

# Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



## How Does Your Clinic Measure Up?

Patrice Thomsen, WIC Program Consultant

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

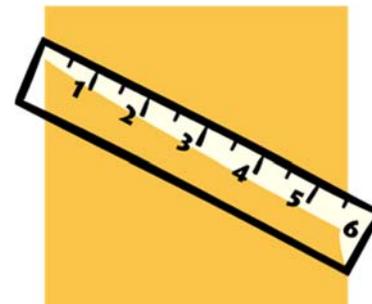
### Nutrition Services Plan

**Observation:** Staff have the approved Nutrition Services Plan (NSP) for the year but no work has been done on any Action Plan. There seems to be confusion as to whose is responsible for the actions, and for overall monitoring of progress.

**Correct Procedure:** Refer to [ADM 04.000 Nutrition Services Plan](#) and the 2018 Nutrition Services Plan Guidance information sent in the [May 2017 I-Memo](#).

**NSP Development:** As described in the policy, “the licensed dietitian and local Nutrition Services Coordinator (if not the same person) coordinate the development of the plan with input from **all** WIC staff (including clerks and Health Department Administrators).” This means that for development, the Nutrition Services Coordinator usually would coordinate assignments for different parts of the NSP, then be responsible for “pulling the NSP together” and submitting it. All staff should be involved in ideas for the Action Plans and steps for implementation. For example, we would expect that the Breastfeeding Coordinator would have the overall responsibility for assessment related to breastfeeding and developing the Breastfeeding Action Plan, with input from others, especially the Breastfeeding Peer Counselor, if present.

**Monitoring Progress of NSP Action Plans:** Of course, depending on the Action Plan, many different people might have roles in implementing an action plan. But a specific person should be responsible for monitoring progress of each action plan. The person responsible for the Clinic Improvement Action Plan would vary, depending on the topic of the plan. The Breastfeeding Coordinator should have overall responsibility of the Breastfeeding Action Plan, unless delegated to another staff member. While the Nutrition Services Coordinator should periodically check on progress, the action plans are not her responsibility unless the assignments written into the plans



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

are directly hers and the monitoring is identified as her responsibility.

We strongly suggest that the person responsible for each action plan keep a copy and set up a reminder so that they can easily document when work is done and note problems, plan changes, short-term evaluation, etc. It is also encouraged that the Nutrition Services Coordinator “check in” with other responsible persons to ensure that progress is occurring.

The 2018 Nutrition Services Plan Guidance is different in that:

The **Breastfeeding Promotion Strategic Action Plan** is specified for you, with options for steps you might select after completing the required training. (You must hold staff meeting and select strategies by 02/28/18.)

The State Agency has also provided a **Clinic Improvement Strategic Action Plan** with the theme of Division of Responsibility (DOR) in Eating, sometimes called Eating Competence. Agencies are strongly encouraged to use this action plan, and select among the suggested activities. Or an agency can choose to write their own.

With both Action Plans, it is important to identify who is responsible for what, by when. Then do your best to keep up with your plan.

## Iron Out Your Blood Samples

Kara Watts, RD, CLC Nutritionist/BFPC Program Coordinator

Now here’s a thought: how is it possible for iron deficiency to be the most common and widespread nutritional disorder in the world when iron is the sixth most common element in the universe? Obviously the two aren’t actually connected, it’s just interesting to know that iron is so abundant! Also interesting is that, according to WHO, iron deficiency is the only nutrient deficiency which has significant rates in industrialized countries. Here in the US, rates of iron deficiency vary by race and other sociodemographic factors, especially including food insecurity levels. Here are some quick facts:

- 12% of Hispanic toddlers, versus 6% of white and black toddlers aged 1 to 3 years are iron deficient.
- Mexican American (23.6%) and non-Hispanic black women (29.6%) have higher rates of deficiency as compared to non-Hispanic white women (13.9%).
- According to the 1999-2006 NHANES report, rates increase during pregnancy from 6.9% during the 1<sup>st</sup> trimester to nearly 30% in the third trimester.

## Iron Out Your Blood Samples (Continued)

Ok, enough with the statistics; why is this important? Well, iron deficiency during pregnancy increases the risk of maternal and infant mortality, premature birth, and low birthweight – all things we at WIC are trying to help prevent. In addition, iron deficiency anemia in infants and children can result in psychomotor and cognitive abnormalities that, without treatment, may lead to learning difficulties. You likely already know all of this, but it's always good to have a refresher.

Studies have found that WIC has a positive impact on the rates of low hemoglobin levels (yay, go WIC!). A key aspect of that is making sure we're taking accurate readings. We want to make sure that we're doing things right and not talking with our families about low iron if it was just an inaccurate test result. It's easy to fall into bad habits for efficiency's sake and to not be aware of some details that are important when obtaining a sample. Try to remember these things when you're doing lab work:



Microcuvettes can only be out of the container for **3 minutes** before you obtain the sample – air and humidity impact the integrity of the product and may give an inaccurate reading. This means that you can't have a pile of them sitting out for the day; you'll need to open the container for basically every client while they're in the room with you.

Along that same line, make sure you close the lid of the container tightly every time you get another microcuvette.

Remember not to “double dip” – if you don't get a full sample the first time, wipe away the excess blood and use a new microcuvette. It's best to try to start with a blood drop that is larger than you think you'll need.

Always use gloves when removing the microcuvette from the machine.

You can check out HemoCue's website for some good info – the [instructional videos](#) are very helpful!

These tips will help ensure accurate results for us to discuss with our families, so thank you for taking the time to “iron out” (haha, get it?) these procedures at your office!

References:

WHO: <http://www.who.int/nutrition/topics/ida/en/>

NIH: <https://ods.od.nih.gov/factsheets/Iron-HealthProfessional/>



## Observations from the NWA Technology, Program Integrity and Vendor Monitoring Conference

Jeanette Ladd, Reno County WIC, Vendor Monitor/Administrative Associate



**National WIC  
Association**

The welcoming energy we received while in the city of Memphis – from community members and street musicians to the city workers and hotel staff – is a model of openness and acceptance we can show to WIC clients, especially as the Electronic Benefits Transfer system is launched.

Our “Millennials” are far more technologically advanced than many of our own WIC staff. They depend on technology as their only means to communicate. To retain and increase the WIC population, we, as a vital source in their lives, need to be adaptive and accessible to our clients in their means of understanding.

EBT is one way, in the right direction, for the clientele to be more at ease and understand their needs more efficiently. The system will have everything available without the risk of losing their checks, forgot their ID, or not having adequate time to purchase all items on their check. A “get what is needed” option will far exceed the paper checks that are in use now. Smartphone apps need to be a part of this implementation. The WIC Shopper App provides instant access to WIC approved items while shopping, online customer service support, and on-line nutrition and health education, making shopping more readily accessible for WIC clients. All other social media need to be accessible. For example; Snapchat, Twitter, You Tube, Pinterest, if not, **we** could lose more “Millennials” if we don’t step up our game!

I came back to Kansas with hope and excitement for our future in WIC. Talking and sharing the ideas that were given at the Conference needs to be felt by all. I am just a small spark – in hopes of a burning idea to take off!

As Elvis would always say – “Thank you very much” for allowing me the opportunity to attend the NWA Technology, Program Integrity and Vendor Monitoring Conference held in Memphis this past September.



## From the Research

Food eaten outside the home is the top source of sodium among US. Adults, according to a study published in the May issue of *Circulation*. The study estimated sodium intake among 350 adults based on self-reported data and found salt added to food outside the home accounted for 70.9 percent of the total sodium intake.

Sodium occurring naturally in food accounted for 14.2 percent, salt added in home prepared foods accounted for 5.6 percent and salt added to food at the table accounted for 4.9 percent. These findings are consistent with the Institute of Medicine's recommended strategy to reduce sodium intake by reducing sodium in commercially processed foods.

From: *Food and Nutrition Magazine*, July/August 2017. Harnack LJ, Cogswell ME, Shikany JM, et al. Sources of sodium in US adults from 3 geographic regions. *Circulation*. 2017; 135(19): 1775-1783.

A recent study of low-income mothers who participated in WIC were interviewed and followed with home observation of infant formula preparation. All infants whose mother participated in the study were less than 3 months old. The mothers were interviewed regarding correct preparation of infant formula, whether cereal was added to the bottle or if other ingredients were added to the formula. The interviews indicated that correct formula preparation can be intimidating to some mothers; that there are many perceptions/misconceptions regarding formula preparation, cost, convenience, and infant cue surrounding feeding. Home observations of formula preparation showed that infant cereal and over dilution of formula were common. The authors concluded that more education is needed for mothers to explain proper formula dilution and delay the addition of cereal or other ingredients to the formula.

From: *J. Nutr. Educ. Behav.* Ellison, Rebecca G; Greer, Betty P; Burney, Janie L.; Goodell, L. Suzie; Bower, Katherine B., Nicklas, Jennifer. C; Lou, Zixin; Kavanagh, Katherine F. Observations and Conversations: Home Preparation of Infant Formula Among a Sample of Low-Income Mothers in the Southeastern US. 2017;49: 579-587.

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