



Eating Habits and Exercise Behaviors Begin Early

Pat Dunavan, MS, RD, LD, CBE

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As children transition from preschool to school-age, they may develop eating habits and leisure time patterns that may contribute to childhood obesity. In a study published in the January/February 2009 issue of the *Journal of Nutrition Education and Behavior*, researchers reported that parents perceived that their children age two through five years had relatively good eating habits and physical activity levels, but that parents of children six through twelve years felt their children had less healthful diets and leisure-time activities.

The study surveyed parents of 174 children ages two through twelve. The parent’s age, height and weight were assessed along with similar data from the child. A questionnaire about the child’s eating habits and leisure-time activities was completed by each parent. Parents of older children reported a greater consumption of sweetened drinks, lower levels of low-fat dairy drinks and higher amounts of salty and sweet snacks. Older children also tended to eat dinner with parents less often.

A larger percentage of parents of preschool children rated their child as “active” than those of school-age children. Additionally, parents reported that older children watched significantly more hours of TV on weekend days than younger children. Although preschool children appeared to engage in more healthful behaviors, their diets as reported by parents indicated that they only met the dietary recommendations for two food groups-fruits and low-fat dairy products. Other food groups were eaten in quantities that did not meet the Dietary Guidelines for Americans. The study research team recommended that nutrition professionals assist parents of preschool children to develop skills that provide the necessary structure for developing healthy habits in their children that last a lifetime.



Assumed Risks

Sandy Perkins, MS, RD, LD, CBE

There appears to be a lot of confusion about when to assign the new “Assumed” nutritional risk factors; *Assumed Risk for Infants and Children under 24 Months* and *Assumed Risk for Women and Children Over 2 Years*. These risk factors should never be assigned in combination with any other risk factor and should only be assigned after the CPA has completed the entire assessment process and identified no other nutritional risk factor.



The definition for the nutrition risk factor, “*Assumed Risk for Infants and Children under 24 Months*” is an infant or child who has begun to or is expected to begin to 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the *Dietary Guidelines for Americans*, and is at risk of inappropriate complementary feeding.

Because an infant under four months of age would not “have begun to or be expected to begin to consume complementary foods and beverages” this risk factor should be limited to infants greater than or equal to four months of age.

The nutritional risk factor “*Assumed Risk for Women and Children Over 2 Years*” may only be assigned to any woman or child (two years and older) for whom a complete nutrition assessment has been performed and for whom no other risk(s) are identified.

March is National Nutrition Month

Julie Ornelas, RD, LD

Even though WIC emphasizes nutrition all year long, here are some take home messages from the American Dietetic Association for National Nutrition Month.

Eating right can be easy and cost effective. Although convenience is important to all of us, even a little bit of planning can save time and money in the long run. Look for easy one-pot recipes. Then, use a grocery list and stick to it. Purchase the fruits and vegetables that are on sale that week, to round out your meals and snacks. Stretch meals with rice and pasta and use less meat. Beans and eggs are excellent low fat sources of protein that are less expensive. Save leftovers and store them properly; then use them within one or two days.



Practice portion control. Reducing portions to recommended amounts will help stretch the food budget while helping with weight control.

Avoid purchasing empty calorie snacks. Salty and sweet snack foods are often expensive and provide very little nutrition. Instead keep fresh fruit and vegetables, canned fruit, peanut butter, whole grain bread, whole grain crackers and milk for snacks. Post a list of healthy snack ideas on the refrigerator that includes foods that are on hand.

Combating Dual Participation

Pam Combes, WIC Program Consultant

The first step in combating dual participation is ensuring that your clients are aware that they may not participate in two local WIC Programs or in Kansas WIC and another state WIC Program at the same time. They must also be informed that federal regulations prohibit concurrent participation in WIC and CSFP (Commodity Supplemental Food Program). This information is stated on the Rights and Responsibilities form which is signed and provided to each client.

Take time to review the client responsibilities listed on the Rights and Responsibilities form and check for client comprehension. Simply asking for a signature does not guarantee that a client has read or understands the information. Educating your clients will empower them to make better choices. A little effort on your part now can save hours of work and stress later.

The SA (state agency) has been working with WIC agencies in the border states of Missouri and Oklahoma and with the Kansas CSFP to update dual participation procedures. The new procedures have been put into effect for identification of potential dual participants across state lines and with CSFP. The SA will work in conjunction with a LA when a dual participant is identified. Local agencies will continue to monitor dual participation within Kansas WIC agencies through the KWIC system.



Commodity Supplemental Food Program (CSFP)

Pam Combes, WIC Program Consultant

CSFP is a USDA federally funded program. It provides food and nutrition education to income eligible pregnant, breastfeeding and postpartum women, children (up to six years of age) and elderly (60 years and older). WIC clients cannot participate on both CSFP and WIC. (See article above.) Once children turn five and are no longer eligible to receive WIC benefits, they can be referred to this program.

NEW! Agency Contact Information for CSFP

Harvesters

3801 Topping Ave
Kansas City, MO 64129
(877) 774-5413

(Includes: Atchison, Douglas, Franklin, Jackson, Jefferson, Miami, Osage, Pottawatomie, Shawnee, Wabaunsee counties)

Cross-Lines Cooperative

1401 Fairfax Tfwy, Bldg E, Ste 300
Kansas City, KS 66105
(913) 281-3388

(Includes: Johnson, Leavenworth, Wyandotte counties)

United Methodist Open Door

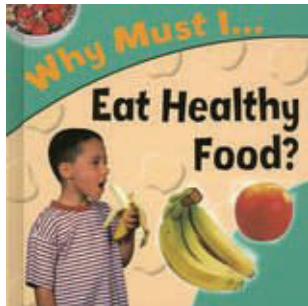
1611 N Mosley
Wichita, KS 67214
(316) 267-0511

(Includes: Butler, Chautauqua, Cowley, Harper, Harvey, Kingman, Pratt, Reno, Sedgwick, Sumner counties)

Choline and Folic Acid—Important Nutrients

Julie Ornelas, RD, LD

Choline was discovered in 1862, but was not recognized as an essential nutrient until 1998. Choline is an essential nutrient that is vital to fetal brain development. Choline works closely with folate to lower the risk of neural tube defects, such as spina bifida. There is a high rate of choline transfer from mother to fetus during pregnancy, elevating the demand on maternal choline. The need for choline does not diminish when breastfeeding. Breast milk is rich in choline and a breastfeeding mother’s need for choline is higher than during pregnancy.



In the general population, choline plays an important role in reducing homocysteine, an amino acid in the blood that may be associated with an increased risk of chronic inflammation which is associated with heart disease risk. Choline also serves to strengthen cell membranes and aids in memory development and cognition.

In 1998, an Adequate Intake (AI) was established for choline by the Food and Nutrition Board of the Institute of Medicine. This is the amount of choline that an average healthy person should consume daily. Adequate Intake levels are established for different age groups and by sex for adults. Note that pregnant and breastfeeding women have a higher need for choline.

Adequate Intake (AI) Recommendations for Choline

Women	425 milligrams
Pregnant Women (14-50 years of age)	450 milligrams
Breastfeeding Women (14-50 years of age)	550 milligrams
Children (1-3 years of age)	200 milligrams
Children (4-8 years of age)	250 milligrams
Men	550 milligrams

The best way to meet Adequate Intake levels for choline is to include choline-rich foods in the diet. Most prenatal vitamins and regular multivitamins provide far less than the Adequate Intake for choline. (Continued on next page)



Choline and Folic Acid (continued)

The Daily Value for choline is based on the daily amount for men, 550 mg. Daily Values are used as the comparison amount on the Nutrition Facts label on foods. Choline content, however, is rarely listed on food labels. The table below lists the best dietary sources of choline. The foods are listed in descending order, with the foods at the top of each list containing the highest amounts of choline.

Excellent Sources	Good Sources	Fair Sources
Contain at least 110 mg (20% of the Daily Value)	Contain at least 55 mg (10% of the Daily Value)	Contain at least 30 mg (5% of the Daily Value)
*Beef Liver, 3 oz	Beef, lean, roast, 3 oz	Tomato paste, cnd, ½ cup
*Chicken Liver, 3 oz	Pork, lean, chops, 3 oz	Beans, bkd, cnd in tomato sauce , ½ cup
Eggnog, pasteurized, 1 cup	Lamb, lean, 3 oz	Chicken breast, 3 oz
**Egg, 1 large	Pork, ham, lean, 3 oz	Chicken, cnd, 3 oz
Veal, 3 oz	Salmon, canned, 3 oz	Milk, all types, 1 cup
	Beef, ground, 85% lean, 3 oz	Beans, navy, kidney, lima, pinto, ½ cup
	Turkey, lean, 3 oz	Soup, tomato, made w/milk, 1 cup
	Fish, flounder, sole, 3 oz	Yogurt, flavored, 8 oz
	Shrimp, canned, 3 oz	Brussel sprouts, ½ cup
	Salmon, sockeye, 3 oz	Broccoli, ½ cup
		Cauliflower, ½ cup

Values taken from the *USDA Database for the Choline Content of Common Foods, Release Two, 2007.*

*March of Dimes recommends that pregnant women minimize their intake of liver due to its excessive vitamin A levels.

**The yolk of the egg contains choline.

In 1992 the U.S. Public Health Service published the recommendation that all women of childbearing age consume 400 micrograms (0.4mg) of folic acid daily to prevent two common and serious birth defects, spina bifida and anencephaly. This recommendation continues to be important. The CDC estimates that 50-70% of these birth defects could be prevented if this recommendation were followed before and during early pregnancy. All women between 15 and 45 years of age should consume 0.4 mg of folic acid per day because half of U.S pregnancies are unplanned and these birth defects occur very early in pregnancy (three-four weeks after conception), before most women know they are pregnant.

There are two simple ways to get enough folic acid each day. 1) Take a multivitamin with folic acid each day. Most multivitamins sold in the U.S have the amount of folic acid needed. Women can also choose to take a supplement containing only folic acid. Both types of vitamins can be found at most pharmacy, grocery or discount stores. 2) The other way to get enough folic acid is to eat a bowl of fortified breakfast cereal each day that has 100% of the daily value of folic acid. The Nutrition Facts label on the cereal should list 100% next to folic acid.

Remember both of these important nutrients when counseling women. Eating a variety of healthy foods continues to be good advice. (Sources used for this article available upon request.)

How Are You Moooving to Lowfat Milk?

Two creative WIC agencies have been spreading the message to Mooove to Lowfat Milk. We want to highlight their fun approach to encourage families to make the switch. Thank you to everyone for spreading the Mooove message. This will help to prepare WIC families for the upcoming changes in the new food packages.



To support the campaign to encourage our WIC families to use lower fat dairy products, our office decided to bring the barnyard to the WIC office. Using refrigerator boxes and paint we brought our barnyard animals to life. The barnyard friends displayed the message of Mooove to Lowfat Milk in our WIC waiting room from October through January. It was fun to see the kids' reactions and interactions to the cow, chicken and pig while they waited for their appointments. The display also prompted a lot of questions and good conversation with parents and caregivers about how lower fat milk promotes a healthy lifestyle.

Lisa Ross, Riley County Health Department



With the help of my mother and a school custodian, we did a little "dumpster diving" and obtained school milk cartons. We used the milk cartons to make a border for our bulletin board. We also used the milk cartons around our doors and around signs promoting the Mooove to Lowfat Milk. Kelly is modeling the cow apron made for her to wear on WIC days. We also made Carlos and Claris pins for all WIC staff and front desk staff to wear. We found a Rocking Cow toy in our storage room that we placed in the dietitian's office. The children love riding the cow and seeing Kelly in her cow apron. An interesting fact we have been able to share with parents is that there were no whole milk cartons available from the school. If children are drinking lower fat milk in school, why not make the change now?

Jamie Downs, Butler County Health Department

Plastic Bottle Component Update

Martha Hagen, MS, RD, LD, IBCLC

The chemical bisphenol A (BPA) continues to be in the news. BPA is a common component of plastic baby and water bottles and the linings of cans. Scientific studies suggest that BPA may harm the brain and prostate glands in developing fetuses and infants. Adults with higher BPA levels in their urine were linked to higher risks for heart disease and diabetes, according to a study published in the September 2008, *Journal of the American Medical Association*. A Rochester University study published online January 28, 2009 by *Environmental Health Perspectives*, reported that BPA remains in the body after a 24 hour fast. Most scientists thought that BPA in the body came from ingestion of exposed food and that BPA would be excreted from the body rather quickly. These findings suggest that BPA exposure may come from non-food sources such as dust or tap water (from PVC pipes) or that BPA is not rapidly metabolized and may be stored in fat.

A May 2008 National Report on Human Exposure to Environmental Chemicals Spotlight on BPA from the Center for Disease Control (CDC), reported that in U.S. citizens ages six years and older, the CDC found 93% of people tested had BPA in their urine. Children had the highest levels and females had more than men. People with the lowest household incomes had higher levels than people in the highest income bracket. This data was taken from the analyses of 2,517 urine samples taken in 2003 and 2004 for the National Health and Nutrition Examination Survey (NHANES).

Canada banned BPA in baby bottles in April 2008. Wal-Mart Canada immediately began pulling baby bottles containing BPA from the shelves. Plastic bottle manufacturers such as Playtex and Nalgene have begun producing BPA free plastic bottles. Other companies such as Medela are offering glass baby bottles. U.S. Senator Charles E. Schumer, D-N.Y., introduced legislation that would ban the chemical in all children's products in April 2008. The "BPA-Free Kid Act" was referred to the Senate Commerce, Science and Transportation Committee. This proposal aimed to prevent the chemical from being used in items such as baby bottles and sippy cups and called for stores to remove items containing BPA from their shelves. The legislation died in committee and no legislation regarding this subject has been posted for the 111th Congress. A Washington State bill was introduced in January 2009 to ban BPA in food or drink containers for children three and younger, including plastic baby bottles and cans of infant formula in Washington.

Avoiding plastic baby bottles and sippy cups containing BPA is suggested for the safety of infants and children. More BPA is leached out of bottles as they are heated such as in the sterilizing of the bottles and when they are scratched, which can occur after just a few uses. Pliable, milk-colored plastic bottles or glass bottles do not contain BPA and many products are now labeled BPA free. For more information about plastic baby bottles refer to the November 2007, Nutrition and WIC Update on line at www.kdheks.gov/nws-wic/resources.htm.

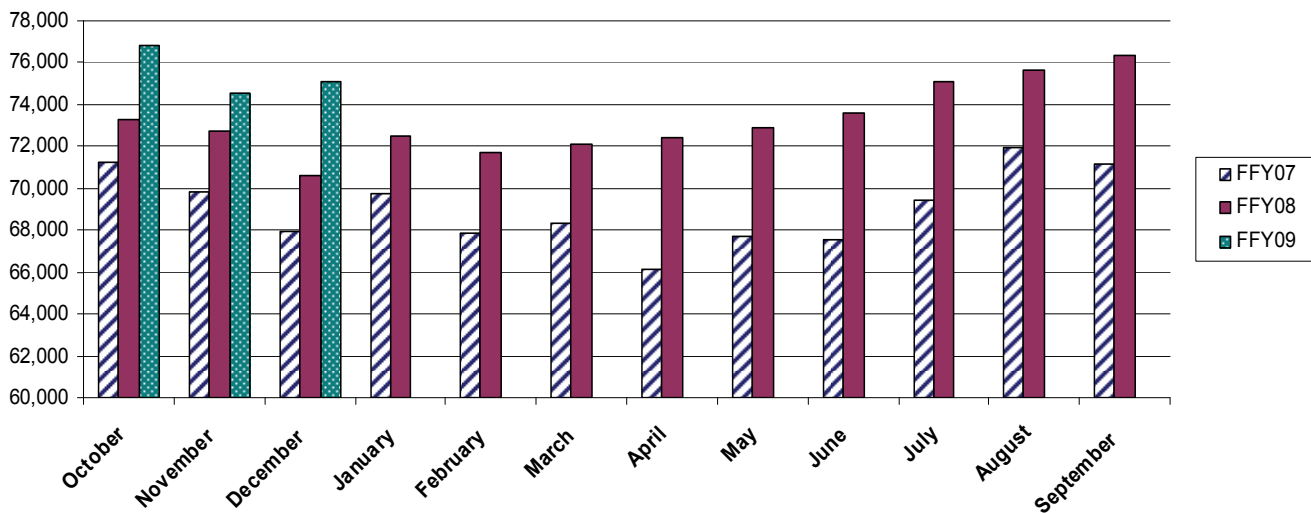


Kansas WIC Numbers On the Rise

Rachelle Hazelton, WIC Program Consultant

In Kansas, the number of WIC participants and the expenses submitted by local agencies for reimbursement have been on the rise. In federal fiscal year (FFY) 2007, the highest number of participants served was in August 2007, with 71,922. Throughout most of FFY2008, the number of participants served continued to rise higher than FFY2007, with September 2008 serving 76,318. This number continued to grow slightly in October 2008 (FFY2009), with 76,820 participants, but then experienced a decrease, which is similar to other federal fiscal years within those same months. It is believed that the number of people participating in the Kansas WIC program will continue to increase throughout FFY2009.

Kansas WIC Participation FFY2007 to FFY2009



The Kansas WIC program has not only experienced a continued increase in participation over several federal fiscal years, but also an increase in expenses submitted for reimbursement by the local agencies. In FFY2008, the Kansas WIC program reimbursed local agencies for a total of \$9,458,375.51 from submitted affidavits, which is 9% more than FFY2007, which was a total of \$8,592,969.08.

Local Agency Affidavit Payments	FFY2007	FFY2008
Operational Expenses	\$8,274,203.01	\$9,236,431.39
Infrastructure Purchases	\$109,795.90	\$38,575.46
Equipment Replacement	\$14,719.26	\$21,651.21
Other Expenses	\$63,840.82	\$27,334.33
Breastfeeding Peer Counselor Program	\$130,410.09	\$134,383.12
TOTAL	\$8,592,969.08	\$9,458,375.51

The figures above do not include items that were paid for by the State Agency such as: KWIC computer equipment, printers etc.

Baby Stats

Submitted by Martha Hagen, MS, RD, LD, IBCLC

The following information was compiled by the Meredith Corporation utilizing National Center for Health Statistics, December 2007 data.

- There were 4,253,000 births in the United States in 2006.
 - 54% were non-Hispanic white
 - 24% were Hispanic
 - 15% were black
 - 6% were Asian-Pacific Islander
 - 1% were American Indian
- 75% of women giving birth for the first time are under age 30 and 38% are single moms. Nine in ten first-time Hispanic moms are under 30.
- 31% of all births are cesarean delivery – 50% higher than a decade ago.
- The number of stay-at-home moms increased by 9% in the last five years to 5.6 million.
- Eight in ten women will become mothers in their lifetimes.



The most popular baby names in 2006 were Jacob and Emily. The most popular names in 1915 were John and Mary.

Websites of Interest

With rising grocery prices, WIC families are looking for cost-saving tips for shopping and cooking meals. Here are two websites that you may wish to access for additional resources for you and your clients.

<http://lancaster.unl.edu/food/recipe.shtml> This website contains a wealth of information on shopping, storing and preparing food. A shopping list and basic recipes are available as well. A few of the recipes available include: Basic Bean Cookery, Fried Rice from the Fridge (uses brown rice), Mighty Quick Coleslaw and Muffin Meatloaf.

<http://www.extension.iastate.edu/foodsavings> The Iowa Extension office has created an interactive website with lots of shopping and food preparation tips called “Spend Smart, Eat Smart.” Some of the recipes include: Grilled Cheese and Fruit Sandwich, Chicken Tenders, Scrambled Eggs in a Mug and Wraps “Your Way.” Check out the menu planning, shopping, and food preparation ideas and read the most current blogs.



Nutrition and WIC Services

Kansas Department of Health and Environment

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WE'RE ON THE WEB!

WWW.KDHEKS.GOV/NWS-WIC

Growing healthy Kansas families



Our Vision: Healthy Kansans living in safe and sustainable

Local Agency News

We welcome these new WIC employees:

Anderson County, Jean Higbie, RN

Douglas County, Lorie Eyler, Clerk

Douglas County, Debbie Mitchell, Clerk

Ellis County, Heidi Schmidt, RN

Harvey County, Sindy Dick, Clerk

Hodgeman County, Ashley Burns, Clerk

Jackson County, Michelle Crosswhite, RN

Linn County, Joy Purkeypile, RD

McPherson County, Hillery Deines, Clerk

Morris County, Carolyn Otero, Clerk

NEK Multi-County, Leah Heinen, RD

Neosho County, Jennifer Sheble, Coordinator

Pawnee County, Robin Rziha, RN

Sedgwick County, Maria Hurtado, Clerk

Sedgwick County, TaShanna Laskey, Clerk

Sedgwick County, Nely Chavez, Clerk

Shawnee County, Donna Wiens, RD

We say goodbye to these WIC friends:

Anderson County, Collene Ellis, RN

Ellis County, Joan Wellbrock, RN

Harvey County, Preston Goering, Clerk

Johnson County, Kammie Salinas, Clerk

Linn County, Mary K. Flanagan, RD

McPherson County, Mary Cranford, Clerk

Meade County, Connie Byram, RN

Neosho County, Kandy Frye, Clerk

Pawnee County, Jeannie Armstrong, RN

Sedgwick County, Amanda Butterfield, Clerk

Congratulations to Amy Hallauer, RN, Jackson County on the birth of her daughter in November.