March is National Nutrition Month

Month-long campaign highlights the importance of making informed food choices and developing personalized healthful eating plans

The Nutrition Services Branch is proud to join the Academy of Nutrition and Dietetics during March in celebrating National Nutrition Month®. This year’s National Nutrition Month theme is “Eat Right, Your Way, Every Day” and encourages consumers to develop a healthful eating plan that incorporates individual food choices and preferences.

Initiated in 1973 as a weeklong event, “National Nutrition Week” became a month-long observance in 1980 in response to growing public interest in nutrition. Additionally, to commemorate registered dietitians’ dedication as advocates for advancing the nutritional health of Americans and people worldwide, the second Wednesday of March has been designated “Registered Dietitian Day.” This year, RD Day will be celebrated on March 13.

As part of this public education campaign, the Academy of Nutrition and Dietetics’ National Nutrition Month website (www.eatright.org/nnm) includes a variety of helpful tips, fun games, promotional tools and nutrition education resources all designed to spread the message of good nutrition using the “Eat Right, Your Way, Every Day” theme.

Follow the Academy of Nutrition and Dietetics for the latest in nutrition information.
Pinterest: Food and Nutrition Magazine (FoodNutriMag), Kids Eat Right (kidseatright)
Facebook: EatRightNutrition
Twitter: @EatRight

WIC Makes a Difference!

- 23% of Kentucky children are food insecure. WIC helps families combat food insecurity and nutrition-related health problems.
- Average Kentucky Monthly WIC Participation is 141,647 (FY 2011).
- WIC provides significant health care cost savings by improving breastfeeding rates, birth outcomes and other health outcomes.

Reference: National WIC Association. (www.nwica.org)
Local Agencies Improve Clinic Operations
and Increase Client Satisfaction

*Lexington-Fayette County Health Department*
In 2010, Fayette County had four WIC Clinics, each one operating differently. The largest clinic, the North Campus, served approximately 3,200 clients and operated with an integrated clinic where the client signed in at the registration desk, waited to see the health professional and then waited for check out. The three smaller clinics in Fayette County operated as WIC only clinics with various methods of clinic flow.

After conducting WIC Client Satisfaction surveys, it was concluded that one of the major determinants of overall client satisfaction was clinic wait time, with time spent in clinic waiting areas being negatively correlated with satisfaction. Lobby wait times and long delays caused frustration for both clients and staff.

In response to the surveys, clinic wait times were assessed. The average in-clinic time, from registration to completing the checkout process, was one hour and eight minutes. To lessen the in-clinic time, the patient flow was amended to reflect a model in which the client is registered with support staff then waits for and remains with the health care professional for nutritional risk assessment and education, as well as for PEF entry, package issuance, and scheduling of return-to-clinic appointments. This new method of clinic operation eliminated the waiting time for package issuance and return to clinic appointment with support staff.

Since the implementation of the new system, wait times have dramatically decreased to roughly half the previous wait times. Client satisfaction has improved dramatically and staff members have also reaped the benefits from the improved clinic flow. “As a nutritionist, it is important to me that the client receives the best care possible. Since we have implemented the new system of clinic flow, the client is more satisfied due to correct issuance of benefits and return appointments along with shorter wait times. These changes have increased customer satisfaction and built relationships beyond patient-client support,” stated Cristina Hiten, Nutrition Specialist, CLC.

According to Brandi Fishback, Nutrition Services Team Leader with Lexington-Fayette County Health Department, “Changing the overall flow of clinic operations saved something that can never be made up: time.”

*Continued on page 3*
Franklin County Health Department

In an effort to create a better and more efficient flow of WIC program services, the Franklin County Health Department has changed its processes dramatically. The implementation of eWIC cards has made it possible to separate the entire WIC clinic from other clinic services, and by moving the WIC services to another floor, the clinic now is able to be more efficient and still maintain integrated services.

WIC is now located on the bottom floor of the clinic building and has a whole new look, feel, and organization that clients say they appreciate very much. Shortly after implementing the eWIC system, the department realized that services could be more efficient by eliminating the wait for support staff to issue benefits. That was accomplished by having the health provider issue benefits and make appointments directly after completing services.

Now, support staff members greet clients, who still enter the first floor clinic area, and escort them to the new WIC/Nutrition area by stairway or elevator.

The client then is registered and the health provider takes over to perform the service, issue the benefits, and even make the next appointment. Once the client leaves the nurse, he or she is ready to exit the building.

As stated earlier, according to WIC satisfaction surveys, clients report they are satisfied or very satisfied with the new WIC clinic. They also state that services are more efficient, and they are in and out faster with the new process. The providers were able to master the benefits issuance process and the appointment system quickly. According to Marisa McLin, clinical nutritionist, “It only takes an additional five minutes to issue benefits and make an appointment, so why make them wait for a much longer time just to transfer those duties to someone else?”

For more information, contact Marisa McLin, by e-mail at Marisa.McLin@ky.gov or call 502-564-7647.

(Continued from page 2)

For more information, contact Brandi Fishback by e-mail at BrandiR.Fishback@ky.gov or call 859-288-2346.
Pronto Noninvasive Hemoglobin Device

In April 2012, Laurel County and Fayette County Health Departments piloted the Pronto Handheld SbHp Pulse-CO Oximeter device for 30 working days. Each pilot site was provided a tracking tool to document the success rates of obtaining the hemoglobin. In addition, health professionals using the Pronto device and WIC participants were surveyed and provided feedback. Based on survey results, it was determined that the Pronto device was successful in obtaining a non-invasive hemoglobin for children ages two to five and women participants.

After the positive Pronto survey results, it was decided by the Kentucky WIC Program to launch the use of the Pronto device statewide. On January 9 and 10, 2013, a training specialist from Masimo, the manufacturer of the Pronto device, provided training through ITV videoconference to WIC health professionals on the proper use of the Pronto. All agencies were required to implement the use of the Pronto device by February 4, 2013.

In most cases, the use of the Pronto device will help reduce the immediate need for complex consent paperwork requirements for WIC certification. It will also reduce painful needle sticks for participants and enable health professionals to conduct more effective nutrition education counseling sessions.

The Kentucky WIC Program is one of eight states to use this innovative technology to obtain non-invasive hemoglobin results for WIC participants and the first to implement this technology statewide. We believe the Pronto device will help us better serve our WIC population.

Supporting Extended Breastfeeding

Breastfeeding beyond the first year of life has become a controversial issue in light of the Time Magazine article depicting a photo of a three-year-old boy nursing on the cover of the magazine. Extended breastfeeding is often criticized and frequently mothers are not supported if they continue to breastfeed their baby beyond their first birthday.

The American Academy of Pediatrics (AAP) recommends breastfeeding until the child is at least 12 months old. The AAP recommends continuing breastfeeding as long as both mother and baby desire to continue breastfeeding. The World Health Organization (WHO) recommends that mothers breastfeed their babies for two years and beyond.

Extended breastfeeding holds many continued health benefits to both mothers and babies. Extended breastfeeding continues to be a valuable source of nutrition and disease protection for the child, as long as the mother continues to breastfeed. There is no upper limit to the duration of breastfeeding and there is no evidence that continued breastfeeding leads to any psychological or developmental harm from breastfeeding into the 3rd year or longer. The American Academy of Family Physicians (AAFP) notes that children weaned before two years are at an increased risk of illness. Research has shown that breastfed toddlers between the ages of 1-3 have fewer illnesses, shorter duration of illnesses, and decrease mortality.

Breastfeeding mothers should be supported for as long as they choose to breastfeed. Staff should offer encouragement to breastfeeding mothers as well as congratulations on continued breastfeeding.

If you have any questions, please contact me via email at marlene.goodlett@ky.gov or 502-564-3827 ext. 4348.
Gerber Products Update

Gerber Good Start 2 Name Change
The WIC Program has received information from Gerber regarding a change in the name/labeling and packaging of its Good Start 2 product line, which is designed for older infants and toddlers (9 months to 24 months old).

The Good Start 2 Product line will have a name change to Gerber Graduates. The newly labeled products will begin shipping to retailers in March 2013.

Additionally, the Gerber Graduate Gentle and Gerber Graduate Protect packaging will be changing from a can to a plastic container. The container size, formulation and yield of the products are not changing. Please be aware that Gerber Graduate Soy will continue to be packaged in the can.

UPC codes will change as a result of the name/label and packaging change. The new UPC codes have been updated in the system.

<table>
<thead>
<tr>
<th>Current Product Name</th>
<th>New Product Name</th>
<th>New Unit UPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Start 2 Gentle</td>
<td>Gerber Graduates Gentle</td>
<td>0 50000 62977 0</td>
</tr>
<tr>
<td>Good Start 2 Protect</td>
<td>Gerber Graduates Protect</td>
<td>0 50000 62980 0</td>
</tr>
<tr>
<td>Good Start 2 Soy</td>
<td>Gerber Graduates Soy</td>
<td>0 50000 63021 9</td>
</tr>
</tbody>
</table>

Gerber Infant Cereal Package Change
On January 31st, the Nutrition Services Branch notified WIC Coordinators that the Gerber WIC eligible eight (8) ounce dry infant cereal package will change from a cardboard box to a plastic container. This change was expected in early Spring 2013.

The WIC program has received the following update from Nestle regarding the launch of the 8 oz. WIC eligible Gerber infant cereals to the plastic container:

- The 8 oz. Gerber Rice will continue to ship in the box packaging with no inventory issues expected through April 1, 2013. After this date, an immediate transition to plastic packaging will occur.
- The 8 oz. Gerber Oatmeal will continue to ship in the box packaging with no inventory issues expected through April 1, 2013. After this date, an immediate transition to plastic packaging will occur.
- The 8 oz. Gerber Whole Grain in the box packaging is no longer shipping. Inventory levels on this item may be sporadic at the retail level.
- The 8 oz. Gerber Whole Wheat in the box packaging is no longer shipping. Inventory levels on this item may be sporadic at the retail level.
- The 8 oz. Gerber Barley in the box packaging is no longer shipping. Inventory levels on this item may be sporadic at the retail level. The packaging change to the plastic container will be delayed until September 4, 2013.

Due to this packaging change, participants may purchase the WIC approved Gerber infant cereals in either the current cardboard box packaging or the new plastic container packaging.

The following UPC codes for the WIC approved Gerber eight (8) ounce dry infant cereal, plastic container packaging, have been added to the Approved Product Listing.

<table>
<thead>
<tr>
<th>Description</th>
<th>UPC Code (Unit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerber Rice Cereal, 8 oz.</td>
<td>0 15000 07000 7</td>
</tr>
<tr>
<td>Plastic Container</td>
<td></td>
</tr>
<tr>
<td>Gerber Oatmeal Cereal, 8 oz.</td>
<td>0 15000 07001 4</td>
</tr>
<tr>
<td>Plastic Container</td>
<td></td>
</tr>
<tr>
<td>Gerber Barley Cereal, 8 oz.</td>
<td>0 15000 07002 1</td>
</tr>
<tr>
<td>Plastic Container</td>
<td></td>
</tr>
<tr>
<td>Gerber Multigrain Cereal, 8 oz.</td>
<td>0 15000 07003 8</td>
</tr>
<tr>
<td>Plastic Container</td>
<td></td>
</tr>
<tr>
<td>Gerber Whole Wheat Cereal, 8 oz.</td>
<td>0 15000 07004 5</td>
</tr>
<tr>
<td>Plastic Container</td>
<td></td>
</tr>
</tbody>
</table>

If you have any questions about any of these changes, please contact the Clinical Nutrition Section (502) 564-3827.
**In The News**

**Foundation for a Healthy Kentucky releases Place Matters: Health Disparities in the Commonwealth**
Place Matters uses data from the Kentucky Behavioral Risk Factor Surveillance System (BRFSS) survey to measure health disparities based on geography. Specifically, it explores health differences for residents of the Delta counties of western Kentucky and the Appalachia counties of eastern Kentucky when compared to the state as a whole.

The report can be downloaded from [http://www.healthy-ky.org/presentations-reports/targeted-research](http://www.healthy-ky.org/presentations-reports/targeted-research)

**Secondhand Smoke in Cars Very Unhealthy for Kids**
According to research published in the journal *Tobacco Control*, smoking during car journeys pumps dangerous secondhand smoke into the inside air space at levels that far exceed World Health Organization (WHO) Guidelines—even when the windows are open.

Levels of fine particulate matter were measured every minute in the rear passenger area during typical car journeys made by both smokers and non-smokers over a three-day period. Levels of particulate matter were strongly linked to the number of cigarettes smoked.

Smokers tended to open car windows in an effort to provide some ventilation. However, during all car journeys in which a participant smoked, levels of particulate matter remained in excess of the maximum safe limit recommended by WHO.

The authors point out that exposure to secondhand smoke is linked to several children’s health problems including asthma and sudden infant death. Children exposed to tobacco smoke are likely to be at greater risk due to their faster breathing rates, less developed immune systems and their inability to move away from the source in a car setting.

**HomeFoodSafety.org**

The Home Food Safety program, a collaboration between the Academy of Nutrition and Dietetics and ConAgra Foods, has launched its redesigned website, HomeFoodSafety.org. The redesign features improved navigation and highlights simple steps to reduce people’s risk of food poisoning in the home.

“It’s extremely important to keep food safety in mind, especially when one in six people is sickened by food poisoning every year in the [United States],” said Registered Dietitian and Academy spokesperson Marisa Moore. “You can reduce your risk of food poisoning and keep your food and family safe with simple steps from the Home Food Safety program and the newly redesigned HomeFoodSafety.org.”

The site features articles, tips and downloadable tools organized in four simple safety steps to reduce one’s risk of food poisoning:

1. **WASH**: Wash hands often;
2. **SEPARATE**: Keep raw foods and ready-to-eat foods separate;
3. **COOK**: Cook foods to proper temperatures; and
4. **REFRIGERATE**: Refrigerate foods promptly at 40 degrees or below.

The site also features the Home Food Safety program’s new mobile app, *Is My Food Safe?* for Apple and Android devices. The app can be downloaded from [www.HomeFoodSafety.org/app](http://www.HomeFoodSafety.org/app).

The Academy of Nutrition and Dietetics and ConAgra Foods’ Home Food Safety program is dedicated to raising consumer awareness about the seriousness of food poisoning and providing solutions for easily and safely handling food in their own kitchens. More information can be found at [www.homefoodsafety.org](http://www.homefoodsafety.org).
4th Annual Breastfeeding Summit

Wednesday April 17, 2013
Radisson Hotel
668 West Fifth Street
Covington, KY

Registration for the conference is available at www.kyeatright.org/kdafnce2013.html
The cost of registration is $25

Agenda

10:00-10:15 Welcome and Opening Remarks

10:15-11:15 Establishing Collaborative Relationships to Improve Patient Outcomes:
Lactation Consultants and Health Care Professionals
Sheela Geraghty, MD, MS, IBCLC
Cincinnati Children’s Hospital

11:15-12:15 Hospitals Moving Toward Baby Friendly

12:15-1:15 Lunch

1:15-1:45 Lactation Improvement Network of Kentucky (LINK) Update
Cerise Bouchard, CLC
LINK President

1:45-2:30 A Glimpse Into the Practice of Breastfeeding Providers in Kentucky and Southern Indiana
Glenda Adams, RNC, MSN, IBCLC
Assistant Professor at University of Louisville and KLIC President

2:30-3:00 “The Strategic Plan for Improving Breastfeeding Rates in Kentucky”
Update: Two Years Later
Marlene Goodlett, MS, RD, LD, CLC
State Breastfeeding Coordinator, Nutrition Services Branch

3:00-3:15 Closing

3:30-5:00 Lactation Improvement Network of Kentucky (LINK) Meeting
Did You Know?

IBCLC Day is Wednesday, March 6, 2013. IBCLCs are the globally recognized professional authority in lactation. Registered Dietitian Day is Wednesday, March 13, 2013. Registered Dietitians are recognized as the most valuable and credible source of scientifically-based nutrition information.

Your WIC Contacts in Frankfort:

- **Branch Office**
  General questions regarding Nutrition Services and the WIC Program
  (502) 564-3827, Option 5

- **Program Operations**
  Income Eligibility and Administrative Policy and Procedures
  (502) 564-3827, Option 4

- **Vendor Section**
  Vendor related questions and applications
  (502) 564-3827, Option 3

- **Food Delivery/Data Section**
  Help desk, stop pays, computer issue, auto-dialer, printer and printing problems
  (502) 564-3827, Option 1

- **Clinical Nutrition Section**
  Special formula approvals, breast pump rentals and nutrition education
  (502) 564-3827, Option 2

Newsletter Contributors

Thank you for sharing your time and expertise for this issue of *Nutrition News*:

- Brandi Fishback, Nutrition Services Team Leader, Lexington-Fayette County Health Department;
- Marisa McLin, MS, RD, LD, WIC Coordinator, Franklin County Health Department;
- Rhonda Goff, Supervisor, Program Management Section;
- Marlene Goodlett, MS, RD, LD, CLC, State Breastfeeding Promotion Coordinator;
- Nicole Nicholas, MS, RD, LD, Dietitian Consultant/Clinical Nutrition Supervisor; and

- Michele Burton, RD, LD, Newsletter Editor

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