



*Wellness in the Workplace*

*Brad Iams, Vendor Manager*

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The latest research on the challenges of staying healthy in the workplace suggests that sitting for long periods of time can be detrimental to your health. But there are strategies you can use to combat the ill effects of sitting for long periods.

Your chair is your enemy. If you spend most of the day sitting — in your car, your office chair, on your sofa at home — you are putting yourself at increased risk of obesity, diabetes, heart disease, a variety of cancers and an early death. Even if you exercise vigorously, sitting for long periods is bad for you. So what’s wrong with sitting? Sitting is one of the most passive things you can do. You burn more energy by chewing gum or fidgeting than you do sitting still in a chair. Compared to sitting, standing in one place is hard work. To stand, you have to tense your leg muscles, and engage the muscles of your back and shoulders; while standing, you often shift from leg to leg. All of this burns energy.

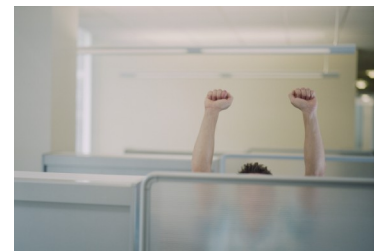
Here are some ideas about what you can do on your own or as an agency to help staff members stay healthy by limiting long periods of sitting.

**TIPS FOR YOUR AGENCY’S WORKSITE WELLNESS PLAN:**

1. Integrate 10 minute “Lift Off” breaks into staff meetings.
2. Implement walking meetings.
3. Map out a short walking route around your agency and distribute maps to staff.
4. Organize a fundraiser to purchase pedometers and therapy balls.

**TIPS YOU CAN DO ON YOUR OWN:**

1. Take regular stretch breaks.
2. Take the stairs instead of the elevator.
3. Walk over to your co-workers desk rather than emailing.
4. Consider using a therapy ball or stool instead of your chair.



Implementing these routines into your work day will make for a healthier, happier, and ultimately more efficient work place.

## *Report from the 2010 Kansas Nutrition Council Conference*

The theme of this year's conference was *Igniting Your Nutrition Messages*. Several WIC employees were approved for state WIC funds to attend the conference and their reports are below.

### **Visual Learning-Fresh Ideas for Teaching Nutrition that Fosters Change**

Presenter: Georgia Kostas, MPH, RD, LD

*Comments on this session from Joan DeCoursey, RD, Johnson County*

Georgia Kostas has worked for many years with the Cooper Clinic in Dallas and has authored *The Cooper Clinic Solution to the Diet Revolution*, recently updated in 2009. Ms Kostas reviewed her Top Ten Foods for Good Health:

- Seafood twice a week;
- Berries every day;
- Red fruits or vegetables at every meal;
- Green vegetables, especially dark leafy greens;
- Low Fat Dairy, 3 a Day;
- Oatmeal and Whole Grains, 3 times a day;
- Beans, 3 cups a week;
- Water;
- Lean protein and
- Healthy oils.



By incorporating these foods at these levels, people can improve their blood pressure and heart health, lose weight, fight cancer and feel great. She boils down the science to simple changes her clients can make and motivates them with her positive energy.

*Comments on this session from Lynn Kasper, RD, Lincoln & Russell Counties*

When I reviewed the brochure for the 2010 Kansas Nutrition Conference the first thing I noticed was the 8:15 a.m. topic, Visual Learning-Fresh Ideas. As a WIC dietitian a tough part of my job is keeping current with nutrition lessons that can be used as interactive notebooks or interactive displays. Sometimes it is even difficult to make that initial nutrition ed. appointment upbeat. This first speaker pointed out we need to be more visual. The visuals need to be not only in our interactive nutrition education contacts but with our initial nutrition education. Possibly we should have labels available. This might be a label from beans so the clients can see what can of beans they are able to get. Or use labels to show options after selecting 20 ounces of whole wheat bread that you can select to complete the 32 ounces.

I am currently working on an interactive notebook to cover breakfast meal ideas. Without attending this conference I would not have had the resources to begin this project. This interactive notebook will be appropriate for caregivers of children age three and above. Without the money provided by WIC for continuing education I might not have attended the KNC conference. Thank you for honoring me with this stipend.

(Continued on page 3)

*Report from the 2010 Kansas Nutrition Council Conference (continued)*

*Comments regarding several different sessions from Mary Schwartz, RN, Kingman County*

The presentation I especially found helpful was presented by Georgia Kostas on visual learning. Ms. Kostas advocates using a variety of teaching techniques when dealing with our clients. After all, we only see our clients briefly during their WIC appointments. Using a combination of nutrition information that requires hearing, seeing, and action seems to help someone learn more in a shorter time period. I do plan to integrate more visual and action kinds of nutrition learning activities in my WIC contacts, especially simple recipes using 5 or less ingredients.

Several speakers representing different Kansas food councils were on hand to discuss the health benefits and to demonstrate cooking techniques for their respective foods. I found the Beef Council representative's information especially intriguing. I did not realize a person could wrap beef in foil when it is 10 degrees below the goal temperature to help it heat up those last few degrees. I tend to "cook my food dead," so I will definitely try this tip at home and will take what I learned to help WIC caregivers from overcooking that prized piece of beef, too.

Jane P. Marshall, food writing professor from K-State gave some tips in writing nutrition-related articles. Simplicity is paramount in describing nutrition issues in our writing. Articles need to be easy to read for the reader as well as pertinent to the client's situation. Writing about watermelons in winter would benefit no one! Sixth-grade-level writing with a restraint on adjectives certainly improves readability as well. "Killing the adjective" helps the reader with limited reading abilities better understand the content.

Thanks again for making this learning experience possible!

*General comments from Jean Detrich, RN, Dickinson County*

At the 2010 Kansas Nutrition Council Conference I was exposed to a wide variety of nutrition topics. The various educational techniques, writing and presentation styles and humorous educational content were venues used to help successfully convey nutrition concepts. The displays were rich with information, helpful handouts and give-aways.

Each time I return from a nutrition based conference, I'm re-energized in sharing nutrition concepts with my WIC clients. Thank you for the opportunity to attend; the Dickinson County WIC Program is richer because of it.



## Processing Standards—Part II

Patrice Thomsen, MS, RD, LD

*During the 2009 Management Evaluation of the Kansas WIC Program, the USDA evaluation team identified an issue with processing standards in Kansas. The May newsletter contained an article with information about processing standards and how to monitor them. This article describes possible steps the WIC Coordinator can take to resolve processing standard problems.*

As explained in Processing Standards – Part 1 in the May newsletter, a WIC Coordinator should be aware whether or not the clinic is having trouble meeting processing standards as part of regular clinic management. In most clinics, the first sign that a clinic is having trouble is when staff members (usually the clerks) inform the coordinator they are not able to make appointments within processing standards. Also the WIC Coordinator should check the Processing Standards Detail Report regularly, usually monthly. (This report provides a list of all the appointments scheduled outside of processing standards and the reason selected.) If the clinic is out of processing standards due to a lack of available appointments, there should be an assessment of the situation and action to ensure compliance.

First assess the situation. Is the problem more “acute or chronic”? What are contributing factors?

“Acute” – sudden onset due to a specific situation or combination of events. For example:

- A staff person is out for several weeks due to surgery.
- Thanksgiving, Christmas, and New Year holidays combined with staff vacations restrict the number of appointments.

“Chronic” – Persistent due to issues such as:

- Inefficient scheduling,
- Understaffing,
- Lack of or poorly organized space,
- High No-Show rate,
- Spending excessive time with each client.

Then consider possible resolutions:

- One key factor is to have a clear policy of saving a certain number of appointment slots for new applicants to meet processing standards. Be sure staff members know not to use some of those slots for rescheduling missed appointments until the latest possible opportunity.
- Adjust scheduling. Scheduling is challenging and quite an art. If there are frequent down-times because of No-shows, you probably need to schedule tighter and double-book more.
  - Look for trends so you know when there are most likely No-shows (e.g. early morning) and schedule tighter then.
  - Double book clients you know are notorious for not showing up at their first appointment.
  - Adjust how much time you expect for different types of certification (a certification for a pregnant woman usually takes longer than for an older child).
- When a new applicant turns down an appointment within processing standards, the next offered appointment does not have to be within the deadline. Clients may decide they can take the first offered appointment if the alternative is considerably later.



(Continued on page 5)

*Processing Standards—Part II, continued*

- When clients call to reschedule, you might have to offer a next available appointment that is several weeks off because you have to save the open slots to meet processing standards. This is not a desirable long-term strategy, but it may result in clients being more likely to keep their first appointment.
- Develop strategies to improve show rate, so you reduce the number of appointments that must be rescheduled. Reminder calls or postcards work for some clinics, but consider privacy issues before implementation.
- If you have an opening because a client calls in advance to reschedule, you might offer that appointment slot to a person requesting an appointment. (And make clear to client that it is very unusual to be able to get in so quickly.)
- Increase staffing. If needed after your budget has been submitted and approved, contact your assigned state staff member to ask about revising the budget for such an increase.
- Reorganize space to allow for better clinic flow or add another work station for an additional staff person for certain clinic days. The same budget comments listed previously apply here.
- Realistically assess the time spent with each client. If several staff members talk with the client, is there clear understanding in the clinic about what parts of assessment will be completed by each? Is time spent weighing and measuring effectively used to also gather information? While there should be adequate time allowed for assessment and counseling, is the client overwhelmed with counseling for every single risk factor and possible bit of anticipatory guidance?

Now here are a few warnings. Do not try these strategies.

- Do **not** schedule a young infant's appointment within 10 days, but make the mother a different appointment because you have 20 days to meet processing standards for her. Why not? Although technically this meets processing standards, it is inefficient for staff and poor service for clients. Mother-baby pairs should be certified in the same appointment.
- Do **not** start using "Presumed Eligible" in KWIC for pregnant women. (Refer to CRT 03.05.00.) This feature in KWIC should only be used in extenuating circumstances, such as when an unexpected staff absence will cause cancellation of the appointment. Why is this against policy? Regularly using "Presume Eligible" for getting food benefits to a pregnant woman causes clinic headaches because the woman must have another appointment in the near future to complete the certification within 60 days, ultimately taking up more clinic time.



Of course, your assigned state WIC staff member is always happy to talk to you about processing standards or other issues.

(Policy reference: *CRT 02.00.00 Processing Standards*  
[www.kansaswic.org/manual/CRT\\_02\\_00\\_00\\_Processing\\_Standards.pdf](http://www.kansaswic.org/manual/CRT_02_00_00_Processing_Standards.pdf) )

## *Elements of Effective Nutrition Education*

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

“Effective nutrition education should elicit a behavior change that will help the participant achieve and maintain a positive change in dietary and physical activity habits, resulting in improved nutritional status and in the prevention of nutrition-related problems regardless of the delivery medium. Effective nutrition education contacts/interventions should also be easily understood by participants taking into consideration participants personal and cultural preference, educational and environmental limitations, and be consistent with the WIC Nutrition Services Standards.” So begins the Nutrition Education Guidance document from USDA on effective nutrition education. But exactly how does one achieve this lofty goal?

The most effective nutrition education contains six elements which form a continuous cycle. Nutrition education begins with:

- A review of the WIC Nutrition Assessment to identify the client’s risk factors, needs and concerns;
- Selecting the messages that engage the client in setting individual, simple and attainable goals and provide clear and relevant “how to” actions to accomplish the goal;
- Selecting counseling methods or teaching strategies that are relevant to the client and easily understood;
- Selecting the delivery medium that creates opportunities for client interaction and feedback;
- Selecting informational/environmental reinforcements that provide continuous support of the messages;
- Selecting Follow-up to assess for behavior change and determine intervention effectiveness.

For a number of years, Kansas has used a variety of methods in providing nutrition education, including one-on-one counseling, interactive nutrition education centers, self-study notebooks, group education classes, food demonstrations and cooking classes, facilitated discussion, and computer assisted nutrition education. Some of these methods have been shown to be less effective in soliciting behavior change in our clients. USDA continues to work with state agencies to enhance the effectiveness of the nutrition education provided. To this end, USDA issued its Nutrition Education Guidance document in late 2007. The document, based upon the six elements of effective nutrition education has become the foundation for designing nutrition education services for the WIC program.



In a recent management evaluation, the USDA Mt. Plains Regional Office observed local agencies and their delivery of nutrition education. The report raised several concerns surrounding our current methods of providing low risk second nutrition education contacts. USDA cited that they observed little client interaction during the contact and a lack of evaluation and follow-up after the contact was completed. In an effort to address these concerns, we have revised some of our current policies around nutrition education (See June 2010 P-Memo) and will focus on working individually with clinics to improve their nutrition education delivery over the next few months.

Changing our current methods of nutrition education delivery to be more effective may require more staff time, more education, and possibly infrastructure enhancements. Each clinic is encouraged to work with its assigned ME team to make plans for future changes and include necessary items in your budget. Change is never easy, but improving nutrition education has the potential to increase client and staff satisfaction and lead to more positive nutrition behavior change in our clients and their families.

## *A Critical Aspect of Breastfeeding*

*Ashley Hinkson, RN, Morris County Health Department*

The perinatal and immediate postnatal periods are critical to breastfeeding. This is a time of emotional transition for new parents who may remember very little because of their high stress levels. Therefore instructions must be short, simple, concrete and repeated “sound bites”. If you were to give new breastfeeding mothers only one piece of advice, it would be “Early and frequent breastfeeding.” The physiologic concepts of lactation support early and frequent withdrawal of milk from the breast that is continually secreting milk.

All infants have individual sleep patterns but newborns typically are alert the first couple hours and then fall into a long period of sleep. It is best to “wait out” the baby’s deep sleep and meanwhile, teach the parents their baby’s waking clues - moving legs and arms, rooting, hands to mouth, etc. Encourage them to watch for these cues and THEN try to put the baby to breast again. Later on, the breastfed infant’s sleep and eating patterns change. Generally, breastfed infants have a fussy, wakeful period in the late afternoon and early evening starting at about three to four weeks of age. The baby will typically feed very often during this wakeful phase, sometimes every hour. The parents’ understanding that this is a normal pattern is critical for continued breastfeeding success. Otherwise, parents (especially first-time parents) will likely interpret this wake cycle as a signal that the baby is “not getting enough” milk instead of a normal pattern. Teach parents this wakeful period is a wonderful opportunity for interacting and learning for both the baby and the parents.



## *Congratulations to Sandy Perkins!!*



*Sandy receives her award in Baltimore, MD  
Pictured from l to r: Donna Speed, Mississippi;  
Sandy Perkins, Kansas; David Rath, Arkansas*

Sandy Perkins, MS, RD, LD, CBE was awarded the 2010 Excellence in Association Work from the Association of State & Territorial Public Health Nutrition Directors (ASTPHND) at their Annual Meeting in June in Baltimore. Sandy was elected President of ASTPHND in 2010 and will continue to serve on the Board as the Past President during 2011. Sandy’s accomplishments include leading the ASTPHND organization through the development of the new Maternal and Child Health Nutrition Council and a re-design of the ASTPHND website.

Sandy is a valuable member of the KDHE state WIC team and serves as one of the state WIC nutritionists. Sandy also serves on several state level Maternal and Child Health Advisory Groups and is a Past President of the Kaw Valley Dietetic Association. Great job, Sandy!

## KWIC Reports Part II

Sandi Fry, Vendor Manager

There are about 50 reports in the Client Services application of KWIC. Throughout the next several newsletters, I will go through the list and summarize what each report provides. Some reports will be recommended for monthly review and some reports will note that they should not be used. This second installment will cover the next six reports in the Reports menu in Client Services.

- **Certifications Completion Timeframe Report** – When functioning, this report counts the clients whose status was active on the date selected and calculates the days between the WIC Initial Contact date and the date the certification was completed. It can be used to ensure your clinic is meeting processing standards. **This report is not currently working. It does not return any data.**
- **Certifications Ending Report** – This report provides clinic staff a list of clients to contact to make new appointments. Clinic staff can ensure that clients are not falling through the cracks by checking the report for the previous month. This report does include children who might be close to their 5<sup>th</sup> birthday or post-partum women close to their 6<sup>th</sup> month. The clients listed meet the following requirements:
  - Certifications end in the selected month
  - Clients do not have a future appt scheduled.
- **Check Reconciliation Report** – This report provides a list of all checks issued at a clinic for a selected date. This report can be used to track the status (issued, voided, replaced, lost or stolen) of checks issued on any given day.
- **Clinic Actions Report** – This report provides information about what services were provided for a selected time period. All client contact types (e.g. Clinic Actions) are listed, with the number and percent of clients in each client category who received each contact, and the total clients for each contact type.
- **Clinic Directory Report – Abbreviated** – This report produces an abbreviated list of selected clinics that includes agency name, clinic name, clinic phone number, and hours of operation. Clinics are grouped and sorted by agency name.

Client Services 14.06.01 Jackson County WIC Clinic - [Clinic Directory Report - Abbreviated]

File Edit Services Client Check Issuance Clinic Admin Utilities Reports Window Help

City  County  Zip  (5 digit zip code)

Generate Clear Print

**Kansas WIC Program**  
Clinic Directory Report - Abbreviated

Agency: Barton County WIC Agency

**Pawnee County WIC Clinic** (620) 285-6963  
715 Broadway, Larned, KS 67550  
Hours of Operation: Please contact the clinic for hours of operation.

**Barton County WIC Clinic** (620) 793-1909  
1300 Kansas Ave., Great Bend, KS 67530

- **Clinic Directory Report – Detailed** – This report provides detailed information about a list of selected clinics that includes agency name, clinic name, address information, phone and fax numbers, hours of operation, and staff members. Clinics are grouped and sorted by agency name.

## Issuing a Verification of Certification (VOC) Card

Patrice Thomsen, MS, RD, LD

When should WIC staff issue a Verification of Certification (VOC) card? Policy CRT 10.02.00 WIC Out-of-State Verification of Certification (VOC) Card Issuance addresses this question. This policy was recently revised for clarification. This article expands on staff training in this area.

When the USDA management evaluation team interviewed local WIC staff about VOC policies, the impression was that clients must notify the clinic when they are going to be relocating out of state in order to receive a VOC card. While this is true in the broad sense, the USDA management evaluation team was concerned that staff are unaware of the details of the policy as related to families who **might** be moving out of state.

Per policy CRT 10.02.00, clinic staff are to use the KWIC VOC Card – Issue screen to issue a VOC card to:

- a. Every client who has moved or plans to move out of state during the certification period
- b. Every client who is a member of a migrant or homeless family who is likely to be relocating out of state during the certification period.

The intent is to minimize burden on the client. It is better to issue the VOC card even if the client is unsure if she is really moving out of state than to require a special trip back to the office to get the VOC. If a client thinks they are moving, but are not sure, issue checks through the end of the month they expect to reside in Kansas (up to the three months allowed by KWIC). Then issue the VOC card.

To issue the VOC card, Go to Client drop-down menu and click on VOC Card - Issue. (Figure 1)

If a client gets a card and returns to the clinic instead of moving, staff can easily use the WIC VOC Card-Void to void the VOC card. (Figure 2) Because the VOC card allows a client to obtain WIC services in another state, a VOC card that is returned or mistakenly printed should be destroyed after being voided in KWIC.

If the returning client is within the original certification period, staff should reinstate the client in KWIC and continue to provide services. (Figure 3)

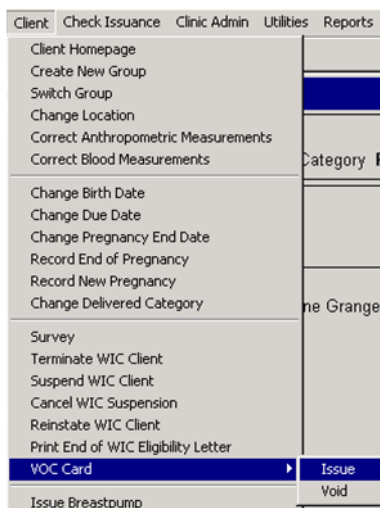


Figure 1

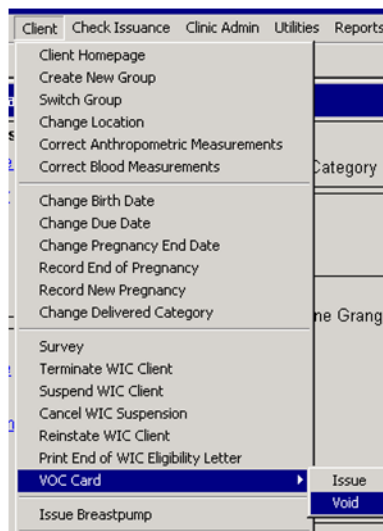


Figure 2

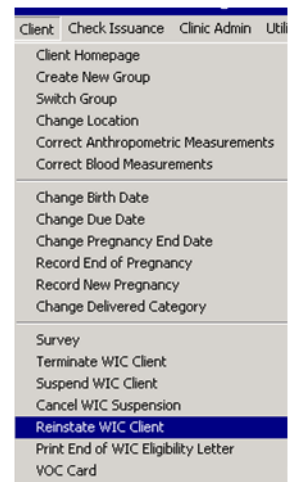


Figure 3

## *Sustainable WIC Outreach*

*Pamela Combes, BSE, CBE*

At least one public outreach activity must be conducted by Local Agencies (LA) annually. The activities must involve agencies that interact with potentially eligible applicants such as health and medical organizations, unemployment offices, social services, Salvation Army or food banks. Outreach activities may include the use of media, printed outreach materials, or personal contact. All materials developed by the LA shall include the non-discrimination clause; participation eligibility criteria; and the LA name, address and phone number. Additional outreach activities should be initiated during the year to maintain the agency's assigned caseload.

To develop outreach it is important to consider what activities are sustainable. Sustainable outreach activities are on-going activities that help to increase caseload during building periods and maintain caseload once the authorized amount has been met. This is done by addressing barriers, myths and providing accurate information about the WIC program. Short term or one time outreach strategies may show some success in increasing caseload, but these strategies won't help maintain caseload in the future. By addressing barriers, myths and increasing knowledge of WIC, you increase trust and ensure that those in greatest need are being reached.

To build sustainable outreach it is important to establish partnerships. Developing a referral network with other health care and social service providers establishes a strong base. Presenting WIC program information to civic organizations can help to increase knowledge and change misconceptions. Community partnerships with civic organizations, schools and chambers of commerce are imperative since these organizations reach a diverse audience and are involved in numerous activities.

Resource list of possible places to conduct outreach activities:

- School based health centers, day care centers, preschools, Headstart programs
- Civic Organizations: Lions Club, Kiwanis Club, Rotary, Shriner's, etc.
- Public Buildings: library, health department, courthouse
- Medical Providers: clinics, dentist offices, hospitals, pharmacies
- Vendors
- Private Businesses
- Chamber of Commerce
- Media: local newspaper, radio, television
- Town or city events



## *Shawnee Triage Dietitian-A Solution for One Clinic*

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

Last August when we started the new WIC food package and learned that only nurses and dietitians could make food package changes, we felt we were a large enough clinic that we needed a full time dietitian to help with check pick-ups. A column titled "Triage" was created in the KWIC appointment book. If a client called ahead about wanting a different formula, wanted supplemental formula or stopped breastfeeding they were given an appointment time with the triage dietitian. Once the rush for changes with the new food package was over, the triage person was not busy. We then moved all RD (high risk) appointments to the triage dietitian. This change helped open up appointment slots in the appointment book for certifications.

(Continued on page 11)

### *Shanee Triage Dietitian—A Solution for One Clinic continued*

The triage RD found it so helpful to have scheduled time to talk to the moms with breastfeeding issues or formula issues that we decided to just schedule all new babies back at one month after birth for secondary nutrition contact. Many infants were returning anyway to change breastfeeding status, formula changes, etc. After the State Breastfeeding Training we decided to schedule all pregnant clients to see the triage RD at their last check pick-up to give one last breastfeeding promotion message. (We're still working to get this practice into our routine.)

Staff members love our new system because:

- The triage RD feels clients are more relaxed and visit better than during certification appointments - perhaps because the clients have not had to wait for in-take and go through the process of having clerks ask about all these personal questions about who they live with, what is their income, etc. Or maybe the RD is more relaxed because they are not busy completing lots of KWIC screens. Instead they can just talk to the client and complete a few KWIC screens – especially Notes. But for some reason the triage person feels nutrition counseling is improved.
- The clerical staff members love when a client needs a food package change, that clerks have a place to schedule them or an RD to see them. Clerks do not have to figure which RD or RN in the regular certification clinic can help this client.
- Before instituting the triage RD, clients with certification appointments would get backed up because the RN or RD had to work in clients with problems about breastfeeding or formula. Now certification flow is better which makes for happier staff and clients.

### *Food Assistance Facts to Know*

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

- There are 15 USDA food and nutrition assistance programs.
- Almost one in every four Americans participates in at least one of these programs.
- The five largest food assistance programs in FFY 2009 were the Supplemental Nutrition Assistance Program (SNAP – formerly the Food Stamp Program), the National School Lunch Program, The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Child and Adult Care Food Program and the School Breakfast Program.
- In 2009 an average of 9.1 million people per month participated in the WIC program nationwide.
- The average monthly WIC food cost per person was \$42.55, two percent less than FFY 2008.
- SNAP served an average of 33.7 million persons per month. This was a 19 percent increase over FFY 2008. An average of 11 percent of Americans participated in the program. Average per month benefits were \$124.00.



(Continued on page 12)

### *Food Assistance Facts to Know continued*

- Participation in the School Lunch Program is leveling off but participation in the School Breakfast Program is increasing. The average daily participation for the School Lunch Program was 31 million and for School Breakfast 10.6 million.
- In 2007, 15.8 percent of households with children were food insecure at some point during the year. Most households reported a reduction in the quality and variety of children's meals. Less than one percent of all households with children reported a forced reduced food intake in children due to food insecurity.
- A majority of households with food-insecure children had one or more adults in the labor force. However, fewer than half of households with food-insecure children included an adult with any education beyond high school and only 10 percent of households included an adult with a four year college degree. Clearly education and marketable skills of adult household members affects food security of children. Food insecurity among children was more prevalent in households headed by single women.

Information from The Food Assistance Landscape FY 2009 Annual Report, Food Assistance and Nutrition Research Program, USDA.

### *What Cost Category Does That Belong In?*

*Rachelle Hazelton, Program Consultant*

Do you have difficulty figuring out where to put items on the WIC affidavits? The following examples will help provide direction on where to record staff time and purchases associated with the different cost categories. These are not all inclusive lists. Refer to the Allowable Cost policy (ADM: 02.03.01) or the Local Agency Time & Effort Reporting policy (ADM: 02.03.03) for more examples and information.



#### Nutrition Education

- Nutrition counseling at certification appointments
- Secondary nutrition education – planning, developing, implementing
- Nutrition education meetings or in-services
- Preparing teaching aids
- Purchasing educational materials such as handouts, charts or food models
- Printing nutrition education materials

#### Breastfeeding Promotion & Support

- Promoting breastfeeding at certification appointments, follow-up, or group meetings
- Producing promotional materials such as handouts or teaching aids
- Breastfeeding meetings or trainings
- Monitoring and evaluating breastfeeding activities
- Printing breastfeeding promotion and support materials

(Continued on page 13)

### *What Cost Category Does That Belong In continued*

#### Client Services

- Certifying clients: scheduling; health screening; performing diet assessment; check pick up
- Coordinating with other health and social service programs
- Purchase of medical supplies such as microcuvettes and band-aids
- Printing diet questionnaires
- Purchasing anthropometric equipment

#### General Administration

- General program management such as preparing reports, outreach, vendor management, civil rights and fiscal management
- Overall program review of WIC operations



## *Helpful Resources*

Nutrition Matters, Inc. offers a free weekly nutrition tipsheet. These tipsheets include information in both English and Spanish and offer practical, simple ideas that can improve nutrition and health. If interested, you can register on their website— [www.numatters.com](http://www.numatters.com) and they will email weekly notices of the newest issue of their tipsheet, entitled *NuBites*. The tipsheets can be reproduced and given out to WIC families or could be used as a handout to reinforce nutrition education.

The Talaris Institute, a nonprofit organization in Seattle, has launched a new online service for parents of children birth to five. The Parent Counts Center is a source of research-based information about child development to help parents see upcoming milestones and understand how their child thinks, feels, learns and grows. In addition to summaries of the latest research, it includes short video segments and webcasts. Parents can visit the website at [www.ParentingCounts.org](http://www.ParentingCounts.org).



## 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**

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**WE'RE ON THE WEB!**  
**WWW.KANSASWIC.ORG**

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Growing healthy Kansas families

*Published by Kansas Department of Health and Environment.  
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origin, sex, age, or disability, write to the Secretary of Agriculture,  
USDA, Washington, DC.*



Our Vision: Healthy Kansans living in safe and sustainable environments

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## *Local Agency News*

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

Greenwood County, Jayme Lewis, RN  
Osborne County, Allison Wolters, RD  
Reno County, Kristen Hogg, BFPC  
Saline County, Brenda Holler, Clerk  
Saline County, Tricia Fry, Clerk  
Sedgwick County, Tammi Linnebur, RD

Sedgwick County, Sadie Williams, BFPC  
Sedgwick County, Denise Meirowsky, BFPC  
Shawnee County, Diane Henry, Clerk  
Shawnee County, Eleanor Shughart, Clerk  
Sherman County, Nancy Prevatt, RN  
Wyandotte County, Eva Salas, Clerk

**Congratulations to:** Debra Anthony, RN, Crawford County, on receiving her RN license

**Congratulations to:** Cassie McKnight, Clerk, Harper County, on her recent marriage

**Congratulations to:** Maria Mota-Martinez, Wyandotte County, on her recent marriage

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

Greenwood County, Cathy Coon, RN  
Johnson County, Allison Overhiser, RD

Riley County, Kristen Brownell, Clerk