location if it was safe to enter.

Review your contingency plan yearly. Have each person determine what their role would be as well as determining what types of things they would need in order to operate off-site. For example, a person might need a phone and a computer right away. Within a week, that same person may need a printer or other various supplies. Determine what that same individual would need in a month, or several months. Make a list of items for each person listing the crucial items that would be needed right away and in the future.

If your agency or area encounters a disaster, please contact the State WIC office within 48 hours to advise if your agency was affected by the disaster and what type of assistance if any, is needed from the State WIC office.

For more information on this topic, log onto www.fema.gov , www.ready.gov or www.ksprepared.org.



The “mPINC”: The National Survey of Maternity Care Practices in Infant Nutrition and Care

Martha Hagen, MS, RD, LD, IBCLC

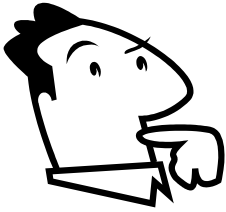
The “mPINC” is a project of the Centers for Disease Control and Prevention (CDC). Hospital and birthing center practices have been shown to affect breastfeeding outcomes. This survey was developed to find out what is actually happening in these settings in the US. The survey looked at 1) How common are positive practices? 2) How common are negative practices? and 3) Are practices changing over time? CDC plans for the “mPINC” to be a biannual national census of facilities routinely providing maternity services so that changes and trends can be analyzed.

Data was collected for the first survey from August to December, 2007. A single key informant at each facility provided answers to 52 questions. Thirty six of the questions were categorized into seven maternity practices categories for data analysis. Scores were assigned to facility responses on a 0 – 100 point scale. One hundred represents a practice most favorable toward breastfeeding.

Responses were received from 2,690 birth facilities for a response rate of 82 per cent nationwide. Sixty-eight or ninety percent of Kansas facilities responded. The following results were recorded for the nation and for Kansas.

Maternity Practices Category	National Mean Score	Kansas Mean Score
Labor and Delivery	60	57
Breastfeeding Assistance	80	74
Mother-Newborn Contact	70	75
Newborn Feeding Practices	77	78
Breastfeeding Support After Discharge	40	35
Nurse/Breastfeeding Attendant Breastfeeding Training and Education	51	38
Structural and Organizational Factors Related to Breastfeeding	66	54
Mean Total Score	63	59

Each facility that participated will receive information specific to that facility about scoring and how to improve. Plans are already underway for the 2009 survey. For more information access www.cdc.gov/mpinc.



Things that make you say hmmm...

Pam Combes, WIC Program Consultant

After traveling to a mobile clinic, why is it important to “check in” the laptop server within 24 hours?

The database must be updated. The banking system, Covansys, receives a daily check issuance file and processes the checks daily. For each check issued in the file, a Not-to-Exceed (NTE) amount is established for each check type. If up-to-date check issuance information is not in the system, checks that were issued that day will not have an issuance file associated with them, and in turn, will not have a NTE amount established. This may result in checks being paid over the allowed amount. This can ultimately lead to other negative outcomes, such as vendor fraud or client fraud. If your agency travels to mobile clinics, evaluate “check out and check in” procedures. Local agencies are accountable for checks issued at mobile clinics.

Why is it important for all laptop computers, used at Mobile WIC Clinics, to “check in” when a new version of KWIC has been released?

Each time a new version of KWIC is released, the laptop server and all laptop workstations (including laptops “checked out” to Consultant Dietitians) must be “checked in” to receive the new version of Client Services in KWIC.

Local Agency News

We welcome these new WIC staff:

Barton County , Alexandra DeSantiago, Clerk	Butler County , Terri Martin, RN
Crawford County , Madeline Moutz, RN	Gray County , Diana Harter, Clerk
Nemaha County , Kimberly Bolewski, RN	Neosho County , Donna Bates, RN
Neosho County , Gail Haynes, Clerk	Reno County , Carolyn Stucky, RD
Sedgwick County , Cindy Turcios, Clerk	Seward County , Dana Littau, RN
Seward County , Lindsay Fitzgerald, RN	Seward County , Irma Morales, Clerk
Shawnee County , Irene Lambotte, RN	Shawnee County , Laura Hammes, RD
Shawnee County , Michelle Tinoco, Clerk	Southwest KS WIC , Lucy Alvarez, BFPC
Stevens County , Victoria Mills, Clerk	Wyandotte County , Janie Smith, RN
State WIC Office , Darrel Finley, KWIC Project Manager	



We say goodbye to these WIC friends:

Barton County , Ann Christiansen, Clerk	Gray County , Rosa Rojas, Clerk
Mitchell County , Tammy Noyes, Clerk	Nemaha County , Camren Aberle, RN



Nutrition Education With a Twist

Pat Dunavan, MS, RD, LD, CBE

What has cookbooks, cowboys, food, a fiesta and bags of goodies? Give up? It's the winning ideas from the National Nutrition Month Contest. Five local agencies went the extra mile to design and carry out fun activities in March during National Nutrition Month. Below is a brief summary of each activity. The contact information for each project is also given. We encourage you to contact them for more information and try some of their ideas in your own clinics.

Ottawa County WIC Program: Marilyn Pruitt (785-392-2822). Ottawa County partnered with six other organizations to host a "Move and Play Luncheon". The event was marketed through flyers and postcards to families and notices in the local paper. This was the sixth year the Health Department has hosted this event. The event took place in the courthouse basement, which was decorated in a Western theme. A healthy lunch was served. Each child received a vest, jump rope, boot cup, personalized picture and stick horse along with a bag of goodies for parents and children about healthy eating and physical activity. An activity leader guided the group through fun activities and games. A total of 108 people attended the luncheon.

Russell County WIC Program: Lynn Kasper (785-658-2276). The Russell County staff gathered a variety of materials including a WIC pocket calendar; nutrition education handouts; magnets; recipe booklets; referral information for poison control, smoking cessation, prevention of child abuse; and drug-free bookmarks. These were put in car litter bags and shared with families coming to their appointments in March and April. The staff received calls from others in the community requesting the bags. The staff also worked with county Extension staff to provide a class on using beans and vegetables to make chili and a bean dip.

Lincoln County WIC Program: Ladonna Reinert (785-524-4406). It was Fiesta time at the Lincoln County WIC Program during March. Using materials already on hand, the staff decorated their lobby and public access areas like a fiesta. With the fiesta theme, they handed out "More Matters" materials on eating more fruits and vegetables. Each family received a magnetized shopping list pad. The Lincoln County clinic has replaced suckers or candy given to children getting immunizations with books for families to take home.

Ellsworth County WIC Program: Brenda Buehler (785-472-4488). The Ellsworth County WIC staff produced a cookbook using WIC foods. Recipes for healthy entrees, side dishes and snacks were included. Each client received the cookbook when they came for their appointments. The cookbooks were well-received by the clients.

Wyandotte County WIC Program: Nancy Sanchez (913-573-6721). Wyandotte County WIC staff hosted the March health department employee luncheon to celebrate National Nutrition Month and the first Registered Dietitians Day. They created a display with the Top 10 Nutrition Facts from the American Dietetic Association and registered dietitians answered questions during the meal which included healthy choices of a salad and baked potato bar. The room was decorated with posters describing how to read a food label, eating more fruits and vegetables, and 'Eat Smart' campaign materials. Those attending the event also received handout materials on portion sizes and healthy eating. In addition, staff designed a bulletin board for the main waiting area about the "Five Steps to a Healthy Weight" and "Red Flags of a Fad Diet". Educational materials on eating more fruits and vegetables were available for clients.

Vendor Pricing

Brad Iams, Vendor Manager



Cost containment is always at the top of the list for the Kansas WIC Program. One of the main areas of cost containment is with the Infant Formula Rebate contract with Ross Products. The rebate Kansas receives allows WIC to purchase more food for participants. Another way to save costs is through vendor pricing. On a quarterly basis the State Agency (SA) sends out a quarterly price assessment (QPA) that we require all vendors to fill out and return to us. The price survey allows the SA to stay up-to-date on all pricing issues with regard to the products available through the WIC program. The information received from the QPAs allows the SA to set an average price for a certain item of food for each peer group. All WIC authorized vendors are assigned to one of six different peer groups depending on several criteria, such as, size of the vendor, location, amount of gross sales, etc. The SA sets a maximum not-to exceed (NTE) amount using the average cost per peer group. This allows us to monitor our food costs and keep them as minimal as possible. If a vendor is charging too much for a particular item then their WIC checks will reject for over the allowed amount, or in other words over the NTE amount. In order to prevent rejected checks, the SA has set up a link on our WIC website at www.kdheks.gov/nws-wic/vendor_info.htm. The link is titled [Average Prices by Vendor Peer Group as determined by the Quarterly Price Assessment](#). Vendors can access this website link by typing in their vendor stamp number. Once there, the vendor can view the prices for all food items that are WIC approved. It has become apparent that most vendors are unaware of this link to our website. The SA is asking that all Local Agency vendor managers notify your vendors of the link to this website and the procedure for accessing the pricing information, so that we can better contain food costs to the WIC program.



WIC Works Online Training

With a click of a mouse, you can access interactive WIC training modules that can build your skills and enhance your professional development. The USDA sponsors the WIC Works Resource Web site at <http://www.nal.usda.gov/wicworks/index.html>. The website contains a wealth of information about nutrition education, vendor management, the new WIC foods packages and more, but among its most popular offering are the WIC Works Online training modules.

The site includes 18 training modules for WIC staff. The modules are grouped into six major topics:

Communication with Participants

Counseling Skills

Reaching Participants through WIC

Health and Nutrition

Feeding Infants: Nourishing Attitudes and Techniques

VENA

Each module is fun, interactive and challenging. Strategies for working with an interpreter, working with clients that don't want to open up, telephone skills and making nutrition education sessions more effective keep the materials relevant to day-to-day situations. The course also covers important nutrition topics including food safety, developmental stages of infants, dietary and herbal supplements and breastfeeding promotion.

Each module takes about 20 minutes to complete, so it is possible to cover one major topic each hour. These are self-paced, repeatable modules that can be accessed at anytime by any WIC staff member. Afraid you might be interrupted while doing a module? There is a "bookmark" function which will keep your place until you return.

Let these training modules improve your job performance and foster a new sense of fulfillment with your WIC career. The modules are approved for CPE credits by the American Dietetic Association as well as contact hours by the American Nurses Association.



Nutrition Risk Factor Questions and Answers

Sandy Perkins, MS, RD, LD, CBE

The following questions are based upon recent changes and findings from actual chart reviews. Please send any additional questions for future newsletters to

sperkins@kdhe.state.ks.us.

- Q. I just read the P-Memo about the recent age related changes to the definition of the risk factor, “Low Hemoglobin / Hematocrit”. Why did the SA make these changes?
- A. The federal definition for this risk factor has always included the different hemoglobin cut-off points for postpartum and breastfeeding women under 15 years of age and children 2 years old or older, but left the option to use the different levels up to each SA. Historically, Kansas had opted not to use the different levels to make it easier to remember the cutoff levels and assign the risk factor. Now that the KWIC system is autocalculating the risk factor, we decided to use the more accurate definition.
- Q. New questions to autocalculate the risk factors, “Diabetes Mellitus” and “Hypertension” have been added to the Health Interview window for pregnant, breastfeeding and postpartum women, but these risks can also be assigned to infants and children. Why were these questions not added to the infant and child Health Interview window at the same time?
- A. The original design included adding the questions to the infant and child Health Interview window. However, this part of the design was delayed until a future release due to time constraints.
- Q. It seems like just about every diet questionnaire I look at indicates the pregnant woman or child is eating deli meats or hot dogs. Should I really assign the risk factor, “Consuming / Feeding Foods that Could be Contaminated” to all of them?
- A. If the diet questionnaire indicates the applicant consumes deli meats or hot dogs, the CPA should ask probing questions to see if the products are generally heated prior to serving and how often they are consumed. The risk factor should be assigned to all applicants who routinely eat unheated hot dogs and/or deli meats. Counseling should be geared toward the nutritional issues identified as the greatest concerns of the both the client and the CPA.
- Q. May I assign the risk factor, “Other Medical Conditions” for just any other medical condition?
- A. No, the definition for the risk factor, “Other Medical Conditions” includes a specific list of diseases or conditions with nutritional implications that are not included in any of the other medical conditions and use should be limited to only those conditions listed in the definition unless the CPA has determined that the current condition, or treatment for the condition, must be severe enough to affect nutritional status and has discussed the condition with the SA nutritionist assigned to their agency. Specific conditions listed in the definition

Risk Factor Q & A (continued)

includes, juvenile rheumatoid arthritis, lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis and persistent asthma requiring daily medication.

- Q. KWIC has assigned a risk factor based on the child's weight and/or height, but when I look at the graph it does not seem to be valid. Which should I trust?
- A. The computation used by the KWIC system to calculate the percentages has been well-tested and is accurate. When it appears on the graph the system assigned a risk in error, the user should refer to the lower right hand corner where the actual percentage is displayed.
- Q. If I assign a risk factor based on information on the diet questionnaire, does it also need to be documented in KWIC?
- A. Yes, the rationale behind all risk factors must be documented in KWIC. Depending on the risk factor, the rationale can either be documented on the Health Interview windows, as a risk note on the Assign Risk window, in the Client Goal or simply typed in as a note. It is not necessary to document any condition more than one time in the KWIC system, such as if it is documented on the Health Interview window that the client is not taking appropriate supplementation it is not necessary to add any additional notes.

Is Your Clinic Opening Doors With Keys of Excellence?

Pamela Combes, BSE, CBE

The Keys to Excellence are here. You should begin to notice a difference as you practice your newly enhanced communication and cultural awareness skills. Everyone should seem happier and friendlier; participants should be delighted with the changes. With the focus on "client centered" services, you should begin to see a difference.



During the Spring WIC Technical Meetings State staff discussed the WIC experience as being "value enhanced." We know how valuable WIC is to our clients. With Keys to Excellence, we add personalized and goal-oriented service. We listen more and talk less. We strive to create a positive experience for our participants. To assist your clinic in achieving the benefits of Keys to Excellence, consider the following:

Was the participant's first contact positive?

Keys to Excellence begin with the applicant's first contact. That first contact, often a phone call to the clinic, is our opportunity to let the applicant know how much we care and appreciate them for inquiring about WIC services. Did you have a smile in your voice? Were you pleasant and helpful? The first impression is critical to the WIC experience; it sets the tone for future contacts. We want to create a culture of service.

How are participants treated upon their arrival at the clinic?

Take a few minutes to sit in your lobby and observe what is going on. Watch what happens at the front desk. Are participants greeted as they walk through the door? Did the person at the front desk welcome them with a smile? Courtesy includes prompt attention. Someone at the front desk should assist participants in a timely manner.

Nutrition and WIC Services

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WE'RE ON THE WEB!

WWW.KDHEKS.GOV/NWS-WIC

Growing healthy Kansas families



Keys to Excellence (continued)

Is the waiting area child friendly?

Waiting areas should be arranged to accommodate small children. If your clinic does not have toys and children's books available, consider investing in some. These items will keep the children occupied and help them pass the time. The clinic atmosphere is much more positive when children are happy.

Does the CPA's office have toys or other items to occupy children?

It is difficult for participants to focus on a conversation when trying to keep children out of forbidden areas or from grabbing items off the desk. Our goal is to provide a valuable counseling experience.

Do participants have the opportunity to set their own goals with the CPA?

The participants need to feel that WIC hears and recognizes their nutrition and health concerns. The counseling session should be "client centered." Keys to Excellence encourage participants to set personal goals to improve their family's health.

Are participants satisfied with their WIC experience?

Treating participants with dignity and respect creates an atmosphere of trust. Establishing trust allows the staff at your clinic to serve participants in the most effective manner. Participants will feel much more comfortable sharing information in a "trusting relationship." Building rapport is a key to creating that trusting relationship and begins with the first contact and should permeate throughout all aspects of the WIC experience. Before the participants leave your clinic, they should be thanked for coming to their appointment and invited back.