

Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



WIC Improves Lives

Julie Ornelas, RDN, LD, Nutrition Education Specialist



When state staff visit WIC clinics, we see the passion that you have for the WIC program and how it helps WIC families. Here are some recent research findings to reinforce your beliefs.

In 2017, WIC lifted 279,00 people above the poverty line, per Census Bureau data.

Children participating in WIC, SNAP, or both programs have lower rates of anemia and nutritional deficiency, compared to low-income non-participant children.

Breastfeeding initiation rates among WIC participants have risen to 83% in 2013, compared to 56% in 1994.

The obesity rate for 2-4 year old children participating in WIC has declined by 0.34 percentage points per year since the 2009 WIC food package revisions.

Investing \$1 in prenatal WIC services saves about \$2.48 in medical, educational and productivity costs over a newborn's lifetime by preventing preterm birth. This is based on a brand new 2019 study.

Infant mortality rates, especially for African Americans, are lower if the mother participated in WIC during pregnancy.

Prenatal and early childhood participation in WIC is associated with stronger cognitive development at 2 years old and better performance on reading assessments in elementary school.

FRAC (Food Research & Action Center) has several [fact sheets](#) where you can read more about the benefits of participating in WIC.

You and WIC make a difference!

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Brush Up On Your Skills With New Training Modules

Lisa Medrow, RDN, LD, Training Coordinator

In May 2019 the state agency launched the Kansas WIC New Employee Training Plans on KS-TRAIN, benefiting all new employees since then. However, if you've been in WIC awhile and just want to brush up on some of your skills, feel free to take a course or two as you please. See chart below for all the courses and course #s in KS-TRAIN. All Skill Builder courses require the use of the online training environment, so if you would like to complete those, please request a password from Training Coordinator, lisa.medrow@ks.gov. Print your certificate after completion and place it in your training folder—it counts towards your required trainings for the year! You can also use the Civil Rights training below to meet your required annual Civil Rights training.

The modules are still relatively new and we are always open to feedback, so please send any comments to lisa.medrow@ks.gov.

TIP: The Certification Guides course #1084937 is quite valuable to Clerks, especially in regard to income!

Title	Est Hours
WIC 101 #1067703	0.5
WIC Breastfeeding Basics #1067700	1*
Welcome to Kansas WIC #1084373	0.5
Getting Started in KWIC #1084495 + Skill Builder #1084948	1
Civil Rights, Fair Hearings, and Civil Rights Complaints #1084391	0.5
Customer Service #1084390	0.5
Apply for WIC #1084397 + Skill Builder #1084963	1
Dual Participation #1084399 + Skill Builder #1084967	1
Certification-Scheduling #1084393	0.5
Certification-Eligibility #1084395	0.5
Certification-Issuing Benefits & Notifications #1084396	0.5
Certification Guides #1084937 + Skill Builder #1084986	2
Subsequent Certifications & Category Changes #1084493 + Skill Builder #1084973	1
Record End and New Pregnancy #1084492	0.5
Base Food Packages #1084489 + Skill Builder #1084966	1
Assign Food Packages & Issue Benefits #1084488 + Skill Builder #1084965	1.5
Low and High Risk Nutrition Education #1084400	1
Appointment Book #1084487 + Skill Builder #1084964	1
Flowsheet #1084491 + Skill Builder #1084968	1
Trigger Topics #1084494 + Skill Builder 1084975	0.5
Nutrition Risk Factors—Basics #1084389	1
Value Enhanced Nutrition Assessment (VENA) #1067702	1*
Client History Windows #1084490	0.5
Assigning Food Packages and Issuing Benefits #1084488 + Skill Builder #1084965	0.5
KWIC Screens for BFPCs #1084402 + Skill Builder #1084970	0.5
KWIC Administrator #1084984 + Skill Builder #1084969	1

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Brush Up on Your Skills With New Training Modules (continued)

Title	Est Hours
LA Vendor Manager #1084987	1
WIC Baby Behavior Basics #1067706	1*
VENA: Connecting the Dots #1067705	1*
Feeding Infants: Nourishing Attitudes and Techniques #1071506	1*
Breastfeeding Challenges #1029361	1
Anthropometric & Hematologic Assessment #1085017	2
Breastpumps #1085019 + Skill Builder 1085028	1
Tailoring Food Packages & Special Auth #1085016 + Skill Builder #1085035	1.5
Modify Benefits #1085020 + Skill Builder #1085033	3
Foster Children #1085021 + Skill Builder #1085032	1
Change Client Information #1085022 + Skill Builder #1085029	1
No Show Management #1085023	0.5
Transfers #1085024 + Skill Builder #1085036	1
End of Eligibility #1085025 + Skill Builder #1085031	1
Suspend & Terminate #1085026 + Skill Builder 1085034	1
Non-Civil Rights Complaints #1085027 + Skill Builder 1085030	1
Nutrition Risk Factors-Details #1085037 (Skill Builder only, no course)	2

Supporting Moms Leads to Healthier Families

Submitted by Sara Dilley, Smith County Health Department, who attended NWA through SA support of ongoing training funds

So much of the spotlight shines on the babies before and after their birth. They're new, adorable, innocent and helpless. They need so much of our love, time and care. BUT so do our moms. Two of the sessions that impacted me the most were how supporting moms leads to healthier families.

Vanessa Simmons shared her personal story about how the term "breast is best" broke her. She said as a mother whose infant wouldn't latch and struggling doing the best she could, when she heard "breast is best" she felt like a failure. She felt that rather than using slogans such as breast is best and fed is best that we should be focusing on supporting the mom in her journey. So, going forward in my work, I'm really going to try to focus more on their journey and not just their goal and ask myself what can I do to help this mom succeed.

Hearing Charles Johnson speak about losing his wife to complications that were preventable after the birth of their son was incredibly saddening. The fact that his story is common is absolutely scary. When he said that you are 10 times more likely to die in childbirth than your grandmother, things really sank in. This is a sad truth that needs immediate action. Through my work, I will do my best to empower women and their support system to be advocates for themselves. By equipping them with awareness, knowledge and empowerment I hope they can become a strong advocate for themselves.



“Raising Dad’s WIC Voice: Ideas for Fostering a Father-Friendly WIC Program”

Submitted by Alicia Ramey, MS, RDN, LD, IBCLC, Cowley Co, after attending NWA

This presentation focused on the importance of inclusion of the father in relation to the WIC appointment and clinic setting. Audience members were challenged to think about their own clinic setting, language used when serving clients and the overall “vibe” of their clinic. Many clinics may give the impression that WIC is solely for women, infants and children, even if they do not intentionally mean to send that message.

Think about the lobby in your LA WIC clinic. There may be age appropriate toys and books for children. There might be beautiful posters depicting enchanting breastfeeding experiences between the mother/baby dyad and posters of children playing happily. How many pictures might we have of a father with a mother or child, or a father alone with his baby or toddlers? Do we have pictures of the entire family unit or just of the acronym that we serve?

When we call a family to be served by the clinic staff, do we just announce the mother’s name, or the baby or child; or do we announce “the family of...” When a father stands to accompany the family, do we engage the individual with a welcome greeting, or does our body language suggest this appointment is just for a women, infant or child?

Many of you might be thinking...”we gladly welcome the fathers and other support people” into our clinic setting. And you may, and that is wonderful, but creating an environment that the individual other than a woman, infant or child might be comfortable in, is challenging.

The men in this session stated that seeing other males in the WIC office, interacting with those males and actually feeling a part of the WIC program did not come easy. This “feeling” is more than a poster or a smile or a “sure you are welcome to come back with her for *her* appointment.” The clinics that were highlighted throughout the presentation had actual events for fathers. Instead of a “baby shower” that the male support person may not feel comfortable with attending; the clinic hosted a “father bash” of sorts. The “bash” included not only educational sessions, but fun and silly “stations” too. Like a diaper changing relay, followed by actual instructions on how to safely change a newborn diaper. And of course, food, fun and prizes geared towards males.

One of the men on the panel of the presentation was actually hired by a WIC clinic (through a grant program) to design a program to help connect with the fathers/male support people. From just hanging out in the lobby to visiting with any males that were present for the WIC appointments, to actually designing discussion and support groups, this position grew into an invaluable resource within the WIC clinic and the community at large.

In conclusion, the message that spoke the loudest was to not make the fathers feel like they are insignificant or just the “driver.” Remember, the fathers played a significant role in creating that reason for the WIC appointment. If the father is present for the WIC appointment and the atmosphere appears healthy, they need to be given the opportunity to take part in all that WIC has to offer...to learn, grow and be nurtured as part of the growing family unit.



Breastfeeding Duration: Dismantling Roadblocks and Changing Systems

Submitted by Mallory Pope, BFPC, NEK, who attended the *Kansas Breastfeeding Coalition 2018 Breastfeeding Conference* through SA support of ongoing training funds

Contaminated water. Earthquakes. Fires. Power outages. The list goes on and on. These are the tragedies that can devastate lives across the globe. So, what do we do? We try to plan for these disasters. We keep a box of treasures somewhere near and easy to grab. We have an escape route planned for our family. But do we think about the “what ifs” that could come into play when planning to feed a baby during a disaster? Formula can go bad. Water to mix it with could be contaminated. Breastfeeding ensures that baby and other children (if needed) can have the proper nutrients to survive.

As a breastfeeding peer counselor, I felt that I knew all the ways that breastfeeding benefits moms, babies and society. However, I never once thought about how important that was during a disaster. How amazing is it to know that you, as a mom, can safely feed your child in just about every situation possible? Mothers are able to breastfeed during times of crisis even through their own malnourishment.

The United States Breastfeeding Committee actually has installed guidelines for emergency shelters. They must promote breastfeeding by keeping families together, providing proper nourishments for mother, having a designated lactation area with comfortable provisions and give evidence-based support and comfort during the crisis. Because there is a greater risk of contamination during disasters, it isn't advised to accept donated milk unless it has been screened.

As breastfeeding advocates, we shouldn't scare moms into breastfeeding by discussing possible disasters but it's always a question to ask when they are on the fence and weighing pros and cons.

Texting Moms With Breastfeeding Support



Submitted by Terri Kier, RN, IBCLC, Cowley County after attending the NWA conference in New Orleans through SA support of ongoing training funds

I attended the session: **Innovative Strategies to Increase Breastfeeding Support in Rural Communities** by Krista Olson, *Family Support Hawaii*. She shared how they communicated with clients in the rural setting. They had a program that sent out text messages to breastfeeding moms at different important times during a mother's breastfeeding journey. These were automated but they could input the client's name to make it more personal.

I felt this was a great way to communicate the normal challenges that happen when breastfeeding; like that 3rd day with milk supply or 5th day normal bowel movements and appearance. Sometimes letting moms know what is normal can help, then they are more likely to continue once they realize this is normal. Especially when moms have to travel long distances or even smaller distances but have no transportation to get to the clinic.

eWIC & Redemption Data

Lisa Medrow, RDN, LD, Training Coordinator

At the NWA conference in New Orleans I attended the session, **Fruit and Vegetable Benefit Redemption after eWIC**. Maryland performed an in-depth study looking at fruit and vegetable benefit redemption and this is a summary of their findings. Slides for this and many other presentations can be found [here](#).



Barriers to using FVB (Fruit and Vegetable Benefit):

- Difficulty figuring out amount for items that are price per pound and don't want to go over or under—clients want to get it “right on” and it's difficult .(Note: They found the scales were not calibrated the same—the scale at the register was different than the one in the produce dept. which caused more confusion)
- Time
- Food preferences
- Unfamiliarity of fruits and vegetables
- Rural stores can have poor quality and/or are expensive

Before eWIC, in 2015 in Maryland, 67% FVCs (Fruit and Vegetable Checks) were redeemed. After eWIC was implemented, 57% of benefits were fully redeemed, 25% under-redeemed, and 18% unredeemed during 2017. The following categories of clients seemed to especially under-redeem or not redeem their benefits at all:

- Non English or Spanish Speaking (any other language besides English or Spanish seemed to have trouble)
- Pregnant and exclusively BF (in talking with Moms they found exclusively BF moms, more than any other moms, felt like WIC is really for their kids and not them)
- Families of 3 or larger

Suggestions:

- Target F/V education/discussion with PG, exclusive BF, and families of 3 or more on WIC
- Encourage use of shopping app
- Provide suggestions to use benefits (see what they have not purchased past few months and talk about it, give ideas and/or tailor package if needed—goes for all benefits, not just F/V)
- It would be helpful if stores could price per item instead of per pound