

Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



Limited English Proficiency (LEP)

Lisa Long, Program Consultant

Q: How important is it to be aware of your agency's Limited English Proficiency plan?

A: Quite important.

In April of 2016, the Civil Rights Division of FNS (USDA) conducted a Civil Rights compliance review. Among other topics, the review focused on services provided to individuals with Limited English Proficiency (LEP). A variety of policies and other documents were provided to demonstrate compliance with FNS requirements. The review resulted in the WIC website now being accessible in a variety of different languages.

State WIC staff recently participated in a biennial Management Evaluation conducted by staff from USDA. This was a Financial Management Review focusing on Funding and Participation but also included a Civil Rights component. LEP service was again part of the Civil Rights review.

Does your agency have an adequate LEP and reasonable accommodations plan? A quick review of [PRI 01.01.00, Civil Rights: Public Notification and Compliance](#) reminds us of the need for an LEP plan and to ensure that translation resources are available. The plan can be tailored to meet the specific needs of your local agency. Many local agencies have bi-lingual staff to provide immediate translation while others rely upon translation services that are often arranged in advance of participant appointments. This policy also reminds us that participants are NOT responsible for bringing their own interpreter (PRI 01.01.00 should be reviewed for additional details).

Making sure a viable LEP plan is in place and that local agency staff are trained in how to execute the plan is a vital step in ensuring all participants have equal access to the WIC program.

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To Clip or Not to Clip? An Opinion from Speech Therapists

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I was blessed to attend Marie Biancuzzo's "Comprehensive Lactation Course" in Baltimore, MD April 24-28, 2017 to obtain the necessary 90 L-CERPS to sit for the IBLCE exam to become an IBCLC (International Board Certified Lactation Consultant). Sixty hours of online education was completed prior to attending the week-long in-person class to attain the remaining 30 hours. The last day I was there, Marie had a "Picture Perfect" class, in which we reviewed photos for hours. This was incredibly helpful, as the IBLCE includes photos on approximately half of the exam.

One of the neatest parts of attending class in person was gaining the insight of just how widespread breastfeeding's spectrum goes. My class included attendees whose home countries were France, Australia, England, the Caribbean, and the United States. Professions represented included nurses, speech pathologists, midwives, a WIC nutritionist, an OB/GYN physician, and a lay counselor who works in a "Big Box"-type store and is just passionate about breastfeeding!

Having speech therapists in the mix of professionals was intriguing as we came to the topic of ankyloglossia, or "tongue tie," and its relationship to breastfeeding difficulties. The typical medical response is to "clip," or cut, the frenulum that inhibits the tongue from moving normally. However, the two speech therapists in class (from two different states) adamantly asked us to please request a speech consult prior to recommending clipping them. There are multiple stretching exercises that can be done with the frenulum that they have seen help tremendously in their practices and can alleviate any need of surgery. The speech therapists were exasperated that so many are clipped because, although it may immediately ease the nipple pain the breastfeeding mother experiences, it is these speech pathologists' experience that the clipped frenulum can cause long term speech and swallowing issues for the baby. At the very least, they urged us to recommend speech therapy as a follow-up to frenotomy (clipping of the tongue tie), so that exercises to help strengthen and control the tongue could be given for the parents to carry out. While the topic of "to clip or not to clip" may be debated amongst the medical community, their professional experience was helpful in giving us all something to think about, discuss, and apply as needed in our own practices.

I'm grateful to the Kansas WIC program for allowing me to go and obtain the remaining education I needed in order to register for the exam!



Is Homemade Baby Food Healthier for Infants?

[Lisa Rapaport, Health News](#)

Babies who get homemade food may learn to like a wider variety of food types and be leaner than infants who eat store-bought products, a recent study suggests. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life and then advises mothers to keep nursing while starting to introduce solid foods.

For the current study, published in the *International Journal of Obesity*, researchers examined whether the source of food – homemade or commercial - influences variety, infant growth and weight. They found babies who only ate homemade foods had more diverse diets earlier in life and lower body fat mass when they were 1 year and 3 years old.

WHO guidelines urge parents to feed babies a varied diet including meat, poultry, fish and eggs along with a range of fruits and vegetables starting at age 6 months. Previous research suggests that commercially produced baby food can contain high amounts of sodium and sugar and be of a consistent texture and appearance that may limit children's acceptance of new foods with different textures, according to the researchers. Homemade foods, by contrast, can provide a broader range of flavors and textures that might encourage children to eat a wider variety of things as they get older, the authors note.

For the current study, researchers examined dietary data on 65 infants and assessments of body fat from exams when infants were 6, 9, 12 and 36 months old. By 9 months of age, 14 babies, or 22 percent, had exclusively received homemade food and another 14 infants ate only commercially produced food. Most babies got a combination of both types of food. There weren't any differences in the babies' lengths or how much they weighed for their age based on what the infants ate. Calorie and nutrient intakes also didn't differ by group over time.

However, when researchers scored babies' diets based on how many of seven different food groups they consumed, the infants getting only homemade food achieved scores almost a full point higher than babies getting only store-bought foods. At one year of age, babies who ate only homemade food had a lower percentage of body fat than the other infants in the study.

Beyond its small size, other limitations of the study include its reliance on parents to accurately recall and report how babies were fed, the authors note. The study also included families that may be more affluent and educated than the general population and focused on breastfed babies, which may mean the results wouldn't apply to all infants. Although the observed association cannot confirm a cause and effect relationship, parents should be informed about the provision of home-prepared meat, fruit and vegetables during a baby's transition to solid food is linked with increased diet diversity in the first year of life.

SOURCE: go.nature.com/2mbukvg *International Journal of Obesity*, online February 6, 2017.

A 'Sense of Community'

Valerie Merrow, State Agency Vendor Manager

It's not too often that I meet people outside of the WIC clinic while out doing management evaluations who want to know what I'm doing or why I'm there. When visiting the Marion County WIC clinic I was pleasantly reminded of how many ways you touch people in your communities beyond simply providing WIC services!



You, the WIC clerk, helping people know what they need to qualify for WIC and helping them feel good about helping their children. The client is out in your community talking about how helpful you were to them. You, the WIC dietitian, helping people understand nutrition and what they can do to have better nutrition. The client is out in your community educating others on the importance of nutritious foods. You, the WIC Coordinator, sharing your knowledge of public services and helping WIC clients access the other supports that are available in the community. Thank you!

The Marion County clinic has done a couple things this past year that have had a positive impact on their local community and been a benefit to their WIC clients.

First they had a staff member, who wanted to create a sense of family and community, offer to take pictures of WIC clients for display in the clinic. Many of the health department visitors, WIC and non-WIC clients, remarked and asked about the pictures the day we were in the clinic. It feels like home seeing pictures of families.

The SA has a copy of the county's photograph release and permission form, along with a couple other examples. Please let us know if you would like a copy. Basically the form explains to the caregiver/client that they are granting permission to the county health department to take their picture and pictures of their children with the understanding that these images may be enlarged and featured in wall displays at the county health department. The form lists the full names whose pictures were taken, along with their age. The clinic also offered to send a digital copy of the picture via their email address, if provided. The release and permission form includes the client/caregiver's printed name, their signature and the date.

The other thing that the WIC Coordinator did that increased a sense of 'community' was to send their WIC vendors a letter telling them about the WIC Shopper App. The WIC Coordinator sent out a letter telling vendors that, beginning September 1, 2016 the WIC Shopper App would be available to WIC participants and that they may notice clients using the app in their store. The letter let the stores know that the app was also available to WIC vendor staff to check if "WIC Approved Food" shelf labels are appropriately placed and to verify that food products are appropriately included in the cash register's data base. She let them know it's a free app, no data is transferred unless the app is in use, no background data is transmitted and that data usage is less than 300 bytes per product scanned.



Sense of Community (continued)



While out scanning items, preparing for eWIC in this county I had cashiers telling me how much they loved the WIC Shopper App and that they've used it whenever there's a discrepancy at the register. One cashier stated, "I tell WIC customers, lets pull up the WIC Shopper App and see. I've even walked over to the shelf with them before. I love this app!"

Since the app was launched in September, we have gone from 1,100 unique devices accessing the app to over 6,500. Currently we have an estimated 53,878 WIC families in Kansas. Please be sure to share information about the WIC Shopper App with everyone coming into your clinic and with WIC vendors in your community.

Please promote installing the WIC Shopper App on your staff phones, on client's phones and even on those of your vendors! It's free and will make life much easier for everyone in picking out WIC approved foods. With eWIC, cashiers and front end managers will no longer be able to override a product at the register to allow it as a WIC transaction. Using

the WIC Shopper App is a great way to engage both clients and vendors to make sure that WIC products are available and scan properly as WIC transactions.

Can You Name the Parts?

Staff attending the New Employee Breastfeeding Training constructed mammary glands to assist with remembering the functions of the different parts. See the pictures below. The deconstructed view shows alveoli and ducts, fatty tissue, blood vessels, areola, Montgomery glands, nipple, and skin. Can you remember all the tissues and functions that produce breastmilk?



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