



*The Cost of Benefit Delivery in the Food Stamp Program: Lessons from a Cross Program Analysis*

From the National WIC Association’s *Washington Update*, April 4, 2008

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The release of this study by USDA’s Economic Research Service has potentially negative media consequences and political implications for WIC, particularly as WIC moves into its program reauthorization cycle in the next Congress in January 2009. The National WIC Association National Office urges a careful reading of the study.

The study – “The Costs of Benefit Delivery in the Food Stamp Program: Lessons from a Cross-Program Analysis” – was conducted by the Brookings Institution under a Cooperative Assistance Agreement on March 24. If not carefully read or if misquoted and misrepresented, the study’s findings appear to cast WIC in a negative light. It is accompanied by a disclaimer that states “the views expressed are those of the authors and not Contractor and Cooperator Report – No. (CCR-39) 67 pp, March 2008.”

Authored by Julia Isaacs of the Brookings Institution, under ERS project representative Margaret Andrews, the study compares the Food Stamp Program (FSP) with eight other public assistance programs across four measures of program effectiveness—administrative costs, error payments, program access, and benefit targeting. The comparison includes two other USDA nutrition assistance programs (WIC and School Lunch), three cash assistance programs, and three programs providing non-cash benefits other than food or nutrition assistance.

The study reports apparent high administrative costs for the WIC Program and while caveats are offered through an explanatory box highlighted on page 10 of the study detailing the relationship of nutrition services to administrative costs it would be easy for anyone, particularly those wishing to do damage to WIC to misquote, misrepresent or take out of context the findings of the study. Especially potentially damaging would be the misuse of the study’s “figures” and “tables” found throughout the study, representing administrative costs, overpayments and other issues for each of the programs reviewed in the study.

The study abstract indicates that “missing information makes it hard to generalize across the other programs, but there is some evidence suggesting that programs with higher errors have lower administrative costs. Low administrative costs also appear to be inversely associated with good program access for recipients. Also, programs that are more highly targeted tend to have higher benefit delivery costs.” ***Again, USDA/ERS offers this disclaimer: This study was conducted by the Brookings Institution under Cooperative Assistance Agreement number 59-5000-6-0104 with the Economic Research Service. The views expressed are those of the authors and not necessarily those of ERS or USDA.***



## *Severe Weather: Be Prepared At All Times*

### **Breastfeeding is Best for Babies—Especially During a Disaster**

Breastfeeding is recommended and safe at all times, and especially during emergencies such as hurricanes or other disasters. Breastfeeding is sanitary with no need for refrigeration, sanitized bottles, or water for formula preparation. Breastfeeding helps reduce stress and is a comfort to both the mother and baby. Bottle fed babies are always at higher risk of diarrhea, and even more so during a power failure. The more often a woman breastfeeds, the more milk she will make. If you are already breastfeeding, continue for the baby's first year or longer as you desire.

### **Tornado Myths vs. Facts**

**Myth:** Areas near rivers, lakes, and mountains are safe from tornadoes.

**Fact:** **No place is safe from tornadoes. In the late 1980s, a tornado swept through Yellowstone National Park leaving a path of destruction up and down a 10,000 ft. mountain.**

**Myth:** The low pressure with a tornado causes buildings to "explode" as the tornado passes overhead.

**Fact:** **Violent winds and debris slamming into buildings cause most structural damage.**

**Myth:** Windows should be opened before a tornado approaches to equalize pressure and minimize damage.

**Fact:** **Opening windows allows damaging winds to enter the structure. Leave the windows alone; instead, immediately go to a safe place.**

**Myth:** Highway overpasses are a safe place to shelter if you are on the road when you see a tornado coming.

**Fact:** **The truth is, any time you deliberately put yourself above ground level during a tornado, you are putting yourself in harm's way. The best place is to lie flat in a ditch.**

**Myth:** Tornadoes never strike big cities.

**Fact:** **The downtown areas of "big cities" have had tornadoes on occasion. A tornado passed through Miami before it moved out to sea, disproving the idea that they can't form in cities. Also, Salt Lake City had a tornado run through the downtown causing thousands of dollars in damage.**

**Myth:** The southwest corner of a basement is the safest location during passage of a tornado.

**Fact:** **The truth is that the part of the home towards the approaching tornado (often, but not always, the southwest) is the least safe part of the basement, not the safest. Homes that are attacked from the southwest tend to shift to the northeast. The unsupported part of the house may then collapse into the basement or pull over part of the foundation, or both.**

### **Tornado Safety Tips**

In a home or building, move to a pre-designated shelter, such as a basement. If an underground shelter is not available, move to an interior room or hallway on the lowest floor and get under a sturdy piece of furniture. Stay away from windows. Get out of automobiles. Do not try to outrun a tornado in your car; instead, leave it immediately. Mobile homes, even if tied down, offer little protection from tornadoes and should be abandoned. Occasionally, tornadoes develop so rapidly that advance warning is not possible. Remain alert for signs of an approaching tornado. Flying debris from tornadoes causes the most deaths and injuries.

*Tornado facts and safety tips taken from WIBW Television Web site, Channel 13, Topeka, Kansas*

## *Tips for Follow-Up Counseling*

*Pat Dunavan, MS, RD, LD, CBE*

Sometimes we need to follow-up with clients about conditions or concerns expressed during the certification visit. This can occur during an individual nutrition education contact or a follow-up telephone call. You may have been the staff person who originally saw the client during the certification, or another staff person may have completed that visit. Regardless, there are some tips to make sure these sessions are successful.



### **Prepare!**

Ask others about their experiences with the client if you have not met them before. Prepare your work space to eliminate distractions. Review the participant's information before the visit using the KWIC View History Screens. Remember to use skills similar to those you use in face-to-face counseling if the visit will be done by telephone.

### **During the Visit**

Introduce yourself warmly. Welcome in a way that conveys your willingness to listen in an unhurried manner.

If calling the client, ask if this is a good time to talk and whether the client can speak freely. Pay attention to the tone of your voice, breathing patterns, pauses and speaking pace.

### **Pay Attention**

Listen actively to the client's words and overall message. Value the client as a human being. Listen with an open mind and heart. Don't interrupt. Acknowledge the client's feelings to continue the conversation. Make an effort to understand in a non-judgmental way.

### **Consider your Words**

Show you're listening. Use verbal cues, e.g., "Yes, I see..." "Uh huh.." Say the client's name or the child's name often. Describe concrete examples that fit the participant's experience. Use language easy enough for anyone to understand.

### **Use Your Best Counseling Skills**

Let the client choose the most pressing problem they wish to discuss. Address other issues as time permits.

Ask open-ended questions to draw out feelings, concerns, and difficulties. Congratulate and compliment small positive steps. Paraphrase key content and feelings from what the client says. Verify what you heard and correct any misunderstandings. Allow for thinking with pauses and silences which may foster discussion.

### **End the Session**

Summarize the main points of the conversation. Praise the participant and help the person feel confident for taking action. Set a time for the next visit. Document the subjects discussed, pertinent information identified, and any referrals made in the client's KWIC record.



## *Food Price Inflation: Causes and Impact*

*Dave Thomason, Director*

In a recent report (CRS22859, April 18, 2008,) the Congressional Research Service of the Library of Congress reported on the causes and impacts of high food prices. Kansas WIC staff are keenly aware of the difficulty that WIC clients have in making their food budgets stretch during times of high prices. In fact, all of us are feeling the stress as we pay more for that gallon of milk or dozen eggs. The current rise of food inflation follows an extended period of stable food prices from 1987 through 2007.

An awareness of the impact of high food prices will be helpful as we continue to serve clients in the WIC program. Here are a few excerpts from the report. (To read the entire report please send an e-mail to [dthomaso@kdhe.state.ks.us](mailto:dthomaso@kdhe.state.ks.us) who will forward the report to you. CRS reports are not available directly to the general public. Reports are available through a request to your Member of Congress.)

“The impact of higher food prices on U.S. households varies according to income. Lower-income households spend a greater portion of their income on food and feel price hikes more acutely than high-income families. Higher food costs impact domestic food assistance efforts in numerous ways depending on whether benefits are indexed, enrollments are limited, or additional funds are made available. Higher food and transportation costs also reduce the impact of U.S. contributions of [foreign] food aid under current budget constraints.”

“Corn, soybean, and wheat prices all reached 10-year highs during the 2006-2007 crop year. High prices for corn reflected increased use for ethanol (22 percent of the 2007 crop) and strong exports. High corn prices in turn encouraged growers to move acres from wheat and soybeans into corn, contributing to tight supplies and higher prices for those crops.”

### **How Do Higher Commodity Prices Impact Consumers?**

“As commodity prices rise, food prices follow, but to a lesser extent. On average, about 20 cents of each dollar spent on food is the farm share — the retail cost less the value-added after the product leaves the farm and moves along the marketing chain to the retail outlet. In less processed foods, the farm component of the final product is larger and changes in the farm price have a greater impact at the retail level. For instance, eggs, and fresh fruits and vegetables undergo minimal processing after they leave the farm—they are consumed in essentially their original form. The retail value of such products tends to have a large farm component and changes at the farm level have a greater impact on the consumer. On the other hand, in highly processed products, such as breakfast cereal, the corn, wheat, or rice used is completely transformed and the final product bears little resemblance to the original commodity. An 18-ounce box of corn flakes contained about 3.3 cents worth of corn in 2006. Higher corn prices in 2007 increased the corn share to 4.9 cents. This is a small part of the retail value of a box of corn flakes. Most of the retail price represents packaging, processing, advertising, transportation, profit, and other costs.”

### **Energy Costs**

“Energy costs affect all levels of the food production sector. Recent record crude oil prices in excess of \$110 per barrel affect costs throughout the marketing chain. Producers spend more for fertilizer (for which natural gas is a major input), crop drying, and transportation — raising production costs. At the processing, wholesale, and retail



*Food Inflation (Continued)*

levels, the cost of transportation and operating packing houses, manufacturing plants, and retail stores has increased. Some of these costs are passed on to consumers in the form of higher prices. In addition, high petroleum prices increase the competitiveness of ethanol, further boosting demand for corn.”

**Food Price Changes Vary by Food Type**

**Meat, Poultry, Dairy, and Eggs.** “The Consumer Price Index (CPI) for all meats advanced 3.3 percent during 2007. Beef increased 4.4 percent, pork 2 percent, broilers 5.2 percent, and eggs 29.2 percent, and dairy products advanced 7.4 percent in 2007. The farm share of these products is large compared with other foods, so changes at the farm level are passed, to a greater extent, to the consumer. In many cases, higher feed and energy costs were behind these increases. Strong export demand — spurred by the weak dollar — and reduced flocks played a role in the price hikes for poultry and eggs. The CPI for meats is forecast to increase by 1.5 percent to 2.5 percent in 2008. Compared with other food categories, these high-value items also account for a large share (11.1 percent) of the average consumer’s food budget.”

**Fruits and Vegetables.** “Prices for fruits and vegetables gained 3.8 percent in 2007 and are forecast to increase 3 percent to 4 percent in 2008. Production shortfalls affected some varieties, especially bananas, the largest by volume. Supplies of oranges were strong, offsetting other declines. Energy costs were a large factor in higher fruit and vegetable price increases. Fruits and vegetables account for 8.4 cents of the consumer food dollar.”

**Cereals and Bakery Products.** “The CPI for these items advanced 4.4 percent in 2007 and is projected to rise 6.5 percent to 7.5 percent next year. Tight global wheat supplies and acreage reductions to promote ethanol production have caused a spike in wheat prices. However shifts in wheat prices have a relatively small impact on grocery store prices because the farm share of these products is small. Prices for these products are affected more by marketing factors such as transportation, labor, and energy costs than the cost of basic inputs.”

**Oilseeds and Related Products.** “Low stocks and strong export demand for soybeans are reflected in the CPI for these products, which gained 2.9 percent in 2007. While much of this category is supplied by soybeans, substitutes exist and will help moderate increases. In 2008, the CPI is set to rise 7 percent to 8 percent due to continued strong export demand from countries where changing diets require more vegetable oil.”

**Impact on Low-Income Households**

“Although U.S. consumers generally spend a smaller share of their income on food compared with many other countries, that share varies widely across income levels. Overall, U.S. households spend 12.6 percent of their income on food, so changes in the price of food have to be large to affect their total budget. However, the picture is vastly different for low-income households. In 2006, households with incomes in the lowest reported income category spent 17.1 percent of their income on food. Households with incomes greater than \$70,000 spent 11.3 percent of their income on food. When food prices rise, families with lower incomes feel the pinch more acutely since food expenditures make up a larger share of their total expenditures. Also, higher-income families can shift food consumption to the home from restaurants, saving money without reducing consumption. A 4 percent to 5 percent increase in food expenditures has a significant impact on purchasing power for low-income families.”

*Food Inflation (Continued)***Federal Spending for Domestic Food Assistance Programs**

“Food price inflation increases spending on domestic assistance efforts. Increasing prices encourage those who are eligible but not participating to enroll. Increasing prices translate directly into benefit payments and per-meal subsidies for entitlement programs in which benefits are indexed to food-price inflation (e.g., food stamps, school meal programs). Increasing prices place pressure on appropriators to provide more funding to support caseloads for discretionary programs like the Special Supplemental Nutrition Program for Women, Infants, and Children (the WIC program).”



“In recent years, the cost of WIC food vouchers has varied a great deal, largely because of changes in dairy-related food prices. Most recently, monthly per-participant WIC food costs averaged \$42.50 for the first three months of FY2008. Given this significant volatility, it is difficult to produce specific estimates of the effect of food price inflation on WIC program costs. However, the ERS forecasts of increases in egg and dairy product prices in the 2 percent to 4 percent range in 2008 indicate that relatively high WIC food costs are likely in the near term.”



### *14th Annual Conference of the New Mexico Breastfeeding Task Force*

*Excerpts from comments by Bridget Marshall, Stevens County Breastfeeding Coordinator, regarding the 14<sup>th</sup> Annual Conference of the New Mexico Breastfeeding Task Force, March 13-14, 2008. (Bridget attended this conference with funding provided through policy ADM 11.02.00 Financial Support for Local Agency On-Going Training.)*

This conference presented a lot of helpful information about many different issues with breastfeeding. There was very helpful information presented regarding problems of the lactating breast and different methods to help alleviate these problems (e.g. engorgement, leaking, plugged ducts, mastitis, rapid RME.) Many of the speakers presented information about the dangers and potential problems associated with formulas.

“What I obtained and plan to use in our WIC clinic is that each mother should be allowed to make her own decision about whether and how long to breastfeed her child, based on a number of factors that she must take into consideration. When making that decision, she should have complete and accurate information about the consequences for her child’s health and her own health. Without accurate information, she is not able to make an informed choice.

It is our obligation as health care professionals to provide complete and accurate information about breastfeeding and the risks of formula feeding. It is also our obligation to assist and encourage those who choose to breastfeed. We must also provide helpful and beneficial information and assistance about possible breastfeeding challenges they might experience. It is everyone’s challenge and responsibility to try and work toward a breastfeeding society.”

## *2nd National Conference of State/Territorial Breastfeeding Coalitions, January 26-28, 2008*

*Theresa Cassiday, Cherokee County Breastfeeding Coordinator*

The information I obtained from the Second National Conference of State/Territory Breastfeeding Coalitions was invaluable. I have always promoted breastfeeding but never fully understood the role that a coalition could play in the continuation of breastfeeding beyond initiation. Because of the information that I was able to obtain at this conference our health department has decided to try to get a coalition organized for Southeast Kansas.



The biggest drive behind putting the effort into trying to establish a breastfeeding coalition is the information I learned about how formula companies have the ability to add ingredients to formula without it being established as being safe by the FDA. Example: the recent study on DHA/ARA by the Cornucopia Institute. Formula companies have also lobbied Health and Human Services Department to get ads toned down about the risk of not breastfeeding. I find it appalling that money can win over the health of children.

I believe that if the resources were available to help women to establish and maintain breastfeeding and the information was presented to them about the risk of not breastfeeding vs. the benefits of breastfeeding, the number of women initiating breastfeeding would increase as well as duration.

*(Theresa attended this conference with funding provided through policy ADM 11.02.00 Financial Support for Local Agency On-Going Training.)*



### *A Little Idea May Bring Big Impact*

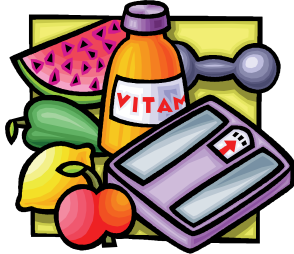
*Editor's Note: Deina Rockhill, WIC Coordinator from Greenwood County shared this tip at a recent management evaluation. We thought it was worth sharing with other agencies who would like to try something similar.*

Cathy Coon, HSHV and clerk, thought up this little idea about how to decrease our no show rate. We were talking one afternoon about our no-show rate and how we can just never seem to gauge it. One month it will be very low and the next month, high. So, after Cathy thought about it for a while, she came up with this idea. After she explained, it, we decided to give it a try.

So, with a package of little yellow dots (a package of 1,000 cost \$7.59) and a little rubber stamp with the letters WIC on it (for a cost of \$16), we put our plan into action. We simply stamp two little yellow dots with the WIC stamp and staple them to our appointment letters when we schedule appointments. We tell the WIC client that one sticker is for their home calendar and one for their work calendar, and they can affix the yellow dots on the date of their next appointment. This acts as a reminder, just in case they misplace their appointment notice letter. People have commented on what a good idea it is. For an investment of \$23.59, we are hoping to make a difference in our how many people keep their appointments.

## *Inadequate Vitamin/Mineral Supplementation-Vitamin D*

*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. They 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;
- 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 folic acid requirement for non-pregnant women. This issue talks about the vitamin D requirement for infants. A future article will discuss fluoride. Vitamin D is essential in adequate absorption of calcium and phosphorus from the gut and into the bones. Infants and children need both calcium and phosphorus to build strong bones. A deficiency of vitamin D can lead to impaired bone formation and ultimately to softening and weakening of bones which is called rickets in children. Osteomalacia is the adult version of rickets.

Children between 6 to 24 months old are at the greatest risk of rickets because they are growing rapidly. Vitamin D, calcium and phosphorus all play a major role in the growth process and the risk factors for rickets can include a deficiency in any of these nutrients. Children who do not get enough calcium and phosphorus in their diets are at increased risk of rickets. The availability of milk and other products that contain these minerals make this cause a rarity for rickets in the U.S. and other developed countries; however, as milk consumption is increasingly replaced by soft drinks the incidence is starting to rise. Lack of vitamin D is still the most common cause for rickets. Vitamin D can come from two sources, food and sunlight.

The most common way to get the vitamin is exposure to the ultraviolet B light fraction (UVB) of sunlight. Cholesterol in the skin is converted to Vitamin D when exposed to UVB. Relying on sun exposure to meet the Vitamin D needs is risky since it is dependent on many factors. The use of any sunscreen with a sun protection factor (SPF) of 8 or greater will block UVB; and clothing, being indoors, shady conditions, darker skin pigments and age all reduce synthesis. It is also true that little or no synthesis takes place in winter at latitudes above 40 N,

*Vitamin D (continued)*

however the Kansas / Nebraska state line is the 40 N parallel, so no part of Kansas is situated above that latitude.

While as little as 30 minutes a day of exposure to sunlight could produce the necessary amounts of vitamin D, sunburn and skin cancer are real dangers for young children. To decrease the risk of skin cancer, the American Academy of Pediatrics (AAP) recommends that infants younger than 6 months should be kept out of direct sunlight, and protective clothing as well as sunscreens should be used for all infants and children.



Vitamin D is found naturally in very few foods, but a wide variety of foods (such as dairy products, infant formula and breakfast cereals) are fortified with vitamin D. Vitamin D intake tends to be adequate in people who consume vitamin D fortified foods. Breastmilk contains some highly bio-available vitamin D, but the amount varies and is usually low. Infants who are breastfed but do not receive supplemental vitamin D or adequate sunlight exposure are at increased risk of developing vitamin D deficiency or rickets. In 2003, the AAP concluded that although there is evidence that limited sunlight exposure prevents rickets in many breastfed infants, in light of growing concerns about sunlight and skin cancer and the various factors that negatively affect sunlight exposure, it seems prudent to recommend that all breastfed infants be given supplemental vitamin D. Supplementation should begin within the first 2 months of life. (PEDIATRICS Vol. 111 No. 4 April 2003, pp. 908-910)

This report recommends that all infants have a minimum intake of 200 IU of vitamin D per day beginning during the first 2 months of life. All infant formulas sold in the United States have at least 400 IU Vitamin D/L. Thus, if an infant is ingesting at least 500 mL per day of formula (vitamin D concentration of 400 IU/L), he or she will receive the recommended vitamin D intake of 200 IU per day. This recommendation is consistent with assigning the risk factor for 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; or 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.

*Fiscal Fitness*

“What’s all this fuss I keep hearing about caseload? Why do I care how many people are on WIC in our clinic? As long as we don’t get so many coming in we have to work late or on weekends, it really doesn’t matter...” Ever catch yourself thinking like this? We all do sometimes; I mean, we’re here to serve as many WIC participants as we can, right? If they stop coming in, that’s OK too. More time to do other things.

Au contraire, mes ami! It IS important for you to be aware of the number of WIC participants you have now, and how many you expect to have in the future. You need to know this to provide adequate staff and clinic hours to serve WIC clients, and we (the State WIC Office) need to know too, so we can provide accurate projections to USDA so they can secure adequate funding. Kansas receives administrative funding based on WIC participation. We determine your funding based on the number of WIC participants you serve too - if you serve more, we provide more; if you serve less, we provide less. The money goes where the people go.

As WIC budget time is approaching, perhaps now is a good time to review/clarify how you should look at your WIC “caseload.” The term “caseload” has been used for many years by many programs to refer to clients served.

*Fiscal Fitness (Continued)*

Unfortunately, this has led to some confusion regarding WIC clients, particularly regarding how we provide funding to the WIC Local Agencies. We use participation numbers in WIC to talk about clients served. Participation is defined as those clients who receive WIC checks – makes sense, as they are the ones receiving services, particularly food packages. In your KWIC reports, you will see the number of “enrolled” clients and “participating” clients. Focus on the participation number; NOT the “enrolled” number. The enrolled number is more FYI – these are folks who you saw at least once, but who aren’t receiving checks – aren’t “active.” They remain in KWIC in case they come back – they have minimal (if any) effect on your WIC operations. Besides, they were counted as “participating” for the months they received checks.

So, when we assign your target monthly participation figure each year, we use participation figures. This number is the average monthly participation we project for your agency for the year. Obviously this is a “calculated guess” on our part at the time we issue your WIC contracts. For us to effectively manage the WIC program in Kansas (and for your benefit, provide the administrative funding you need in a timely manner), we need feedback from you on your projections of how many WIC clients you expect to serve. You have a much better idea of your local situation than we do. You know of business openings and closings, layoffs, and other changes in your communities that may impact the number of folks who are or will be eligible for WIC.

We don’t need to hear from you every month – what we really need to know is if you become aware of anything in your area that might impact the number of WIC clients you serve over time. This will better enable us to keep fiscally fit in the Kansas WIC program, and effectively relay the funding baton to the right hands at the right time.

*You Look Like An Especially Nice Person*

Susan Miller, author of *Bright Ideas! Nutrition Education Skills*

Human dynamics are fascinating! For instance, why do I like you? For starters, it’s the fact that I feel like you like ME. When you start off with “I like you” written all over you, you’re starting out in a positive spot.

People decide if they like the messenger before they even hear the message. Therefore, how nice the client perceives you to be has a lot to do with how effective you are and ultimately, how much satisfaction you get out of doing the session. Sure, you’re a nice person ... but is it clear just by looking at you? You will get tangible results from clearly projecting how nice you really are.

In clinic, you make subconscious and conscious evaluations constantly throughout each visit. The same thing happens inside the client. A client who feels positively about you is more likely to open up to you and explore their situation. Appearing too professional (the one in charge, the one with the answers) or too emotionally distant, makes the climate much less conducive to learning. You will be much less effective. If you are someone clients feel they can talk with and explore things with, you will have set the stage for learning and progress.

Lighten up! Both you and your message will be so much more attractive. People react positively to positive people and positive expectations. Good nutrition may be serious business to us but a serious approach does not make our messages especially appealing. Why do people respond better to a light approach? It’s because it takes a lot of pressure off them. People are more receptive if they feel the pressure is off. More of their attention is available for listening, thinking and exploring options. Lighten up a little and you will probably find that

*Nice Person (Continued)*

people give you more feedback that you've been really helpful.

Have you ever talked with someone whose face is blank and who looks like she refuses to interact with you? You don't think she is angry; it just looks like she is tuning you out. A face that is blank does not mean the mind is blank. It could be a pose or protection. Maybe they had a bad experience at the front counter or with another staff member. Maybe they just don't know what to expect; they want to check it all out before they share a smile with you. Perhaps this is someone from a culture that reserves smiles for people they already know and trust. Next time you see a blank face, think of it as a vulnerable face and then be your warmest self. Your genuine warmth can break through barriers quickly.



You may find it unnatural to maintain genuine warmth when you don't feel any in return. Your smile doesn't have to be focused on the adult. If you smile as you look at the baby or children, the parent will notice right away. Desmond Morris, an anthropologist, has done some fascinating work on the messages our faces send. He has demonstrated very clearly how we have primitive and instinctual response to the cues on the faces of the people we meet. We read each others' faces unconsciously. Humans use the smile to defuse hostility and signal peaceful intentions. A genuine smile and a caring attitude set the stage for a good WIC visit.

*Local Agency News***We welcome these new WIC employees:**

Barton County, Pamela Gonzalez, Clerk  
 Finney County, Kristi Goff, BFPC  
 Harper County, Jonna Gaffney, Clerk  
 Hodgeman County, Judy Thomas, Clerk  
 Russell County, Candi Wagner, Clerk  
 Shawnee County, Elaine Deters, RN

Finney County, Mireya Hernandez, Clerk  
 Gray County, Kazim Cornett, Clerk  
 Harvey County, Alpa Patel, Clerk  
 Rice County, Marci Leake, RN  
 Sedgwick County, Amanda Butterfield, Clerk

**We say farewell to these WIC friends:**

Douglas County, Ginger Salmans, Clerk  
 Finney County, Shelly Ayon, Clerk  
 Marshall County, Donita Cohorst, RD  
 Neosho County, Kim DelaCruz, RN  
 Phillips County, Linda Shelton, RN

Finney County, Crystal Dizmang, BFPC  
 Harvey County, Maria Llamas, Clerk  
 Neosho County, Paula Roberts, RN  
 Phillips County, Melody Cress, Clerk  
 Rice County, Jane Yates, RN

## Nutrition and WIC Services

*Kansas Department of Health and Environment*

*Nutrition and WIC Services*

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Agriculture, USDA, Washington, DC.*

WE'RE ON THE WEB!

[WWW.KDHEKS.GOV/NWS-WIC](http://WWW.KDHEKS.GOV/NWS-WIC)

Growing healthy Kansas families



### *Local Agency News (Continued)*

**Congratulations to:**

Carol Winter (Bloch), RD from Johnson County on her recent marriage

Dee Johnson from Cherokee County on her recent retirement

Joni Bellerive, Rooks County, on the birth of her grandson Parker

Pam Combes and Rachelle Hazelton, State Staff on becoming Certified Breastfeeding Educators

Sandy Perkins on being elected the President-Elect of the Association of State and Territorial Public Health Nutrition Directors

Farewell to Jim Davis, KWIC Project Director at the State Agency

