



# Nutrition and WIC Update

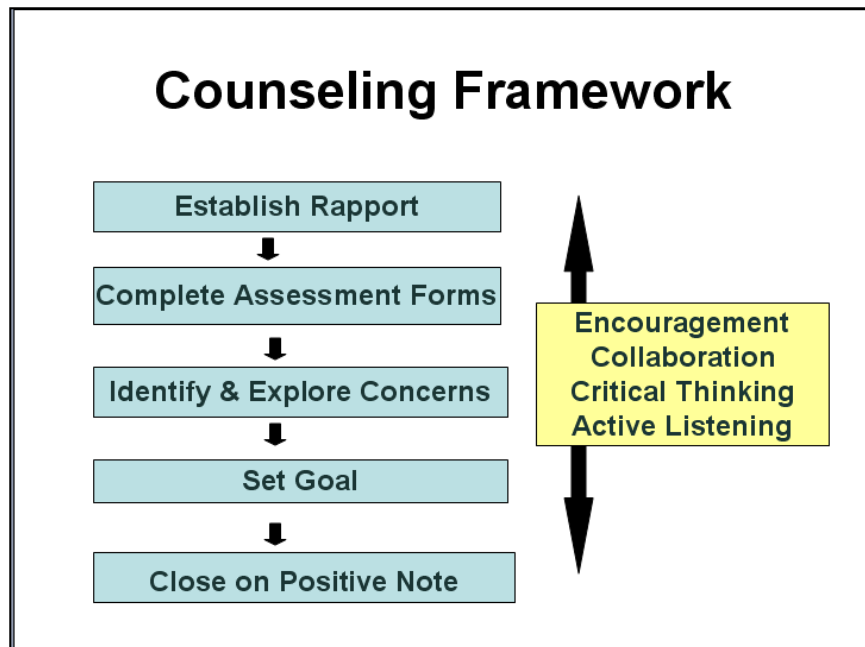
## *Letting VENA Guide Your Counseling*

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

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VENA-value enhanced nutrition assessment, was developed to provide guidance in completing WIC nutrition assessments and counseling. The principles of VENA- rapport building, active listening, collaboration and critical thinking can make counseling sessions more productive and better meet the needs of your clients.

A successful counseling session uses the steps shown below to help clients choose behavior change. Complete the five steps shown in blue while keeping in mind the key skills listed in yellow.



*Letting VENA Guide Your Counseling (continued)*

1. **Establish Rapport:** Build a positive relationship with clients based upon mutual understanding and trust. Introducing yourself, smiling, displaying positive body language and demonstrating a caring attitude help to establish rapport.
2. **Complete Assessment Forms:** Gathering data for the KWIC system, reviewing diet assessment forms, and asking questions accurately and efficiently promotes continuity of care. Clarify client responses and focus on relevant information in order to allow time for a meaningful conversation. Let clients know that you will be entering some information on the computer so they know you are paying attention to you rather than just reading information from a computer screen.
3. **Identify and Explore Client's Concerns:** Engage clients in determining main topics for discussion. The circle diagrams can be helpful in guiding this process. Use open-ended questions to explore client feelings and attitudes or to identify potential areas for change. When providing nutrition education, ensure the information is accurate but tailored to the client's concerns.
4. **Help Client to Set Goal:** Ease into this step by summarizing the key points of the conversation and asking clients what they are willing to work on. Help clients make their goals specific and realistic for their lifestyle. Remember, they are the best judge of what will work best for their family.
5. **Close on a Positive Note:** Closing the session in a positive way maintains rapport and sets the stage for the next counseling session. Expressing enthusiasm about following up at the next session will help promote the feeling of caring.

Practice these skills throughout your counseling session:

**Encouragement:** Praise clients for healthy behaviors they are already doing. Encouragement and support boosts confidence to try other healthy changes.

**Collaboration:** Engage clients in identifying concerns, barriers and strategies for improvement. It is a good sign if clients are talking at least 50 percent of the time.

**Critical Thinking:** Keep your thinking cap on in order to connect client information with your WIC nutrition knowledge. Analyzing and prioritizing information is essential in order to provide relevant and helpful guidance.

**Active Listening:** Listen carefully to clients for not only words, but also feelings behind the words. Repeat, paraphrase, or reflect back what you hear in order to check for understanding and keep the conversation going.



## *Processing Standards—It Is Always Time to Pay Attention*

*Patrice Thomsen, MS, RD, LD*

During the 2009 Management Evaluation of the Kansas WIC Program, the USDA evaluation team identified an issue in Kansas with processing standards. There were two components:



1. *Clinics not meeting processing standards*
2. *Staff using the reason of “other” on the KWIC processing standards warning window without documenting any explanation (so it was not by client choice.)*

This article provides information about processing standards and how to monitor them. Watch in the next newsletter for an article about various possible steps the WIC Coordinator can take to resolve processing standard problems.

### **What are processing standards?**

Processing standards are federally established time frames that specify the number of calendar days allowed from when a person requests benefits to the day the person is told whether or not they are eligible to receive WIC benefits. Processing standards apply to new applicants and former clients who have had a break in service, i.e. have a KWIC status of “Terminated.” The processing standard is within **10 days** of their contact date for these clients.

- Pregnant women
- Infants under six months of age
- Homeless of any category
- Migrant of any category

The processing standard for all other applicants is within **20 days** of their contact date. Even though breastfeeding and non-breastfeeding women have a 20 day processing standard, clinics should schedule a woman along with her under six-month-old infant within 10 days.



The key point is that a clinic **must offer** an appointment within processing standards. If a person declines the appointment, staff should try to find another appointment within processing standards but if another is not available, staff should document the client declined the appointment that met processing standards.

*(Continued on page 4)*

*Processing Standards-It Is Always Time to Pay Attention (continued)**(Continued from page 3)*

What if an applicant calls to reschedule an appointment that was in processing standards? In such cases, processing standards do not apply. It is vital the KWIC Reschedule button in the Appointment Book be used so the record of the original appointment is maintained. Do not just delete the appointment that was within processing standards.

Adherence to processing standards ensures all efforts are being made to see applicants as soon as possible so that clients may benefit from WIC foods, nutrition education and referrals. These processing standards are part of a LA's contract and are important in evaluating an agency's services. They are important!

**How does KWIC support the processing standards policy?**

The WIC Initial Contact Date is the date a person requests benefits, whether in person or by other means. Processing Standards begin from this date. KWIC sets the WIC Initial Contact Date to the date a staff member completes the Apply for WIC window and displays it on the client's Demographics tab. Staff should use the Apply for WIC window for all new clients and previous clients who have had a break in service (indicated by a KWIC status of Terminated). This ensures that a WIC Initial Contact Date is recorded and compliance with processing standards can be assessed.

The KWIC Appointment Book contains processing standards functionality. If a staff member attempts to make an appointment for an applicant and the date is outside of processing standards, an "Outside of Processing Standards" screen appears and warns the staff member the appointment will be outside of processing standards. Staff can continue with the planned appointment, but must use the Reason dropdown box to record a reason. Reason choices are:

- Appointment within processing standards not available.
- Client declined appointment within processing standards
- Client missed/rescheduled previous appointment that was within processing standards
- Not scheduling appointment for this client
- Other (Reason must be documented in a note.)

With the possible reason choices, the "Other" choice should rarely be used. But if used, staff members are to open the Notes window and make a separate explanatory note.

There are several ways staff can later see that an appointment was made out of processing standards.

1. Notes. If an appointment is made outside of processing standards, KWIC will automatically create a note titled "Appointment Scheduled outside Processing Standards" on the Notes screen. The reason selected in the dropdown box will automatically be included.

*(Continued on page 5)*

*Processing Standards-It Is Always Time to Pay Attention (continued)*

(Continued from page 4)

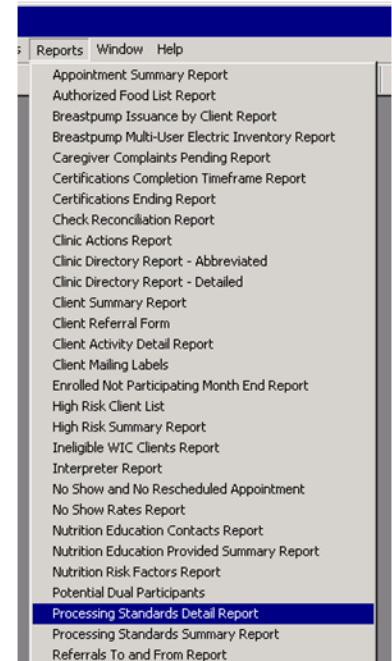
- Appointment History. In the client’s Appointment History, the word “Outside” will appear in red for an appointment scheduled outside of processing standards. If you click on that appointment line, details for that appointment will display at the bottom of the screen – including the reason.

Client Appointment History-Tulip Flower							
<b>Group Members</b> <a href="#">Tulip Flower</a> <a href="#">Add New Member</a>	<b>Tulip Flower</b>		DOB <b>08/02/1980</b> 29 Years				
	Client ID <b>1061484</b>	WIC Category <b>PG</b>	Status <b>Applicant</b>	Elig End	Due Date <b>08/22/2010</b>		
	Appointments for Client Tulip Flower Client ID: 1061484						
Date/Time	Duration	Location	Role	Type	Outcome		
05/20/2010 09:00 am	30	Medicine Lodge WIC Clinic	Judy W	CP	<none>		<b>Outside</b>

- Processing Standards Detail Report. The final way staff can later see an appointment was made out of processing standards is to use the Processing Standards Detail Report. This report provides a list of all the appointments scheduled outside of processing standards and the reason selected.

To use the report, select criteria, then click Generate.

- Clinic
- From Date
- To Date
- Reason. If a list of all appointments outside of processing standards is desired, leave the reason field blank. If you **only** want to see those appointments with a reason of “Appointment within processing standards not available” – select that reason.



Client Services 14.05.19 Shawnee Co WIC Clinic

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

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**Processing Standards Detail Report**

Clinic: Shawnee Co WIC Clinic

From: 03/01/2010 To: 03/31/2010

Reason Outside Processing Standards: Appointment within processing standards not available

Buttons: Generate, Clear, Print

Appointment within processing standards not available

Client declined appointment within processing standards

Client missed/rescheduled a previous appt that was within processing standards

Not scheduling appointment for this client

Other (Reason must be documented in a Note.)

(Continued on page 6)

*Processing Standards-It Is Always Time to Pay Attention (continued)*

As part of regular clinic management, a WIC Coordinator should check this report regularly, usually monthly. If the clinic is out of processing standards, there should be an assessment of the situation and action to ensure compliance. With this report it is also important to be sure a separate explanatory note is in KWIC if staff members use “Other” as a reason. (Generate the report. For any appointments out of processing standards with a reason of “Other”, open the client’s record to the Notes screen. Look to see what the staff wrote as an explanatory note.)

The clerk is also an important person in efforts to adhere to processing standards. If a clerk finds it difficult to make appointments within processing standards, tell the coordinator!

(Policy reference: CRT 02.00.00 Processing Standards

[http://www.kansaswic.org/Certification/CRT\\_02\\_00\\_00\\_Processing\\_Standards.pdf](http://www.kansaswic.org/Certification/CRT_02_00_00_Processing_Standards.pdf))

*Study Finds Link Between Preeclampsia and Reduced Thyroid Function*

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

The November 2009 British Medical Journal highlighted a study which shows a link between women who experience preeclampsia during pregnancy and reduced thyroid function later in life. The team of researchers from the National Institutes of Health combined two separate studies following women who developed preeclampsia.

In the first study authors found that women who had preeclampsia during their pregnancies were more likely to have reduced thyroid functioning more than 20 years after giving birth, when compared to women who had not had preeclampsia during pregnancy. The second study showed that women who developed preeclampsia were more likely to have slightly reduced thyroid function during the last weeks of their pregnancies. This low functioning also continued after delivery in some cases.

The authors advised physicians treating women with a history of preeclampsia to be aware that this group may be at increased risk of lower thyroid functioning. Reduced thyroid function can impact many aspects of health including breastfeeding. Treatment with thyroid replacement hormone is inexpensive and can significantly improve quality of life and breastfeeding success.



## KWIC Reports Part I

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 the report provides. Some reports will be recommended for monthly review and some reports will note they should not be used. This first installment will cover the first five reports in the Reports menu in Client Services.

- **Appointment Summary Report** – This report is used by many clinics as a print out of the day’s appointments. It is sorted by staff member and shows the time of the appointment, scheduled duration, caregiver name and phone number, client name, client category and appointment type. There is a column titled S, L. The S indicates a client has information in the Special Needs field in the Demographics tab and the L indicates that an interpreter is needed for the client.
  - Clinic staff can take the opportunity to review the Special Needs field to see if the information is current and useful. If the information is not current, think about moving it to the notes tab or deleting it if the information is not useful anymore.
  
- **Authorized Food List Report – DO NOT USE** This report only lists food products whose prices are being collected by Vendor Management staff in the Quarterly Price Assessment submitted by vendors. Because this report is not a full listing of the foods authorized, using this report would cause confusion rather than being helpful.
  
- **Breastpump Issuance by Client Report** – This report displays the breastpumps that have been issued to clients during the selected report period. The information is grouped by type of breastpump and the date issued. It lists the client’s name, ID, delivery date and the reason the breastpump was issued.

Kansas WIC Program					
Breastpump Issuance by Client Report					
From Date 02/01/2010 to 02/10/2010					
All Breastpump Types					
For Caseload Shawnee County WIC Program					
<b>Multi-User Electric</b>					
<b>Date Issued</b>	<b>Client Name</b>	<b>Client ID</b>	<b>Delivery Date</b>	<b>Reason Issued</b>	
02/04/2010	Carlee, Deborah	11111111	01/22/2010	Difficulty Breastfeeding	
02/04/2010	Dajia, Mustafa	11222222	01/31/2010	Infant Unable to Nurse Effectively	
<b>Total of Multi-User Electric Pumps Issued: 2</b>					
<b>Single User Electric</b>					
<b>Date Issued</b>	<b>Client Name</b>	<b>Client ID</b>	<b>Delivery Date</b>	<b>Reason Issued</b>	
02/10/2010	Sharon, Dyanne L	11333333	12/22/2009	Going Back to Work	
<b>Total of Single User Electric Pumps Issued: 1</b>					
<b>Manual</b>					
<b>Date Issued</b>	<b>Client Name</b>	<b>Client ID</b>	<b>Delivery Date</b>	<b>Reason Issued</b>	
02/04/2010	Maria, Denise	11444444	01/26/2010	Difficulty Breastfeeding	
02/04/2010	Christa, Pamela	11555555	10/11/2009	Increase Breastmilk Supply	
02/05/2010	Debra, Linda	11666666	01/28/2010	Difficulty Breastfeeding	
<b>Total of Manual Pumps Issued: 3</b>					

(Continued on page 8)

*KWIC Reports Part I continued*

- **Breastpump Multi-User Electric Inventory Report** – This report shows the status, whether the breastpump has been issued to a client or is available, of all multi-user breastpumps in use by the Local Agency. The report is sorted by Serial Number, shows status and if it has been issued to client, the date issued with the return by date, client name, ID, delivery date and issue reason.

Kansas WIC Program							
Multi-User Electric Breastpump Inventory Report							
For Caseload Shawnee County WIC Program							
Shawnee County WIC Program							
Serial #	Status	Date Issued	Return by Date	Client Name	Client ID	Delivery Date	Issue Reason
1	Issued to Client	03/30/2010	04/30/2010	Amstrong, F. S. 1	1134301	03/17/2010	Difficulty Breastfeeding
10	Issued to Client	04/16/2010	04/03/2011	Clontz, Amy J	1134224	04/03/2010	Going Back to Work
11	Issued to Client	12/21/2009	10/16/2010	Du..., Lisa M. E.	1134594	10/16/2009	Going Back to School

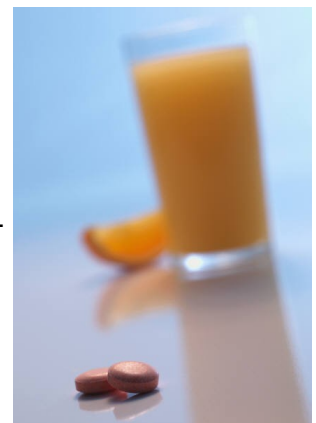
- **Caregiver Complaints Pending Report** – This report lists the complaints against caregivers that have not been closed in the Manage Complaints screen in the Clinic Admin menu. In order to clear this report, the complaint has to be followed up and action taken. This report may be run monthly to ensure all complaints are being handled in a timely manner.

*Preventing Preeclampsia*

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

A study published in the January 2008 issue of the American Journal of Obstetrics and Gynecology provides an intriguing look at reducing or preventing preeclampsia. World-wide, preeclampsia is the leading cause of infant and maternal mortality.

In this study of Canadian women, researchers found that taking a multivitamin with folic acid early in the second trimester of pregnancy reduced the risk of preeclampsia. The study looked at data from 3,000 pregnant women who were seen for prenatal care between week 12 and week 20 of pregnancy. Ninety-two percent of the women were taking folic acid alone or as part of a multivitamin supplement. The average dose was 1.0 mg or higher. Preeclampsia developed in only 2.7 percent of the women taking folic acid and in 5.04 percent of those not taking the supplement. The researchers concluded that taking a folic acid supplement late in the first trimester or early in the second trimester may significantly reduce the incidence of this major prenatal concern.



## *Risk Factor Q and A*

*Sandy Perkins, MS, RD, LD, CBE*

Q: Why don't the diet questionnaires cover all of the risk factors.

A: Nutritional risk factors should be assigned after gathering the data during the certification appointment with the client/caregiver. The diet questionnaires provide topics that can be used to start the risk assessment conversation for most risk factors. The category specific WIC Staff Guidance Documents for the Diet Questionnaires located on our website provides a roadmap between the questions and the risk factors.



Q: Why do we need to identify all appropriate risk factors.

A: WIC's primary benefit is nutrition education. To make sure the participant's nutritional needs and household situation are addressed by the nutrition education provided, WIC staff need to collect all information including assigning all risk factors, prioritize needs with the client/caregiver and then provide client centered counseling.

Q: The SA recently contacted our clinic about pregnant clients' who were receiving the food package for women expecting twins but were not assigned the risk factor. We found out she was expecting twins after the certification, were we supposed to go back in and assign the risk factor?

A: Ideally risk factors should be updated whenever new information is identified. However, the SA knows that a nurse or dietitian is not always available to assign the risk factor. Whether the risk factor is assigned or not, the new information should be documented in KWIC as a note or a risk note. This is especially important with information such as a multifetal pregnancy that affects the WIC benefits.

Q: We would like refresher courses on risk factors.

A: Okay, I admit this is not a question but more of a request. Most WIC Update Newsletters contain an article focusing on a particular risk factor and technical assistance from the SA is available for any clinic that requests it. Depending upon the circumstances you can request SA staff to come to your clinic and provide an inservice or arrange a distance learning option such as a webinar or teleconference.



*(Continued on Page 10)*

*Risk Factor Q and A continued*

**Q:** I am so confused by the risk factors that are to be assigned to a breastfed infant or mother. Can you explain how and why they should be used?

**A:** The WIC Regulations define a priority system for serving. The regulations go on to clarify that a breastfeeding mother and her infant shall be placed in the highest priority level for which either is qualified. In Kansas, this is managed by using the “Dyad” risk factors. The Dyad risk factors are:

- Breastfeeding Infant of Woman at Priority 1 Nutritional Risk
- Breastfeeding Infant of Woman at Priority 4 Nutritional Risk
- Breastfeeding Mother of Infant at Priority 1 Nutritional Risk
- Breastfeeding Mother of Infant at Priority 2 Nutritional Risk
- Breastfeeding Mother of Infant at Priority 4 Nutritional Risk

The appropriate Dyad risk factor should be assigned to raise the priority of the breastfeeding woman or her infant with the lower priority up to the higher priority.

For example, if a breastfeeding woman had a low hemoglobin (priority 1) and her infant’s only risk was infant born to a WIC eligible woman (priority 2), the infant should be assigned the risk factor “Breastfeeding Infant of Woman at Priority 1 Nutritional Risk.” In this example, a Dyad risk factor should not be assigned to the mother.

**Q:** Recently the Institute of Medicine published new pregnancy weight gain guidelines. When will the risk factors be changed to reflect the guidelines?

**A:** The SA is currently working with CQuest to make the changes to the Prenatal Weight Gain grids and risk factors. The risk factors will be changed by October 1, 2010.



## *Longer Breastfeeding Durations Decrease Metabolic Syndrome*

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

Researchers reviewing data from the Study of Women's Health Across the Nation (SWAN) found that increased breastfeeding duration was associated with lower prevalence of metabolic syndrome in women by midlife. The SWAN study reviewed 3302 midlife women to characterize patterns of health as they experienced the menopausal transition. Study participants answered questions about their pregnancies and the duration of lactation after each live birth. Anthropometric measures and blood samples were collected at regular intervals during the study. Particular emphasis was placed upon those measures that might indicate the presence of metabolic syndrome.

At baseline, 2516 women met the required criteria of having at least one pregnancy ending in a live birth. Of these, 1620 reported a history of lactation. A mean lifetime lactation duration of 1.16 years was found among those women who breastfed. The study identified 536 of the women (21.3 percent) with metabolic syndrome. Among the women who breastfed, the prevalence of metabolic syndrome was 18.3 percent versus 26.7 percent among those who did not. Women who developed metabolic syndrome were more likely to have a higher BMI at the time of the interview and at completion of high school. They were also more likely to be African American or Hispanic, to smoke, and be of lower socioeconomic status. Women with metabolic syndrome were found to have breastfed for less time.

The rate of metabolic syndrome was significantly lower with increasing duration of lactation, suggesting a dose-response relationship. This was found to be true when the study was adjusted for age, current smoking, parity, ethnicity, socioeconomic status, physical activity, calorie intake and education. Researchers did identify the protective effect of lactation seems to disappear after the fourth pregnancy. The study also seemed to indicate lactation was associated with significantly lower odds of elevated blood pressure, abdominal obesity and impaired fasting glucose after adjustment for multiple risk factors.

Ram, KT, Bobby, P, Hailpern, Susan, Lo, J., Schocken, M., Skurnick, J., Santoro, N. "Duration of lactation is associated with lower prevalence of the metabolic syndrome in midlife-SWAN, the study of women's health across the nation." *American Journal of Obstetrics and Gynecology*; March 2008, p268-270.



## Nutrition and WIC Services

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**WE'RE ON THE WEB!**

**WWW.KANSASWIC.ORG**

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Growing healthy Kansas families

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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:**

Douglas County, Elizabeth Sedita-Laufer, BFPC  
Ellis County, Laura Leiker, Clerk  
Ellis County, Mary Streit, RN  
Ft. Riley, Cathy Benco, RD  
Ft. Riley, Jayce Knight, Clerk  
Johnson County, Yesenia Briseno, Clerk  
Johnson County, Katie Davis, Clerk  
Johnson County, Jenny Eames, RD

Lane County, Crystal Hoffman, Clerk  
Morris County, Brenda Kirk, Clerk  
Shawnee County, Kristal Richardson, Clerk  
SW Kansas WIC, Belinda Durham, RN  
Sumner County, Kris Ellis, Clerk  
Trego County, Pat Moeder, RN  
Wyandotte County, Amy Hapgood, RD  
Wyandotte County, Robin Nolan, BFPC

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

Ellis County, Sandra Hattesohl, Clerk  
Reno County, Jessica Sutton, BFPC  
SW Kansas WIC, Carrie Hernandez, RN

Stevens County, Freddie Hernandez, Clerk  
Wyandotte County, Sara Cox Lashmet, RD