



## *New Law Provides Loan Forgiveness to WIC Professionals*

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

Inside this issue:	
<i>Notes! Notes! Notes!</i>	2
<i>Family Mealtime: Connecting Families with Food</i>	4
<i>Did You Know?</i>	4
<i>Moving from Nutrition Knowledge to Action</i>	5
<i>Don't Start a Second Record</i>	6
<i>Local Agency News</i>	7
<i>Tidbits from the 2008 Pediatric Dietetic Practice Groups Symposium</i>	7

On August 14<sup>th</sup>, the President signed into law the Higher Education Opportunity Act which among other provisions grants student loan forgiveness to WIC nutrition professionals. The law provides loan forgiveness for a variety of professionals working with underserved, high risk populations or areas of national need. The law comes at a time when the need for dietitians working within the WIC community is increasing; a demand that is not being met by the current number of university graduates.



The law specifically provides for loan forgiveness under Section 430 paragraph (b)(10) for: (10) NUTRITION PROFESSIONALS--The individual--

(A) is a licensed, certified, or registered dietician who has completed a degree in a relevant field; and

(B) is employed full-time as a dietician with an agency of the special supplemental nutrition program for women, infants, and children under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786).

It is hoped that the new law may provide an incentive for more dietitians to consider a career in public health nutrition.

## *KWIC Update*

*Darrel Finley, KWIC IT Program Manager*

The new Request for Proposal (RFP) for WIC has been awarded to the current contractor C-Quest America (who purchased Starling Consulting); it has been renewed for three more years. The new contract is now in effect and we are actively updating standards and processes so that we will have more efficient rollouts of new releases to come.

While this is occurring, the State WIC office is working on creating a new spreadsheet. Cathy Colpitts will be asking each agency to appoint a sole contact to update this list with the correct inventory of equipment within each agency. It is our intent to place this spreadsheet to a website that you can access and update your agency with the correct inventory, so please be ready to appoint and update this when asked.



## *Notes! Notes! Notes!*

*Patrice Thomsen, MS, RD, LD*

The State Agency continues to encourage WIC staff to sharpen their KWIC note-writing skills. You should have already read the August 2008 KWIC Focus about notes so that information will not be repeated here. (If you have not already read it, find the August

I-memo or go to the Resource page of the Kansas WIC website [www.kdheks.gov/nws-wic/resources.htm](http://www.kdheks.gov/nws-wic/resources.htm).

A few thoughts about KWIC notes:

Is the title descriptive enough? Is there enough detail so that other staff will understand the situation? Does the note provide enough information that you don't have to rely on memory if you need to follow-up? There is no need to repeat information easily found elsewhere in KWIC unless you particularly want to emphasize it.

Usually you will be recording information not in another KWIC window, e.g. formula consumption, breastfeeding in 24 hours, food likes/dislikes, client concern not recorded elsewhere. Sometimes you will be elaborating on other information in KWIC, e.g. more details or background about a risk factor. It is often more important to elaborate on risk factors that make a client high risk or on the concerns of the client.

Some certification notes will be very brief. There won't be much to write when a client is healthy, eats well and all needed notes were written as risk notes in KWIC. It is fine to use incomplete sentences and abbreviations (standard medical, commonly used, or "agreed to" by LA staff.) Below are a few examples for your consideration. Different people have different styles of writing and opinions for prioritizing. You might have other ideas than the State Agency (SA) comments.

### **Child**

Note title: Phone Call

Note: "Amy called to RS appt. I tried to return the call. No answer. Left message."

SA comment: Great!

### **Breastfeeding Woman and Infant**

Woman's cert note is "Healthy pp mom having some difficulties with bf."

Woman's risk note – "not producing enough milk, supplementing"

Infant's cert note – "Healthy nb".

Infant was given a full formula package.

Infant and Mom's Topics included "Infrequent breastfeeding", "Breastfeeding", "Breastpump use" and other topics.

Goal indicates mom was encouraged to "Continue to pump and feed breastmilk and then supplement with formula."

SA comment: Counseling seems appropriate. Unfortunately there were no details in mom or baby's record such as frequency & duration of nursing, amount of formula supplemented, when fed, etc. If the mother calls back for more help, it will be difficult for staff to compare the current situation to the certification. It is always a concern if formula is issued to a breastfed infant, but nothing in the record says how much formula the baby is taking.

*Notes (continued)*

### **Pregnant woman**

Risk factor: Underweight

Note title: NC

Note: “Appears to be healthy female approximately 14 weeks pregnant. Reviewed food guide pyramid and relief of common problems during pregnancy. Discussed BF and pamphlets given on breastfeeding.”

Topics and Handouts show appropriate topics and handouts related to pregnancy and breastfeeding promotion.

SA comment: The last two sentences state what is on the Nutrition Education Topics and Handouts windows and are not really needed. The only risk factor was Underweight (which makes her High Risk). Perhaps a bit about her “usual” weight would clarify the situation.

### **Infant**

Note title: MC

Note: “Healthy child. ht/wt . 95 %. Discussed giving more solids. Questioned formula amount listed on diet recall. Mom stated he ate more than what she wrote down. Discussed proper amounts for a 7 month old.”



SA comment: This is a good note that would have been even better if staff had recorded the estimated amount of formula consumed. The ht/wt percentile is displayed elsewhere and would not have to be written here.

### **Infant**

Note title: NEI

Note: “Infant is taking apx 16 ounces of Similac Advance daily. Mom is very stressed at this time and is going thru a very bad custody battle. Baby is eating at breast 5 times daily. Mom states baby is sleeping at night 6-7 hours but in the day is awake eating. Talked with mom about waking baby every 1 1/2 to 2 hours.”

SA comment: Seems detailed and clear.

### **Infant**

1<sup>st</sup> Note title: Mother called – father has custody

Note: “Nora called today and said that the father, Tom Summer, has temporary custody papers for their baby. The baby has an appt next Tuesday to be weighed and Nora is also to receive checks. She said she will come with the father for that appt. I mentioned to her that the father would need to bring in the custody papers.”

2<sup>nd</sup> Note title: Phone call from the father

Note: “The father, Tom Summer, called to report that Andy is in his care. He lives in Franklin Co. and would like to get WIC for the infant there. He said the office there said the mother would need to contact us. I let the father know that she did contact us today and reported that she no longer has the infant in her care. I told him to call Franklin Co. again and report this, but I will also contact them to let them know.”

SA comment: Great!



## *Family Mealtime: Connecting Families with Food*

*Kay Powell, RD, LD, WIC Coordinator, Shawnee County*

*(Information presented at the 2008 National WIC Association Conference. Presenter was Barbara J. Mayfield, MS RD, Purdue University.)*

The family meal has a significant impact on the nutritional quality of children's diet; language acquisition and academic performance; social skills and family relationships; and risk-taking behaviors. Families that eat meals together generally have increased dietary quality with increased vitamins, fiber, iron, protein, calcium, more grains and more fruit and vegetables in their diet. Children are more likely to try new foods when they observe others eating a variety of foods. Usually when a person describes a "meal" they include a vegetable. Other eating activities usually do not include vegetables.

Children in families that eat meals together have improved school performance and are less likely to try risky behaviors. These children are four times less likely to smoke cigarettes, three times less likely to smoke pot and are less likely to use alcohol. Children in families that eat together have increased language acquisition (able to carry on a conversation using complete sentences); have increased vocabulary; and are better readers in school. Studies are being done to identify if hyperactivity disorders are related to very young children watching TV. Research is also being done to see if students that attend college are more likely to be from families that ate together.

Promoting the family meal is a potential public health measure for improving dietary quality, reducing overweight, and improving educational and social outcomes. As public health educators we need to promote family mealtimes by teaching meal planning, food shopping and food preparation skills. Schools can assist in this effort by offering family-style breakfast. Occasionally, serve school lunches family-style; encourage teachers or volunteers to eat with students; or have family nights with a shared meal. Schools and public health educators can send out promotional materials and put recipes and ideas in newsletters.

Communities, schools and business can all support and promote family meals. Access, use and develop educational strategies and tools for promoting the family to parents and families, schools, organizations and community leaders. Encourage schools, scouts, 4-H groups, sport practice and games to be scheduled to allow for a family mealtime. Campaign for a specific night of the week to be "Family Night" and ask organizations not to schedule activities that night. Create a community collaboration to develop awareness campaigns, provide meal planning and cooking classes, or other activities.

### *Did You Know?*

That the Kansas WIC Program hit an all-time high of 75,107 participants in the month of July?

That breastfeeding initiation rates in Kansas exceeded 75 percent according to National Immunization Survey data released in August?

## *Moving From Nutrition Knowledge to Action*

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

Every day WIC staff meet people who want to make healthy changes to their lives. WIC provides families with the knowledge and tools to make healthy choices. But true behavior change takes both skill and confidence to be effective.

Nutrition knowledge alone is not enough to change behavior. A recent study at the University of Texas found that parents who had good nutrition knowledge did not necessarily make better choices in feeding their children. The study found that a parent's confidence in their ability to buy, prepare and serve healthy foods was strongly linked to their actual intake of that food.



It is important to remember that in order to change one's behavior a person cannot focus solely on the goal, but needs to pay attention to all the specific steps in order to accomplish that goal. For example, if a person wishes to eat more fruits and vegetables, their confidence in accomplishing that goal is linked to their confidence to:

- ▶ Buy fruits and vegetables on a budget
- ▶ Prepare vegetables in a way that the family will eat them
- ▶ Substitute fruit or a salad for French fries when eating out;
- ▶ Keeping track of how many servings for fruits and vegetables are eaten each day

People with higher confidence in their abilities to make good nutrition choices tend to be more motivated and are more likely to take action than those with lower confidence levels. These same people also tend to maintain positive behaviors over time, even in the face of barriers.

So how can WIC help build this confidence? In order to achieve success, staff needs to be specific about the desired behavior and work with clients to set goals and steps to achieve the change. There are four ways that you can help clients build their nutrition confidence:

1. Learning through personal experience. Small manageable steps can build client confidence as they begin to experience success. Giving clients a chance to practice each step can help them achieve a feeling of mastery over the behavior. For example:

- a. Ask clients to decide on the steps needed to reach their goal
- b. In a cooking class, invite clients to practice the skills they are learning

2. Learning through observation. Clients may gain confidence by role playing how they would react in certain situations. Demonstrations or learning from peers with similar experiences can be valuable. For instance:

- a. Demonstrate how to mix formula appropriately, then invite the client to try
- b. Use peer counselors to model healthy behaviors and share ideas

*Moving (Continued)*

3. Positive feedback. Accentuate the positive and talk through the challenges. By acknowledging the healthy choices that clients are making, clients recognize their progress. Follow up this affirmation with help in identifying remaining barriers and designing strategies to overcome them. Examples:

- a. Tell clients, “You can do it” as they set goals and begin to make small changes
- b. Remind clients that setbacks are normal
- c. Point out that coming to WIC is a great step in building a healthy family

4. Understand body language surrounding behavior change. Clients may experience physical sensations when changing their diet or behaviors. Letting clients know in advance what to expect can help build their confidence when changes occur. Examples:

- a. Talk about soreness or fatigue when clients are starting a new physical activity plan
- b. Work with clients to understand internal hunger and satiety cues
- c. Assist clients in developing coping strategies to deal with stress

How do you put all of this to practice in the clinic? You do it by incorporating the strategies into your nutrition education offerings. For instance, if you plan a nutrition education class on quick meal ideas, class attendees could:

- ▶ Talk about experiences they have had on using convenience foods (observation)
- ▶ Share in a demonstration of how to chop ingredients for a recipe (observation)
- ▶ Practice preparing a simple recipe (personal experience)
- ▶ Sample the foods they have prepared (body language and personal experience)



By boosting the confidence of WIC clients to make positive behavior changes, we will be empowering clients to make and sustain healthy choices for themselves and their families.



Don't start a second record! It is critical that you ask **all** applicants if the applicant or anyone in the family has ever been on WIC in Kansas before (this includes people transferring from another state). If yes...

- In your clinic – use Find client to locate the record.

In another Kansas clinic - use the **Transfer From - In State/Program** window to transfer a client's history and current certification information.

Carefully use all name possibilities. If you start a new KWIC record for a client and later learn there is another record, **there is no way to combine the records**. If you mistakenly start a second record for a client, call the Help Desk immediately.

## *Local Agency News*

### **We welcome these new WIC employees:**

**Brown County**, Cheryl Roberts, Clerk

**Douglas County**, Debbie Mitchell, Clerk

**Ford County**, Alma Aguilar, Clerk

**Sedgwick County**, Humda Reali, RD

**Sherman County**, Connie Grieve, Clerk

**Cowley County**, Karla Smith, RN

**Douglas County**, Myrna Hartford, Clerk

**Meade County**, Barb Johannsen, RN

**Sherman County**, Kathy Ryan, RN

**Sumner County**, Jill Rosas, RD

### **We say goodbye to these WIC friends:**

**Atchison County**, Michelle Cullen, RD

**Cherokee County**, Michelle McAllister, Clerk

**Ford County**, Connie Manion, RD

**Meade County**, Michele Correll, RN

**Southwest KS WIC**, Teesha Reed, RN

**Cowley County**, Carolyn Dove, RN

**Douglas County**, Brenna Stebbins, Clerk

**Ford County**, Jessica Botello, Clerk

**Sherman County**, Sheryl Ketter, Clerk

**Sumner County**, Alyce Logsdon, RD

Congratulations to Michelle Gustin Allen, Neosho County, on her recent marriage.

Congratulations to Pat Dunavan on her new grandchild, Arthur Finley Dunavan, born August 8



## *Tidbits from the 2008 Pediatric Nutrition Dietetic Practice Groups Symposium: Building Blocks for Pediatric Practice*

*Jeanne Ritter, RD, LD, Reno County Health Department*

### **Update on Perinatal and Pediatric Vitamin D**

Low sun exposure is the major risk factor for rickets. In the absence of sufficient sunlight exposure, adequate dietary intake becomes the major issue. The DRI for children aged 0 to 36 months is 200 IU/day. Infant formula contains 400 IU/liter. Human milk contains 22 to 100 IU/liter.

**Prenatal counseling:** Drink vitamin D fortified milk; eat one serving of salmon 3 times weekly; expose hands, face and arms to sunlight for 5 to 15 minutes 2 or 3 times weekly with increased time for deeper pigmented skin, and take a vitamin D supplement of 200 IU daily.

**Counseling directed for the infant:** Sun exposure of 10-30 minutes/week with diaper only or 2 hours/week fully clothed with increased time for babies with deeper pigmented skin; vitamin D supplement of 200 IU/day if breastfed and beginning within the first 2 months, discontinue vitamin D supplement if infant is consuming 500 or more ml of formula per day.

## Nutrition and WIC Services

Kansas Department of Health and Environment  
Nutrition and WIC Services  
1000 SW Jackson, Suite 220  
Topeka, Kansas 66612, 1274  
Phone: 785-296-1320  
Fax: 785-296-1326

264-19

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

WE'RE ON THE WEB!

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

Growing healthy Kansas families



*Tidbits (continued)*

### **Assessment, Prevention and Treatment of Pediatric Overweight and Obesity: Update Recommendations and Practical Applications**

Give consistent evidence based prevention messages to all families:

- Breastfeed for the first 12 months or longer
- Limit or eliminate consumption of sugar sweetened beverages
- Eat the recommended quantities of fruits and vegetables
- Limit television and other screen time to no more than 2 hours/day
- Remove television and other screens from children's bedrooms
- Moderate to vigorous physical activity for at least 60 minutes a day
- Eat breakfast every day
- Limit eating out - especially at fast food restaurants
- Have regular family meals
- Limit portion sizes.

Suggested language:

- "Do you have any concerns about your weight?"
- "What do you think about your child's weight?"
- "We know that extra weight gain can be connected with this problem. Is it OK if we talk about your weight?"
- "Your child's height and weight may put him/her at increased risk for developing diabetes and heart disease at a very early age. Would you be interested in talking more about ways to reduce your child's risk?"

