



Healthlink

A publication by the Women, Infants & Children (WIC) Program
Chester County, Pennsylvania.

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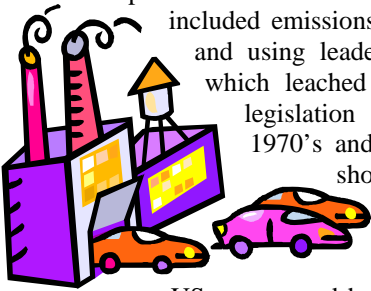
"Good Nutrition Today For A Healthier Tomorrow"

May 2009

The Lowdown on Lead

One of the goals of the Healthy People 2010 initiative is the elimination of childhood lead levels. While this sounds like a lofty goal, much progress has been made in the United States according to a March 2009 article in the *Pediatrics* journal.

Before 1980, the median level for US children was 15 micrograms of lead per deciliter of blood, due mostly to our burning of lead-based gasoline in cars and the deterioration of lead-based paints on the walls of our homes. Other sources of lead included emissions from manufacturing processes and using leaded solder for plumbing repairs which leached into water supplies. Federal legislation removed these sources in the 1970's and since that time children have shown great improvement in their lead levels.



A recent scare in the US was caused by allowing children to play with toys imported from China which had been painted with lead-based paints. These toys have now been removed from shelves and our government is more-closely monitoring imports from other nations.

Today we consider a lead level of 10mcg/dl to be an elevated one, showing how far we have come. Unfortunately, even a reading less than 10 can cause damage in a child's developing nervous system with permanent problems in learning, memory, or behavior.

There is no known "safe" level for lead in our children. According to Caroline Cox, research director of the Center for Environmental Health, "There's no reason even one child in the United States should be poisoned by lead."

While many children are no longer at risk for lead poisoning, minority and low income children are more likely to show elevated lead levels. The study shows that while 18% of white children had levels less than 1 mcd/dl, only 11% of Hispanic and 4% of African American children tested as well.

The current recommendations from the American Academy of Pediatrics suggest that all children be screened for lead poisoning at one year of age and repeated at the age of 2 when lead levels tend to be the most concentrated. The screening

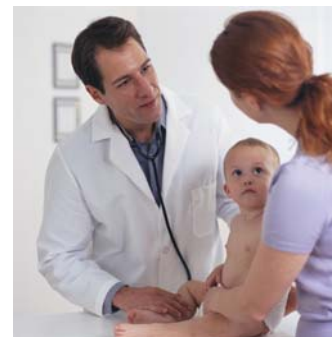


consists of a small blood pull with little discomfort for the child. If the physician feels the child is at no risk of elevated lead levels after a verbal screening with the parent, blood tests are often not taken.

It's a different story, however, for Medicaid children. It is highly recommended that they receive lead level screenings at the age of one and again around the age of two, due to the increased incidence of residing in a home contaminated with old paint or poor remediation during home repairs. Low income children are also more likely to live in an area that was once highly industrial where lead may remain in the soil. Also at greater risk are recent immigrant children who may never have been screened.

Every six months when WIC Children are recertified, our Chester County WIC nutritionists ask parents of young children if they have been screened for lead and what was the result. If they have not been screened, or the parents are unsure, we suggest they speak with their pediatrician about lead screening or take their child to the Chester County Health Department to have them screened. Due to the large number of Medicaid children we see, we feel this is the safest way to make sure that our children are not falling through the cracks and will not suffer from lead poisoning. On occasion, health department nurses attend WIC Clinics and screen children on site. Children with high lead levels are then contacted by a public health nurse who sees that they get help.

Since there are many of us working to prevent lead poisoning in Chester County, hopefully we will be close to reaching the goal of no elevated lead levels in our children by 2010.



HAVE YOU HEARD?

The WIC Food Package is changing!

Supplemental foods offered by the WIC program have not changed since 1980. Beginning in October 2009, foods offered through the Pennsylvania WIC Program will better align with the current Dietary Guidelines for Americans as well as current infant feeding practice guidelines of the American Academy of Pediatrics (AAP). The food package changes also facilitate WIC's efforts to promote and support the establishment of long term breastfeeding, and allow for participant and cultural preferences. Foods originally on the WIC program addressed public health needs such as anemia and low protein intake. Today's public health needs are focused on mitigating health problems associated with increased overweight and obesity and increasing the intake of whole grains and dietary fiber.

Foods being added include:



Infant foods (single ingredient vegetables, fruits and meats), whole grains, fruits and vegetables, soy options in place of dairy (tofu and soy beverages), canned beans and additional varieties of fish.

Changes to the existing foods include:

- The elimination of infant juice and reductions in the amounts of formula, milk, cheese, eggs and juice.
- No complimentary foods will be given to infants under the age of six months, in alignment with feeding recommendations of AAP.
- Whole milk will be given to children aged 12 through 23 months, after which low-fat milk will be provided. Children with poor weight gain after the age of two will be provided whole milk only with a physician's okay.



According to federal regulations, additional documentation from physicians will be required for certain food substitutions. Further details will be available in the near future. Thank you for your support of the PA WIC Program as we implement these vast changes.



Current Food Costs

Guess how much food costs increased for a Thrifty Food Plan (TFP) estimated by the USDA for a reference family of four (couple ages 20-50, two children ages 6-8 and 9-11) since January of 2008???. An increase of 5.37%! In dollars, the monthly cost of a Thrifty Food Plan was \$602.50 in January 2009, an increase of \$30.70 from January 2008.



Another guide to food costs, the Consumer Price Index (CPI) measures the average change in prices paid by urban consumers for a mixed market of goods, including foods. CPI showed that food costs for home consumption jumped 5.67% in January of 2009 versus a year earlier, with an anticipated increase of 2.5-3.5% for 2009. Yes, it does cost more to provide foods for our families than it did last year, not to mention the burden on struggling families.

(Information provided by the National WIC Association Monthly Food Price Brief.)

WIC Income Guidelines Increase

It must be spring! Each year on May 1st the WIC Income Guidelines change to reflect 185% above the newly announced Federal Poverty Level. WIC will now serve families using the following guidelines for gross annual income:

Family Size	Annual Income
1	\$20,036
2	\$26,955
3	\$33,874
4	\$40,793
5	\$47,712
6	\$54,631
Additional family members:	\$6,919

Please note that the expected number of infants is counted in family size. Also, foster children, MA, TANF, and food stamp recipients are eligible, but income documentation is required.

WIC is an equal opportunity employer and provider.