



Simple Tips for Managing and Resolving Conflict
 Brad Iams, Vendor Manager

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Everyone has had to deal with conflict at one time or another. Nobody enjoys conflict and most of the time avoiding it all together seems like the best solution. Managing and resolving conflict requires the ability to quickly reduce stress and bring your emotions into balance. You can ensure that the process is as positive as possible by sticking to the following conflict resolution guidelines:



- **Listen for what is felt as well as said.** When we listen we connect more deeply to our own needs and emotions, and to those of other people. Listening in this way also strengthens us, informs us, and makes it easier for others to hear us.
- **Make conflict resolution the priority rather than winning or "being right."** Maintaining and strengthening the relationship, rather than "winning" the argument, should always be your first priority. Be respectful of the other person and his or her viewpoint.
- **Focus on the present.** If you're holding on to old hurts and resentments, your ability to see the reality of the current situation will be impaired. Rather than looking to the past and assigning blame, focus on what you can do in the here-and-now to solve the problem.
- **Pick your battles.** Conflicts can be draining, so it's important to consider whether the issue is really worthy of your time and energy. Maybe you don't want to surrender a parking space if you've been circling for 15 minutes. But if there are dozens of spots, arguing over a single space isn't worth it.
- **Be willing to forgive.** Resolving conflict is impossible if you're unwilling or unable to forgive. Resolution lies in releasing the urge to punish, which can never compensate for our losses and only adds to our injury by further depleting and draining our lives.
- **Know when to let something go.** If you can't come to an agreement, agree to disagree. It takes two people to keep an argument going. If a conflict is going nowhere, you can choose to disengage and move on.

I have never met an individual that enjoys dealing with conflict. Most people try to avoid it but by understanding and using these simple steps, resolving conflicts can be a little easier.

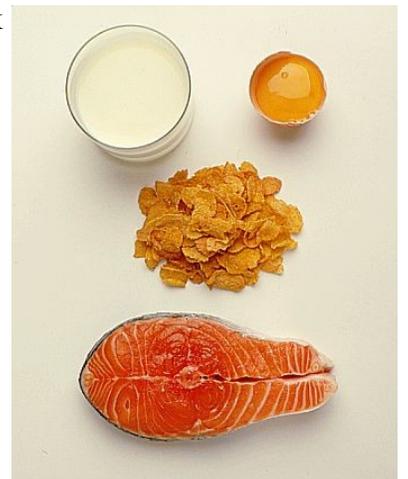
Vitamin D During Pregnancy and Infancy

Aarynne Struble, RD, LD, Saline County WIC Dietitian

I attended the National WIC Association Nutrition and Breastfeeding Conference in Los Angeles in September. My favorite session was “Vitamin D during Pregnancy and Infancy” presented by Charles Stephensen, PhD. Because Vitamin D plays many important roles in the body and deficiency is common, it remains an important topic of discussion.

The main points that I gathered from this session are as follows:

- Vitamin D deficiency is related to rickets, osteomalacia, muscle weakness, and poor immune response.
- The occurrence of rickets is currently on the rise in the United States, but its prevalence remains low.
- Low vitamin D in breastmilk may be related to evolution; humans originally spent so much time in the sunshine that they did not need to obtain vitamin D from Mom.
- Low vitamin D levels during pregnancy have been linked to preeclampsia, vaginosis, gestational diabetes, and preterm delivery. For the infant, low vitamin D levels can result in impaired skeletal development, growth retardation, and an increased risk of infection in infancy and childhood.
- Vitamin D deficiency is especially related to respiratory infections and has been linked to childhood asthma.
- The amount of vitamin D in breastmilk is related to maternal intake. However, a woman would need to consume 6000 IU/day of vitamin D in order for her infant to obtain the recommended 400 IU/day (if the infant consumes 1 L of breastmilk per day). Currently, the UL (Upper Limit) for Vitamin D is 4000 IU/day.
- The RDA for vitamin D is based on a blood serum goal of 50 nmol/L. However, experts usually suggest a goal of 75 nmol/L.
- While fish, milk, and fortified cereals are good sources of Vitamin D, most Americans only obtain 1/3-1/2 of the RDA from food.
- Without supplementation, breastmilk has 10% the Vitamin D of formula. However, only about 1/3 of formula-fed babies get adequate amounts of Vitamin D.



Based on the information presented in this lecture, Vitamin D intake appears to be an important discussion point for both pregnant and postpartum women, as well as for infants. In order for both mom and baby to obtain adequate amounts of this important nutrient, supplementation is likely the key. Since sun exposure and food are no longer considered reliable sources of adequate amounts of Vitamin D, WIC clients should be encouraged to discuss supplementation with their doctors.

How Does Your Clinic Measure Up?

Patrice Thomsen, MS, RD, LD

Here are some common observations from Management Evaluations. Read them and see how your clinic measures up.

Topic—Ensuring Interaction Occurs with Low Risk Secondary Nutrition Education

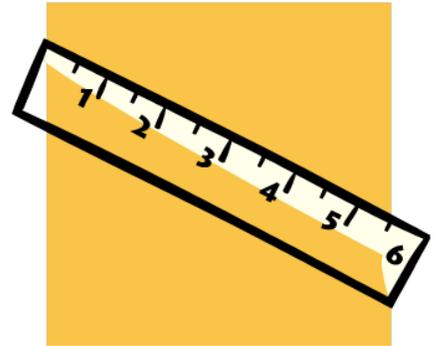
Observation: Lesson plans for interactive nutrition education centers and self-study notebooks may contain appropriate content related to staff interaction with clients but the interaction is not actually occurring or not occurring effectively. Often the intention is that the clerk complete this interaction before issuing checks, but the clerk is unaware of the requirement or is uncertain/uncomfortable how to proceed.

Correct Procedure: The lesson plan should have clear questions that the clerk can ask, at least as conversation starters. But it is the responsibility of the Nutrition Services Coordinator (or trained designee) to work with the staff on each interactive center. Staff should have enough orientation to be knowledgeable and comfortable so they can effectively complete the interaction with clients.

The Nutrition Services Coordinator (or trained designee) should occasionally observe the clerk(s) in this role and provide feedback both on how the clerk invites the client to complete the nutrition education activity and engages the client afterwards for the interactive part.

Question: Does the clerk have to record the goal identified by the client?

Answer: While that would be a great thing, we recognize that time is limited. The clerk (or whoever is working with the client related to interactive nutrition centers or self-study notebooks) does **not** have to record the goal in KWIC. However, staff **must** record the specific topic/title in KWIC. It is a good thing to also record handouts given.



Delayed Onset of Lactogenesis in the Context of the Obesity Epidemic

Hilary Rombeck, RD, LD, Breastfeeding Coordinator, Geary County WIC Program

I had the pleasure of attending the NWA 2012 Nutrition Education and Breastfeeding Conference in Los Angeles in September. Each presentation offered different ways to learn about, approach and educate in regards to breastfeeding.

I am sure you have heard “My milk never came in” or “I didn’t make enough when I was in the hospital.” Laurie Nommsen-Rivers, PhD, RD, IBCLC presented “Delayed Onset of Lactogenesis in the context of the Obesity Epidemic.” She is a Research Assistant Professor of Pediatrics at the Cincinnati Children’s Hospital Medical Center. I would like to share findings from a few studies that she discussed.

The phrase ‘delayed onset of lactogenesis’ (DOL), refers to no onset of noticeable fullness/heaviness in the breasts within 72 hours of birth. ‘Failed onset of lactogenesis’ (FOL) is when the onset of noticeable fullness/heaviness does not occur at all.

A study in Ghana found 4% of mothers had FOL, while 44% of mothers in a study at UC Davis reported FOL. It was interesting to compare the two environments and how they may impact the success of breastfeeding, such as mother’s weight, and birthing/postpartum practices.

Another study was done with first time mothers 18 years and older, who delivered between 36 and 40 weeks. There were 532 participants and only 12 chose not to breastfeed. At 72 hours postpartum, about 56% experienced lactogenesis, after 96 hours only 20% were still awaiting, and at 1 week postpartum only 1.6% of mothers were still awaiting lactogenesis. These results, that about 99% of mothers have milk in by seven days, reinforces the idea of holding off on supplementation and making sure mothers are nursing often during these days. Laurie reinforced the importance of moving the colostrum out during the first few days, not just focusing on nipple stimulation.

The effects of weight on DOL were also discussed. A study done at UC Davis showed that having a BMI over 30 put you at a 54% risk for DOL. Two out of three mothers of childbearing age have a BMI over the healthy range (>25). Other factors that increased a mother’s chance of experiencing DOL were insulin resistance/gestational diabetes, c-section, medicated births and mild-pitting edema.

Laurie shared three ways we can help mothers avoid DOL:

1. Improve maternity care- promote exclusive breastfeeding, educate mothers.
2. Improve the birth experience- one example she gave was that mothers who use doula care have 50% shorter stage II labor.
3. Improve post-partum maternal health- room in with infant close by, early skin to skin contact with her infant.



As Laurie said, “Because it is common, does not mean it is normal.” This is just one of the sessions that I attended that discussed ways that our education as WIC staff can be beneficial for clients. WIC staff can be instrumental in helping clients understand why a healthy pregnancy is important as well as what to expect during breastfeeding.

What Cost Category Does This Belong In?

Rachelle Hazelton, Program Consultant



Do you find it difficult to decide which cost category to use for the various line items on the WIC affidavit? The following examples will help provide guidance on the various line items and the appropriate cost categories. This is not an all inclusive list. Refer to the Affidavit of Expenditures Policy ADM 02.03.00, Allowable Cost Policy ADM 02.03.01, or the Local Agency Time & Effort Reporting Policy ADM 02.03.03 for more examples and information.

Enter each cost only on the appropriate line item that best represents that item. Be careful not to combine line items that should be reported separately, such as rent and office supplies. These two items should be listed as their own line item on the affidavit as well as the budget. The line item on the budget should be representative of what is being submitted on the affidavit and vice versa.

The following items should be entered into the appropriate cost category (Nutrition Education, Breastfeeding Promotion & Support, Client Services, General Administration) based on the specifics of the activity:

- Employee Training Expenses – meals, lodging, registration fees, WIC meetings, or other approved trainings. These items would fall under the cost category that best represents the emphasis of the training.
 - For example, if the entire training was about Breastfeeding, then all of the expenses for the training would fall under the Breastfeeding cost category on the affidavit. If the training was about Breastfeeding and Nutrition Education, then the expenses for the training would be divided between the Breastfeeding and Nutrition Education cost categories.
- Mileage – to and from WIC clinic sites, meetings or vendors. This item would fall under the cost category that best represents the reason for the trip.
- Office Supplies – stationary, envelopes, pens, staples. Must be prorated to other programs as applicable. These items would fall under the cost category that best represents the need for the particular supplies.
- Educational Supplies – whether client services supplies or nutrition education or breastfeeding supplies. These items would fall under the cost category that best represents the need for the particular supplies.
- Equipment under \$500 – items with a useful life of more than one year. Must be prorated to other programs as applicable. This item would fall under the cost category that best represents what the equipment will be used for most.
- Equipment (items) costing more than \$500 – requires State Agency approval prior to purchasing. Must be prorated to other programs as applicable. This item would fall under the cost category that best represents what the equipment will be used for most.

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What Cost Category Does This Belong In?, continued

- Communications – monthly service cost or toll free numbers for telephone, fax, internet, cellular phones. Must be prorated to other programs as applicable. These items would fall under the cost category that best represents the need for the communications.
- Postage – mailing items either to clients or to the SA or other local agencies. These items would fall under the cost category that best represents the need for the postage.
 - For example, if client No Show letters are being mailed out, that expense would fall under the client services cost category.
- Printing – items produced for use of WIC, printing copies of fliers or diet questionnaires. These items would fall under the cost category that best represents how the printed item will be used.
 - For example, if printing diet questionnaires, this cost would be placed in the client services cost category. If printing nutrition education materials, such as recipes to hand out to clients, this cost would be placed under the nutrition education cost category.

The following items would only be entered into the Client Services cost category:

- Medical Supplies – capillary tubes, microcuvettes, lancets, cotton balls, gloves, band aids.

The following items would only be entered into the General Administration cost category:

- Advertising – vacant positions, advertising WIC services.
- Repairs/Serviceing – computer, copier maintenance. Must be prorated to other programs as applicable.
- Space Usage – prorated costs of clinic and office space utilized by WIC staff and clients. Local Agency must provide space usage allocation calculations with WIC budgets. Rent – cost for charges directly to the Local Agency for use of a building to operate the WIC program.
- Utilities – allocated costs of clinic and office space utilized by WIC staff and clients, for electricity, natural gas, etc.



- Other - list all other costs not included in the line items above, but must be specified on the budget and or affidavit form. This includes, but not limited to expenses for recruitment, audit, cleaning, insurance (liability, auto), gas, airfare, subscriptions, outreach/marketing, professional development, agency/program memberships to professional organizations or associations.
 - **This does not include certification or registration fees to maintain individual registration status (R.D.) with the Commission on Dietetic Registration or ADA membership fees; these are unallowable WIC costs.**

Food, Stress and the Brain

Jean Detrich, RN, WIC Coordinator, Dickinson County

We all receive so much mail. We skim the content, then toss. Sometimes we don't even open it. We just toss. But this time it was different – I was intrigued by “Food, Stress, and the Brain”. The learning objectives caught my eye:

1. Outline the relationship between food intake and brain physiology.
2. List factors that are known scientifically to stimulate and suppress appetite.
3. Describe how specified hormones affect body fat.
4. Outline the relationship between diet and periodontal disease and between diet and oral discomfort.
5. Describe the effectiveness of different drug therapies and the treatment of obesity.
6. Outline the relationship between sleep and appetite.
7. Describe the implications for dentistry, mental health, and other health professions.

The speaker, Dr. Gina Willett, Ph.D., R.D. is a nationally known speaker in the areas of nutrition, appetite and weight control. She has a doctoral degree in nutrition and master's degrees in epidemiology and health education. Dr Willett served her country for seven years as an officer in the US Air Force. She worked as the Chief of Nutritional Medicine Service at several bases and also assumed the role of Health Promotion Coordinator for the Air Force. Her educational list is impressive and she did not disappoint.

The day was filled with solid, research based information that started with a two hour reminder of the obesity epidemic and a detailed and lengthy overview of the brain and how it functions. (It's been a long time since I sat in Anatomy & Physiology class so it was an excellent reminder for me.) The day continued with “Causes of Dysregulation of the Neural Mechanisms that Impact Eating”, “The Obesity-Depression-Dental Connection”, and “Taking Control. Hunger Management Strategies to Calm the Appetite.”

What were my over-simplified “take home messages”?

- The goal is to recalibrate to become more sensitive to our internal signals.
- We are driven to eat foods that give us the most dopamine: donuts and chocolate, not broccoli and oranges.
- We need to be able to identify our stressors and find healthy ways to increase resilience to stress. “... when you have a pet fish that's sick, you treat the water - not the fish” - Artemis Limpert and “Don't stuff your face, Face your stuff!”
- “Human beings were never designed for the poorly nourished, sedentary, indoor, sleep-deprived, socially isolated, frenzied pace of the 21st-century” (Ilardi, 2009).



Helpful websites:

National Sleep Foundation website www.sleepfoundation.org

For a stress self-assessment test, SEE: <http://www.mayoclinic.com/health/stress-assessment/SR00029>

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Food, Stress and the Brain, continued

For a chart listing the amount of sugar & acids in common sugar sweetened beverages, SEE http://www.mndental.org/_asset/m8jtxb/Sugar-Acid-Chart-11-07.pdf

Active at Any Size: 1-877-946-4627 or <http://win.niddk.nih.gov/publications/active.htm>

For intuitive eating principles SEE: <http://www.intuitiveeating.org/content/10-principles>

For tables of glycemic loads of common foods, SEE: www.mendosa.com/gilists.htm

For fiber content of common foods, SEE: www.ars.usda.gov/Services/docs.htm?docid=17477

For tables listing content of omega 3 fatty acids in various foods, as well as the AHA recommendations for omega 3 intake, SEE: <http://circ.ahajournals.org/content/106/21/2747.full.pdf>

For information and teaching tools on the Mediterranean diet pattern, SEE: www.oldwayspt.org

Many thanks to the State WIC Office for special training funds to allow for enriching opportunities.



Debbie Bocar's Certified Breastfeeding Educator Program (CBE)

Colleen Meyer, RN, WIC Coordinator, Nemaha County Community Health Services, Inc.

Having attended the above mentioned *Breastfeeding Educator Program* I feel fortunate to have had this opportunity provided from KDHE – WIC services. Before the program I must admit I had thoughts on how could there possibly be 3 days' worth of learning on *Breastfeeding*. Upon completing the course my thoughts are; Wow, there is an abundance of knowledge to be processed on *Breastfeeding* and to pass along as an educator!

Debi Bocar did an excellent job presenting the program in a way that was easy to understand. The program consisted of numerous hands-on interventions, role-play opportunities, as well as a wealth of information that was presented as well as provided in a 3 ring notebook manual. The program was well structured and kept going in a timely manner. All three days the class started promptly and was consistently fast paced in order to cover the breastfeeding material. Though the days were long, time went exceptionally fast as the material covered was exciting & knowledgeable.

Increased knowledgeable is really an understatement for the information presented. As an educator I feel like I obtained a better understanding and therefore more confidence in the base of material that I pass along to clients. I have a better understanding of breastfeeding advice prenatally as well as post for the different ethnic groups. Working with difficult latch-on's as well as supplementation types and indications was very well covered. I was given an insight into meeting the psychological needs of 'breastfeeding' in homosexual relationships. Overall the enthusiasm in promoting Breastfeeding Advocacy was remarkable!

Food Insecurity in Kansas

Valerie Merrow, Vendor Manager

What is Food Insecurity?

This past spring I had the privilege of attending a one-day conference held by the Harvesters Community Network. One of the things I already knew something about was Food Insecurity, as it hits all generations (especially the very old and young.) Food Insecurity can be explained as limited or uncertain ability to acquire acceptable foods in socially acceptable ways. Basically the person(s) is not only at risk of having access or paying for food, but their daily life is such that there is a constant concern for where a meal will come from on any given day. According to other information shared with us, of the 14.3% of Kansans in this category, 44% were below the SNAP threshold of 130% poverty level, 16% were in the 130-185% level but the remaining 40% were above 185% poverty. The five counties with the highest food insecurity rates are: Wyandotte, Woodson, Wilson, Montgomery and Crawford.

What do we do in Kansas to help with Food Insecurity?

Harvester's focuses on four key initiatives: Childhood Hunger; Feeding Families; Healthy Eating; and Senior Feeding, all of which were based on their mission to collect food, distribute food and educate about hunger. Within the Childhood Hunger Initiative, they have Kids Café, an after-school and summer meals program; Kids in the Kitchen, an interactive and challenging way for students to learn healthy cooking and eating; and BackSnack, which helps fill the gap between free school lunch on Friday and free school breakfast on Monday.



Managing a food bank that provides free food to people requires safe food handling, especially considering this may be the only food they get on a stomach that may not always have food each day. Harvesters ensures individuals are trained on Food borne Illnesses, food recalls and keeping food safe, i.e. personal hygiene, cross contamination prevention, control time/temperatures, and safe storage/repackaging.

What do we have in my Community?

Harvesters currently serves certain areas of the state and is based out of Kansas City. Their current sites include Topeka (www.harvesters.org). However, they are hoping to expand into more of Kansas. Most communities have some type of organization that provides at least one or two food distribution programs (usually through a church.) WIC local agencies should be aware of options available in their community to help people get food. Other resources that are available are: www.feedingamerica.org ; www.hungeraction.org ; and www.frac.org . Local agency's Community Resource lists should include contact information for all of the options available to WIC clients for obtaining food.

I am very happy to be a part of the WIC program as I know it is an essential program that helps our pregnant women, infants and children have access to some very basic and nutritional foods that would otherwise put them at risk. A community resource that not everyone is aware of yet is the United Way sponsored 2-1-1 number here in Kansas. This number is an easy to remember number that connects people with important community services. Please be sure to share 2-1-1 with your clients as it is a nationwide number that is designed to provide information and referrals in whatever community the individual resides.

Local Agency News

We welcome these new WIC employees:

Anderson County, Christie Joyce, RN
Geary County, Caressa Osborn, BFPC
Harper County, Olivia Vasquez, Clerk
Harper County, Cynthia Erbert, Clerk
Harvey County, Rene Fisher, Clerk
Linn County, Alysia Dennis, RN

Ottawa County, Amanda Loughridge, Clerk
Sedgwick County, Heather King, Clerk
SW Kansas WIC, Anahi Gonzalez, Clerk
Stafford County, Anna Clark, BFPC
Woodson County, Cara Walden, RN

Congratulations to:

Jennifer Stone Cauble, RD, Johnson County, on her recent marriage
Lynn Montandon, Clerk, Reno County, on her recent retirement
Sara Horsch Schneider, RD, Sedgwick County, on her recent marriage

We say goodbye to these WIC friends:

Anderson County, Brianna Hiles Rocker, RN
Harper County, Sandra Cornelson, Clerk
Reno County, Edda Collins, Clerk
Sedgwick County, Elissa Haynes, RD

Sedgwick County, Marie Moore, BFPC
SW Kansas WIC, Patricia Servantez, Clerk
Woodson County, Susan Mueller, RN



Growing healthy Kansas families



Our Mission: To protect and improve the health and environment of all Kansans.

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