



## *World Breastfeeding Week Contest Winner Announced*

*Martha Hagen, MS, RD, LD, IBCLC*

<b>Inside this issue:</b>	
<i>Help! I'm on the phone</i>	2
<i>Dealing with Challenging Clients</i>	2
<i>Food and Youth: Finding the Tipping Point for Wellness</i>	3
<i>WIC Affidavits-Write Here, Right Now</i>	4
<i>New Substance Use Resources</i>	4
<i>Enhancing Behavior Change with Client Goals</i>	5
<i>National WIC Association</i>	7
<i>How Much is Too Much?</i>	8
<i>Food Package Changes</i>	10
<i>Early Entry into Prenatal Care for Farmworkers</i>	11
<i>Local Agency News</i>	12

Congratulations to Nemaha County Community Health Services, Inc. for their award winning World Breastfeeding Week event. Qualifying activities were those that showed partnerships between WIC Clinics and community organizations in the planning of a breastfeeding promotion, support event or activity. Activities taking place during 2008 were eligible for this contest. Nemaha County Community Health Services won \$200 worth of breastfeeding resources for their event.



Nemaha County Community Health Services identified early cessation of breastfeeding as one of their largest barriers to breastfeeding. It was noted that many of their WIC participants quit breastfeeding before leaving the hospital or within the first month. They decided the best way to empower women to continue to breastfeed was to give the health professional working with them as much information about breastfeeding as possible. Hoping a program would give health professional tools to aid clients with successful breastfeeding, they collaborated with Sabetha Community Hospital to provide a breastfeeding continuing education class for health professionals.

Working with Sabetha Community Hospital a speaker was chosen, publicity developed and distributed, and costs shared. Nemaha County Community Health Services was responsible for all activities on the class day. Sabetha Community Hospital was responsible for providing CEU's to all applicable attendees.

Libby Rosen, RN, BSN, IBCLC, THDC from Stormont Vail Hospital in Topeka provided a three hour continuing education class at the Sabetha City Hall Meeting Room. The class focused on optimal breastfeeding support, early challenges of breastfeeding, strategies to assist with breastfeeding and how to overcome barriers to continuing breastfeeding. Mrs. Rosen also provided breastfeeding educational articles, pamphlets and resources. Attendees learned more about breastfeeding and what they could do to aid women to be successful in breastfeeding. The program allowed the local WIC office and nurses at Sabetha Community Hospital to discuss the primary barriers to breastfeeding in Nemaha County and to brainstorm how they could work together to eliminate these barriers.



## *Help! I'm on the phone and I can't hang up!*

Have you ever felt as though your phone conversation would never end? If yes, you are not alone.

Below are some tips on how to politely end a telephone call or conversation:

Provide a warning that your time is limited. "Mrs. Jones, I only have a few more minutes. Is there anything else I can help you with before I must go?"

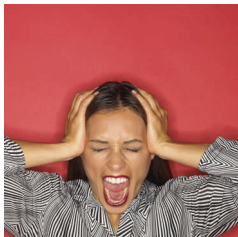
Speak in the past tense. "It has been a pleasure speaking with you. . ."

Apologize for the need to end your conversation. "I am sorry, but I must get back with you later or I will be late to my three o'clock meeting."

Acknowledge that you **will** continue your discussion later. "I look forward to speaking with you about this at your appointment tomorrow."

Validate the conversation by briefly restating the information provided. "Your infant is. . . I have made a note of this and we will discuss this in more detail when I call you back later this afternoon."

Use humor, when appropriate. "Where has the time gone? It is already noon!"



## *Dealing with Challenging Clients*

*Jamie Downs, Butler County WIC Coordinator*

(Taken from Jamie's summary of attending the National WIC Association conference, May 2008)

Calvin Morgan, in his presentation on Dealing with Challenging Clients, helped us to look at whom we consider to be challenging and what we need to do to deal effectively with them. We discussed what customers expect when things go wrong. What I realized was that they were things I wanted or how I want to be treated by someone I am dealing with when I am the customer. When I am dealing with a client, I need to remind myself of how I would want to be treated if the roles were reversed.

There are four techniques we can use when dealing with challenging clients.

The first is LEAF – Listen, Empathize, Acknowledge and Follow-up.

The second is TOPS – The Other Person's Shoes.

The third is the anger pyramid. The key to the anger pyramid, is to let them vent uninterrupted and to really listen. Once they have peaked, ask if there is anything else they want to tell you before starting to problem solve. Always ask if they are comfortable with the solution.

The last technique, shifting into neutral, is very important. Neutral is the middle ground between the negative thoughts and the positive thoughts. I also found out I have more of an accommodating style of handling conflict. I thought I was more compromise or collaborating style. They came in second. Now that I know my style, I can be more aware of how I handle conflicts and resolve situations.

## *Food and Youth: Finding the Tipping Point for Wellness: 2008 Nutrition Council Conference*

### **Jean Detrich, RN, Dickinson County WIC Coordinator**

Specifically, these are several of the things/new ideas that I learned at the 2008 Kansas Nutrition Council Conference:

Instead of a sugar-laden birthday party in school, have an extra recess with the birthday child choosing the group activity. (What a great idea!!) American Heart Association contacted those who wrote "No Child Left Behind" Act to include P.E. - "Fit Kids Act" is the result. 20% of military recruits can't get through basic training due to physical non-fitness.

Beginning January 2009, use "Fruits & Vegetables, More Matters"; discontinue using "5 A Day" at that time.

New-to-me web sites to get supplemental nutrition education. Eating together is not just about calories. It's about: quality of life ...belonging/pleasure/energy/self-respect/self-esteem/\$\$\$/health for more, disease for fewer/ conserve resources. I love that power point slide. It has so much value and potential power drawn together in the words. Families that eat together can build on the relationships that exist and grow tighter into a group that supports each other.

The nutrition education that was shared at the conference will be used as I visit with WIC families, my co-workers, and the random people that come up to me and ask me questions about foods and healthy eating. (Just come grocery shopping in our small town with me someday!! I feel like EVERYONE is looking into my grocery cart - and many of them do make comments. It's a good reminder for me to walk my talk.)

### **Cathy Garren, RN, Jefferson County WIC Coordinator**

I really enjoyed this conference and felt that it gave me some good ideas to use with WIC participants. A common theme of the conference was that cooking with children can be fun and children and families can derive many benefits from it. Families can enjoy healthier meals when they cook using more natural ingredient choices rather than processed foods. Children can be involved in the cooking process, and in doing so can learn more about what goes into foods, use reading and math skills, as well as have fun. Learning and mastering small cooking tasks can also help children to gain confidence.

### **Marlene Lindahl, RN, Geary County WIC Coordinator**

Connie Evers was a very interesting, motivating speaker. Points she made included:

Parents need to play an active role in what their child eats. Parents are delegating this responsibility to the school, day care provider or grandmother. I will stress with parents that healthy and appropriate food should start with their infant. Promote fruits and vegetables. Don't give up. Offer a variety. I will inform the parent. Eat many kinds yourself. You are the teacher. Your child will learn from you. A child will learn to enjoy vegetables if the parent is good role model. Make mealtime a happy time. Make it a family time. We should encourage our families to make a meal. "Eat together, eat better."





## *WIC Affidavits-Write Here, Right Now*

*Rachelle Hazelton, WIC Program Consultant*

Have you ever noticed how time flies? Just when you begin to feel that you are caught up on things, you realize it is time to start the process all over again. WIC affidavits are the same way. Just when you think you are finished with one you find yourself preparing the next month's affidavit.

It is very important that affidavits are sent to the State Agency (SA) by the 20<sup>th</sup> of each month for expenses incurred the month before. When affidavits are not submitted in a timely manner, it makes it more difficult for the State to make future projections on remaining funds for the Federal fiscal year. This affects how the State looks at upcoming food cost, computer and equipment purchases and allocation of funds for the WIC Local Agency (LA) Contracts for the next federal fiscal year. It also affects the State's monthly reporting to the Federal Government. There are times when extenuating circumstances prevent affidavits from being submitted on time. If this should happen, the LA should notify the SA as soon as possible.

WIC must report costs within one of four categories: Nutrition Education, Breastfeeding Promotion and Support, Client Services and General Administration. This ensures that the State as a whole is meeting the requirements set by the United States Department of Agriculture (USDA) and again, helps with future projections. It is extremely important that each LA meets their required one-sixth Nutrition Education requirement and the assigned amounts for Breastfeeding Promotion and Support. These target amounts are sent out each year with the WIC LA Contract and are then reflected in the LA monthly affidavit. If an LA is uncertain as to whether they are meeting the requirements, please refer to the Policy and Procedure Manual or contact the SA.

Even though time is flying fast, when LAs send accurate affidavits timely, the SA can make better projections resulting in better annual allocations to the LA each year. Another benefit to the LA is routine monthly income to cover WIC expenses. Money is getting tight all over and maintaining a routine cash flow is becoming more critical than ever. Try to stay on top of your affidavits and don't let them fly by you!



## *New Substance Use Resources*

The Kansas Alliance for Drug Endangered Children has developed a series of tip cards addressing specific effects of substance use during pregnancy. The tip cards cover alcohol, cocaine, marijuana, methamphetamine, prescription drugs, tobacco and common myths. The cards are available in both English and Spanish. For more information or to request a sample copy of the tip sheets, contact Cristi Cain at [ccain@parstopeka.com](mailto:ccain@parstopeka.com).

## *Enhancing Behavior Change with Client Goals*

*Patrice Thomsen, MS, RD, LD*

The “Client Goals” window in KWIC can often be a challenge for staff. Let’s take a look at the different parts of the window and also discuss a few examples. Although it is the third tab in the Nutrition Education application of Client Services, it is suggested that you complete the Client Goals tab **before** doing other nutrition education during a certification. Then you will be better able to prioritize and select appropriate topics/handouts.



### Client Goals



Encourage the client to identify a goal related to nutrition or health considering the concerns she already identified or items that you determined to be risks in the assessment. At least one goal must be entered. If a client is very non-responsive and has absolutely no interest in setting a goal, you can document that fact.

Many clients do not think about goals, so you might try to use words **other** than just “What goal do you have for your eating or health?” Consider if these examples might be conversation-starters to try.

“You said that you’re concerned about not gaining enough weight with this pregnancy. How much would you like to gain in the next \_\_ months?”

“You said that breastfeeding is going well. About how many months would you like to breastfeed?”

“You wrote on Billy’s diet questionnaire that you would like him to eat more veggies. What is one change you would like to see in the next six months related to eating his vegetables?” Be prepared to offer a couple **concrete** suggestions if mom is unsure. “What do you think about tasting one vegetable besides potatoes every day?”

“You said that your goal is a healthy pregnancy and that you don’t eat many dairy products. What if we make a plan to help you get three dairy foods a day?” (Or any other pertinent issue related to having a healthy pregnancy.)

“Your iron was really low today and you said it’s hard for you to eat better and remember to take your prenatal supplement. Would you like to talk about making a plan to eat more iron foods and take your supplement every day?”

It can be challenging to get clients to participate in developing a plan, so it takes some practice in encouraging it. Ideally the goal should be the client’s idea, but sometimes it helps for the counselor to provide some suggestions to make it more concrete or, as in the last example, to make a suggestion based on a risk we have identified.

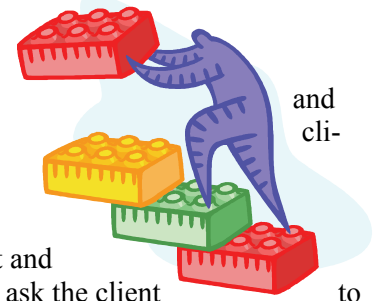
### Ways to Meet Goal

This section allows you to work with the client to identify a few **specific** steps that can help the client reach the goal. It can take considerable skill to help the client think about very specific, realistic steps that they are likely to do.

Continued on next page.

*Enhancing Nutrition Education (continued)*

This information is for the client so the language and steps should be simple, concise doable. You might first need to explore barriers to the identified goal. Then ask the clients for some very specific possibilities to get around that problem.



Many handouts offer a list of suggestions. Consider showing such a list to the client and asking something like, “Do you think any of these ideas might work for you?” If so, ask the client to identify which ones they might use or adapt. You can mark them on the handout and record in KWIC.

**Staff Reinforcers and Recommendations**

This field is optional. It is a space for you to document what you would like to have reinforced at a future visit. This might be something reinforced during a visit with a dietitian or nurse at a one-on-one secondary education visit for this certification period, or at the next certification appointment. You might also note recommendations made to the client or recommendations to WIC staff who may work with the client in the future.

Read these examples and compare your opinions to the state agency (SA) comments:

**Example 1.** Andy (Child)

Client Goal: Will have gained 2 pounds in 3 months

Ways to Meet Goal:

More food intake for his age.

SA comments: Goal is very concrete. Ways to meet goal is very general. Offer ideas/use handout and let mom select a few that she might realistically try.

**Example 2.** Lisa (Pregnant Woman)

Client Goal: Healthy Pregnancy

Ways to Meet Goal:

Prenatal care

Healthy eating

Get physical activity

Dental care

SA comment: This is certainly a valuable goal and important aspects of a healthy pregnancy. But it is not specific and perhaps is overwhelming. It might be better to get Lisa to create a goal out of one of the “Ways” listed. Then develop ways to meet that goal. For instance if she is interested in getting more physical activity, the goal could be “Get more physical activity” (or even more specific...4 times a week.) “Ways” could be things like “Get sister to walk with me, Walk during work break for 5 minutes, etc.”

*Enhancing Nutrition Education (continued)***Example 3.** Emily (Child)

Client Goal: Will try to give more fruits and vegetables.

Ways to Meet Goal:

Have as snacks.

Make them fun (cut in shapes, etc.)

Let her help prepare them.

Let her choose some of the fruits and veg she would like to have.

SA comment: Looks good!

If the client has input on creating goals and specific ideas to reach that goal, she/he will perhaps be more:

- Interested in having you print them off to take home.
- Willing to try a change.
- Willing to talk about what worked and what didn't at the next WIC visit.

## *National WIC Association -25th Annual Conference , May 25-28, 2008*



Assorted comments from Kansas WIC staff in attendance

**Jamie Downs, Butler County WIC Coordinator**

I had no idea how much I didn't know, how much I would learn and how much fun I would have at the National WIC Association Conference. The first day alone was an eye-opener. I was not aware there was a National Rice Council, National Canned Foods Council nor a National Bean Council. In fact, we are offering a training for day care providers using information from the Bean Council.

Dr. Sherri Johnson spoke about race and ethnicity. Two points she made were that race is a pigment of the imagination and that we are more like a chef salad than a melting pot. Each person needs to be allowed to retain their ethnicity and individuality instead of trying to make everyone the same. The final event on Monday was the Indian Tribal Organization Honoring Ceremony for Dave Thomason as outgoing NWA president. It was amazing to see so many in their native clothing and being able to learn more about another culture.

The speaker, Chere Bork, stressed that if something needs to be done either do it, dump it or delegate it. Don't let it hang over you for a long period of time. It is when you hang on that you start feeling overwhelmed and start worrying.

Continued on the next page



*National WIC Association (continued)*

### **Holly Moore, Butler County WIC RN**

Tou Ger Xiong was also very entertaining and informative. I have learned a lot about cultural differences with the conferences we attend each year, however I think I will retain more of what Tou said because of the way it was delivered. I think story telling is a very good way for people to learn because I think they learn things and they don't even realize it. I think it would be very hard to have a different culture and different set values at home then you do in public. I think this would be very difficult for children to adapt to.

### **Vicky Wiebe, Butler County WIC Clerk**

I would like to first start by thanking you for giving me the opportunity to attend the NWA Conference. I have never been to a conference that was as rewarding as this was, both in content and in networking with other agencies and vendors. It was interesting to attend the USDA Town Hall Meeting and be able to understand the process they go through to bring the program to the state and local levels. This session, along with the exhibits, posters and networking with other agencies gave me great insight and ideas for implementing the upcoming changes on how to transition to the new food package. One agency suggested making a display of the different packages so clients can see the changes and compare the amount of food in each package. This is something we plan to do prior to the new food package being implemented.

### **Sheryl Drewis, Shawnee County WIC RD**

I attended 3 different sessions about the new food package.

1. The balancing act in developing a new food list. How state agencies are deciding their choices and policies and trying to balance which foods are available (not many choices of 1# loaf of whole wheat bread), the clients preference and the BIG ONE cost containment. Different problems have risen in different states.
2. New Food choices 2009 Building Community Partnerships, I attended to find out what organizations we can work with in the state of Kansas. The farmer's market (accepting WIC checks) was very active in other states.
3. I am the vendor rep for Shawnee County. I went to Partnering with vendors for successful implementation. Kansas is one of the few states which has a vendor advisory, most of the session was discussion on how to get one started in their state.



### *How Much is Too Much?*

*Patrice Thomsen, MS, RD, LD*

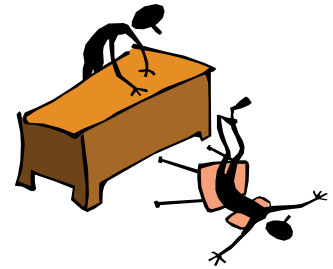
How much is too much?? Printed nutrition education materials – that is. The answer? “It depends.”

Think carefully about the printed nutrition education materials that you choose for clients. A stack of handouts can overwhelm a client and likely will not be read. Consider if it would be better to give a general handout such as the Help Me Be Healthy series, perhaps along with one, two or three targeted items. If a client expresses an interest in getting more – that's fine. (I hope nobody makes up packets based on client category!)

(Continued on next page)

*How much is too much (continued)*

Are you giving a large number of pamphlets because there is so much important information? Resist the temptation to provide a dozen handouts because there is so much we want a client to understand. For me, this is especially hard for certification visits with pregnant women. Remember the Best Start guidance in regard to breast feeding promotion:



Draw out the woman's feelings/concerns. E.g, "How do you feel about breastfeeding?" (Do **not** ask "Are you planning to breastfeed?")

Reaffirm her feelings. E.g. "I talk to lots of women who have that concern."

Educate her with messages carefully **targeted** to her concerns. Then try to use follow-up visits and check pick-up to continue to provide positive messages about breastfeeding.

Are you familiar with education pieces available from the State Agency (SA)? Check out the options on the Resources page of the Kansas WIC website. <http://www.kdheks.gov/nws-wic/resources.htm>. Also investigate the preprinted items that can be ordered using the WIC Publications Order Form. [http://www.kdheks.gov/nws-wic/Forms/WIC\\_Publications\\_Order\\_Form.pdf](http://www.kdheks.gov/nws-wic/Forms/WIC_Publications_Order_Form.pdf)

Are you **actively** using the pamphlets in your conversation with the client? Point out at least one specific point or area of the pamphlet. Maybe highlight or mark it. For example, you are certifying an 18 month-old who is still using a bottle. Mom has indicated that she's working on weaning, but it is not going well. You can pull out "It's Time to Kick the Bottle Habit" and have the client look over the tips on the back. As part of goal-setting, you can talk about which of the tips she's tried, barriers and what she might try differently. Mark on the handout. Or even better – get the client to mark things she might try or other ideas not on the handout.

Are you giving pamphlets appropriate for the client's risks and concerns? Using the previous example, you could also get out the handout, "Early Childhood Caries" to show the pictures of rotten teeth as extra motivation. But you decide not to because this mom already really wants her child off the bottle. Or perhaps one of the barriers is that grandma provides child care and continues to give him a bottle, despite mom's efforts. Then you might ask mom if she wants to take home the "Early Childhood Caries" brochure to help convince grandma with the pictures. It depends!

Do you look in KWIC to see what handouts have been given before? This is especially important for a follow-up visit (high-risk or individual low-risk). You might choose to pull out the same one and ask which of the things were tried. Or you might get a different pamphlet – or none at all. For certification visits, it is more important for children than for other categories. To see the handout history, go to the drop down menu for Client - View History – Nutrition Education – Handouts.

*How much is too much? (continued)*

Are you using the best quality possible? If using items from the SA website and your master copy gets lost - print off a new master instead of copying from a copy. Be careful so printing on copies is straight, etc.

Are you using resources wisely? If making copies, consider if you will save money by using an outside copy center. It's sometimes hard to take time to plan ahead and make copies before running out, but it saves staff time, and perhaps money. Periodically review use and preferences of staff so you don't make a lot of copies and then learn staff now prefers a new brochure. Remember - just giving a stack of pamphlets often means wasted money, wear on your photocopy machine and trash in your parking lot.

## *Food Package Changes*

*Sandy Perkins, MS, RD, LD, CBE*

We are going to explore the upcoming changes in a series of newsletter articles. We'll start in this newsletter with a timeline for the food package changes. You keep hearing that the WIC food packages are changing to better meet the nutrition needs of WIC clients. But details on exactly what is going to change and when WIC clients will start seeing the new food packages has been less available.

The Kansas WIC program has decided to change to the new food packages based on the day the checks were printed for the clients starting in August 2009. That means that any checks printed in July 2009 will contain the current food packages and all checks printed in August 2009 will be for the new food packages. This way every WIC client will have checks for the new food packages by October 2009.

Issuance Month	Month of First Day to Use						
	June	July	August	September	October	November	December
June	Current	Current	Current				
July		Current	Current	Current			
August			New	New	New		
September				New	New	New	
October					New	New	New

As can be seen on the above table, during August, September and October checks containing both the current and the new food packages will be in circulation. To help quickly identify which food package checks are for, the Kansas WIC Program will change the color of the check stock the first of August 2009. Additionally, training materials, check folder and WIC Approved Food list will all be color coordinated with the new check stock.

During August, September or October, checks containing the current food package will not be replaced with checks for the new food packages except in cases of medical need or in special situations such as a caregiver change. Clients will need to be instructed to take extra care not to lose or abuse their checks during this time-frame.

## *Early Entry into Prenatal Care for Farmworkers, a KSFHP Priority Focus*

*Cyndi Treaster, KSFHP Director*

The mission of the Kansas Statewide Farmworker Health Program (KSFHP), a KDHE administered program, is to assist migrant and seasonal farmworkers in accessing primary health care. KSFHP provides benefits through a statewide voucher/case management system. Case managers and health promoters work individually with clients to help ensure access. To better serve clients, KSFHP staff members are bilingual in English and Spanish, or English and Low German. Vouchers for covered services are obtained from Access Point Agencies made up of federal and/or state-funded primary care clinics and local health departments. KSFHP has agreements with over 650 providers statewide to provide services, which include primary care, pharmacy, dental, lab, and x-ray. Hospitalization, surgery, and emergency room visits are not included.



To be eligible for the KSFHP program, an adult member of the family must be currently employed in crop-based agriculture as a primary source of income, or have been so in the past 24 months. This consists of work in grains, truck gardening and nurseries. Employment in dairies is also included. Family income must not exceed 200 percent of the federal poverty level. KSFHP serves all members of the farmworker family however; family members must be without insurance to utilize the voucher assistance portion of the program.

Core to accessing primary health care is the assurance that farmworker women are able to enter care within the first trimester of pregnancy. The Healthy People 2010 goal is for 90 percent of pregnant women to enter care within the first trimester. In 2005, 59 percent of KSFHP pregnant women entered into prenatal care in the first trimester while in 2006 that percent climbed to 66 percent.

While this percentage is woefully short of the Healthy People 2010 goal, it actually exceeds the state rate of 55 percent in 2005 and 45 percent in 2006 for foreign-born women who are from Mexico and delivering in Kansas. We think we have room for improvement. To this end, KSFHP will be focusing its staff and fiscal resources on supporting early prenatal care services for farmworker women. KSFHP will evaluate each area for the availability of low cost prenatal services to identify where limited KSFHP voucher resources can be best utilized. KSFHP case managers and health promoters will be providing linguistically and culturally appropriate case management to support access to care.

For more information about KSFHP go to [www.kdheks.gov/olrh](http://www.kdheks.gov/olrh) or contact your regional case manager listed below:

Western Region:

Lucia Gutierrez, (620) 428-1762, (620) 275-4970,

[lgutierrez@ummam.org](mailto:lgutierrez@ummam.org)

Central Region:

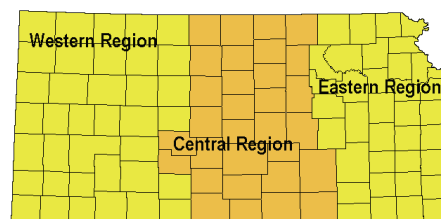
Patricia Fernandez, (785) 296-8983, (620) 617-7428,

[pfernandez@kdhe.state.ks.us](mailto:pfernandez@kdhe.state.ks.us)

Eastern Region

Kendra Baldrige, (785) 286-2671, (816) 590-7577,

[kbaldrige@kdhe.state.ks.us](mailto:kbaldrige@kdhe.state.ks.us)



## Nutrition and WIC Services

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Agriculture, USDA, Washington, DC.*

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WE'RE ON THE WEB!

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

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Growing healthy Kansas families

Our Vision- Healthy Kansans living in safe and sustainable environments



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## Local Agency News

### We welcome these new WIC employees:

Anderson County, Brenda Pfizenmaier, RD  
Clay County, Amber Charest, Clerk  
Neosho County, Barbara Hanks, Clerk  
Neosho County, Kandy Frye, Clerk  
Sedgwick County, Carolyn Davis, Clerk  
Sheridan County, Lynetta Cressler, Clerk  
Wyandotte County, Jodi Michael, Clerk

Butler County, Kelly Kilgroe, RD  
Nemaha County, Kimberly Bolewski, RN  
Neosho County, Laurel Jones, Clerk  
Sedgwick County, Megan Garcia, Clerk  
Shawnee County, Angel Tetuan, RN  
Southwest Kansas WIC, Carrie Hernandez, RN

### We say goodbye to these WIC friends:

Butler County, Barb Roths, RD  
NEK Multi-County, Donita Cohorst, RD  
Neosho County, Betty Harris, Clerk  
Shawnee County, Ann Betty, RN  
Wilson County, Karla Huser, RD

Jackson County, Chastity Schumann, RN  
Nemaha County, Camren Aberle, RN  
Sedgwick County, Ana Rodriguez, Clerk  
Sheridan County, Heather Bracht, Clerk

