

# Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



## WIC Food Changes Improve Children's Diets

From University of California

A change to a U.S. government nutrition program improved the diets of millions of young children in low-income families, a new study says. Researchers compared the eating habits of nearly 1,200 2- to 4-year-olds in low-income households before and after the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) was changed in 2009.

With the revamp, more fruits, vegetables, whole grains and low-fat milk were included in the WIC food voucher package. The change improved the diets for the approximately 4 million children in the program, according to the University of California (UC) study published April 7 in the journal *Pediatrics*.

"Although the findings only showed significant improvement for consumption of greens and beans, the other areas for which WIC has put in important efforts -- increased consumption of whole fruits rather than fruit juice, increased whole grains -- all show trends in the right direction....," study author June Tester said in a university news release. Tester is a pediatrician at the UC San Francisco Benioff Children's Hospital Oakland.

"Increasing consumption of nutritious foods such as green leafy vegetables and whole grains in the low-income children served by WIC will help them establish healthier eating patterns for their future," study co-author Patricia Crawford, a cooperative extension nutrition specialist with UC's Nutrition Policy Institute, said in the news release. The researchers also found that the switch from whole milk to low-fat milk did not lead to children drinking less milk.

### More information:

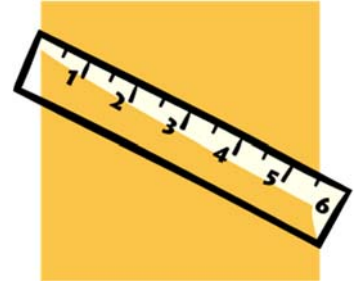
<http://www.letsmove.gov/> has more about healthy eating for children. SOURCE: University of California, news release, April 7, 2016

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# How Does Your Clinic Measure Up?

Patrice Thomsen, Nutritionist Senior



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

**Topic:** Risk factors – Part 1 (to be continued in November.)

**Reference:** Nutritional Risk Factor Manuals.

[http://www.kansaswic.org/local\\_agencies/risk\\_factors.html](http://www.kansaswic.org/local_agencies/risk_factors.html)

*Observation 1:* Many risk factors require that the condition be diagnosed by a doctor, but there is no such documentation in KWIC, **especially auto-assigned risk factors.**

*Correct Procedure:*

The risk factors that require diagnosis are commonly defined as: “Presence of XYZ diagnosed by physician as self-reported by the client, or as reported or documented by a physician, or someone working under physician's orders.” Some definitions are a bit different, e.g. Oral Health Conditions can also be diagnosed by a dentist and Depression can also be diagnosed by a clinical psychologist.

How do I know which risk factors require a diagnosis? It is always good to read each Nutritional Risk Factor Manual through, but for an easier review as to what risk factors need this documentation, refer to **Table 3** at the end of each manual.

Do we have to get documentation from the doctor? No. It is great if you do have something – like a diagnosis on a Special Issuance Authorization, but usually it will be “diagnosed by physician **as self-reported** by the client.” During the assessment, staff can use an open-ended question like, “I see you had gestational diabetes with your last pregnancy. How was that diagnosed?” Usually the client will say her doctor, so you assign the risk factor. If the answer is something like “our family always gets diabetes during pregnancy,” you can probe more specifically. If it was not diagnosed as specified in the risk factor manual, do not assign the risk factor. Do include the conversation in your KWIC note.

If it was diagnosed by a physician (or as specified in the risk factor manual,) how do I document it? The risk factors that require such diagnosis are to have the “Based on MD Diagnosis” check box marked in KWIC (even if by the dentist or clinical psychologist, etc.). To access this area in KWIC, click on the assigned risk factor.



### How Does Your Clinic Measure Up? (Continued)

In this example for Depression, the “Based on MD Diagnosis” box should be checked. (As an aside, one would expect to see notes about the severity, control, etc. of a condition. Those notes can be either in regular KWIC notes or here in the Risk Note field.)

Recorded	02/03/2016
Risk Assigned	<input checked="" type="checkbox"/> Based on MD Diagnosis
	Depression
Note	
Auto-Calc	

On the other hand if depression is NOT actually diagnosed as in the definition, then the risk factor should not be assigned at all. Instead, as part of the regular KWIC note, one would include why the person thinks she has depression as part of the overall notes about the depression. But if it was not diagnosed, don't assign it. For example, many people avoid lactose due to gastric issues, but do not have an actual diagnosis.

From this risk note, it seems that the situation should be described in regular notes, but no risk factor assigned because there is no diagnosis. (Plus there is a different risk factor “Lactose Intolerance” if that is truly diagnosed.)

Recorded	03/09/2016
Risk Assigned	<input type="checkbox"/> Based on MD Diagnosis
	Food Allergies
Note	question lactose, unsure at this time
Auto-Calc	

Do I have to document the MD diagnosis for auto-assigned risk factors? YES, if required by the definition of the risk factor. One problem with having auto-assigned risk factors is that staff get busy and do not truly look at all the risk factors that show up on the Assign Risk Factor tab. Please be sure to consider the list and add any needed documentation.

*Observation 2:* “Other Medical Conditions” being used for a wide variety of conditions, including some that are relatively minor.

#### *Correct Procedure:*

This risk factor definition is the same over all the categories of clients as stated below. This risk factor is not meant to be a catch-all for all sorts of other conditions not listed elsewhere as a specific risk factor. It will usually only be assigned for the conditions listed in the definition, and then only if the condition or treatment is affecting nutritional status. Other conditions not listed in the definition must also be severe enough to affect nutritional status.

“Presence of medical condition(s) with nutritional implications that are not included in any of the other medical conditions diagnosed by a physician as self reported by client; or as reported or documented by a physician, or someone working under physician’s orders. **The current condition, or treatment for the condition, must be severe enough to affect nutritional status.** Includes, but is not limited to:

- Juvenile rheumatoid arthritis (JRA);
- Lupus erythematosus;
- Cardiorespiratory diseases;
- Heart disease;
- Cystic fibrosis; or
- Persistent asthma (moderate or severe) requiring daily medication.”



## Cook It Quick E-Newsletter

Alice Henneman, MS, RDN writes a fantastic e-newsletter, *Cook It Quick*. She has a great goal... to make you “hungry for healthy food” by offering tips and delicious, quick-to-prepare, inexpensive recipes. Here is a link to a recent newsletter: <http://food.unl.edu/cook-it-quick-newsletter-may-june-2016>

When you get to the website, look for the link “Subscribe to Email Newsletter.” Also note, her “feel free to use/adapt” statement. Browse around! In addition to recipes, the website has great resources about nutrition education, food safety, and food preservation. Alice is with University of Nebraska-Lincoln Extension.



## A Thought from the 2016 Kansas LLL Meeting

Anna Clark, Stafford County

The La Leche League of Kansas Breastfeeding 2016 training held March 4 in Newton, Kansas, covered many different topics that were helpful and important. One topic that I found to be particularly interesting and useful was Institutionalized Bigotry. I learned that a Peer Counselor needs to be knowledgeable about different ethnic and cultural backgrounds to be more effective in helping those they serve. Other important things can be for a Peer Counselor not to assume that a client will not breastfeed based on their ethnic or cultural background, and to make sure that the client is knowledgeable about the benefits of breastfeeding. Providing multicultural pamphlets and information that not only depict the dominant culture can be helpful.



## A Few Things to Know About Infant Formula

Martha Hagen, State Breastfeeding Coordinator



- Powdered formula is not sterile so clients should be taught how to prepare it properly. The handout, [“Safe Infant Formula Preparation”](#) is available on the Kansas WIC website. Recently an infant was having problems because his mother was mixing 3 ounce bottles of formula which would require 1 ½ scoops of powder, but she was not measuring accurately – it is difficult to measure a ½ scoop and she was using too much powder. Stress the importance of accurate measurements and here’s a hint from Cherokee County WIC. Clients can make an 8 ounce bottle of formula, place it in the refrigerator and then just measure out 3 ounces. The formula should be warmed by placing in a bowl of warm water or holding under warm running water.
- If children are placed on a special formula such as PediaSure or EO28 Splash etc., be sure to reduce the milk in the food package. No child needs a supply of PediaSure and then a full package of milk – they should not be drinking that much fluid. Providing a gallon of milk spread out through the month would be appropriate for cooking.
- Human Milk Fortifier – there have been many requests lately for this product. HMF is being direct shipped, as it is difficult to obtain through a vendor, so please call the SA (Martha at 785-291-3161 if you can catch her) with the request. See the [direct shipment policy](#) for the information needed to place the order.
- There have been some questions about using soy formula for male infants. Several large studies have shown that the amount of soy protein obtained from infant soy formula is not large enough to cause hormonal effects in male infants. It is suggested that infants try lactose free formulas before moving to soy. Studies have also shown that infants who are allergic to milk based formulas are also allergic to soy based formulas and may need a hydrolyzed protein formula. Changing to soy formula for “colicky discomfort” is not recommended.
- The [WIC Formula Database](#) provides information about infant and specialty formulas. If a formula is not listed in this database, the Kansas WIC Program cannot provide it. The only standard milk based and soy infant formulas that can be provided, are those provided through the WSCA contract. The contract for the milk based formula (Similac Advanced, Sensitive for Fussiness & Gas, Sensitive for Spit Up, and Total Comfort) is through September 2017. The contract for the soy based formula (Gerber Good Start Soy) is through September 2018.



## Check This Out!

Looking for new ideas for nutrition education lessons? Want some low-cost healthy recipes? Need some new nutrition education handouts? Then check out the SNAP-Ed Connection. The SNAP-Ed library contains resources that can be used easily in the WIC setting. Lesson plans, recipes, handout materials in English and Spanish, My Plate resources, seasonal produce guides, photos and much more are available for easy download. There are also links to other States who have submitted educational materials not produced by USDA. All of these materials are available at: [https://snaped.fns.usda.gov/snap-ed-library?utm\\_source=govdelivery&utm\\_medium=email&utm\\_campaign=educationmaterials2%0D%0A](https://snaped.fns.usda.gov/snap-ed-library?utm_source=govdelivery&utm_medium=email&utm_campaign=educationmaterials2%0D%0A)

Did you know that in Kansas, an average of 264,411 individuals in 117,987 households received food assistance in October 2015? This is just one of the fascinating statistics found in the Kansas SNAP-Ed 2015 Impact report. You can find out interesting facts about the audience we serve in WIC and gain new insight into ways you can help those families live healthier lives. To see the full report, go to: <https://snaped.fns.usda.gov/materials/kansas-snap-ed-state-impact-reports>

According to a new study, toddlers with a shorter nighttime sleep duration are at higher risk for obesity and inactivity. The study looked at low income families who completed a sleep questionnaire regarding the sleep habits of their children. The results showed that those children with less hours of sleep were more obese and less active than their counterparts who received nine or more hours of sleep daily. The researchers recommend interventions to promote healthy sleep behaviors among toddlers from low-income families, improving nighttime sleep duration and reducing obesogenic behaviors/obesity. To read the full report, go to: <http://online.liebertpub.com/doi/pdfplus/10.1089/chi.2015.0252>

Did you know that pregnant women who drink artificially sweetened drinks every day may be more likely to give birth to heavier babies who are then more likely to become overweight children? According to a new study in *JAMA Pediatrics*, online (May 9, 2016). Although the study didn't prove that these drinks caused the infant weight gain, researchers believe that the artificial sweeteners may impact the body's mechanisms for sensing caloric intake and responding with feelings of fullness. The researchers recommend refraining from consuming artificial sweeteners during pregnancy.

Source: Meghan Azad, Ph.D., Mark Pereira, Ph.D.; May 9, 2016, [JAMA Pediatrics](#), online.

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