



Poverty Simulation

Jean Y. Detrich, RN, Dickinson County

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Below is Jean’s summary of a session she attended during the Kansas Nutrition Council Annual Conference in March 2011.

It looked like an interesting group game – Poverty Simulation. Imagine a game where the attendees sit in the middle of the room in pre-planned family groups. Around the outside of the circle are different mock businesses: Quick Cash; Friendly Utility Company; Inter-faith Ministry; Child Care; Mortgage & Realty; Public School; SRS; Big Dave’s Pawn Shop; General Employer; Grocery Store/ Bank. The information packet tells us who we are, our ages and employment status. Some families have cars, dependant grandparents or small children living with them. Some families receive food stamps, and/or a paycheck. The goal of the game is to survive one month.

In my pretend family, I am the mom. My employed husband, 15-yr old daughter and disabled father-in-law live with me. OK, how hard can this really be? Semi-chaos erupted as we tried to follow the well-explained rules. The requirement of travel vouchers limited the errands I could complete. If I take Gpa with me I have to use twice as many of my travel vouchers. What? I can’t cash the disability paycheck at the bank – I have no account? Oh, no!! I have to spend another travel voucher (or 2, for Gpa and me) to go to Quick Cash where they’ll take out a nice chunk of change just for cashing the check and the dilemma continued.

Difficult and confusing choices, limited transportation, many distractions, standing in line and minimal planning time added to the frenzy. My neighbors were being evicted. People cut in line as desperation set in; the clock was ticking. Yes, this was just a simulation but the pressure was felt by all of my family members. We sold the stereo and pawned grandma’s wedding ring to meet the mortgage payment.



(Continued on Page 2)

Poverty Simulation, continued

Our little family survived the month but I was exhausted and felt the stress that accumulated inside me. I can begin to understand why the idea of the daughter getting pregnant as a way to bring in more income is actually considered, or why stealing other's belongings and visiting the local pawn shop looks so appealing to get extra cash.

Were family relationships being strengthened? Was someone even thinking about nutritious food? It didn't appear that these goals were being met. It would be difficult to focus on healthy family issues when the real question is "do we have enough money to make it to the end of the month?"

What does poverty look like? This was the question we were asked to explore. We live in a world of old poverty and new poverty – families that financially stayed afloat in better days, now struggle in a world they're not prepared for due to a change in circumstances and a lack of money. None of us know how far away we are from the tipping point to send each one of us into poverty. This simulation was a difficult eye-opening experience. One that gave me an insight into the lives of some of those I work with.



Physical Activity Classes at Douglas County WIC

Trish Unruh, RD, LD

A few years ago we began to include physical activity classes two to three times per year. I use simple toys including balls made from newspaper and masking tape, milk jugs, scarves, and empty concentrated juice containers for bowling. We use large plastic noodles for jumping over and limbo. The kids love it and the parents will join in when invited. We dance and have a great time.

Our last class in March had 40 caregivers registered. The basis of the class was Regie and the Veggies from the Oklahoma WIC program. Oklahoma gave me permission to copy the DVD so we were able to provide every family a copy of the DVD to take home. Despite the high enrollment in the classes, show rates are 30-40 percent. For more information you are welcome to contact me at tunruh@ldchealth.org.



Report from Marie Biancuzzo's Lactation Exam Review Course and Picture Perfect Seminar

This Course is a review for the IBLCE exam. In preparation for the course a study guide was provided. Before attending the course four webinars and a mock exam were completed. The information in the course was organized by the different exam sections. The specific topics included: Anatomy and Physiology, Nutrition and Biochemistry, Pathology, Pharmacology, Technology, Legal/Ethical, Growth & Development, Counseling, Public Health and Advocacy and Research. A review of each topic was completed and at the end of the course a mock exam was taken and then reviewed. Two WIC staff members from the Wyandotte County program attended this Course held in Lewisville, TX and submitted the following reports.

Nipple Shields and Breast Shells

Submitted by Wendy Cluskey MS, RD, LD, CBE

Most of the current research published on nipple shields and breast shells have shown ambiguous results and many studies are considered poorly designed. When working with nipple shields it is important to have a follow up program. Nipple shields should be used only after all other problem-solving techniques have been exhausted. Times when a nipple shield may be needed include:

- Truly inverted nipples
- Very small baby, very large nipple/areola
- Overactive let-down, baby frustrated or choking
- Baby with weak and/or disorganized suck

Breast shells are used for inverted nipples or sore nipples and should only be worn after 36 weeks gestation.

For shells, the efficacy and the risks have never been proven and the use of shells during the postpartum period has never been addressed in a research study.

When providing clients with information on shields or shells, it is important to follow up with clients. The use of these products should only be temporary, not for the entire duration of breastfeeding.



Getting to Know More About Our Client's Culture

Submitted by Monica Garcia, Program Specialist, BFPC, CBE

For centuries breastfeeding was the standard of infant feeding. It was expected of mothers to use their breast-milk to nurture their child. Any other forms of nutrition often resulted in infantile death. Cultural groups had support from their immediate families who lived nearby. As time has passed, cultures are migrating to the United States and leaving the comfort of their home and supporting families. Women have their own cultural beliefs. It is our responsibility to be sensitive to these beliefs and individualize each contact accordingly.

(Continued on Page 4)

Report from Marie Biancuzzo's Lactation Exam Review Course and Picture Perfect Seminar, continued

The first step is recognizing that clients' attitudes, beliefs, values and social norms may be different from those we embrace. We don't want them to see us as the enemy, rather the helper in the situation.

Here are some of the beliefs that I learned and that I think will help us understand our different cultures in our clinics. Some cultures have specific beliefs about foods that are helpful or harmful to the mother's milk. The most notable example is the hot and cold theory that influences dietary choices during the childbearing cycle, especially found in Asian and Hispanic cultures. The theory is that pregnancy is viewed as a "hot" condition requiring "cold" foods. Once delivered, both mother and newborn are considered to be in the cold state for about 100 days and should consume hot foods for at least 30 days. Some examples of cold foods are: milk, avocado, chicken, fruits, raisins and coconut. Examples of hot foods are: chocolate, cornmeal, evaporated milk, kidney beans, onions and peas.

Surprisingly, foods that are presumed to be bad in some cultures may be considered to help increase milk supply in others. For example, in the American culture, chocolate is thought to be "bad" for the mother's milk, but in other cultures it is thought to enhance the milk supply. In the Hispanic culture they make a drink with chocolate, masa (cornmeal), cinnamon, sugar, and condensed milk to help increase the milk supply. It is called atole.



It is imperative to respond in ways that are respectful and support the mother's choices to improve breastfeeding incidence and continuation. Learning about our client's culture will help us understand their beliefs and be able to help them make better informed choices regarding the feeding options for their baby.

Reference for both articles: Biancuzzo M. *Breastfeeding the Newborn: Clinical Strategies for Nurses*. St. Louis: Mosby 2003

Fiscal Fitness

Randy Volz, WIC Fiscal Manager



Fiscal Fitness is back – been on a bit of a hiatus, kinda like our economy...

Thought it would be good to talk a bit about our WIC participation (caseload), particularly as it relates to funding our clients' food purchases. It is very important for us to keep ahead of any trends, up or down, in the number of WIC clients we serve due to the way our food funds are allocated by USDA. As you may have guessed, the federal government is not always timely in getting information out to programs on funding. This results in our need to be proactive in giving justification for any additional funding we need, 4-6 months in advance in order to meet funding request deadlines.

Past trends of steadily increasing WIC caseload inexplicably changed last year. For example, the average monthly participation in Kansas for FFY (federal fiscal year) 2008 increased 6% over the previous year, and FFY 2009 was up 5.1%. But, FFY 2010 increased only 0.5%. We continue to be well below where we ended

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Fiscal Fitness, continued

last year! So as you can see, we need your assistance in managing our food dollars by letting us know if you anticipate any sustained increase (or decrease) in clients during the year. Being up or down from month-to-month is expected – what we need to know is if these changes will be long-term.

Another thing to keep in mind about participation. Many of you have commented about your Caseload Management reports that show many more clients “enrolled” than “participating.” The number of enrolled are there mainly just for your information, and ours. To clarify, the “enrolled” number includes any clients you certified, whether or not they are still “participating.” Remember by definition, a participating client is one who has picked up their checks. If you certify a delivered mom and her baby, issue 3 months of checks, but they fall off the end of the earth (or worse, *move to Oklahoma*), they will be counted as “enrolled” in your program until their certification period expires, or they show up at another Kansas WIC Clinic. So, this number is just FYI only; it is not used by the SA or USDA for funding or any other reason, other than for tracking those we’ve certified.



Please keep in touch with your assigned SA staff, particularly regarding WIC client numbers. While we know it may be difficult for you to guesstimate, imagine how much tougher it is for us to do so statewide? You are out in the trenches; you know what’s going on in your communities. Keep us informed, so we can keep you funded!

Vitamin D Status

Martha Hagen, MS, RD, LD, IBCLC



The National Center for Health Statistics recently published the most recent data on vitamin D status in the U.S. population. The status results are based on the recently released dietary reference intakes for calcium and vitamin D. The four categories of vitamin D status are 1) risk of deficiency (serum 25-hydroxyvitamin D [25OHD] value less than 30 nmol/L), 2) risk of inadequacy (serum 25OHD value of 30-49), 3) sufficiency (serum 25OHD value of 50-125 nmol/L), and 4) above which there may be reason for concern (serum 25OHD value above 125 nmol/L.)

Vitamin D is required for a variety of body processes including the absorption and utilization of calcium in bone health, modulating neuromuscular functions and reducing inflammation. In 2001-2006 two-thirds of the population had sufficient vitamin D. About one-quarter of the population was at risk of inadequacy and eight percent were at risk of deficiency. The risk of vitamin D deficiency increased between 1988 to 1994 and 2001 to 2002 but did not change between 2001 to 2002 and 2005 to 2006.

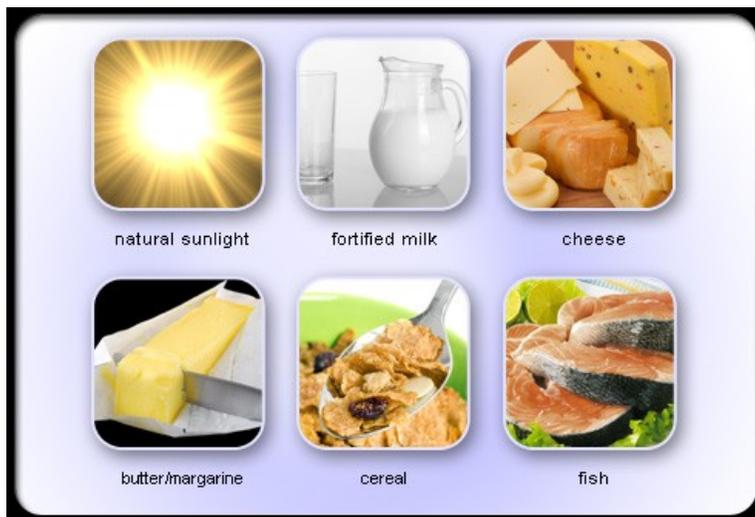
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Vitamin D Status, continued

The prevalence of inadequacy varied by seasons. Blood was drawn for this study in November through March and April through October. Season is important to consider because vitamin D is produced in the skin by sunlight exposure. The use of sunscreen can reduce the amount of vitamin D produced in the skin from sunlight exposure. Non-Hispanic whites were less likely to be at risk of deficiency or inadequacy than non-Hispanic blacks or Mexican Americans after adjusting for age or season. Other sources of vitamin D include fortified dairy products, other fortified foods, eggs and fatty fish. Inadequacy was lowest in children ages one to eight years and increased with age.

Researchers reporting in studies more recent than 2006 are finding greater numbers of U.S. citizens at risk for vitamin D inadequacy. The cause may be related to the reduced consumption of vitamin D fortified milk and the increased use of sunscreen and reduced sun exposure. Vitamin D deficiency may be a factor in many chronic diseases.

The American Academy of Pediatrics recommends “that children who are ingesting less than one quart per day of vitamin D-fortified formula or milk, should receive a vitamin D supplement of 400 IU/day. The Institute of Medicine Recommended Dietary Allowance for children and adults to age 70 is 600 IU/day. The recommended dietary allowance for adults over age 70 is 800 IU/day.



A Special Thank You



The State Agency recently received a special thank you from a local agency and we want to share it. *Thank you very much to all the State and Local staff who were involved in planning and implementing the 2011 Annual WIC conference. In particular, we say thank you very much to Patrice Thomsen for coordinating the conference from start to finish. Patrice was extremely gracious in making sure everyone was publically thanked multiple times. Now we publically thank her in putting on a fantastic, fun, interesting and educational conference. Way to go Patrice and Team! Can't wait for the next one!*

Nutrition & WIC Update Newsletter—Electronic in July 2011



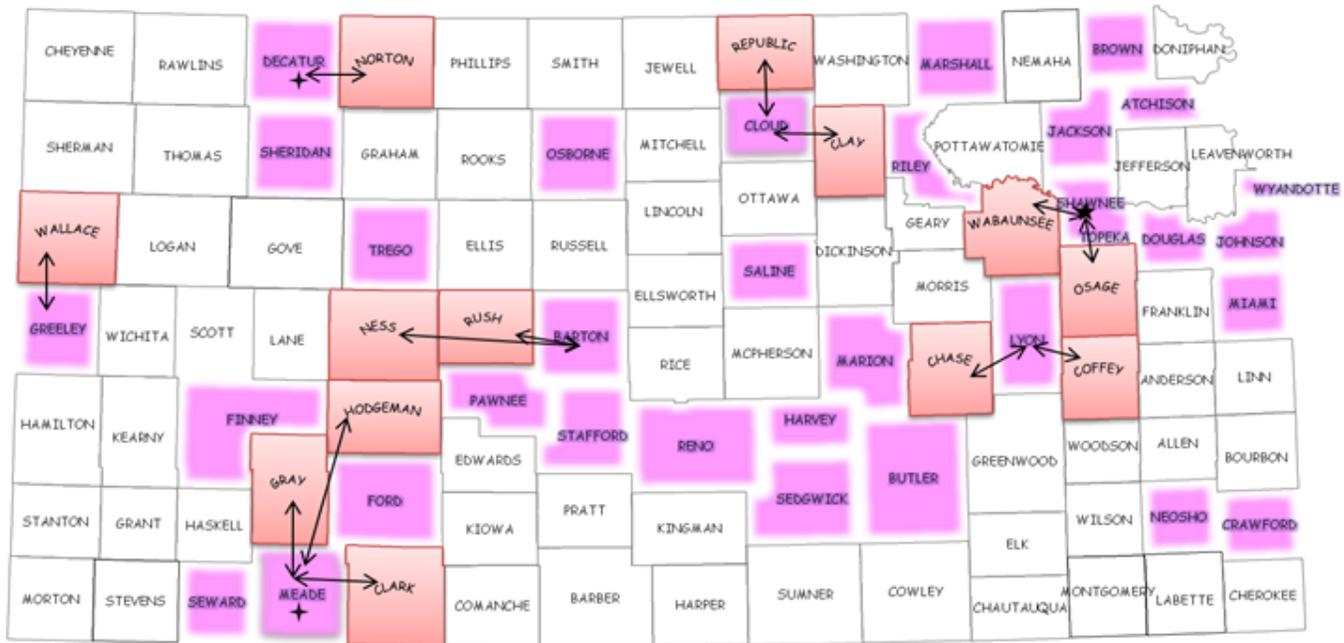
Beginning July 2011, the *Nutrition and WIC Update* newsletter will only be published in electronic format. We will cease all distribution of printed copies of the newsletter. An electronic version of the newsletter will be posted on our website at:

http://www.kansaswic.org/local_agencies/nutrition_WIC_newsletter.html

If your clinic has any newsworthy information that you would like to share through the newsletter, please email items to jornelas@kdheks.gov. We hope you will continue to enjoy our newsletter.

Breastfeeding Peer Counselor Program

Wendy Froggatte, RN



The Kansas Breastfeeding Peer Counselor Program Geographical Locations

Arrows indicate where a Peer Counselor from a Home County (pink) also provides services in an Accessory County (salmon)

The Breastfeeding Peer Counselor Program is a program that is offered in WIC agencies throughout the nation. The Kansas WIC Breastfeeding Peer Counselor Program began in 2005 and currently serves 45 counties. It continues to grow, making progress towards success in breastfeeding among our WIC clients. The utilization of peers who were once or are currently WIC clients themselves, have successfully breastfed, and have an interest in assisting individuals interested in breastfeeding, has proven to be an effective tool. This social model is evidence based, as exemplified in many studies. Here are links to examine one of those studies.

<http://www.ncbi.nlm.nih.gov/pubmed/15351756> <http://archpedi.ama-assn.org/cgi/reprint/158/9/897.pdf>

In January 2011, Kansas WIC hired a Breastfeeding Peer Counselor Coordinator (Wendy Froggatte, RN) to oversee the program's continued success and growth. To date, interest continues state-wide, with new counties applying, Peer Counselors being trained and more WIC mothers having access to a Peer Counselor. I encourage you to evaluate your potential for being able to offer a program such as this one so you too, can bear witness to something so simple but profound, that in and of itself reminds us that it takes a village to raise up a child towards a healthy and happy future.

Here are some additional links to provide more information about the program:

http://kansaswic.org/breastfeeding/breastfeeding_peer_counselor_program.html

<http://www.fns.usda.gov/wic/Breastfeeding/mainpage.HTM>

http://www.nal.usda.gov/wicworks/Learning_Center/support_peer.html

<http://www.Illi.org/Illleaderweb/lv/lvaugsep99p92.html>

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.

No Midcertification Appointment Planned or Scheduled for Breastfeeding Women

Observation: A clinic appropriately schedules infants for midcertification visits. However, breastfeeding women are **not** consistently scheduled for midcertification visits.

Correct Procedure: Refer to policy CRT 03.04.00 Midcertification Appointments for Infants & Breastfeeding Women.

http://www.kansaswic.org/manual/CRT_03_04_00_Mid_Certification_Appointments_for_Infants.pdf

Here are the first three points of the procedure.

1. For **all infants initially certified before 6 months of age**, schedule a mid-certification appointment approximately midpoint between the initial certification and the infant's first birthday.
2. If an infant is breastfed and the mother is also a WIC client, schedule a mid-certification appointment for **the breastfeeding mother**.
3. This appointment must be held when the infant is between 5 ½ months and 10 months of age.

At a Management Evaluation, we expect to see a midcertification visit:

Planned as part of the Flow Sheet (done at the certification visit). Remember that infants initially certified before 6 months of age and breastfeeding women should have a plan for their whole certification period, which ends at one year after birth/delivery.

Scheduled to occur during the time frame of 5 ½ - 10 months after delivery for those same clients.

During the midcertification visit for a mother-infant dyad, be sure to complete the Midcertification Guide for both the mom and baby.

Question: What if the breastfeeding woman stops breastfeeding before six months?

Answer: If she stops breastfeeding and her category is changed to Postpartum, her eligibility will end at six months postpartum. There is no need to complete a Midcertification appointment for her – just her infant.



The Impact of Preconception and Prenatal Care on Infant Development

Heather Peterson, RD, LD, Reno County WIC Program

I was fortunate to attend the National WIC Association's 28th Annual Education and Networking Conference held in Portland, Oregon from May 1-May 4, 2011. All of the sessions I attended were informative but the one that was especially beneficial was presented by Dr. Michael Lu from UCLA. His topic was "*Where it all begins: The impact of preconception and prenatal care on early development*". The main focus of the presentation was on how stress and stress hormones affect pregnancy and how diet can reverse these effects. Preterm birth is related to cumulative stress on the mother over her entire life! When the mother releases stress hormones during pregnancy, the infant will start to have a dependency or a decreased sensitization to the hormones. This causes long term risk of hypertension and cardiovascular disease, glucose intolerance, insulin resistance and inflammation to be increased in the infant. This effect is even greater when the pregnant woman is obese.

What can WIC do? The most crucial nutrient to include in pre-conception and pregnancy is folic acid. Dr. Lu recommended a folic acid supplement for every woman of child bearing years. As a powerful antioxidant, folic acid has the ability to reverse damage done to the infant by stress hormones.

How can we get this message out? My plan is to visit with all breastfeeding and post-partum moms about the importance of folic acid every day. I also plan to ask when they bring their babies back for mid-certifications and older children back for recertification if they are taking their folic acid. Many nurses in the health department are cross trained in family planning. I have visited with these nurses and encouraged them to stress the importance of folic acid as they see their clients too.



Secondly, I overheard the nicest compliment about Dave Thomason. Dave walked past and the ladies behind me said "That is Dave, the State Director from Kansas. He is just so genuinely nice." What an excellent ambassador for the Kansas WIC program!

Congratulations To:

Mary Ecklund, RD, Geary County, on her retirement.

Patricia Dowlin, RN, Mitchell County, on her retirement.

Kayla Atkerson Alexander, Russell County, on her recent marriage.

Marcia Nordstrom, Clerk, Sedgwick County, on her retirement.

Barbara Wilson, Clerk, Sedgwick County, on her retirement.

Laura Renyer, RD, Shawnee County, on the birth of her son, Easton Herman.

Sharon Knox, RD, Sherman County, on her retirement.

Blakely Powell Page, RD, Wyandotte County, on her recent marriage.



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Growing healthy Kansas families

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Our Vision: Healthy Kansans living in safe and sustainable environments

Local Agency News

We welcome these new WIC employees:

Atchison County, Karlene Higley, RN

Cloud County, Susan Hoard, Clerk

Ford County, Maria Felts, RN

Gove County, Susan Kent, RN

Jewell County, Krisann Kindler, RN

Johnson County, Roxie Lyle, Clerk

Kiowa County, Marsha Klein, Clerk

Kiowa County, Kerri Ulrich, Clerk

Osborne County, Kuri Sumpter, BFPC

Reno County, Joni Considine, RN

Reno County, Melissa Titus, BFPC

Russell County, Kayla Alexander, Clerk

Sedgwick County, Maria Colchin, RD

Sedgwick County, Liliana Yanez, Clerk

Shawnee County, Linda Mitchell, RN

Sherman County, Virginia Zeigler, RD

Smith County, Laura Hageman, Clerk

We say goodbye to these WIC friends:

Cowley County, Shari Allender, Clerk

Ford County, Angela Rains, RN

Greenwood County, Mary Korte-Johnson, RN

Johnson County, Maricela Rodriguez, Clerk

Kiowa County, Lynn McComb, Clerk

Reno County, Tammy Chesney, RN

Reno County, Connie Neufeld, RN

Sedgwick County, Jaclyn Nisley, RN

Sedgwick County, Olusegun Olaosebikan, RN