Nutrition and WIC Services

March 2008

Nutrition and WIC Update

Support the Breastfeeding Promotion Act

Martha Hagen, MS, RD, LD, IBCLC

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U.S. Rep. Carolyn Maloney (D-NY) recently reintroduced to Congress the Breastfeeding Promotion Act (HR 2230.) This bill amends the Civil Rights Act to add protection for breastfeeding mothers, provides tax incentives for businesses to establish lactation areas in the workplace, requests that the FDA establish standards for breast pumps, and gives families a tax deduction for the cost of breastfeeding equipment. This bill needs more Congressmen to sign on as a co-sponsor to move forward. Please consider contacting your Representative to sign on using these talking points: 1) Women are quitting breastfeeding earlier than medical authorities say is best for babies because of lack of support in the workplace; 2) State laws are not proving strong enough to fully protect breastfeeding mothers in the workplace; 3) Women are being told they can't pump at work, are not being given breaks to do so, are having to pump in bathrooms and are being fired for trying to be both good mothers and good workers; 4) Having a civil right to breastfeed will improve breastfeeding rates, helping to reach the Healthy People 2010 goals; and 5) Creating support for long-term breastfeeding will eventually lower health care costs for infants and children and future adults. Breastfeeding is good nutrition. You may also urge your congressman to support the bill by accessing the MomsRising Web site at. http://www.democracyinaction.org/dia/organizationsORG/momsrising/campaign.jsp?campaign_KEY=13731 Visit the MomsRising.org to also learn more about how you can support families in the United States.

Read more about the bill at: http://maloney.house.gov/index.php?option=com_issues&task=view_issue&issue=262&parent=20&Itemid=35

SEE TO LEARN®

Through SEE TO LEARN®, participating optometrists offer free vision assessments to 3 year olds in their community. These assessments are open to any 3 year old, regardless of income or insurance coverage, and they are offered throughout the year. Please consider referring WIC clients to this program. For more information call (800)-960-EYES. To find participating optometrists in Kansas access: http://www.eyedr.org/member-list.html#kansas

Focusing on the Goal-the Health Outcome Approach

Pat Dunavan, MS, RD, LD, CBE

What would happen in WIC clinics if we based our services on health outcomes rather than determining eligibility for the program? That is the question that will need to be answered by all of us as we move into VENA (Value Enhanced Nutrition Assessment) and a focus on better customer service. Oftentimes we become so focused upon determining risk factors, income eligibility and meeting our regulations that we forget that we are working with families and individuals who have a quite different agenda. VENA focuses upon becoming more client-focused rather than just determining eligibility. This change may be difficult but can reap great benefits both for participants and staff. When we focus on what is important to clients, they are more likely to listen to our guidance and be more satisfied with their WIC visits. WIC staff working in a manner that is more client-focused soon find more satisfaction with the job they are doing.

So just what is a health outcome focus? A health outcome focus requires that both staff and clients work toward the same goal. How that goal is achieved may change depending upon the client's needs. Let's look at one example. For pregnant women, the desired health outcome is to deliver a full-term healthy infant while maintaining the mother's health. As WIC staff, we know that this goal will most likely be reached when a woman:

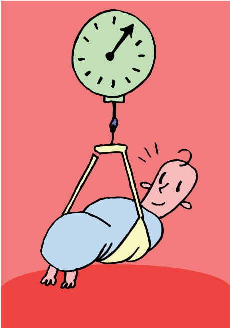
- Receives ongoing prenatal and preventive health care;
- Achieves a recommended weight gain;
- Remains free from illness or injury;
- Avoids alcohol, tobacco and illegal drugs;
- Consumes a variety of foods for energy and nutrients; and
- Makes an informed choice to breastfeed her baby.

In many clinics, the pregnant woman who applies for WIC is given an appointment at which her "proofs" are checked for income, residency, and identity eligibility. She is passed to another staff member who takes height, weight, and hemoglobin; and finally has someone "talk" to her about nutrition, weight gain and breastfeeding. Little quality interaction may occur during this exchange. Unless the WIC staff is determined to find out, the client issues may not even be discussed. It is conceivable that she may be given a food package without anyone asking her preferences, receive checks and an ID/Check folder and sent on her way with little explanation of how to best use the checks to purchase foods to meet her nutritional needs.

In the example above, the focus is on finding if the client is eligible and passing on information that WIC staff feel she needs to hear. Very little of what occurred helps the woman get to her goal—a happy, healthy baby. No wonder we hear complaints about our services or feel that clients "don't listen." So let's play through that scenario again. This time, remember the goal and see how actions change:

Maria, a pregnant woman has come to your clinic to apply for WIC. The clerk (Jane) greets her with a smile and a "hello" asking how WIC can be of assistance. Maria explains that she is pregnant and here for her WIC appointment. Jane congratulates her on the pregnancy and offers her a chair in the lobby until she is free to help. The lobby is bright, cheery, and child-friendly with books and toys to keep children occupied.

Health Outcome Approach (continued)



Jane calls Maria back, explaining that WIC is a nutrition program that provides nutrition information and foods to help Maria have a healthy baby. Jane tells Maria that she will need to gather some information during this visit in order to determine how WIC can best serve her family. Jane then proceeds to review the items Maria has brought to verify her identification, residency and income, describing what she is doing as they go along. After determining that Maria is income eligible, Jane explains that the nurse (or dietitian) also needs to visit with Maria and gather some information. Maria is escorted to the next room, and introduced to the nurse by name.

The nurse (Ann) greets Maria and congratulates her on the pregnancy and making the choice to come to WIC. Ann shares that WIC wants to help Maria have a healthy baby, while staying healthy herself. Ann asks Maria if there is anything in particular that she would like to discuss during her visit here today. After hearing Maria's response, Ann either addresses that concern first or makes herself a note to discuss it later during the visit, assuring Maria that she will cover the topic. Ann describes the information that she will need to gather in order to best meet Maria's needs. She then proceeds to take anthropometric and hematological data, review Maria's medical history, diet questionnaire and alcohol and drug use history, all the while explaining what she is doing and asking permission to proceed. After all the required data is gathered, Ann summarizes areas where the conversation could proceed (Maria's concern about breastfeeding, her low hemoglobin, her lack of appetite, etc.). Maria is asked to express what area(s) she would like to discuss. The discussion becomes a give and take between Ann and Maria, utilizing open-ended questions and reflective listening.

When the discussion is nearing an end, Ann redirects Maria's attention toward what happens next—choosing a food package and planning for future visits (nutrition education, check pick up etc.). Ann explains that WIC foods provide nutrients that help Maria have a healthy pregnancy. Maria is guided in making the food choices based upon her culture and preferences. Ann points out as the visit, foods that will be helpful in meeting Maria's nutrition concerns. In the same manner, Ann helps Maria choose an area she would particularly like to focus on during her time on WIC (her goal). Together they decide on how best to achieve this goal and enter the information into the computer for future reference. Maria is included in the discussion of future nutrition education plans and given a choice of what classes to attend.

As Maria returns to the front office, Jane hands her the checks, a WIC-approved food list, and a check folder. Jane describes how to use the checks at the grocery store, answers Maria's questions and points out the clinic's contact information on the folder. An appointment letter is provided along with a smile. Jane bids Maria goodbye and tells her she looks forward to seeing her again soon.

See the difference? Throughout the visit, Maria is engaged in the "work" of having a healthy baby and is a partner in her care rather than a "student." She feels that her opinions are important and her concerns valid. Maria is more likely to feel positively about her WIC visit, the staff, and know that she will be welcome. VENA challenges us to look at our clinic services with new eyes and provide the best services possible. Take that challenge today. Look at your WIC clinic and keep your eye on the goal.

United States Food Security

summarization of USDA's Household Food Security in the United States, 2006

provided by Martha Hagen

The USDA's *Household Food Security in the United States, 2006* report was recently released. The 2006 food security survey which includes responses from 46,500 households was conducted by the U.S. Census Bureau as a supplement to the monthly Current Population Survey. The food security survey asked one adult respondent in each household a series of questions about experience and behaviors that indicated food insecurity. The following abstract was provided in the report by Mark Nord, Margaret Andrews, and Steven Carlson Economic Research Service, USDA:

"Eighty-nine percent of American households were food secure throughout the entire year in 2006, meaning that they had access at all times to enough food for an active, healthy life for all household members. The remaining households, (10.9 percent) were food insecure at least some time during the year. About one-third of food insecure households (4.0 percent of all U.S. households) had a very low food security – meaning that the food intake of one or more adults was reduced and their eating patterns were disrupted at times during the year because the household lacked money and other resources for food. Prevalence rates of food insecurity and very low food security were essentially unchanged from those in 2005. The typical food –secure household spent 31 percent more on food that the typical food-insecure household of the same size and household composition. Just over half of all food-insecure households participated in one or more of the three largest Federal food and nutrition assistance programs during the month prior to the USDA's annual Food Security Survey."

The study found that children are usually spared the disrupted eating patterns and reduced food intake experienced by adults in households with very low food security. Children experienced reduced food intake in 0.07 - 0.08 percent of all U.S. households with children, 29,000 - 33,000 households, on an average day in November 2006. On the same average day an estimated 600,000 to 877,000 households (0.5 – 0.8 percent of all U.S. households) experienced very low food security.

Households with children headed by single women and Black and Hispanic households, and those households with incomes near or below the Federal poverty line had a greater prevalence of food insecurity. Food insecurity was more prevalent in the South and in cities and rural areas rather than in small to moderate size cities. About 21 percent of food-insecure households utilized a food pantry at some time during 2006 and 2.2 percent ate one or more meals at an emergency kitchen in their community.

The 2006 and 2005 food insecurity reports show very similar results. As food prices continue to rise, the results for other years may be very different.

Local Agency News

We welcome these new WIC staff:

Ford County, Dee Burke, RN

Jackson County, Chastity Schumann, RN

Johnson County, Amy Gerend, BFPC

Johnson County, Michelle Cabrera, Clerk

Marshall County, Carly Tyler, Clerk

Morris County, Lori Dalquest, Clerk

Pratt County, Jennifer Hassler, RN

Sedgwick County, Jennifer Polak, RDE

Shawnee County, Sheila Laird, RN

Southwest Kansas WIC, Cynthia Castillo, Clerk

We say farewell to these WIC friends:

Barton County, Maria Facio, Clerk/Interpreter

Jackson County, Brenda Quigley, RN

Sedgwick County, Nicole Gugle, RD

Shawnee County, Tara Harding, RN

Our sympathy goes out to the family and friends of Jeannie Hysom, Ellsworth County, who passed away on Dec. 27. Jeannie was the WIC Coordinator in Ellsworth County for several years.

Congratulations to:

Liz Nichols, Rooks County, on becoming an RN.

Karla Kepley Huser, Wilson County, on her recent marriage

Nonie Rocha Macais, Finney County, on her recent marriage

R-E-S-P-E-C-T

Pam Combes, WIC Program Consultant

Looking back into history, we see sacrifice, resistance, struggle and also success. After many years of slavery, President Abraham Lincoln freed the slaves in 1862 during the Civil War. The Emancipation Proclamation was a positive step forward on the road of resistance. The 14th Amendment granted full rights of citizenship and protection of the laws to any person born in the United States; and the right to vote was granted to any male regardless of race, color, or previous conditions of servitude by the 15th Amendment in 1870. Great strides were made.

Since the 1800s, our country has grown in many ways through population, diversity, and acceptance. The progress of Civil Rights in the United States has played a major role in providing freedom and justice for all people in our great land of opportunity. Not only do we need to treat people with equality, respect and dignity, we also must not discriminate on the basis of race, color, national origin, age, disability, or sex.

(continued on next page)

R-E-S-P-E-C-T (Continued)

It is important to communicate effectively and without prejudice. Practice using the following skills to improve your communication effectiveness:

- Be sensitive and caring toward others;
- Express ideas clearly;
- Be sincere and honest;
- Maintain eye contact;
- Utilize "I" messages rather than "You" messages;
- Ask for clarification;
- Avoid being judgmental;
- Be respectful; and
- Be able to disagree without being disagreeable.

Inadequate Vitamin Mineral Supplementation-Folic Acid

Sandy Perkins, MS, RD, LD, CBE

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 by client category and age within the risk factor. These include:

- Iron - Pregnant women taking less than 30 mg of supplemental iron a day;
- Folic Acid - Non-pregnant women consuming less than 400 µg of folic acid from fortified foods and/or supplements every day;
- 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; and
- Fluoride, when the water supply contains less than 0.3 ppm fluoride
  - Infants who are 6 months old 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.

An article in the last newsletter focused on the iron requirement for pregnant women. This issue talks about the folic acid requirement for non-pregnant women. Future articles will discuss vitamin D and fluoride.

Folic Acid (Continued)

Folic acid is a B vitamin that is sometimes also called folacin, folate, pteroylglutamic acid, or vitamin B9. Research has shown that taking folic acid can prevent certain serious birth defects, but only if taken before and during the first few weeks of pregnancy. This is the critical period when the neural tube is developing into the brain and spinal cord. When the neural tube does not close properly, a baby is born with a very serious birth defect called a neural tube defect (NTD). About 3,000 pregnancies are affected by NTD each year in the United States. If all women took adequate folic acid before conception and during pregnancy, 50 to 70 percent of NTD could be prevented.

NTDs are birth defects of the brain and spinal cord. The two most common neural tube defects are spina bifida and anencephaly. In spina bifida, the fetal spinal column does not close completely during the first month of pregnancy. There is usually nerve damage that causes at least some paralysis of the legs. In anencephaly, much of the brain does not develop. Babies with anencephaly are either stillborn or die shortly after birth.

Good food sources of folic acid include leafy green vegetables, fruits, dried beans, peas and nuts. Enriched breads, cereals and other grain products also contain folic acid. However, it is hard to get enough through food alone so the best way to get enough folic acid is to take a multivitamin containing 400 micrograms of folic acid in addition to eating a healthy diet containing a variety of foods.

Looking Back and Moving Forward

Rachelle Hazelton, WIC Program Consultant

Winter will be ending soon and spring will be quickly approaching, which means things are going to start changing outside. There will be no more snow and ice at least until next winter. Therefore, it is time to move forward, but not before, we have had a chance to look back at this last year to see some of the changes or enhancements that were made to the WIC program. Some of those changes include a new funding formula, and a requirement for two signatures on the annual budget, rather than only one signature. Some minor changes were also made to a few of the affidavit and budget forms.

Before we move forward, a few things have occurred in particular with monthly affidavits that need to be addressed. One is calculation errors. When preparing the monthly affidavit be sure that any expenditures you claim are calculated in one of the four cost areas, as well as included in the total. If not done correctly, the affidavit will not add up across the bottom and the totals will not match. Some calculation errors are due rounding issues. When preparing the affidavit, whole dollar amounts may be used, which would eliminate some of the calculation errors that one might experience.

It is also be a good practice to go to the WIC Web site and download a new affidavit form every couple of months. Sometimes when preparing a new monthly affidavit, the formulas are deleted which can cause calculation errors. This especially may happen if you use the same form from month-to-month and just clear the data from the previous month. Everyone is busy and short of time. However, take a few minutes to review and add up your monthly affidavit before sending it in. Make sure that your monthly affidavit is signed to ensure that your affidavit gets processed in a timely manner.

Nutrition and WIC Services

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WE'RE ON THE WEB!

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Growing healthy Kansas families

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Looking Back, Moving Forward (Continued)

In moving forward, it is time to look to the future, to see what is on the horizon. Coming early this summer will be the WIC contracts for FFY09, followed shortly by the annual budgets. It is my hope that the contracts will be sent to the agencies earlier this year. Time is moving fast, so remember to take a few minutes and enjoy each changing season because before you know it, winter will be on its way again.

LOOK

Separation of Duties

The Kansas State WIC Program has two Vendor Managers in Sandi Fry and Brad Iams. What you may not know is who to call when a situation arises regarding Vendor Management. While the list below is not a "catch all" it should give you a place to start. If you are not sure who to call in certain vendor situations please do not hesitate to call either one of us.

Contact:	In Reference to:	Phone and e-mail:
Sandi Fry	General Questions Vendor contracting and application process WIC Approved Food List (WAFL) Obtaining a vendor application packet	(785) 296-1327 sfry@kdhe.state.ks.us
Brad Iams	General Questions The Quarterly Price Assessment (QPA) Check processing and requests for reimbursement from vendors Complaints reported by vendors, participants or LA staff WIC Approved Food List (WAFL)	(785) 296-0093 biams@kdhe.state.ks.us