



When to Call the KWIC Help Desk

Darrell Finley, WIC IT Program Manager

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How many times have you been sitting at your computer, working with a client and something is not going right in KWIC? Maybe the program is running slow, maybe it is doing “that thing” it always does, or you have a question about how to enter information.

The KWIC Help Desk is there to support and provide guidance in those situations. The Help Desk is staffed with knowledgeable people who will be able to walk you through situations and provide instruction. Another aspect of the Help Desk is to record all issues that are identified. Call times are logged, descriptions of the issues and the resolutions that were provided are documented. This enables the staff at the State Agency to review the guidance and resolutions being provided to Local Agency staff.



Calling the Help Desk at the first sign of a problem may lead to quicker resolution of your issue and possibly identify if the issue is statewide.

Benefits of calling the KWIC Help Desk:

- Solve a computer issue;
- Assist the State Agency in identifying future newsletter articles or sessions at WIC Technical Meeting;
- Identify potential ‘bugs’ in the system; and
- Reporting items (i.e. slowness) can help track the spread of problems across the state.

Report from the 2010 National WIC Association Conference

Kansas had several attendees at this year's conference held in Milwaukee, Wisconsin. Here are some highlights from the attendees.

Panel Presentation on Food Security and WIC

Quote from this session, shared by Brenda Stoneberger, RD, southeast Kansas

“One of the best ways to give new mothers peace of mind when it comes to food insecurity is to promote and support breastfeeding.”

Oh Baby...What's New in Infant Nutrition?

Presenter: Cathy Breedon, PhD, RD, CSP, FADA

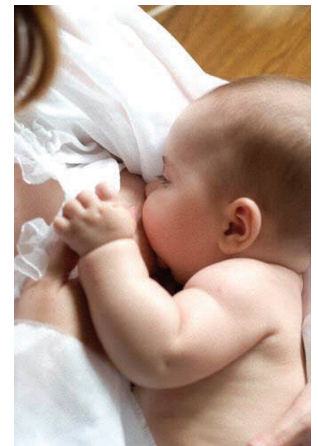
Comments on this session from Mary Johnson, RD, Shawnee County

Cathy's presentation included numerous issues regarding assumed nutrient stores at birth and recommendations for assuming adequacy in infants. Here are a few key points.

- Cathy recommends 400 IU Vit D for all infants. Formula provides 400 IU's of Vitamin D per 1000 cc's of formula. She recommends putting the liquid Vit D around the breastfeeding Mom's nipple as Vit D has a naturally sweet taste so the baby will suck if off the Mom's nipple. Low levels of Vit D are associated with increased risk of autism, allergies, asthma and eczema.
- Cathy pointed out the importance of Vit K for bone health, which babies receive at birth. She said not all vitamin supplements contain Vit K.
- Cathy also felt it is rare for babies to be allergic to breast milk. A baby must have the gene and low level of Vit D to be truly allergic to breast milk.

Breast milk is not a sufficient source of iron or zinc after 6 months post partum. Meat is the best source of iron and zinc so we may want to rethink the order of foods we recommend for the breast fed babies to prevent iron and zinc deficiency. The iron in infant cereal is not well absorbed.

Google “Cathy Breedon” for more nutrition information.



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Report from the 2010 National WIC Association Conference (continued)

Worksite Wellness: Are You Practicing What You Preach?

Presenter: Cathy Breedon, PhD, RD, CSP, FADA

Comments on this session from Jennifer Sheble, WIC Coordinator, Neosho County

I especially enjoyed hearing about the Bring Your Baby to Work Program. I hope to be able to take the knowledge I gained from this session and the skills I learned at The Business Case for Breastfeeding Conference and talk to businesses about implementing such a program.

Notes about Bring Your Baby to Work Programs...

- It is easier to take care of baby - especially when breastfeeding baby at work. Baby is happier.
- Benefits for the business:
 - o return to work sooner
 - o increase employee retention
 - o high morale, lower health care costs
 - o attraction of new employees
 - o low implementation costs
- Potential concerns:
 - o Q: How will work get done? A: Parent is very responsive and can soothe baby right away.
 - o Q: What if workers play with the babies instead of working? A: Newness of baby wears off and employees have to get work done.
 - o Q: What about clients who think it is unprofessional? A: People usually enjoy letting businesses do this.
- Encourage parents to use slings and carriers so their hands are free for work.
- Implementation considerations: detailed policy, transition period, discuss planning ahead of time, company has authority to send baby home, have baby-free zones, understand work needs to get done but baby's needs are important.

Check out www.BabiesAtWork.org



White House Issues Task Force Report on Childhood Obesity

Pat Dunavan, MS, RD, LD, CBE

In May 2010, the Task Force on Childhood Obesity issued its report in response to an earlier executive order from President Obama. The Task Force report provides recommendations in five priority areas: (1) empowering parents and caregivers; (2) providing healthy foods in schools; (3) improving access to healthy, affordable foods; (4) increasing physical activity and (5) early childhood.

Within each of the priority areas, the Task Force identified recommendations that should be initiated at the Federal, State and Private Sector levels. Background information, questions for further research; and references are included for all recommendations. Of most interest to those working in WIC are the early childhood recommendations. Twelve recommendations were included in the report. They were:

1.1: Pregnant women and women planning a pregnancy should be informed of the importance of conceiving at a healthy weight and having a healthy weight gain during pregnancy, based on the relevant recommendations of the Institute of Medicine.

1.2: Education and outreach efforts about prenatal care should be enhanced through creative approaches that take into account the latest in technology and communications. Partners in this effort could include companies that develop technology-based communication tools, as well as companies that market products and services to pregnant women or prospective parents.

1.3: Hospitals and health care providers should use maternity care practices that empower new mothers to breastfeed, such as the Baby-Friendly hospital standards.

1.4: Health care providers and insurance companies should provide information to pregnant women and new mothers on breastfeeding, including the availability of educational classes, and connect pregnant women and new mothers to breastfeeding support programs to help them make an informed infant feeding decision.

1.5: Local health departments and community-based organizations, working with health care providers, insurance companies, and others should develop peer support programs that empower pregnant women and mothers to get the help and support they need from other mothers who have breastfed.

1.6: Early childhood settings should support breastfeeding.

1.7: Federal and State agencies conducting health research should prioritize research into the effects of possible obesogenic chemicals.

1.8: The AAP guidelines on screen time should be made more available to parents, and young children should be encouraged to spend less time using digital media and more time being physically active.



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White House Issues Task Force Report on Childhood Obesity, continued

1.9: The AAP guidelines on screen time should be made more available in early childhood settings.

1.10: The Federal government, incorporating input from health care providers and other stakeholders, should provide clear, actionable guidance to states, providers, and families on how to increase physical activity, improve nutrition, and reduce screen time in early child care settings.

1.11: States should be encouraged to strengthen licensing standards and Quality Rating and Improvement Systems to support good program practices regarding nutrition, physical activity, and screen time in early education and child care settings.

1.12: The Federal government should look for opportunities in all early childhood programs it funds (such as the Child and Adult Care Food Program at USDA, the Child Care and Developmental Block Grant, Head Start, military child care, and Federal employee child care) to base policies and practices on current scientific evidence related to child nutrition and physical activity, and seek to improve access to these programs.

For more information or to download a copy of the full report, go to:

<http://www.letsmove.gov/obesitytaskforce.php>



KWIC Reports, Part III

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 third installment will cover the next seven reports in the “Reports menu” in Client Services.

Client Summary Report – This report provides a list of all clients served by a WIC location. *This report is long and may take a while to generate, which will restrict the use of the computer and may affect co-workers computer response time in KWIC.* This report should only be run during a time when it will not impact services to clients.

Client Referral Form – The form that prints is client specific and may be provided to client/caregivers when they are referred to other programs.

Client Activity Detail Report – This report provides a count of all WIC services provided to clients for a specific day at a specific clinic. *This report takes a substantial amount of time to run, which will restrict the use of the computer and may affect co-workers computer response time in KWIC.*

Client Mailing Labels – This report provides clinic staff the ability to generate labels for mailings to a specific targeted client base within a local agency. Clinics can use these labels to send targeted mailings to pregnant women or new moms. The clients can be selected by a number of criteria, including:

- Clinic
- Zip code
- Appointment Date
- A selected range of dates for:
 - ✦ Birth Date
 - ✦ Estimated Due Date
 - ✦ Pregnancy End Date
- Category
- Status
- Assigned Risk Factor



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KWIC Reports, Part III continued

Enrolled Not Participating Month End Report – This report generates the names, addresses and phone number of clients who are currently enrolled in the program, but have not received checks for the current month. This report may be used prior to the end of the month to determine clients that need to be contacted to come to the clinic to pick up checks.

High Risk Client List – This report provides a list of all active high risk clients. This report is not summarized so it lists all clients who are high risk as of the moment the report is generated. This report is sorted alphabetically by client last name and contains the following:

- Client ID
- Client Name
- Birth Date
- Client Category
- Eligibility End Date
- Professional Discretion High Risk ("yes" if assigned)
- List of Assigned Risk Factors

High Risk Summary Report - The High Risk Summary report counts the number of active high risk clients by category during the report month. The clients must have been certified for more than 60 days. For each category, it displays how many received a High Risk Nutrition Education contact, how many did not, and the percentage of the total for each. The report also has a total row for all of the columns.

Kansas WIC Program

High Risk Summary by Category Report

For August 2010 as summarized on 09/13/2010

County WIC Agency

Category	Total High Risk Clients	Received High Risk Nutrition Education Contact	% With Contact	Did Not Receive Contact	% Without Contact
BF	80	0	0	80	100
C	3,424	632	18	2,792	82
I	1,404	276	19	1,128	81
PG	1,204	192	15	1,012	85
PP	36	0	0	36	100
Total	6,148	1,100	17	5,048	83

The Ultimate Weight Loss/Weight Management Boot Camp

Deloris Leary, RN, Lyon County

I attended this one-day workshop in Topeka presented by Ginger Schirmer, Phd, RD.

Achieving normal weight is supposed to improve our health in many ways. However, when this formula for ideal weight was introduced, I nearly had a heart attack! For the first 5' in height, an adult person should weigh 100 pounds. For each inch over 5 feet, you may add five more pounds. Thus, a woman 5'4" should ideally weigh 120 pounds. The math was easy. I join the ranks of Americans that are overweight.

Obesity is the number one health problem in America, especially in our children. The number one cause for obesity in children is "pop" or soda. Following close behind is other sweetened juice or juice-like drinks. The supermarkets are full of juice, sweet drinks, sweet tea, Gatorade, Powerade and such. The TV regularly informs families that these things are needed by our children. Did you ever see a child with a lack of energy? They do NOT need infusions of energy drinks every 2 – 3 hours!

We all want a quick fix for the problem (our problem). The diet industry has answered our needs with a variety of programs, many of which will not promote good health. The bottom line is still "take in less or exercise more." The most healthy "diet" is still the food pyramid as WIC teaches. Limit is a more important word than omit. Making one or two changes is easier than following a long list of do's and don'ts. We can get totally bogged down in counting calories, carbs, fats, fiber and sodium. Fresh fruits and vegetables are always a good choice, unless you start adding a lot of toppings or sauce. Canned or frozen fruits and vegetables are usually preserved at the peak of goodness, so are acceptable if they are not loaded with sugar or butter.

Ginger demonstrated the exercise band as an excellent, inexpensive and readily available tool. Gym membership is not necessary, as many would use the excuse of expense. To be effective, exercise must be consistent, at least 30 minutes most days. Time is a factor, but we must consider our health of enough importance to make the time.

Vitamin supplementation is a big business today, most probably over-done. Her recommendation is a generic multi-vitamin daily. Most other supplements should be taken at the discretion of your doctor only.



CBE Training Tidbits

Bridget Marshall, LPN of Stevens County attended the Breastfeeding Educator training program in Hutchinson on June 15-17. There was excellent information, but the following points fit in great with the statewide WIC Grow and Glow Breastfeeding Training. This information is important to remember when talking with clients, as well as planning the overall process of breastfeeding promotion in a WIC clinic.

1. The number of times breastfeeding is discussed may be more beneficial than the total discussion time,
2. Breastfeeding education is a process, not an event, and
3. Discuss breastfeeding briefly, frequently, and consistently.
4. It is not enough to promote breastfeeding – skilled assistance must be available and provided to those who need it.

Sarah Moore, RN from Butler County WIC had these observations from CBE training.

I particularly found it beneficial when Ms. Bocar discussed the Prenatal and Intrapartum “Flags.” This is a huge obstacle that presents itself many times over in my WIC office. I frequently hear from my pregnant or new mothers that they “can’t breastfeed because my mom couldn’t breastfeed” or “I never make enough milk” or “I’m only going to breastfeed for two weeks.” Before the training, I would always try and talk them into breastfeeding by offering information.

Now, I’ve learned that we need to do a more thorough assessment of these clients and first find out why the client feels a certain way. It is only after the initial assessment that we can approach the situation with information. I am able now to inform my clients before delivery of things that could possibly hinder the initiation of breastfeeding and offer advice on how to better handle most situations that may arise. Having that information beforehand empowers the women who are already in a very vulnerable state. I learned many little facts and tidbits here and there and use them when I’m discussing breastfeeding with my clients. Thank you again for the opportunity.



Kansas WIC Local Staff Being Creative at the Grow and Glow Breastfeeding Training

Lack of Sleep May Be Linked to Childhood Obesity

Julie Ornelas, RD, LD, CBE

A study in the September issue of the journal *Archives of Pediatrics & Adolescent Medicine* found that 30 percent of infants and children who didn't get enough nighttime sleep were at increased risk for later childhood obesity. A surprising finding from this study was that daytime naps are not an adequate substitute for lost nighttime sleep in terms of preventing obesity.

The study included 1,930 U.S. children, ages 1 month to 13 years. The children were divided into two groups—younger (ages 1 month to 59 months) and older (ages 5 to 13 years). Data was collected at the start of the study (baseline) in 1997 and again in 2002 (follow-up).

At the follow-up, 33 percent of the younger children and 36 percent of the older children were overweight or obese. Among the younger children, lack of sufficient nighttime sleep at baseline was associated with increased risk for later overweight or obesity.

Among the older children, the amount of sleep at baseline was not associated with weight at follow-up. However, a lack of nighttime sleep at follow-up was associated with increased risk of a change from normal weight to overweight and from overweight to obesity.

The findings “suggest that there is a critical window prior to age 5 years when nighttime sleep may be important for subsequent obesity status,” wrote Janice F. Bell of the University of Washington in Seattle, and Frederick J. Zimmerman of the University of California, Los Angeles.

“Sleep duration is a modifiable risk factor with potentially important implications for obesity prevention and treatment,” the authors concluded. “Insufficient nighttime sleep among infants and preschool-aged children appears to be a lasting risk factor for subsequent obesity, while contemporaneous sleep appears to be important to weight status in adolescents. Napping had no effects on the development of obesity and is not a substitute for sufficient nighttime sleep,” they added.

This summary was adapted from a news release issued on Medline Plus, U.S. National Library of Medicine, National Institutes of Health.



Local Agency News

We welcome these new WIC employees:

Butler County, Kathryn Hasting, RN
 Chautauqua County, Sandy Wolfe, RN
 Douglas County, Jennifer Church, RD
 Ellsworth County, Virginia Soukup, RD
 Ft. Riley, Lori Hartman, Clerk
 Geary County, Frances Guffy, Clerk
 Greenwood County, Jennifer Martin, Clerk
 Harvey County, Rebecca Krehbiel, RN
 Johnson County, Sylvia Cannon, Clerk
 Johnson County, Jennifer Stone, RD
 Nemaha County, Colleen Meyer, RN

Norton County, Theola Otter, BFPC
 Ottawa County, Trisha Smith, RN
 Reno County, Janet Saylor, Clerk
 Riley County, Jana Patton, RD
 Russell County, Kayla Schneider, Clerk
 Sedgwick County, Laronda Fields, Clerk
 Sedgwick County, Jaclyn Nisley, RN
 Sedgwick County, Monica Smith, Clerk
 Stafford County, Sara Rey, BFPC
 Wichita County, Susan Lukwago, RD

Congratulations to: Kelli Beasley, RD, Butler County, on the birth of her son, Henry Quinn Beasley

Congratulations to: Elaine Craft, RN, Chautauqua County, on her retirement

Congratulations to: Gayle Sherman, RD, Douglas County, on her retirement

Congratulations to: Linda Woerner, Administrator, Jewell County, on her retirement

Congratulations to: Wendy Kreutzer Cluskey, RD, Wyandotte County, on her recent marriage

We say goodbye to these WIC friends:

Johnson County, Claudia Ortiz Medrano, Clerk
 Nemaha County, Kim Bolewski, RN
 Ottawa County, Marilyn Pruitt, RN

Russell County, Candi Wagner, Clerk
 Stafford County, Rosie Moody, BFPC
 Wichita County, Tammy Simons, RD

Kansas WIC is Increasing Employment in the State

In case you haven't noticed, Kansas WIC is helping to employ more people in Kansas. Based on the announcements in our WIC newsletter column, *Local Agency News*, since January 2010, Kansas WIC has employed 79 people and only 30 people have left their positions.

Therefore there has been a net increase of 49 more people employed in Kansas WIC positions in less than 12 months. Great news for our economy!



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Kansas Department of Health and Environment

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WE'RE ON THE WEB!
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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

Eat Fresh Every Day!

