



Food Insecurity Increases Weight Gain and The Risk of Complications During Pregnancy

Pat Dunavan, MS, RD, LD, CBE

A recent study has shown that food insecurity, a person’s ability to obtain adequate amounts of food due to limited resources, can lead to a higher weight gain and increased complications during a woman’s pregnancy. According to the USDA Economic Research Service, 14.6 percent of households were food insecure at some time during 2008, up from 11.1 percent in 2007. This was the highest recorded prevalence rate of food insecurity since 1995.

For the study, 810 low and middle income pregnant women were surveyed during January 2001 to June 2005. Women were surveyed at the beginning of their pregnancy and a follow-up survey was administered after the birth of their child. The survey looked at the effect of food insecurity on a variety of health factors related to pregnancy. The findings showed that food insecurity was associated with higher body mass index, greater weight gain during pregnancy, and a higher risk for the development of gestational diabetes. These health issues often lead to negative outcomes for both mother and child.

The study supported the use of the WIC Program and SNAP (formerly Food Stamps) as a way to reduce food insecurity for low income women and families. Results of the study were published in the May 2010 issue of the *Journal of the American Dietetic Association*.



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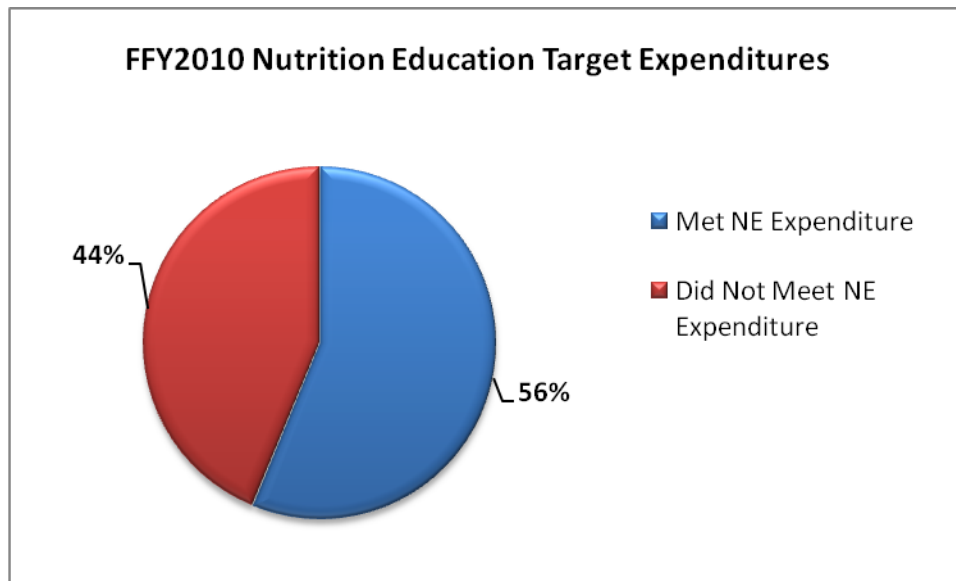


FFY 2010 Nutrition Education Target Expenditure

Rachelle Hazelton, Program Consultant

Every Federal Fiscal Year (FFY) local agencies are given a target expenditure amount that must be spent on Nutrition Education. Since WIC stands for the “Special Supplemental **Nutrition Program** for Women, Infants and Children” a main emphasis for the WIC Program should be on Nutrition Education.

According to the Local Agency Contract and the Policy and Procedure Manual, local agencies are to expend one sixth (16.7 percent) of their total WIC allocation towards Nutrition Education. As of the end of September 2010 (FFY2010), only 56 percent of the local agencies have met their Nutrition Education Target Expenditure. This excludes September affidavits and a few July and August affidavits, but with the remaining affidavits yet to be submitted, many agencies will not meet their Nutrition Education Target Expenditure for FFY2010 and for a few local agencies this is a reoccurring issue. According to the Local Agency Contract failing to meet the one sixth nutrition education requirement may result in a claim by the State Agency against the local agency.



***Based on data as of October 8, 2010 year-to-date data. Does not include September’s reimbursements and some prior month affidavits from local agencies.**

The State Agency will be monitoring each local agency’s Nutrition Education Target Expenditure amount during FFY2011 and will contact local agencies if the local agency appears to be struggling with meeting their targeted expenditure. The State Agency believes that part of the reason a local agency is not meeting the targeted expenditure amount is due to the fact that local agencies are not properly recording their time on their Time Studies. Local agencies should analyze their Time Studies to ensure time is being reported in the correct cost category.

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FFY 2010 Nutrition Education Target Expenditure (continued)

The following are some examples of staff time and purchases associated with the nutrition education cost category. This is not an all inclusive list.

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

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.

If you have any questions about your Nutrition Education Target Expenditure or how time is being recorded on the Time Studies, contact your State Lead person.

The KWIC Help Desk

In the September 2010 *Nutrition and WIC Update* there was an article about the KWIC Help Desk. We had a request to share photos of some of the friendly employees that work at the Help Desk. We hear from many WIC local agencies that they appreciate the cheerful and helpful assistance given by the hard working people at the KWIC Help Desk. Pictured below are Juli and David — you may have spoken with them before or may speak to them in the future. Thank you to everyone at the KWIC Help Desk!



Breastfeeding Report Card

Martha Hagen, MS, RD, LD, IBCLC

Information from the Centers for Disease Control and Prevention's 2010 Breastfeeding Report Card has been released. Seventy-five percent of babies born in the United States in 2007 – over 3 million – started life breastfeeding in 2007 according to data from the National Immunization Survey. The 75 percent breastfeeding initiation rate meets the nation's [Healthy People 2010](#) goal, and half of the states have breastfeeding initiation rates above 75 percent.

State by state breastfeeding initiation rates ranged from nearly 90 percent in Utah to 52.5 percent in Mississippi. Kansas has a 79.6 percent initiation rate. Generally initiation rates have risen steadily but the number of babies continuing to breastfeed until 6 and 12 months has remained stagnant for the third consecutive year. Only 43 percent (1.8 million) are still breastfeeding at six months and only 22 percent (fewer than 1 million) are breastfeeding at 12 months. National Healthy People 2010 objectives call for 50 percent of new mothers to continue breastfeeding for six months and 25 percent to continue for one year. Kansas, unlike other states, has continued to improve slightly in duration. Continued breastfeeding at 6 months is 47.4 percent and Exclusive breastfeeding at 12 months is 18.5 percent.

“Meeting the national breastfeeding initiation goal is a great accomplishment in women's and children's health, but we have more work ahead,” said William Dietz, M.D., Ph.D., director of CDC's [Division of Nutrition, Physical Activity, and Obesity](#). “We need to direct even more effort toward making sure mothers have the support they need in hospitals, workplaces and communities to continue breastfeeding beyond the first few days of life, so they can make it to those 6 and 12 month marks.”

“High initiation rates tell us that a lot of moms plan to breastfeed, but these rates do not indicate that a birth facility is doing what it needs to support them in their effort,” said Carol MacGowan, Public Health Advisor for CDC's [Division of Nutrition, Physical Activity, and Obesity](#). “Evidence shows that hospital routines can help or hinder mothers and babies as they are learning to breastfeed. The care that mothers receive from hospitals should always be based on practices that are proven to help them continue breastfeeding after they go home.”



Less than 4 percent of U.S. births occur at facilities designated as Baby-Friendly – a designation program implemented by [Baby-Friendly USA](#) on behalf of the [World Health Organization](#) and [UNICEF](#). The program outlines 10 steps that support the initiation of breastfeeding and identifies hospitals that meet internationally recognized health care quality standards for maternity and breastfeeding support. Kansas, along with 20 other states and the District of Columbia, has no Baby-Friendly hospitals. Improvement in maternity care practices in Kansas can make a difference in duration of breastfeeding. In Kansas the percent of breastfed infants receiving formula before 2 days of age has decreased from 19.2 percent to 10.9 percent. Kansas hospitals should be congratulated on this decrease as offering formula in the hospital is a huge detriment to continued breastfeeding. [Offering no formula to breastfed infants unless medically indicated is one of the Baby Friendly Ten Steps](#). Studies show that a mother's confidence in her ability to breastfeed is eroded dramatically by her baby receiving formula in the hospital.

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Breastfeeding Report Card, continued

The Breastfeeding Report Card also provides data from a CDC survey that measures every U.S. hospital's maternity practices in infant nutrition and care. The survey finds that the average score for Kansas is 65 out of a possible 100 points awarded for supportive maternity care utilizing data from the 2007 CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) survey. The survey contained 52 questions regarding the birth facility's maternity practices, training, personnel, policy and facility characteristics. Questions included a variety of response options, including yes/no, ordinal responses (e.g., few, some, many, most), percentages, lists of program components (e.g., elements of a worksite lactation program), or reasons for a given practice (e.g., why mothers and infants are separated). Scores range from 81 in New Hampshire to 50 in Mississippi.

Breastfeeding offers many benefits. Breast milk is easy to digest and contains antibodies that can protect infants from bacterial and viral infections. And breast fed babies are less likely to become overweight or obese children or adolescents compared to babies who are exclusively formula fed.

The CDC Breastfeeding Report Card provides both national and state-level data which enable communities to monitor breastfeeding progress. The Breastfeeding Report Card is available at www.cdc.gov/breastfeeding/data/reportcard.htm . For more information about breastfeeding visit www.cdc.gov/breastfeeding .

Thank You, Gayle Sherman

Gayle Sherman, longtime WIC Director at Lawrence-Douglas County Health Department, recently retired. We thank Gayle for her years of service to the WIC program and send best wishes for her next life endeavor.



Patrice Thomsen (right), presenting a certificate of recognition to Gayle Sherman

Guided Goal Setting

Pat Dunavan, MS, RD, LD, CBE

Helping clients set goals for behavior change at certification visits and then following up on their progress at future visits can be a daunting task for local WIC staff. How can I help clients define their plans without the result being “to have a happy healthy baby”? And now, the State Agency comes along and asks that we help clients set a goal for change after attending/participating in low risk nutrition education! Isn’t that asking too much?

Although it may seem unreasonable to have clients set goals for behavior change, studies have shown that when we express our plans to change behavior, either verbally or in writing, we are more likely to carry through with the changes. If we discuss our plans with others, we are also more likely to actually do what we have planned. USDA has taken this research and the principles of client-centered service to heart in focusing on behavior change techniques. One such technique is what is known as “guided goal setting.”

Guided goal setting is an approach used by WIC staff, in partnership with the client, to look at information gathered at the certification visit (or low risk nutrition education visit) and develop plans for goals that will achieve desired participant outcomes. It may sound difficult, but with a few tips and some practice, you will find that the process will become a part of your normal interactions with clients.

Most clients would not be able to give you a goal if asked directly, but may be able to express this desire in other ways. One way to engage a client in the goal setting process is by using the 3 E’s of productive dialogue: Enlist, Empathize and Encourage. The first step is to enlist the client as an active collaborator. Encourage the client to discuss goals or expectations for the WIC appointment by asking:

“What were you hoping we’d accomplish today?” OR “Is there anything else you were wondering about?” OR “Would you like to talk about that?”



After you establish areas of interest, you can think about what education might be needed. It is best to begin by finding out what the client already knows or feels they need to know by asking questions like:

“What do you think is going on?” OR “What is your understanding about ____?” OR “What worries you the most?” OR “What thought do you have about _____?” OR “What has this been like for you?” OR “How has all this made you feel?”

Allow time for the client to contribute and to clarify the information they are providing for you. Provide opportunities for the client to become involved in the dialogue by asking open-ended questions or using statements like:

“I’m curious about” OR “I’d like to hear more about that.” OR “I want to make sure I understand what you said.....”

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Guided Goal Setting, continued

The second step is to empathize. This means that you hear, accept, articulate, and incorporate the feelings, values and thoughts of the client into your interactions. It does not mean that you have to agree with their decisions or feelings. Be aware that body language is important. Hidden messages are often inferred with body language. Looking for these clues may give you insight into how the client is feeling. When you empathize, convey the message that you are interested in the client. Actively acknowledge the client's experience by saying things like:

“That must have been difficult.” OR “I understand why you might feel uncomfortable.” OR “You look frustrated.” OR “I can imagine that must be” OR “You must be exhausted.” OR “I can see how you would do that.”

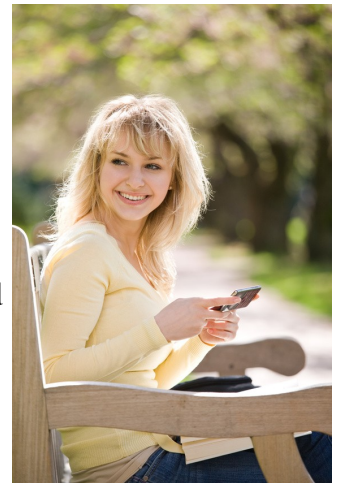
Validate what clients are saying so they know you understand by using phrases like:

“I hear you saying ...” OR “Let me see if I'm following you so far”

The last step is to encourage. After the client has chosen an area where behavior change might be possible, a goal can be set based upon the discussion that has occurred. Respond positively and provide feedback to the client as she/he makes a plan for a small step that will lead to behavior change. Assure the client that you will follow up to see how they are doing at a later visit.

When the client returns, be sure to provide a positive statement for any effort toward the goal.

“Good for you!” OR “Wonderful, I am so glad that idea worked for you.” OR “Change takes time. You're making progress. You must feel good about the improvements you have made.”



When limited goal progress has been made, engage the client in further discussion using open-ended questions to determine what their perceived barriers are and try to provide information or strategies to overcome these barriers to action. Reassure the client that you are there to support their effort. Phrases such as: “How can I help you?” OR “Can I help by offering a few new ideas?” OR “Let's see what we can do together to ...” will help the client understand that you are there no matter what the situation.



Guiding a client to set a goal and follow through is not an easy task. But by using the 3 E's—enlist, empathize, and encourage, your efforts may become less stressful and your rapport with your clients will improve.

WIC Staff Fraud and Abuse

Pamela Combes, BSE, CBE

According to the United States Department of Agriculture, employee fraud and abuse means the intentional conduct of a State, local agency or clinic employee which violates program regulations, policies, or procedures, including, but not limited to, misappropriating or altering food instruments or cash-value vouchers, entering false or misleading information in case records, or creating case records for fictitious participants. Anyone who obtains funds, assets, or property fraudulently will be penalized accordingly. Fines and/or imprisonment are penalties established for these offenses. To protect the integrity of the Kansas WIC Program and staff it is important to follow regulations established by USDA.

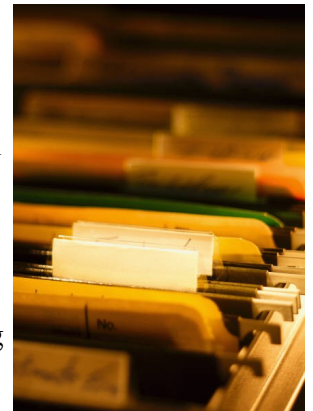
The Kansas WIC State Agency has developed policies that assist local agencies in adhering to USDA fraud and abuse regulations. The Conflict of Interest policy, PRI 06.00.00, provides guidance concerning staff fraud and abuse for local agencies. Each local agency, through education and supervision of its staff, shall ensure that no conflict of interest exists between WIC employees and any authorized WIC vendor or WIC client/applicant.

To prevent a conflict of interest in the local agency, WIC staff involved in determining WIC eligibility, certification or recertification, or processing WIC checks, should not be related to the applicant or client. Any employee who is receiving WIC benefits may not certify or issue food instruments to themselves. Also, WIC employees shall not have a financial interest in an authorized WIC retail store.

If an employee is related to a WIC client or applicant, record appropriate WIC employee information on the Declaration of Conflict of Interest Log. This form can be found in the forms/administrative materials section on the Kansas WIC website. All WIC employees or WIC employees' family members who have been identified as a WIC Retail store's owner or a member of senior management should also be recorded on the log. Maintain a conflict of interest file at the local agency. This should be available at all times for review by the SA. Please review the Conflict of Interest policy for specific directives.

Local Agency Conducts Outreach With Community Baby Shower

SEK Multi County Health Dept of Anderson County and the Garnett Public Library hosted a Healthy Beginnings baby shower for all local pregnant and new moms of infants up to one year old. Health Dept services, including WIC, were promoted at the shower. According to Teri Vaughn, RN, "We didn't plan it but we ended up having an informal breastfeeding support group." Local partners, including the Anderson County Hospital, Country Mart, Unicare and Dairy Queen donated baby items and food for the event. TextforBaby also provided some gifts for moms and featured Anderson County's Baby Shower on their website. SEK Multi County Health Dept of Anderson County and Kansas Dept of Health and Environment are outreach partners with TextforBaby.



Car Seat Safety

Brad Iams, Vendor Manager

When we think of car seat safety we think of having the seat installed properly in the car and having the child positioned correctly in the car. However, there are often other hazards of a car seat outside the car that go overlooked. Recent studies have been released linking injuries to car seats being left on elevated surfaces. The most common occurrences of injury were from infants falling from car seats, car seats falling from elevated surfaces, and car seats overturning on soft surfaces causing suffocation. In addition, prolonged sitting/laying in a car seat can increase the occurrence of Sudden Infant Death Syndrome (SIDS).

It is recommended for drivers to make frequent stops during trips to prevent infants from sitting in a slumped forward position for any length of time. Infants should not be placed in car seats outside the car for napping, especially on elevated surfaces. Parents may think the safety of a car seat extends into the home but many doctors and health care professionals say that is a mistake. To ensure the safety of your car seat, double check the specific uses of each type. Knowing your specific seat is the most important step in keeping your child safe in and out of the car.



Breastfeeding and Breast Milk Critical for Preterm Infants

Julie Ornelas, RD, LD, CBE

November is National Prematurity Awareness Month and provides an opportunity to recognize that breast milk is the ideal form of nutrition for all infants, especially those born preterm. The rate of preterm birth in the United States has increased 36 percent in the past 25 years. Children born prematurely have higher rates of disease, learning disabilities, cerebral palsy, sensory deficits and respiratory illnesses compared to children born at term. These negative health and developmental outcomes of preterm birth often extend to later life, resulting in enormous medical, educational, psychological and social costs.

Research has shown that breast milk offsets many of these negative health outcomes. It also protects extremely vulnerable infants from life-threatening conditions commonly seen in preterm infants such as necrotizing enterocolitis, infections and pneumonia.

Breast milk also functions as a unique form of medication, shielding susceptible preemies in a manner that conventional drugs cannot.

If a mother is unwilling or unable to provide her own milk, donor human milk is the next best choice. The use of donor milk has saved the lives and improved the health of countless premature and sick infants for many years.



(Excerpted from a press release issued by the United States Lactation Consultant Association.)

Eating Vegetables First Increases Vegetable Intake in Preschoolers

Julie Ornelas, RD, LD, CBE

In a study published in the May edition of the American Journal of Clinical Nutrition, an interesting strategy was used in an attempt to increase the vegetable intake of preschool aged children.

Children enrolled in a university daycare, between the ages of three and six participated in a four week study. On one day per week the children were provided with a test lunch. The test lunch menu consisted of pasta with cheese, broccoli, applesauce and milk. All food and beverages were weighed before and after the meal, including any spilled food or beverages.

One teacher sat and ate with each group of children (maximum of six children per table/adult), which is the usual practice at this daycare. Teachers were instructed to redirect conversations pertaining to food to minimize the influence on lunch intake.

During the remaining three weeks, the children were served raw carrots with low-fat dip 10 minutes before the rest of their lunch was served. The amount of carrots served to each child was 30 gm the first week, 60 gm the second week and 90 gm during the third week.

Fifty one children participated in the study. Results showed that the portion size of the carrots served prior to the lunch significantly effected the amount of carrots eaten, but did not effect the amount of broccoli eaten during the meal. Doubling the portion of the carrots from 30 gm to 60 gm increased the amount of carrots consumed by 47 percent. Tripling the portion size from 30 gm to 90 gm increased the amount of carrots consumed by 54 percent. Providing a carrot first course increased the total weight of food consumed compared with having no carrot first course. But there was no significant difference in the total calories consumed across all four test meals. The dip consumed provided an average of six calories per child and did not change with the increased portion of carrots consumed.

The increase in vegetable intake from one-third of a serving to one serving at a single meal was substantial, particularly considering that most children consume less than half of the daily recommended amount of fruit and vegetables. This study indicates that preschoolers' vegetable consumption at a meal can be enhanced by serving vegetables alone at the start of a meal.



Holiday Wishes

Jezmarie Aponte

The following poem was written by Jezmarie Aponte, a Peer Counselor with the St. Joseph WIC Program in Paterson, NJ. She wanted to recognize the valuable work her co-workers perform, just as all of you do here in Kansas.

To All My WIC Girls (and Guys),

*This holiday poem is for all of you,
Who are so wonderful at what you do.
You greet each mother and child,
With a warm loving smile.
And every time you accept a family,
You instantly make them grateful and happy.
You hand them their WIC checks,
And your kindness they're sure to never forget.
So on this very special holiday of gratitude and giving,
Don't just be grateful that you are living.
Be thankful to work where you are helping families
get on a healthy good start.
And feel blessed that you all have such understanding
and caring hearts.*

*I personally am grateful to be working with you all.
Nothing you do is unrecognized or small.
I am thankful to know so many beautiful women and men,
Who chose to have this job that helps mothers and children.*

HAPPY HOLIDAYS FROM ALL THE STATE WIC STAFF!!



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

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Growing healthy Kansas families

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USDA, Washington, DC.*



Our Vision: Healthy Kansans living in safe and sustainable environments

Local Agency News

We welcome these new WIC employees:

Butler County, Jessica Gomez, BFPC
Cowley County, Shari Allender, Clerk
Ford County, Angela Rains, RN
Lane County, Crystal Hoffman, BFPC
Miami County, Rhonda Powers, Clerk

Neosho County, Autumn Scott, Clerk
Neosho County, Jennifer Westerman, Clerk
Pratt County, Susan Kearns, Clerk
Sedgwick County, Rachel Housby-Jones, BFPC
Stevens County, Brandy Littell, Clerk

We say goodbye to these WIC friends:

Butler County, Susan Shinkle, BFPC
Cowley County, Cynthia Woods, Clerk
Ford County, Natalie Carrillo, RN
Lane County, Leah Shapland, BFPC
Miami County, Lynita Osborne, Clerk

Pratt County, Ashton Bainum, Clerk
Sedgwick County, Sadie Williams, BFPC
Stevens County, Amy Mason, Clerk
Trego County, Lisa Reiter, RN