



# Nutrition and WIC Update

## *Are You Culturally Competent?*

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

Inside this issue:	
<i>Basic Lactation</i>	2
<i>Is WIC Asking the Right Questions</i>	3
<i>Recording Non-Civil Rights Complaints in KWIC</i>	4
<i>The Help Desk—Faces Behind the Voice</i>	4
<i>Participant Centered Nutrition Education—Letting The Client Lead</i>	5
<i>Choo Choo to Whole Grain Goodness</i>	7
<i>Final Weeks of Pregnancy Are Critical</i>	8
<i>White House Farmer</i>	9
<i>White House Garden Facts</i>	9
<i>Local Agency News</i>	10

One aspect of VENA (value enhanced nutrition assessment) is to be aware of and to take into account cultural differences for the clients we serve with the WIC program. “Cultural competency encompasses all people and their possible terms for self-identification, not just any one group: cultural identity can include a person’s sex, age, lifestyle, language, religion, social class, health status (particularly in the case of the presence of chronic illness) and so forth. Thus the emphasis should be on seeing the patient as an individual.”<sup>1</sup>

Cultural competency helps us accept and assist each individual and to communicate effectively. The first step in cultural competence is self-awareness – understanding your cultural differences. The next step is to be aware of our own stereotyping. We should question our reactions to cultural groups. Ask yourself “Am I making a cultural assumption?” “Do I have a cultural bias or prejudice?” Below are two statements to reflect on to check your reactions:

1. I understand and accept that family is defined differently by different cultures (e.g. extended family members, adopted kin, godparents). Am I ok that the family definition is different than mine?
2. I accept and respect that male-female roles may vary significantly among different cultures (e.g. who makes major decisions for the family). Am I ok that the male-female roles are different than in my family?

Step three is to learn more about cultures that you may encounter. Visit the “ethnic foods” aisle at the grocery store. Watch television programming targeted toward a different ethnic group than your own. Explore this website for more information: <http://www11.georgetown.edu/research/gucchd/nccc/resources/publicationstitle.html> .

Being culturally competent allows us to communicate better. Better communication allows us to assist the clients in meeting their needs. Better communication and understanding of cultural differences makes us, as WIC staff, more effective in helping clients make healthful changes.

1. May 2009 Supplement to the Journal of the American Dietetic Association

## *Basic Lactation*

*Kimberly Bolewski, RN, BSN, WIC Coordinator, Nemaha County*



(Report from Spring 2009 Basic Lactation Workshop at Children’s Mercy Hospital, Kansas City.)

WIC has a strong commitment to encouraging breastfeeding among their clients because of the benefits to both mom and baby. However, with breastfeeding there may be challenges. I was excited to attend Children’s Mercy Hospital’s “Basic Lactation Workshop” to equip me with some tools to assist women having difficulties with breastfeeding.

The discussions covering engorgement, plugged ducts, mastitis and sore nipples were helpful. These are issues often seen in the clinic and often cited reasons for quitting breastfeeding. Discussing low milk supply was likewise helpful as this is another reason mothers quit breastfeeding. Being able to give suggestions and support will be critical in our clinic to promote continued breastfeeding.

The workshop also addresses infant nutrition and assessing the growth of breast fed infants. It was great to get confirmation and new information on the resources we use at the clinic with our breastfeeding moms. The need for proper growth assessment and discussion with parents is so important. Likewise, learning techniques for infant assessment at the breast was helpful. Discussing different techniques and holds for different infants is a vital part of troubleshooting breastfeeding problems.

Breastfeeding is not always a wonderful experience for some mothers. Being able to provide support, education and resources is critical to the success of mothers continuing to breastfeed. The workshop helped to add more tools to our toolbox. I feel more confident in supporting our breastfeeding clients and infants.



(Kimberly Bolewski attended this workshop with funding provided through policy ADM 11.02.00 Financial Support for Local Agency On-Going Training.)

## *Is WIC Asking the Right Questions?*

*Rachelle Hazelton, WIC Program Consultant*



Within the last several months, many things have started to change for families. The weather is getting warm and children are now out of school for the summer. We have also seen the price of gas starting to fluctuate again, but one of the major changes everyone has started to experience is the struggling economy. For many people, their economic status has changed or is changing and what some people were once relying on financially may no longer be, so people are resorting to other types of financial means or living arrangements. For some people, their pay has remained unchanged, while others may have received a raise or a bonus of some sort. Then there are those who unfortunately have lost their jobs due to the economic down turn. So, when WIC is determining eligibility income, are we asking the right questions?

When determining if an applicant or participant is eligible for WIC services, some individuals might state that they no longer have a job. This is your opportunity to ask some leading questions such as, “What is the family using to live on?” “Is someone helping them through their difficult time?” or “Where are they getting food from?” You should also ask if they have any other types of income such as disability benefits, making cash withdrawals from their savings account, receiving money from any interest/dividends or bonds, income from estates, inheritances or family members who are giving them money. All of these examples should be included as income, but we must remember to ask the right questions.

Another source of income that is too often forgotten is bonuses. Yes, believe it or not some employers are still giving bonuses. No matter how small or how big the bonus is it is still considered income, even if the bonus is paid annually. Bonuses of any type, received within the last 12 months, should be included as income. We need to ask the applicant/participant if they have received a bonus of any kind within the last 12 months, no matter what their job is. We must not forget military enlistments or re-enlistments because these are bonuses that need to be included as well.

If you are concerned that the applicant/participant may not initially volunteer information about any bonuses, then this should become a standard question asked of all applicants/participants. Staff should ask, “Have you received a bonus of any type from your employer within the last 12 months?” If the answer is “yes,” then calculate their income accordingly, including the bonus. If the response is “no” and you are unsure if that is accurate, check the Year-To-Date (YTD) pay on the proof of income. Once the applicant/participant’s monthly income is calculated, multiply the applicant/participant’s monthly income, times (x) the number of months in the year thus far, (ex. January to July). The monthly income and the YTD totals should be fairly similar, but if there is a significant difference, then the applicant or participant has likely received additional funds of some sort during that time period, which would allow you to ask follow up questions as to why there is a difference.

Don’t be afraid to ask questions. By asking questions you are able to get more accurate data and you are not only following State policies, but Federal policies, too, by going the extra step to ask more questions.

## *Recording Non-Civil Rights Complaints in KWIC*

*Pam Combes, WIC Program Consultant*

It is important to remember that all clients/caregivers, applicants, vendors, and WIC state and local staff, have the right to file a complaint. The action taken, based on the type of complaint, is critical for the protection of all those involved. Complaints that do not allege discrimination are recorded in KWIC. The training module for recording non-civil rights complaints in KWIC is included in the June I-Memo. A copy of this training module was also provided in the notebook Local Agency (LA) staff received at the Kansas WIC Conference in March 2009.

It is preferred that all LA staff be trained to take and record non-civil rights complaints. Although all WIC staff should be trained to take and record complaints, LAs should designate a limited number of staff to manage the complaints. It is critical for all staff to review the training materials thoroughly to gain an understanding of the steps involved; from entering complaints to managing and closing complaints.

There may be instances when an individual wants to give you information without filing a complaint. The individual may not express that desire directly to you. When someone shares information with you without stating that he or she would like to file a complaint, it is important for you to ask the individual, “Would you like to file a complaint?” Clarifying the intent of the individual will allow you to proceed with the appropriate action. Not all concerns expressed need to be filed as complaints, but the information should be documented in **Notes** for future reference.

## *The Help Desk—Faces Behind the Voice*

When local agencies call the KWIC Help Desk, a friendly voice answers and someone at the other end of the call tries to assist with whatever the problem may be. But, who is the face behind the friendly voice? See two of these friendly helpers below, Juli and David.



## *Participant Centered Nutrition Education—Letting The Client Lead*

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

Participant centered nutrition education is not a new concept, but it is one that we often struggle to use in WIC. Over the last decade, more WIC programs have adopted the philosophy that if a WIC client is actively involved in their counseling and education, they are more likely to retain the information and make necessary behavior changes.

But exactly, what does that mean? If nutrition education is participant-led, it places the emphasis on the client's needs and interests rather than just those of the educator/professional. Many of our clients have been involved with the WIC program for a number of years and already have heard or "know" what they should do to improve their health and nutrition. Those same clients have not always taken the next step to make the changes that would improve their health. Using the participant centered technique allows the client to determine what they want to change and gather any necessary support from the WIC staff to make the change a reality. The real difference between participant centered nutrition education and that identified as educator/professional centered nutrition education is in the actions of the WIC staff during the counseling session. The change in focus can make large differences in the outcome of the education encounter.

Let's look briefly how the two approaches to nutrition education differ:

**Educator/Professional centered nutrition education** is the method of counseling and nutrition education most often used at certifications. This model presents the educator as knowledgeable and the nutrition expert.

In this type of nutrition education and counseling, the educator will:

- Ask for information from the WIC client about risks and problems.
- Decide which nutrition/health behavior changes the WIC client should make.
- Inform the WIC client what is wrong with her current nutrition/health behaviors (her "nutritional risks").
- Present an action plan with broad suggestions for behavioral change.
- Ask yes/no and leading questions to confirm the client's understanding of nutrition information and the action plan.

The outcome of this type of education usually has the WIC client leaving with information she can use to change nutrition and health related behaviors identified by the educator/professional. This method is predictable and easy for the educator to control. However, the client may not always be committed to working on the issues identified or feel that her concerns and needs have been met.

(Continued on next page)

*Participant Centered Nutrition Education—Letting The Client Lead (continued)*

In contrast, the **Participant centered nutrition education** presents the educator/professional as a person who wants to be a partner or facilitator, who provides information, ideas, and support to help the client make the behavior changes needed.

In this education model, the educator/professional:

Asks for information from the WIC client about her goals, abilities, questions and concerns.

Helps the client decide which nutrition/health behaviors she wants to change, in the context of the client's own goals, culture, and personal situation.

Helps the client identify barriers to change and ways to overcome them.

Offers information or ideas to assist the client to change her behavior in small manageable steps.

Asks open-ended questions and uses active listening skills to encourage the client's active participation and to make sure that she (the professional) understands.

The outcome of the educational encounter is that the WIC client leaves with information and decides what behaviors she can change. Additionally, she gains ideas and makes her own decisions about what small steps to take, receives motivation to take those steps and has a feeling of support that can help her to change her nutrition/health related behaviors.

No single educational approach will meet all of your needs as a WIC professional. But using the participant centered approach can increase the likelihood of success for the client and improve the satisfaction of both the client and the staff with every visit.



## *Choo Choo to Whole Grain Goodness!*

As WIC state staff have been out in the state at several WIC agencies, we have seen the efforts to educate clients about Whole Grain Goodness! Thank you to everyone for their hard work on behalf of WIC clients. The Butler County WIC agency found some creative ways to get WIC families excited about whole grains and the increase of whole grains in the new food packages.



*To celebrate Cinco de Mayo, Butler County Health Department staff worked together to decorate and provide samples of whole grain foods using the whole grain recipes they had been giving out to their participants. Everyone seemed to enjoy the day as well as the food.*

**See →  
the Choo  
Choo Train**



*For their display board, a train track was made to surround the border of the bulletin board. Jamie's son made a Whole Grain Choo Choo Train to place on the train track.*

*Submitted by Jamie Downs, Butler County Health Department*

## *Final Weeks of Pregnancy Are Critical*

*Julie Ornelas, RD, LD*

The following is adapted from a December 11, 2008 March of Dimes news release.



Babies born just a few weeks prematurely are more than three times as likely to have cerebral palsy than full-term infants – adding to the mounting evidence that the last few weeks of pregnancy are critical to a child’s health and development.

The research, “Increased Risk of Adverse Neurological Development for Late Preterm Infants,” by Petrini et. al. was published online by the Journal of Pediatrics. The authors also found that late preterm infants, (those born 34-36 weeks gestation), had a higher risk of developmental delays than babies born full-term.

The researchers from the March of Dimes, Kaiser Permanente Division of Research, Columbia University and the Harvard School of Public Health analyzed the medical records of more than 140,000 children born in California between January 2000 and June 2004 who had at least one follow-up doctor visit. These children had health insurance coverage through the Kaiser system and as a result had access to preventive care, diagnostic tests and treatment.

The earlier an infant was born, the higher the risk of some neuro-developmental problems, the researchers found. For example, infants born between 30 and 33 weeks gestation were nearly eight times as likely as full-term infants to have cerebral palsy. “Our research adds to the growing body of evidence showing that being born just a few weeks too soon can have lasting consequences that can no longer be described as temporary or benign. These findings reinforce the March of Dimes message that a few extra weeks of pregnancy can have a beneficial effect on an infant’s health,” stated Joann Petrini, PhD, director of the March of Dimes Perinatal Data Center and lead author of the study.

“Since brain development continues through the first year, these findings suggest that some late preterm infants may benefit from neurological assessments by their pediatricians to determine whether there is a need for specialized services,” said Gabriel Escobar, MD, of the Kaiser Permanente Division of Research and a co-author of the study.

The rate of premature birth has increased in the United States almost 20 percent since 1990. Late preterm babies account for more than 70 percent of all preterm births and for the majority of the increase in preterm birth rates. Late preterm infants have a greater risk of breathing problems, feeding difficulties, temperature instability (hypothermia), jaundice, delayed brain development and death than babies born at term.



The new findings provide powerful new evidence for why women and their doctors should try to do whatever they can to carry their babies to full term. And the practice of inducing labor and scheduling Caesarean sections, unless truly needed for the health of the mother and/or baby, should be examined.

## *White House Farmer*

*Cheryl Wiley, RD, LD*

*Reprinted with permission from the Kansas Dietetic Association Communicator, Spring 2009*

In January 2009, the website [www.whitehousefarmer.com](http://www.whitehousefarmer.com) served as a voting site for Americans to select a White House Farmer who would help transform 5 acres of the White House lawn to an organic fruit and vegetable garden, promoting sustainability in America.

Diana Endicott from southeast Kansas came in 6th in the voting poll. She is well known for her sustainable agriculture and partnering with Kansas City supermarkets in a state farm-to-fork effort.

On March 20, Michelle Obama and a group of 5th graders broke ground to begin the process of starting the White House garden. The White House Farmer winner, Claire Strader from Madison, Wisconsin, will be helping to plan and maintain the garden. All efforts are a step into the past as Americans planted their own gardens during the 1940s as well as into the future. Be sure to visit the website and watch for an opportunity to vote again, possibly next year.



## *White House Garden Facts*

Only organic fertilizers and insect repellants will be used, and lady bugs and praying mantises will be introduced to naturally control other insect populations.

A honey bee hive has been set up nearby for pollination purposes.

Seeds and sprouts that originated in Thomas Jefferson's garden have been donated, including a favorite fig plant, the Marseille Fig.

Garden produce and honey donations will be made to Miriam's Kitchen, a soup kitchen near the White House.

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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, Terri Vaughn, RN  
Anderson County, Janice Steedley, Clerk  
Gove County, Deena Woodall, RN  
Gove County, Denise Lovelady, Clerk  
Harper County, Kim Bauer, RN  
Kingman County, Amber Panek, RN

Leavenworth County, Connie Legare, Clerk  
Neosho County, Linda Bauer, RN  
Reno County, Heather Peterson, RD  
Shawnee County, Amber Martin, RD  
Smith County, Melanie Stehno, Clerk  
Sumner County, Meredith Gierhart, RD

### We say goodbye to these WIC friends:

Anderson County, Jo Diane Sommer, Clerk  
Anderson County, Jean Higbie, RN  
Greenwood County, Sherry Martell, RN

Reno County, Carolyn Stucky, RD  
Sedgwick County, Rebecca Miller, RD  
Wilson County, Loralee Gibson, RN