Nutrition and WIC Services

July 2011

Nutrition and WIC Update

Customer Service—A Participant Centered Approach

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Below is Marlene's summary of a session she attended during the National WIC Association Annual Conference in Portland, Oregon.

I would like to thank David Thomason and the state WIC staff for giving me the opportunity to attend a national conference. This was my first time to attend a national conference and I enjoyed the networking and learning about new technology, marketing, breastfeeding, caseload management, exercise and much more.

There were many sessions that were interesting and the one that I think would be beneficial to everyone dealt with customer service. This session was presented by Dana Sturtevant and reviewed the skills needed to improve customer service which are important for all WIC staff. The four basic customer service needs are:

- Customers want to feel welcome.
- Customers want to be understood.
- Customers want to feel important.
- Customers want to feel comfortable.

Some behaviors that will turn customers off are: indifference, condescension, brushing someone off, coldness, having sideline conversations and not listening. Customer service is a series of activities designed to enhance the level of customer satisfaction. Listening is an important activity. The speaker quoted "God gave you two ears and one mouth; this tells you what you need to use the most."

Another activity that we need to improve on is how we interact with our customer. The interaction between the WIC staff and the WIC client should be:

- warm and friendly, make eye contact instead of looking at the computer constantly
- focusing on the WIC client's strengths instead of remembering all the times they do not show up and don't have their paperwork
- meeting and anticipating the client's needs, always looking for ways to serve the client in other ways
- non-judgmental
- specific to each individual client's situation

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Customer Service—A Participant Centered Approach, continued

One of the most important aspects of customer service is the "Feel Good Factor." Basically the goal is to not only help the customer have a good experience, but to have the customer feel good about themselves. When a person feels accepted for who they are and what they do and is given the opportunity to make some decisions the WIC experience will be productive.

An acronym she used was WIC: "World in Change"!!! The speaker stated that when we believe that a person has the ability to change it can influence the outcome of our efforts. Counselors call this the "Self Fulfilling Prophecy." If our clients feel that we expect them to be partners in the service they're more likely to actually work with us to make progress and feel better about it in the process.

Has Your Agency Completed Civil Rights Training This Year?

Pamela Combes, BSE, CBE

A big YAHOO goes out to all those agencies that have completed the annual civil rights training for FFY 2011! If you haven't completed the training, that's okay there is still time. You have until September 30, 2011 to get it done. Remember that all WIC staff must participate in civil rights training every year. Training for new WIC staff must be completed within the first six months of employment. New staff must also complete the training before given KWIC security clearance. The training is located online at http://www.kansaswic.org/download/Civil_Rights_Training_Module.pdf .

The annual civil rights training can be completed in a variety of ways. It is acceptable to be creative in your approach to civil rights training. The goal is to cover all the necessary material with all of the WIC staff. A power point presentation is available for use by local agencies. It is located online at http://www.kansaswic.org/local_agencies/training.html under additional training resources. This power point could be used for one training session or it could be broken down into several sessions. You may incorporate games or other activities. Spice it up, play civil rights jeopardy! Having fun while learning will promote better participation and also enhance retention.

Whatever your method may be, don't forget to document attendance. List the civil rights topics covered, such as public notification or fair hearings, and include the names and/or signatures of all participants. Maintain the attendance sheets in your training file. For more information see the Civil Rights Training Policy: PRI 01.04.00; http://www.kansaswic.org/manual/PRI_01_04_00_Civil_Rights_Training.pdf .

Breastfeeding Educator Course - Observations From Cowley County Staff

On May 19th and 20th Patricia Ramirez, RN and Kathy McKimens, RN from Cowley County Health Department had the opportunity to attend a breastfeeding educator course in Emporia presented by Betty Carlson Bowles, RNC, PhD an International Board Certified Lactation Consultant. The class was a mixture of hospital nurses and health department personnel.

Patricia's observations:
The breastfeeding class was a positive experience. I thought it was interesting to learn how American society did not support breast-feeding in past generations. I think we have come a long way, but there are still many challenges to promote breastfeeding across the spectrum. It amazed me that Kansas did not have one baby friendly hospital, so I am hoping to see a change in the hospital arena to do a better job in promoting breastfeeding!!!!

It is essential that breastfeeding advocates give mothers and their family the resources and support to make breastfeeding a positive experience. I didn't have the resources or knowledge to get through my obstacles when I breast-fed. With this in mind, I want to empower women to breastfeed as long as they wish. I feel that I am able to give mothers better advice to get through problems like mastitis, sore nipples and engorgement. Simple tips like massaging breasts before or during nursing can help with the let-down response and can also reduce the occurrence of plugged ducts that may lead to other complications. Putting cold packs on the breasts to relieve soreness can help with discomfort, and then applying warm packs to help stimulate the flow of milk are other ways breastfeeding mothers can get through the first few weeks of breastfeeding that usually is most challenging.

It was also reemphasized how important it is for newborns to be on a consistent schedule, so mother's milk supply can be abundant in accordance with the newborn's feeding demands. There were other interventions that I learned at the class that will help me better assist mothers who are experiencing problems with breastfeeding.

I feel that breastfeeding is truly an emotional and physical challenge to some mothers and for other mothers it comes more natural and easy. Whatever the situation, I am more determined to help women fulfill their goal to breastfeed.

Kathy's observations:
One issue that became very clear during the two day presentation is the lack of communication between hospital nurses, physicians and their clinic staff and WIC personnel.

Hospital nurses see WIC personnel as making it easy to formula-feed because WIC provides formula to its participants. And WIC personnel see other medical personnel/hospital nurses as contributing by giving formula samples in complementary take-home bags. Continuing to provide mixed classes for breastfeeding education will be helpful in improving communication between healthcare providers.

Another observation is that we all need to make breastfeeding the "norm" again. Displays of art with breastfeeding mothers, television and other media need to portray breastfeeding as the way to feed babies.

Who Should I Call?

Rachelle Hazelton, Program Consultant

Have you ever found yourself saying, "oh no, who should I call"? Everyone has had that thought run through their minds at least once in their lifetime if not more. Here are a few scenarios that should help you when you encounter the "oh no" factor while you're at work.

Scenario 1:
You just discovered that your printer cartridge has run out of ink and you do not have a back up and you have a full day of WIC clinic scheduled. Who should you call? Your first call should be to the KWIC Help Desk to order another printer cartridge. It usually takes a couple of days to receive a new cartridge depending on the day of the week. There could be a slight delay in receiving the new cartridge if a holiday occurs around that same time frame. You could also call a neighboring county to see if they have an extra printer cartridge that they would let you use. If the clinic has a full day of clinic scheduled and there is no ink left in the printer cartridge, you should contact your State Lead to inform them of the situation and to get their permission to mail checks if that is the best option.

Just as a reminder. Local Agencies should keep a spare printer cartridge available if it will be used within a twelve month period. Otherwise the clinic can follow the procedure on how to calculate how many months a printer cartridge will last per the KWIC Check Toner Policy ADM: 07.08.00; http://www.kansaswic.org/manual/ADM_07_08_00_KWIC_Check_Toner_Supply.pdf.

Scenario 2:
Our clinic is almost out of Check Stock. Who should you call? You will need to call the KWIC Help Desk to reorder check stock. Order no more than a three month supply of check stock at a time. Smaller clinics will request more than a three month supply since only a full case of check stock will be sent. When the clinic receives its order, staff should verify and make certain that the amount of check stock received is the amount ordered.

Scenario 3:
You turned your computer on this morning only to find out that it is not functioning the way it's supposed to. Who should you call? First you should call the KWIC Help Desk to determine whether the issue is related to KWIC or if it is a hardware issue. If it is determined that it is a hardware issue involve your local IT staff to help determine the problem. If you have had the equipment less than three years, refer to the warranty chart in the KWIC Equipment Purchase, Warranty and Repair policy ADM: 07.05.00; http://www.kansaswic.org/manual/ADM_07_05_00_KWIC_Equipment.pdf to determine if your computer (or other equipment) is under warranty and call the number listed on the policy. If the equipment is no longer under warranty contact your State Lead person to inform them of the situation and complete Appendix 10 and submit it to your State Lead.

Scenario 4:
You would like to purchase an item(s) and you're not sure if you can purchase it at this time. Who should you call? You should contact your State Lead person first. Inform them of your plan and what you would like to do. Your State Lead person will then determine if the item can be approved. If the item(s) has been approved, you will be instructed as to when to purchase the item(s). By contacting your State Lead person first, it will help keep the State Leads informed of what your County's WIC needs are.

Making the Most of Your Outreach Efforts

Pat Dunavan, MS, RD, LD, CBE

Looming budget cuts; decreasing birth rates; decreasing caseloads and stressed staff. Why would I want to do outreach? That is the question many of you may be asking. But it is especially when budgets are tight, and staff time is at a premium that outreach efforts should be targeted to decrease stress and still help local agencies maintain their assigned caseloads.

The Policy and Procedure, ADM 01.03.00 Outreach (http://www.kansaswic.org/manual/ADM_01_03_00_Outreach.pdf) requires that each local clinic complete at least one outreach activity each year. Beginning with the new fiscal year on October 1st we will be increasing this requirement to two activities per year. This means that local agency staff will need to plan ahead to target their outreach to the most important audiences.

Following is a list of outreach ideas shared by the Washington State WIC Program at the recent National WIC Association meeting in Portland, Oregon. This may provide you with ideas of where to place your outreach efforts in the following year.

1. Start at home. Educate others in your agency about WIC and how to refer and where to get outreach materials.
    - A. Give presentations about WIC to various audiences in your health department. Present at staff meetings, or group events.
    - B. Market WIC during your presentation and enlist help with WIC outreach. Members of other programs can make great "ambassadors for WIC" once they know more about the program.
2. Work with community partners. Community collaboration can be a very effective outreach strategy.
    - A. Educate other community groups/organizations about WIC including breastfeeding coalitions, midwives, family planning clinics, maternal and child health organizations, homeless and battered women's shelters, migrant organizations, refugee assistance programs, physician's offices, civic groups and others with similar goals to WIC.
    - B. Do presentations or make personal contacts with those working for these organizations. Enlist others to help with outreach by providing them with outreach materials and encouraging them to become ambassadors for WIC to the people they serve.
3. Put up WIC posters and distribute WIC outreach materials to your community.
    - A. One page outreach flyers can work as small posters. Many businesses are unable or unwilling to put up large posters. Some local agencies have developed 8 ½ x 11 inch flyers with tear off tabs on the end to put in business locations.
    - B. Distribute flyer posters to unemployment offices, hospital maternity wards, medical clinics, child care centers, Head Start programs, Laundromats and food banks.
    - C. Ask specific employers to distribute outreach materials or post information in their break rooms.

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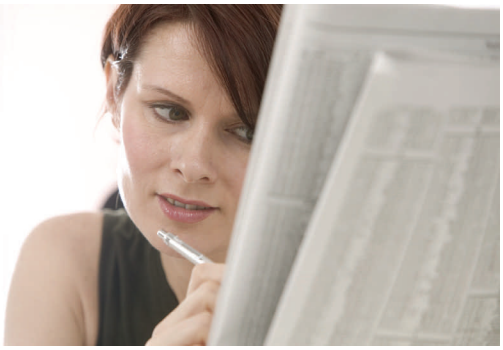
Making the Most of Your Outreach Efforts, continued

4. Most WIC referrals come from friends and family. Take advantage of this by formalizing word of mouth outreach. Give a verbal reminder or design a printed reminder that is given to every WIC family that says "Tell your friends and family about WIC."
   A. Offer WIC clients the chance to take outreach flyers to share with friends and family.
   B. Ask your clients to help with outreach by putting up posters at their church, apartment building, or other community locations.

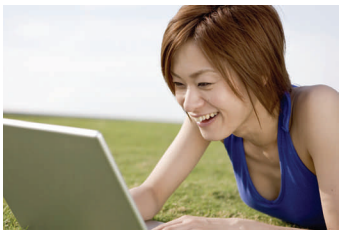


5. Place WIC ads in military, community and minority newspapers. Ask to have WIC articles included in medical provider newsletters, hospital newsletters, newsletters targeting mothers groups and others.
6. Ask other programs, organizations, and services to include a link to your web site about WIC services on their web site.
7. Work with media to get stories about WIC into the paper. Positive stories about WIC can even include a WIC client if they agree.
8. Many clients quit coming to WIC because they get a raise or they go back to work and they believe they are no longer eligible for WIC. Make sure your current clients know if they are income eligible for WIC. Display a poster or flyer with WIC income guidelines in the waiting room or other areas where clients will see it.
9. Make it easy to know about and find WIC. Install good signage so the clinic is easily identifiable.

Helpful Websites Good for Client Referrals

A new website has been launched to help consumers shop healthy on a budget. The new website, www.nutritionbudgeteer.com, includes helpful tips and strategies for every aisle of the grocery store so that families, regardless of their income level, can eat a healthy diet for less. This website also provides low-cost recipes, eating plans, nutrition and price comparison charts, cost per serving for each recipe and a nutrition analysis. Users may also sign up for a free quarterly e-newsletter with more money-saving nutrition tips and strategies. Dr. Barb is a registered dietitian.

The website, www.healthcare.gov is now available in Spanish at www.CuidadodeSalud.gov. Both sites help consumers take control of their health care by connecting them to new information and resources that will help them access quality, affordable health care coverage. At these sites consumers can find information about various health care plans based on basic information the consumer provides such as their age, state of residence and any existing factors such as disabilities or limited income. Information can be accessed about preventative health care information too. The site does not ask the consumer's name or address so information is not identifiable with a particular person. If a consumer is interested in a particular health care plan, they would need to contact the plan.



What's the Magic in the Milk?

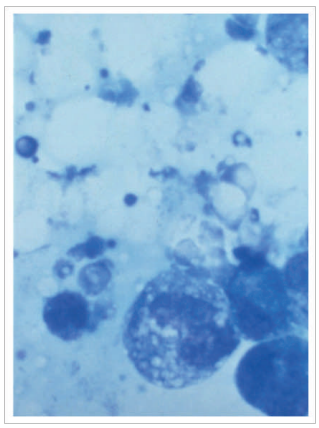
Bevin Neeley, CBE

Bevin is a Breastfeeding Peer Counselor in Lyon County. She is working toward becoming an International Board Certified Lactation Consultant and recently attended a review course. Here is her report on the course.

After two days of quick-paced exam preparedness, I feel much more confident that I am focusing on pertinent aspects of lactation. All disciplines of the exam were covered during the Certification Cram Course, complete with discussion of clinical photo slides.

Throughout the course I began to see there is so much to learn: Anthropology, Physiology, Psychology, Sociology, Toxicology and Pharmacology. I'd never considered all the 'ologies' this entailed. Of course each section was based on general knowledge. Take "Composition of Human Milk" as an example: I know breastmilk always has the right components for a baby. But what are the magical pieces that link together to make that always-perfect food?

Colostrum, in comparison to mature milk, contains higher levels of sodium, potassium, chloride, protein, fat-soluble vitamins & minerals but is lower in fat and lactose. As lactose and citrate rise and protein and sodium decrease, mature milk production begins. Human milk is a combination of carbohydrates, proteins, fats, nutrients, vitamins, minerals, electrolytes… The specifics of each constituent not only vary among women, but within a woman. Each mammary lobe has differences in protein and fat levels. Among women, factors influential to the milk make-up are genetics, mom's nutrition and stage of gestation and lactation.



Breastmilk includes everything from the "anti-anything-harmful-to-your-baby" protein lactoferrin (anti-viral, antifungal, antimicrobial and anti-tumor), to the nucleotides that have circadian rhythms responsible for breastmilk's nighttime tranquilizing qualities…remarkable! Another interesting tidbit that makes perfect sense but never occurred to me, is mother's milk is varied by the act of expressing rather than by the baby nursing directly from the breast. A nursing infant's saliva enters the breast increasing antibody production specific to that infant's need. Each component of every drop plays an important role in making human milk an amazing life-sustaining living substance.

Client Telephone Surveys

The State Agency now includes Client telephone surveys in our Management Evaluation process. Cindy Thomas, our office assistant makes these calls from a name list provided by the lead State staff member assigned to your agency. She follows a script for the survey. So if you have clients that mention being called from the State WIC office and asked a lot of questions, you can know it is legitimate. Results of these surveys may be included in your Agency's Management Evaluation report.

How Does Your Clinic Measure Up?

Patrice Thomsen, MS, RD, LD, CBE

Here is another common observation from Management Evaluations. Read below to see how your clinic measures up.

Documentation if "Other" is Used

Observation: Clinic staff use the option "Other" in KWIC without documentation of details.

Correct Procedure: There are a variety of places in KWIC where clinic staff can select "Other" from a drop-down list. In each instance, staff should document an explanation of what "Other" means. The location for this documentation may vary. Sometimes there is a note field immediately available (e.g. income screen), but most often staff will document in a KWIC note.

Primary Language

Observation: Primary Language field on Demographics tab is blank.

Correct Procedure: Select the Client's primary language spoken in the home. Complete this for **all** clients, even if English-speaking. The State Agency uses this information for statistical purposes.

WebIZ

Observation: Web IZ Allowed/Not allowed option on Demographics tab is blank.

Correct Procedure: Per policy, each caregiver must read and sign the Kansas WIC Program Authorization for Electronic Exchange of Information to the Kansas Immunization Registry form prior to the WIC system sharing any information with an immunization registry. The form should not be signed in connection with a certification. It may be signed when WIC benefits are requested, at check pick-up or at the initial certification **after** checks have been issued. The signed form shall be retained at the LA. The form (Authorization for Electronic Exchange of Information to the Kansas Immunization Registry) is found at: http://www.kansaswic.org/local_agencies/administrative_materials.html

How should you explain to clients what it means to agree? If the caregiver agrees to allow it, demographic information for infants and children (client name, gender, birth date, address and telephone number) is sent from KWIC to KSWebIZ. Read-only information about the client's immunization history and the recommendations for needed or upcoming vaccinations from KSWebIZ are visible on the Immunization window of client's KWIC record. Information about WIC participation is **NOT** available to KSWebIZ users.

The main thing to stress to clients, is that with this release, anytime WIC updates their address, phone, etc, then KWIC will send that information to the Kansas Immunization Registry (KSWebIZ) so it will be correct. So it is a convenience for them. Policy CRT 08.01.01 Interface between KSWebIZ and WIC is found at: http://www.kansaswic.org/manual/CRT_08_01_01_Interface_between_KSWebIZ_and_WIC.pdf

Immunization Rates of WIC Clients

Sandy Perkins, MS, RD, LD

One of the great features of the interface between KWIC and Kansas Immunization Registry (KSWebIZ) is the ability to run reports on the immunization rates of Kansas WIC clients by clinic and for the entire state. The report will list the number and percent of children who had received the selected number of certain antigens or series of antigens by a specified time frame. Only children in family groups that have allowed the release of information to Web-IZ on the KWIC demographics tab are included on the reports.

To compare the immunization rates for each WIC clinic and the entire state the report was run for the first quarter of 2011 (January 1 to March 31st). The report was run looking for the number and percent of 19 – 35 month old children that had received the 4-3-1-3-3 series. This series includes:

- 4 Diphtheria Tetanus and Pertussis (DTaP/TDaP),
- 3 Polio,
- 1 Measles, Mumps and Rubella (MMR),
- 3 Haemophilus Influenzae Type b (Hib), and
- 3 Hepatititis B(HepB) vaccinations.

A table listing the percent complete for each clinic is on page 10 of this newsletter. Most Kansas WIC clinics do an excellent job coordinating WIC and immunization services and making sure that WIC clients are referred for (and receiving) appropriate vaccinations. This is demonstrated with the fact that 80 percent or more of all WIC children had been given the complete series of vaccines in over 40 percent of all WIC clinics.

Targeting Women with Gestational Diabetes May Help Their Future Health

Julie Ornelas, RD, LD, CBE

A recent study in the journal *Diabetes Care* found that lifestyle intervention programs focusing on diet and exercise habits may help women with gestational diabetes to reduce their future risk of developing type 2 diabetes. A diet and exercise program helped 16 percent more women reach their postpartum weight loss goals, compared to women who did not participate in the program. Throughout the study period, coaches used telephone conferences to make sure that the women were sticking to the plan.

Researchers said that the occurrence of gestational diabetes is one of the strongest predictors of a woman's chance of experiencing type 2 diabetes in the future.

Lead author Assiamira Ferrara, MD said that "it may be easier to start a woman on this type of health regimen while she is pregnant because an expectant mother is likely to have frequent contact with the healthcare system during this time. Using these *teachable moments* may instill lifelong habits that lower women's risk of developing type 2 diabetes later on."

WIC staff have an opportunity to use these *teachable moments* to reach WIC clients with nutrition and physical activity messages—let's grab that moment!

2011 1st Quarter Immunization Report

Clinic	4-3-1-3-3 complete (%)
Cheyenne County	100.00%
Commanche County WIC Clinic	100.00%
Hamilton County WIC Clinic	100.00%
Hodgeman County WIC Clinic	100.00%
Kiowa WIC Clinic - Barber Co	100.00%
Lane County WIC Clinic	100.00%
Norton County WIC Clinic	100.00%
Seneca WIC Clinic - Nemaha Co	100.00%
Wichita County WIC Clinic	95.24%
Trego County WIC Clinic	95.00%
Kearney County WIC Clinic	94.44%
Herington WIC Clinic-Dickinson County	93.75%
Scott County WIC Clinic	93.55%
Phillips Country WIC Clinic	91.84%
Rush County WIC Clinic	91.67%
Sabetha WIC Clinic - Nemaha Co	91.67%
Smith County WIC Clinic	90.91%
Marshall County WIC Clinic	90.16%
Mitchell County WIC Clinic	90.16%
Pawnee County WIC Clinic	90.00%
Stafford County WIC Clinic	90.00%
Barton County WIC Clinic	89.96%
Harper County WIC Clinic	88.24%
Rooks County WIC Clinic	87.93%
Linn County WIC Clinic	87.78%
Ness County WIC Clinic	87.50%
Haskell County WIC Clinic	86.96%
Ellsworth County WIC Clinic	86.11%
Clark County WIC Clinic	85.71%
Ellis County WIC Clinic	85.42%
Lincoln County WIC Clinic	85.19%
Graham County WIC Clinic	84.62%
Greenwood County WIC Clinic	84.62%
Washington County WIC Clinic	84.00%
Anderson County WIC Clinic	83.87%
Stevens County WIC Clinic	83.67%

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2011 1st Quarter Immunization Report, continued

Clinic	4-3-1-3-3 complete (%)
Decatur County WIC Clinic	83.33%
Greeley County WIC Clinic	83.33%
Osborne County WIC Clinic	83.33%
Lyon County WIC Clinic	82.24%
Brown County WIC Clinic	81.51%
Ottawa County WIC Clinic	81.25%
Meade County Health Dept	81.13%
Shawnee Co Central Park WIC Clinic	80.56%
Seward County WIC Clinic	80.24%
Chase County WIC Clinic	80.00%
Kiowa County WIC Clinic	80.00%
Salina-Saline County Health Department	79.89%
Russell County WIC Clinic	79.59%
Medicine Lodge WIC Clinic - Barber Co	79.07%
Republic County WIC Clinic	79.07%
Gray County WIC Clinic	78.38%
Elk County WIC Clinic	78.26%
Sherman County WIC Clinic	78.08%
Pratt County WIC Clinic	78.05%
Cloud County WIC Clinic	77.92%
Coffey County WIC Clinic	77.78%
Abilene Clinic-Dickinson County	77.38%
Jackson County WIC Clinic	76.91%
Kingman County WIC Clinic	76.79%
Clay County WIC Clinic	76.56%
Franklin County WIC Clinic	75.00%
Wilson County WIC Clinic	74.47%
Atchison County WIC Clinic	73.83%
Rice County WIC Clinic	72.73%
Winfield WIC Clinic - Cowley Co	72.57%
Shawnee Co WIC Clinic	72.23%
Reno County WIC Clinic	72.17%
Woodson County WIC Clinic	71.43%

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2011 1st Quarter Immunization Report, continued

Clinic	4-3-1-3-3 complete (%)
Sheridan County WIC Clinic	70.00%
Arkansas City WIC Clinic - Cowley Co	69.49%
Finney County WIC Clinic	69.48%
Ford County WIC Department	69.48%
Doniphan County WIC Clinic	68.18%
Allen County WIC Clinic	67.90%
Butler County WIC Clinic	66.77%
McPherson County WIC Clinic	64.62%
Columbus WIC Clinic - Cherokee County	62.50%
Olathe WIC Clinic - Johnson Co	62.05%
Morris County WIC Clinic	61.90%
Independence WIC Clinic - Montgomery	61.38%
Wabaunsee County WIC Clinic	61.11%
Pittsburg WIC Clinic - Crawford Co	60.24%
Wamego WIC Clinic - Pottawatomie Co	60.00%
Grant County WIC Clinic	58.73%
Sumner County WIC Clinic	58.58%
Edwards County WIC Clinic	58.33%
Logan County WIC Clinic	57.14%
Marion County WIC Clinic	55.00%
Rawlings County WIC Clinic	53.85%
Miami County WIC Clinic	53.51%
Baxter Springs WIC Clinic - Cherokee County	52.05%
Mission WIC Clinic - Johnson Co	51.97%
Main WIC Clinic - Sedgwick Co	51.73%
Geary County WIC Clinic	50.58%
Osage County WIC Clinic	50.51%
Jefferson County WIC Clinic	50.00%
Wyandotte County WIC Clinic	48.23%
Coffeyville WIC Clinic - Montgomery	47.90%
Jewell County WIC Clinic	47.62%
St. Marys WIC Clinic - Pottawatomie Co	46.67%
Colvin WIC Clinic - Sedgwick Co	46.17%
Labette County WIC Clinic	45.45%
Leavenworth County WIC Clinic	45.31%
Harvey County WIC Clinic	44.77%
Gove County WIC Clinic	42.86%
Stanley WIC Clinic - Sedgwick Co	42.62%

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2011 1st Quarter Immunization Report, continued

Clinic	4-3-1-3-3 complete (%)
Erie WIC Clinic - Neosho Co	41.67%
Douglas County WIC Clinic	39.31%
Riley County WIC Clinic	39.00%
Thomas County WIC Clinic	37.93%
Chautauqua County WIC Clinic	37.50%
Bourbon County WIC Clinic	21.62%
Chanute WIC Clinic - Neosho Co	18.85%
Fort Riley WIC Clinic	6.45%
Stanton County WIC Clinic*	
Wallace County**	

* KSWebIZ clinic for Stanton County WIC Clinic not currently associated with any clients, checking configuration to see what is wrong.

** No WIC clinic in county

Prolonged Bottle Use Increases Risk of Obesity in Childhood

Julie Ornelas, RD, LD, CBE

An article to be published in the Journal of Pediatrics found that more children were obese at five years of age if they were being bottle fed at 24 months of age.

The study results suggest that limiting prolonged bottle use in children may be an effective way to help prevent obesity. Dr. Robert Whitaker and Rachel Gooze of the Center for Obesity Research and Education at Temple University, and Dr. Sarah Anderson of The Ohio State University College of Public Health, analyzed data from the Early Childhood Longitudinal Study, Birth Cohort, a large national study of children born in 2001. They analyzed data from 6750 children to estimate the association between bottle use at 24 months of age and the risk of obesity at 5.5 years of age.

Of the children studied, 22 percent were prolonged bottle users, meaning that at two years of age they used a bottle as their primary drink container and/or were put to bed with a calorie-containing bottle. Nearly 23 percent of the prolonged bottle users were obese by the time they were 5.5 years old. “Children who were still using a bottle at 24 months were approximately 30 percent more likely to be obese at 5.5 years, even after accounting for other factors such as the mother’s weight, the child’s birth weight, and feeding practices during infancy,” Dr. Whitaker notes.

Drinking from a bottle beyond infancy may contribute to obesity by encouraging the child to consume too many calories. “A 24-month-old girl of average weight and height who is put to bed with an 8-ounce bottle of whole milk would receive approximately 12 percent of her daily caloric needs from that bottle,” Rachel Gooze explains. She notes that weaning children from the bottle by the time they are 1 year of age is unlikely to cause harm and may prevent obesity. The authors suggest that pediatricians and other health professionals work with parents to find acceptable solutions for stopping bottle use at the child’s first birthday. Link to the study: “Prolonged Bottle Use and Obesity at 5.5 Years of Age in US Children” .

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Growing healthy Kansas families

Our Vision: Healthy Kansans living in safe and sustainable environments

Local Agency News

We welcome these new WIC employees:

Anderson County, Brianna Hiles, RN
Butler County, Doris Marshall, RN
Cowley County, Alicia Ramey, RD
Johnson County, Silvia Smetana, Clerk
Leavenworth County, Ernestine Persley, RD
Neosho County, Robin Betts, Administrator
Neosho County, Beatrice Ethridge, Clerk
Reno County, Lynn Montandon, Clerk
Scott County, Tamara Wilcoxson, RN
Sedgwick County, Kyleen Krehbiel, RD
Sedgwick County, Sue Lieb, RD
Sheridan County, Crystal Smith, Clerk
Sherman County, Connie Grieve, Clerk
Stevens County, Susan Lukwago, RD

Congratulations to:
Vera Garrison, RN, Graham County, on her recent retirement
Jenny Eames Vlieger, Johnson County, on her recent marriage
Wendy Cluskey, RD, Wyandotte County, on the birth of her son

We say goodbye to these WIC friends:

Cowley County, Jennifer Zuercher, RD
Geary County, Erma Patterson, RN
Jewell County, Julie Mohlman, RN
Johnson County, Nora Saenz, Clerk
Neosho County, Jennifer Sheble, Administrator
Ottawa County, Deana Sanchez, Clerk
Reno County, Melissa Titus, BFPC
Smith County, Elizabeth Lynne Hill, RN
Sedgwick County, Alicia Ramey, RD
Stevens County, Michelle Lock-Gooch, RD