



*Bisphenol A (BPA) Information for Parents*

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

The U.S. Department of Health and Human Services recently posted the following update on their website at [www.hhs.gov/safety/bpa](http://www.hhs.gov/safety/bpa).

**WHAT IS BPA?** Bisphenol A, more commonly known as BPA, is a chemical that has been used for more than 40 years in the manufacture of many hard plastic food containers such as baby bottles and reusable cups and the lining of metal food and beverage cans, including canned liquid infant formula. Trace amounts of BPA can be found in some foods packaged in these containers.

In 2008, the Food and Drug Administration conducted a review of toxicology research and information on BPA, and, at that time, judged food-related materials containing BPA on the market to be safe.

But recent studies have reported subtle effects of low doses of BPA in laboratory animals. While BPA is not proven to harm children or adults, these newer studies have led federal health officials to express some concern about the safety of BPA.

**WHY ARE THERE CONCERNS ABOUT BPA AND WHAT IS THE GOVERNMENT DOING TO ADDRESS THESE CONCERNS?** It is clear that the government and scientists and doctors need more research to better understand the potential human health effects of exposure to BPA, especially when it comes to the impact of BPA exposure on young children.

The Department of Health and Human Services -- through its Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Food and Drug Administration (FDA) -- is investing in important new health studies in both animals and humans to better determine and evaluate the potential health effects of BPA exposure, including \$30 million in studies at NIH. We expect to have the results of this scientific research in approximately 18 to 24 months.

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*Bisphenol A (BPA) Information for Parents (continued)*

While we learn more, the Food and Drug Administration is supporting current efforts by industry to stop the manufacture of infant bottles and feeding cups made with BPA from the U.S. market. The FDA is also seeking to strengthen its oversight of BPA so the agency can respond quickly, if necessary, when more scientific evidence becomes available.

**WHAT YOU CAN DO TO MINIMIZE YOUR INFANT'S EXPOSURE TO BPA?** In the meantime, while scientists are gathering more data, there are some simple, reasonable steps families and parents can take to minimize exposure to BPA.

**#1 FOLLOW RECOMMENDED GUIDELINES TO FEED YOUR INFANT.** HHS supports the American Academy of Pediatrics' recommendations for infant feeding and supports breastfeeding for at least 12 months whenever possible, as breast milk is the optimal source of nutrition for infants.

If breastfeeding is not an option, iron-fortified infant formula is the safest and most nutritious alternative. The benefit of a stable source of good nutrition from infant formula and food outweighs the potential risk of BPA exposure. Parents should discuss any significant changes to their baby's diet with their baby's doctor or nurse.

**#2 DISCARD SCRATCHED BABY BOTTLES AND INFANT FEEDING CUPS.** Worn baby bottles and cups are likely to have scratches that harbor germs and - if they contain BPA - may release small amounts of the chemical.

**#3 TEMPERATURE MATTERS.** Be careful how you heat up your child's breast milk or formula. Studies have found there is a very small amount of BPA in plastics and other packaging materials that can transfer to food and liquids. Additional traces of BPA levels are transferred when hot or boiling liquids or foods come in contact with packaging made of BPA.

- Do not put boiling or very hot water, infant formula, or other liquids into BPA-containing bottles while preparing them for your child.
- Before mixing water with powdered infant formula, the water should be boiled in a BPA-free container and allowed to cool to lukewarm.
- Ready-to-feed liquid formula can be served at room temperature or gently warmed up by running warm water over the outside of the bottle.
- Always remember: Do not heat baby bottles of any kind in the microwave – the liquid may heat unevenly and burn your infant.
- Sterilize and clean bottles according to instructions on infant formula labels. They should be left to cool room temperature before adding infant formula.

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*Bisphenol A (BPA) Information for Parents (continued)***#4 CHECK THE LABELS ON YOUR BOTTLES AND FOOD PREPARATION CONTAINERS**

As a good household practice, only use containers marked “dishwasher safe” in the dishwasher and only use “microwave safe” marked containers in the microwave.

As a good household practice, discard all food containers with scratches, as they may harbor germs and lead to greater release of BPA.

***WHAT WE KNOW ABOUT BPA IN FEEDING PRODUCTS FOR INFANTS***

**Liquid Infant Formula.** There are small amounts of BPA in liquid infant formulas sold in cans. Infant formula in this packaging can offer important health advantages for some infants, and the proven benefit of good nutrition outweighs the potential risk of BPA exposure.

If you are using liquid infant formula in cans: Do not heat cans of infant formula on the stove or in boiling water. Ready-to-feed liquid formula can be served at room temperature or gently warmed in a nursing bottle by running warm water over the outside of the bottle.

**Powdered Infant Formula.** FDA has found that powdered infant formula mix typically has no detectable level of BPA.

**Infant Bottles Made with BPA.** The six major U.S. manufacturers of baby bottles and infant feeding cups have confirmed to FDA that as of January 2009, they have not manufactured these products using BPA for the U.S. market. These manufacturers represent more than 90% of the U.S. market. These manufacturers produce brands that include Avent, Doctor Brown’s Natural Flow, Evenflow, First Essentials, Gerber, Munchkin, Nuk, and Playtex.

**Plastic Containers Made with BPA Used in Food Preparation.** Plastic containers have recycle codes on the bottom. In general, plastics that are marked with recycle codes 1, 2, 4, 5, and 6 are very unlikely to contain BPA. Some, but not all, plastics that are marked with recycle codes 3 or 7 may be made with BPA.

- Do not put very hot or boiling liquid that you intend to consume in plastic containers made with BPA. BPA levels rise in food when containers/products made with the chemical are heated and come in contact with the food.
- Discard all bottles with scratches, as these may harbor bacteria and, if BPA-containing, lead to greater release of BPA.



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*Bisphenol A (BPA) Information for Parents (continued)***FURTHER QUESTIONS AND ANSWERS FROM [www.hhs.gov/safety/bpa](http://www.hhs.gov/safety/bpa)****Q: Should I throw away baby bottles that contain BPA?**

A: Parents should examine bottles and discard them if worn or scratched because scratches can both harbor germs and, in BPA-containing bottles, lead to greater release of BPA. For those who want to use baby bottles and feeding cups not made with BPA, consumers should know that such products are now widely available in the U.S. market.

**Q: My baby always puts his plastic toys in his mouth. Should I throw them away?**

A: No. In general, children's toys are made of plastics that are not made with BPA.

**Q: Is BPA in pacifiers?**

A: The part of the pacifier that a child puts in his or her mouth is made from latex or silicone and does not contain BPA. In some pacifiers, the hard plastic shield designed to prevent swallowing might contain BPA; however, the only exposure would come from the child mouthing the shield, and the transfer of BPA is negligible.

**Q: Should adults be concerned about exposure to BPA?**

A: Concern over potential harm from BPA is highest for young children, because their bodies are early in development and have immature systems for detoxifying chemicals. Adults and older children should follow reasonable food preparation practices to reduce exposure to BPA. The National Institutes of Health is supporting additional studies to better understand BPA and adults.

*March is National Nutrition Month*

Nutrition advice that can be used by almost everyone:

- Eat more fruits and vegetables, especially those that are brightly colored.
- Eat more whole grains, and increase daily fiber intake.
- Drink more water and less sugar-containing beverages.
- BE MORE ACTIVE!!!



## *Self Declared Forms, When Can They Be Used?*

*Pamela Combes, Program Consultant*

WIC applicants in certain situations may legitimately have no proof of income available or no proof exists. Examples include victims of recent disasters/theft, people who work for cash and the employer refuses to provide written proof, homeless applicants, and instream migrant farm workers. Such applicants must sign a Self-Declaration of Income form that states the reason that they have no income proof. A staff member must also sign this form. This form may **not** be used when the applicant has simply forgotten to bring proof. The KWIC system prints this form when the “self-declared” box is marked.

If the applicant or caregiver forgets to bring proof of income, proof of identity, or proof of residency, put them on the program if the person is determined to be eligible based on the information provided at the appointment. Do **not** mark the self-declared box. Issue checks for only **one** month. Proof documents must be brought to the agency by the client before more checks will be issued. When the missing proof of income, residency and/or identification is submitted, document in KWIC. KWIC will not allow more checks to be printed until the missing proofs are documented.

Let’s go through an example. An applicant arrives at your clinic with her one month old infant. The applicant brought proof of identification for herself and infant, a WIC appointment letter which was sent to her current residence, but did not bring the paystubs from her part-time job at the local convenience store. There are no other adults living in this household. What do you do in this situation?

- This situation does **not** justify use of self-declared.
- Record the proofs of identification for infant and mother in KWIC.
- Record the proof of residency for infant and mother in KWIC.
- Record the income information reported by mother. Do **not** select a proof at this time. Do **not** mark the self-declared box.
- KWIC will display a message that reads: **There is no proof indicated for income source “(Source Description)”** if you enter a source(s) of income, without a proof(s). If you want to proceed without it, click the **[OK]** button. KWIC will calculate income eligibility and will display “Over Income” or “Income Eligible” without the proof. KWIC will only allow one month of checks to be printed without all proofs properly recorded. The income must be documented at a later date when proofs are provided. Further checks will not be issued until proofs are updated.
- But wait! Did you ask mom if she is receiving Temporary Aid to Families (TAF), Medicaid or Food Stamps from the Kansas Food Assistance Program? A client or applicant is considered to be adjunctively income eligible for WIC when they receive TAF, Medicaid or if they are on the Kansas Food Assistance Program. **Proofs** must also be provided. Read more about adjunctive income eligibility in this issue of [Nutrition and WIC Update](#).
- Print an appointment letter for the next month; it should include a reminder to bring the necessary proof(s).

## *Child Nutrition Health Education Kit Available*

The National Dairy Council and Midwest Dairy Council, leaders in dairy nutrition research and education, have long been committed to child health and wellness. They are pleased to share a science-based toolkit of child nutrition materials to support your local efforts in helping to ensure our children are healthy and well-nourished. The “*Child Nutrition Health Education Kit*” includes:

“*The Importance of Nutrient-Rich Foods In Planning Nutritious Meals for Children,*” a joint editorial supported by the nation’s leading health professional and nutrition organizations, focuses on the need for Americans of all ages to build more healthful diets and to reduce the risk of obesity and chronic disease beginning in childhood.

“*Safeguarding the Health of America’s Children: The Importance of Dairy Foods in Nutrition Programs,*” a white paper that reviews the facts about milk -- whether regular or flavored - and BMI. The paper also takes a careful look at the scientific relationship between nutrition, physical activity and academic performance.

“*School Milk: Fat Content Has Declined Dramatically Since The Early 1990’s*” is a new analysis of USDA data (from the School Nutrition Dietary Assessment, or SNDA I & III), which found that three-quarters of students who drink school milk choose low-fat (1%) or fat-free.

In addition, you’ll find in-depth, turn-key presentations focusing on the latest research on the role of nutrition-rich dairy foods in improving child nutrition. The toolkit is designed to be a resource for you and is available online at [www.midwestdairy.com](http://www.midwestdairy.com).

If you would like more information or want to speak with someone about these materials, please contact:

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Midwest Dairy Council  
Office 316-440-7436 or 1-800-406-(MILK)  
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## *Determining Adjunctive Eligibility*

*Rachelle Hazelton, Program Consultant*

There are many ways to determine that an individual is eligible for WIC benefits and adjunctive eligibility is one of those. When determining adjunctive income eligibility, there are a few things to remember that may occur when determining whether an applicant or client is eligible for WIC benefits. A client or an applicant is considered to be adjunctively eligible for WIC when they receive Temporary Aid to Families, Medicaid or they are on the Kansas Food Assistance Program (formerly known as Food Stamps).

A pregnant woman or an infant who receives Medicaid is considered to be adjunctively eligible as well as other members within their family's economic unit. However, a breastfeeding woman, post-partum woman or a child is considered to be adjunctively eligible only if they have their own Medical card. In this case other family members are not adjunctively eligible.

For example, a family has three children, and two of the children have Medical cards while the other one has applied for a Medical card (Medicaid). The two children with Medical cards are considered to be adjunctively eligible, while the child who has applied for a Medical card would need to use another type of income to determine WIC eligibility since that child has not received their Medical card yet.

During the certification process, if a client presents a Medical card, the WIC staff needs to determine whether the card is Healthwave 19, which is considered to be adjunctively eligible or Healthwave 21, which is *not* adjunctively eligible and requires clients to qualify for services by using another form of income. After the WIC staff determines what type of Medical card an individual has they also need to verify whether the card is currently active or not.

To review the various methods available for verifying current participation in TAF, Medicaid or the Kansas Food Assistance Program, see WIC Policy CRT 06.01.01 on the web at [www.kansaswic.org](http://www.kansaswic.org). If current participation in these programs cannot be verified, the client would need to submit proof of income for determining WIC eligibility.



## *Storing Your Produce*

*Brad Iams, Vendor Manager*

Now that WIC clients are able to purchase fresh fruits and vegetables with their Fruit and Vegetable Checks they might be asking: “How do I keep my fresh fruits and vegetables from spoiling so easily?” The information that will be shared in this article will give you some ideas to share with your WIC clients so their fresh produce will last longer. A common theme you will read is to keep fruits and vegetables cool and dry with plenty of ventilation. Some produce will need to be refrigerated and some will need to be stored in a well ventilated cool area of the house. Below is a list of some common fruits and vegetables and how to store them for longer life and freshness.

### Vegetables:

Sweet Potatoes – the best place to store them would be a root cellar, but since most people don’t have one the next best thing to do is keep them out of the fridge and store them in a cool dry place with plenty of ventilation.

Tomatoes – should be stored unwashed at room temperature. If you keep them in the fridge they will acquire an unpleasant texture and it will destroy the flavors and aroma.

Vidalia Onions – have high water content and should be individually wrapped in paper towels or aluminum foil before being stored in the fridge.

Asparagus – can be stored in the fridge with a moist paper towel around the stems, or it can be stood up in a glass of cold water with a damp paper towel wrapped around the tops to keep them crisp. However, they will only be good for a day or two.

Mushrooms – should be stored just like potatoes, in a cool dry place with lots of ventilation. They should only be washed just before they are used.

Carrots – should be stored in the fridge in a plastic bag to keep moisture in, and only peel them right before use.

Garlic and other Onions – should be kept at room temperature or cooler in a well ventilated area.



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*Storing Your Produce (continued)*

## Fruits:

Melons – should be stored at room temperature and monitored for ripeness. Cantaloupe and other melons can go from ripe to overripe quickly, so monitor them daily.

Berries – blueberries, strawberries and raspberries need to be stored in the refrigerator and very gently washed before use. Also be aware that they will spoil quickly.

Rhubarb – should be wrapped in plastic and stored in the fridge, however it also freezes well.

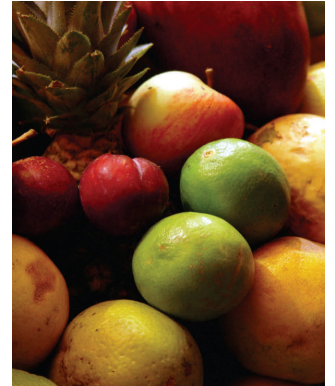
Mangos, peaches, plums and pears – can be ripened at room temperature in a brown bag until they lose a little bit of their firmness, and then they should be refrigerated.

Pineapple – the sugar in a pineapple is concentrated at the base so you can store them upside down for a day or two at room temperature or in the fridge so the sweetness can spread throughout the fruit.

Lemons and Limes – should be stored at room temperature because they tend to absorb odors from the fridge.

Apples – should be stored in a cool dark place or in the fridge.

Bananas – should be stored at room temperature as anything below 58 degrees Fahrenheit will cause freeze damage.



It is always best to eat produce as soon as possible as flavors and nutrients start to degrade the moment they are picked. Nearly all fruits and vegetables can be stored in the freezer as well, except for some herbs and lettuce. If freezing, do so in small pieces making sure to store them in airtight containers or plastic freezer bags for easier use later. The next time a WIC client has concerns about their produce spoiling you will be able to share these helpful tips with them.

*Have a Port-apple Snack!*

An apple (banana, pear, plum, grapes) is already packaged neatly in its own skin, ready to go where you go. Wash your fruit under cool running water and then wrap it in a napkin. Then take it with you for a handy snack to the:

1. Gym. Fruit is a refreshing, low-calorie treat after your workout.
2. Mall. Take some fruit so you are not tempted with higher-calorie snacks.
3. Party. Take a basket of fruit to a party. It makes a nice centerpiece and becomes a guilt-free dessert.
4. After-school activities. Keep fruit ready for soccer games, doctor's appointments and choir practice.
5. Friend's house. Share some fruit with a friend.
6. Refrigerator. Keep fruit on hand for snack attacks.



(From: *Communicating Food for Health*)

## *By the Way, I'm Pregnant Again*

*Sandy Perkins, MS, RD, LD, CBE (Not really, that's just the title!)*



A breastfeeding WIC client comes into your office to pick up her family's checks, and casually states, "by the way, I'm pregnant again." So what should you, the WIC clerk, do? Schedule an appointment to certify her as pregnant or leave her on WIC as a breastfeeding client. Unfortunately, there is not a straight forward answer to this question. The best answer is to look at the situation for that particular client and pick the option that provides her with the most benefits.

**Option #1:** Certify her as a pregnant client at the earliest convenient time.

- This is the best option for women who plan to provide only limited amount of breast milk or completely wean their baby. A pregnant woman receives a larger food package than a woman who is only rarely or not breastfeeding the infant.
- This is the best option for women who are expecting twins. The food package for a pregnant woman expecting multiple infants is larger than food packages for either a mostly or limited breastfeeding woman and is the same for an exclusively breastfeeding woman.
- This is an appropriate option for women who plan to continue mostly breastfeeding their infant. The food packages are the same. Certifying her right away eliminates the need to certify her as pregnant when the infant turns a year old.

**Option #2:** Leave her on WIC as a breastfeeding client until the end of the current certification.

- This is the best option for a woman who plans to continue exclusively breastfeeding her baby during the pregnancy. An exclusively breastfeeding woman gets the larger food package. Since the certification period for a breastfeeding woman will end on the infant's first birthday, the woman will need to be certified as pregnant before she is no longer eligible to receive checks as a breastfeeding woman or as soon as she is no longer exclusively breastfeeding.
- This is an appropriate option for women who plan to continue mostly breastfeeding their infant. The food packages are the same. The certification may be delayed if it is more convenient for either the client or the WIC clinic. The woman will need to be certified as pregnant before she is no longer eligible to receive checks as a breastfeeding woman or as soon as she is no longer mostly breastfeeding.

As you can see, the best option varies. You should assess the client's current situation and determine the option that provides the client with most benefits.



## *Free Online Continuing Education—Healthy Habits for Kansas Kids*

FREE online continuing education is available on childhood obesity for primary care providers, nurses and dietitians. A toolkit is available which includes a BMI wheel, Best Practices information and a CD of obesity material that can be reproduced.

### Goals of the Program are:

- To present new Expert Committee recommendations for childhood obesity assessment, prevention and treatment from birth to adolescence.
- To educate about patient-centered counseling approaches.
- To inform about strategies for improved reimbursement for obesity.

### How to Participate:

Log onto <http://ks.train.org>.

Click “**create account**” on the left hand margin.

Complete the online registration form.

Write down your Login ID and Password and keep it in a safe place.

*Once you have set up your KS-TRAIN learner account, you will be able to register for the web-based training/self study, for the **Healthy Habits for Kansas Kids Obesity Education Modules 1-4.***

**Course Numbers are: Module 1—#1015996, Module 2—#1016561, Module 3—#1016562, Module 4—#1016563**

Log into your KS-TRAIN account.

Scroll down the right side to add the course number for Module 1 to the **Search by Course ID** field. **Click Go.**

**Click the course title under “Title”**

Read the **Course Details** tab, **Contacts** tab, and then to register/enroll for the online course, click the **“Registration”** tab.

The Registration Code is **“1234”**, then select **“Credit Type”** from pull down menu, click **“Register”**.

Click the **“Assessment”** button, then click **“Start Assessment”**.

After the Assessment has been completed, click the **“Registration”** tab, click **“Launch”**.

**KS-TRAIN** will electronically verify Kansas Courses Completed in your **“Transcript”** which is located in the **“My Learning Record”** blue file folder.

For more information contact: [helpdesk@kdheks.gov](mailto:helpdesk@kdheks.gov) or call 785-296-5655.



## Nutrition and WIC Services

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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.  
Mark Parkinson, Governor. Roderick L. Bremby, Secretary.  
Managing Editor: Julie Ornelas. Reprinting of articles should  
credit KDHE. This is an equal opportunity program. If you feel  
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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:**

Cherokee County, Kayla Kirk, RN  
Cowley County, Michelle Reynolds, Clerk  
Johnson County, Nora Saenz, Clerk  
Nemaha County, Colleen Meyer, RN  
Pawnee County, Heather Aguilar, Clerk

Pawnee County, Holly Corman, BFPC  
Pratt County, Ashton Bainum, Clerk  
Sedgwick County, Segun Olaosebikan, RN  
Shawnee County, Diana Hernandez, Clerk  
Wilson County, Cassie Edson, Clerk

**Congratulations to:** Sharon Eggen, RN, Cowley County, on her retirement.

**Congratulations to:** Marilyn Wilson, Clerk, Pawnee County, on her retirement.

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

Ft. Riley, Natalie Barta, RD  
Reno County, Kathy Walker, RN

Sedgwick County, Stephanie Rickie, RDE