

texas

March/April 2006

WIC

news

Volume 15, Number 2

Helping Kids Get Fit

Special Supplemental Nutrition Program for Women, Infants, and Children

Developing Trust Through Effective Teamwork and Collaboration

As I read the lead article for this issue, Fit Kids=Happy Kids, it occurred to me that much of what we do in WIC is done in cooperation with others. The Fit Kids project was a collaborative effort between the Southwest Region office of the U.S. Department of Agriculture Food and Nutrition Service and the states — New Mexico, Texas, Arkansas, Oklahoma, and Louisiana — and Indian Tribal Organizations in this region.

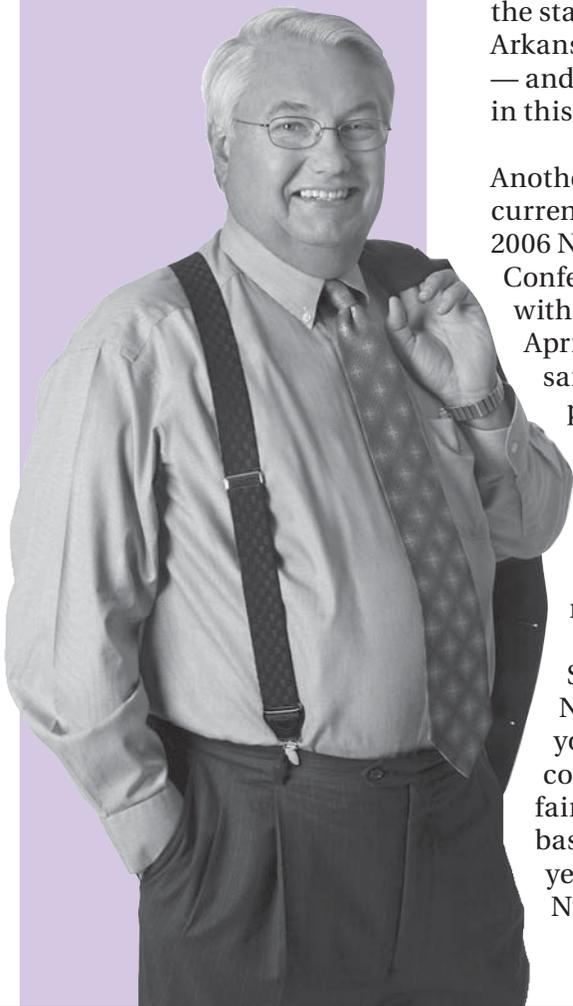
Another collaborative effort currently in progress is the 2006 National WIC Association Conference “Infinite Possibilities with WIC” to be held in Houston April 29 through May 3. These same Southwest Region partners — with Texas and the Texas Association of Local WIC Directors leading the way — will work together with the National WIC Association to plan this national event.

Since March is National Nutrition Month, many of you will collaborate at the community level to plan health fairs and other community-based events focusing on this year’s theme — Step Up to Nutrition and Health.

Our biggest and most enthusiastic joint effort in Texas for several years has been the Electronic Benefits Transfer (EBT) Project, in which Texas has partnered with USDA at national and regional levels, grocers in this state and nationwide, vendors and consultants from hardware and software companies, and other states who have also piloted EBT.

While these projects are planned by collaborative efforts, the implementation of their plans is accomplished only through our effective teamwork with you, our clinics, and with the grocery stores that team with us to redeem the benefits of the EBT card or the vouchers you issue to clients. It is in our day-to-day operations that teamwork and collaboration are essential.

Developing trust among team members — through sharing of ideas, thoughts, opinions, and feelings and through making and keeping simple agreements — is the key to effective collaboration. So let’s begin this spring to focus our new year on strengthening our already-strong WIC team. Let us hear your thoughts, opinions, and ideas so that we can achieve the most effective team possible. ⚙



From the Texas WIC Director - Mike Montgomery

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Fit Kids = Happy Kids

by Lynn Wild, M.A., R.D.
Nutrition Education Consultant

A Little History

In 1999 members of the U.S. Department of Agriculture Food and Nutrition Service — Southwest Region WIC programs got together to assess the resources and the training needs of WIC educators in their states and Indian Tribal Organizations (ITO). They created the Educating Communities on Healthy Options (ECHO) work group revitalizing the quality nutrition services initiative [see sidebar]. The WIC directors and nutrition education coordinators decided to use satellite training to bring state of the art teaching, counseling practices, and curricula development to Southwest Region (SWR) WIC educators.

From the ECHO needs assessment and vision came the two satellite teleconferences, “On the Road to Excellence” in 2001 and “On the Road to Excellence: Fit Kids” in 2003. These teleconferences focused on adult learning principles, behavior change theories and evidence-based interventions to address the growing concern about the childhood obesity crisis in the SW Region. In the “Fit Kids” teleconference, national experts [see sidebar] presented interventions that promote the adoption of healthy lifestyle changes revolving around family nutrition, feeding practices, physical activity, and screen time. They also demonstrated how to influence clients with emotionally-based health messages.



It was one thing to train staff on best ways to counsel, teach, and to understand the problems and causes of childhood obesity. It was another thing to expect staff, without teaching tools to effectively counsel parents who are in denial about their children’s unhealthy growth patterns. The overwhelming success of the “On the Road to Excellence” teleconferences inspired the ECHO group to develop teaching tools for both individual counseling and group classes. ECHO contracted with Dayle Hayes, M.S., R.D., to use the materials developed by the presenters from the “Fit Kids” teleconference, Hayes put an appealing, user-friendly “spin

on the concepts and delivered the client-focused and educator-focused Fit Kids = Happy Kids Toolkit. The toolkit includes:

- ❖ *Healthy Habits for a Healthy Weight*, a flip chart in two sizes, one for individual counseling and one for group classes
- ❖ *Hábitos sanos para un peso sano*, the same flip chart in Spanish
- ❖ *Fit Kids = Happy Kids*, a staff-training manual with six modules and a resource section with web links to information about children’s nutrition, best practices related to feeding children, and a wide variety of nutrition ideas
- ❖ *Jump for Joy/BRINCA CON BLANCA*, a children’s book

A WIC Toolkit complete with lifestyle messages and pictures assist WIC educators in helping families make healthy changes.

written and designed by Laurie Coker for WIC clients

- ✧ *Be active in your child's health.*
/Partcipe en la salud de sus hijos.,
an outreach poster for clinics

Client-Focused Tools

The flip chart Healthy Habits for a Healthy Weight displays health messages and attractive pictures of children and parents on one side for WIC clients. On the other side WIC educators will find helpful tips for “starting the conversation” with parents about their children’s growth patterns. This teaching tool reinforces ways to develop positive eating habits, daily physical activity and healthy TV behaviors in answer to parents’ questions about making healthy habits part of everyday living. The flip charts are available in 8 ½” x 11” size for individual counseling and 16” x 20” size for group presentations.

Jump for Joy/BRINCA CON BLANCA follows energetic, young Joy and her friends during a day of naturally fun indoor and outdoor physical activity that ends with Joy falling asleep on her bed for an afternoon nap. It is a nice companion story for *Beans for Breakfast* also written by Laurie Coker for WIC.

Be active in your child's health.
/Partcipe en la salud de sus hijos.
This 11” x 17” poster with its lively design and vibrant colors shows happy children and parents playing, eating fruit, and trying new foods. It fits above your desk or in your reception area to inspire parents and visually support the Fit Kids= Happy Kids healthy lifestyle messages.

Educator-Focused Tools

The staff-training manual contains six modules, in print and on compact disc, to teach and empower staff to effectively dialogue with WIC clients on issues of children’s growth patterns and healthy lifestyle habits. Three of the training modules feature vignettes from the “On the Road to Excellence: Fit Kids” satellite conference. They are included on DVD and to use in staff trainings or individually to review best practice counseling skills. The manual also contains a pocket page for WIC lesson plans or any support materials needed for an individual counseling session or class. Staff can add favorite brochures and handouts to this section to make it even more helpful.

Toolkit Evaluation

The SWR ECHO group piloted the use of the materials at sites in New Mexico, Oklahoma, Texas, Chickasaw Nation, and Pueblo of Isleta. Their use by educators and their impact on clients are under preliminary evaluation with a report due in 2006. An in-depth evaluation over a longer time frame is planned to coincide with a larger roll-out of the materials in Texas, Arkansas and Louisiana. ☼

sidebar

The SWR ECHO group includes WIC staff from New Mexico, Oklahoma, Texas, Louisiana, Arkansas, Chickasaw Nation, Pueblo of Zuni, and regional representatives of the USDA.

Expert presenters at the “On the Road to Excellence: Fit Kids” included Dayle Hayes, M.S., R.D., Montana; Susan L. Johnson, Ph.D., Colorado; Pat Lyons, R.N., M.A., California; Pam McCarthy, M.S., R.D., Minnesota; Jane Peacock, M.S., R.D., New Mexico; Carolyn Dunn, Ph.D., North Carolina.

These materials can be found on WIC Works website at http://www.nal.usda.gov/wicworks/Sharing_Center/index.html For more information about the *Fit Kids = Happy Kids Toolkit* contact Shellie Shores, R.D., Nutrition Education Consultant, at 512-458-7111 ext: 3463.



Millions Suffer From Food Allergies

There are approximately eleven million people in the United States diagnosed with food allergies, and the number is growing. Each year, about 30,000 people with food allergy reactions make emergency trips to the hospital. The number of deaths ascribed to food allergies varies depending on the source, but it's safe to say that somewhere between 150 and 300 people die annually in the United States from allergic reactions to foods. Most of these deaths occur in children and adolescents who are away from home. The most common food-allergy culprits are baked goods containing nuts or nut products, such as cookies, cakes, and candies.

For people who have food allergies, shopping for groceries, dining in restaurants, or eating at a friend's house or at the school cafeteria



Food Allergy Legislation Designed

by Elizabeth "Liz" Bruns, R.D., L.D.
Training Specialist

is like maneuvering through a minefield. You ask questions, read labels, and hope for the best.

New Food-Allergen Labeling Act Now In Effect

In August 2004, federal legislation that provides more protection for those with food allergies was passed and signed into law. The Food Allergen Labeling and Consumer Protection Act went into effect January 1, 2006. Here are the changes.

First, FALCPA requires that the eight primary allergens, those responsible for more than 90 percent of all food allergy reactions — milk, eggs, peanuts, tree nuts, fish, shellfish, wheat, and soy, or any component of these allergens — must be clearly identified on food labels. That means if a manufacturer previously used a confusing and scientific

term like “albumin,” it must now use a more familiar term like “egg protein.” Labels will have to be written in everyday language for everyday people.

Second, food additives, which have historically been described in vague terms, will be forced to follow the same rules that apply to all ingredients. This means an end to elusive terms such as “spices,” “additives,” “coloring agents,” and “natural and artificial flavorings.”

In addition, FALCPA requires the federal government to research food allergies, improve the system of data collection, inspect manufacturers’ facilities for compliance and report these results to Congress, and provide educational and training materials for food establishments.

Food-allergy reactions can be scary, but food allergies are manageable. The new food-allergen labeling legislation will help. Read food

labels and watch for the improved ingredient listings. ☼

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to Save Lives

Addressing the Needs of **High-Risk** WIC Participants in Texas

by Isabel Clark, M.A., R.D.
Clinical Nutrition Specialist

Two key functions of the WIC program are to provide quality nutrition education and counseling to qualifying participants and to provide referrals to other health care sources. Many WIC participants qualify for program benefits based on high-risk nutrition criteria. These high risk conditions call for the counseling expertise offered by registered dietitians. The Texas WIC Program requires all local agencies to employ or contract with a registered dietitian. However, due to the size and geographic diversity of Texas, it is difficult for many local agencies to employ enough staff to adequately address all the high-risk needs of our WIC participants.

To assist local agencies in serving high-risk WIC participants, the state agency, in cooperation with several local agencies*, formed the High Risk Registered Dietitian (RD) Referral Committee in September of 2004. The purpose of the committee was to develop background information and counseling protocols and to develop a process for identifying high-risk clients, to make the proper referrals and to track and follow-up on these clients. The work of the committee culminated with the initiation of the High

Risk RD Referral Pilot Project on October 1, 2005. The intent of the pilot project is to evaluate the effectiveness of the protocols, procedures and forms developed by the High Risk RD Referral Committee.

Pilot Risk Criteria

The following risk codes, identified as high-risk, were chosen by the committee to evaluate the effectiveness of the developed protocols, procedures and forms:

- ▶ 103 - Underweight Infants and Children
- ▶ 141/143, 142 – VLBW/LBW and Pre-term Infants and Children
- ▶ 113 – Overweight Children
- ▶ 131, 132 – Maternal Weight Loss or Inadequate Weight Gain

These risk codes are being piloted at various clinic sites across the state this year. Specific criteria and guidelines were added to the USDA defined risk criteria to justify referral of these cases to the high risk registered dietitian or to outside referral sources. Resource materials to help the WIC RD identify the underlying cause of the high-risk condition and to develop a care plan together with the client were also developed, and include:

- ▶ background information with the high-risk criteria definition,

information on the specific condition, and the purpose of counseling, as well as counseling considerations.

- ▶ a protocol which is divided into three sections: assessment, intervention, and evaluation/outcome. Topics covered include anthropometrics/growth, clinical/medical issues, diet, and socio-economic or family-social problems.
- ▶ counseling questionnaires for women, infants, and children. These questionnaires were intended to be a follow-up to the medical/health/diet history collected at the original appointment when the high risk was identified. The information obtained provides the RD with a better understanding of the condition and the underlying causes. It is also an excellent tool to help establish a relationship of trust with the participant.

High Risk Process

Figure 1 (right) illustrates the process that the committee developed to help local agencies identify and refer high-risk participants. This process may be used for all high-risk referrals, inside or outside WIC.

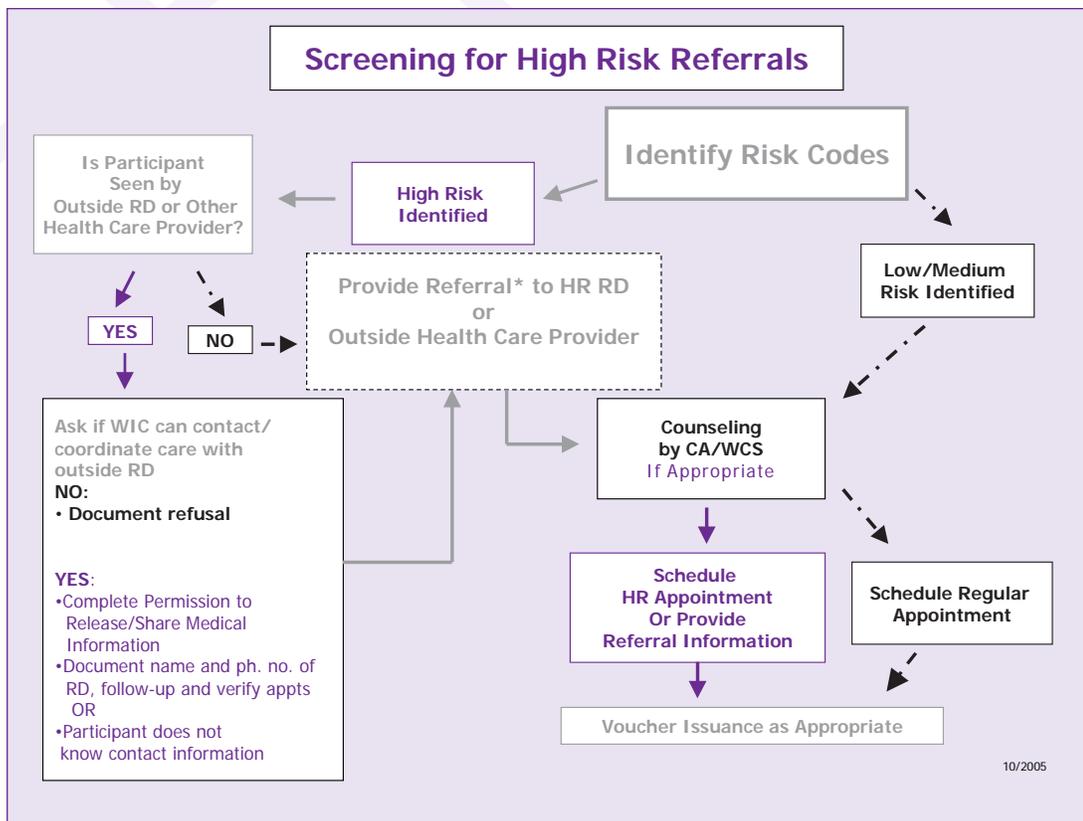
The referral and tracking process will be easier with the use of forms also developed by the committee. These forms, which can be altered by the LA depending on needs and available community resources, include:

- ▶ Counseling Referral Form, specific to the High Risk RD
- ▶ Client Information Sheet for Appointments with the High Risk RD
- ▶ High Risk Referral and Tracking Log
- ▶ High Risk Documentation utilizing the Problem/Etiology/Symptoms (PES) documentation method.

The High Risk Pilot, to continue through September 2006, will enable LAs to follow high-risk participants for at least two certification periods and determine if the process and tools developed facilitate high risk counseling and referral services. The tools will be evaluated and improved based on suggestions from each pilot site. Ultimately, the state agency will be able to provide a flexible referral process with guidelines and forms that will facilitate the referral process in all clinic settings and ensure that all WIC participants receive the best services WIC can offer. ⚙

*The state agency would like to thank each of the local agencies that have volunteered to participant in this very important pilot: Austin Health and Human Services/Travis County Health Department, Cameron County Department of Health and Human Services, Dallas Department of Environmental and Health Services, Laredo Health Department, UT Health Science Center at Houston, Community Council of Bee County, Fort Bend Family Health Center, Inc., San Antonio Metropolitan Health District, Community Health Centers of South Central Texas, Inc., Tarrant County Health Department, North Texas Home Health Services Ind., dba Outreach Health Services, Health Service Regions 6 & 5 South, 087- Health Service Regions 4/5, Health Service Region 11, Texas Tech University Health Sciences Center/Odessa, Longview Wellness Centers, Inc.

Process To Identify And Refer High Risk Participants



Based on Policy CS: 21.0, LAs shall develop a local policy that identifies the high-risk conditions that require a referral; the referral may be to the high risk RD or to an outside source.

On the Road with WIC

by Janice Chmielewski Carpenter, M.Ed., R.D.
Nutrition Training Specialist

The devastation wreaked by Hurricane Rita in September 2005 left much of South East Texas without power and water. Stores and gas stations were closed for several weeks in cities and towns like Orange, Jasper, Kountze, Beaumont and Port Arthur. WIC clinics were also closed as clinic staff and their families joined the other hurricane evacuees with no idea of when they could return. WIC services were not available to many east Texas participants.

When Mike Montgomery, the director of the Nutrition Services Section, became aware that a mobile WIC van was available at the Dallas WIC department, he decided it could be of use in east Texas. The van houses a “WIC clinic” on wheels, complete with measuring and blood work equipment, nutrition education materials, and forms, as well as two generators to power the unit.

On October 18, with Paula Kanter in the “chase car” and myself behind the wheel of the long mobile clinic, we set out for Livingston, a small town in the heart of the devastated East

Texas area. Upon arrival, we left the mobile with the WIC staff at UTMB Pearland, for transport to Woodville, east of Livingston, and went to find a hotel. The next day we helped the staff set up the clinic. We spent just one day with the staff before returning to Austin, but not before giving Nora Garcia (who works for UTMB Pearland out of the Livingston clinic) a quick lesson on how to secure the mobile clinic for the evening.

I returned to Woodville later in October. At that time, the mobile clinic was transferred to Tammie Jakobiet, WIC director from Orange County Health Department, for use in Bridge City, another hard hit area. We helped Tammie and her staff provide services to all clients who entered the clinic.

Tammie returned the mobile clinic to Kountze, where Mary Adams, WIC director for Hardin County Health Department arranged for the mobile clinic to be kept overnight at the Hardin County Police station. This was not an easy task, since the unit’s size required us to park it on the sidewalk. The police staff checked on the mobile unit throughout the night.

The next day, Mary and her staff went with us to Silsbee. At one point we stopped for gas, in itself a feat because of the mobile clinic’s length. All 6 pumps were blocked as we filled up. Our fleet gas card stops at \$75, so it often required two stops to refuel.

In Silsbee we provided services to 20 individuals in one day. The clients were amazed that all their services were provided within the confines of the mobile clinic. We found the best way to do nutrition education, even for classes, was to provide individual counseling to all the clients.

The clinic was transported back to Woodville the next day and parked next to the FEMA tents, where the FEMA staff allowed us to post the clinic visit dates and times and referred individuals to us who they thought might be eligible. The mobile was returned to Kountze for the evening.

The next day, we joined the staff from Port Arthur City Health Department and headed to Nederland to set up the clinic. Barbara Queen, the Nederland WIC supervisor, described how the winds and rain of the hurricane destroyed their WIC offices.

The mobile clinic was packed up and driven back to Tammie Jakobeit. I gasped as the large mobile van climbed the steep bridge over the shipping channel just east of Bridge City.

Tammie and her staff used the mobile unit in Bridge City once more before it was returned to Kountze to be used by Woodville. The mobile remains in use in Woodville while they look for an alternative clinic site.

For those of you who have used mobile clinics, I’m sure you can imagine what an experience I’ve had. Driving all over East Texas, learning firsthand about the devastation, and hearing the stories of the clients and staff and what they endured has expanded my horizons. What a wonderfully rewarding opportunity for me. And, what a great way to learn about mobile clinics and their use. ✨



Clockwise from the top: Ann Glover, Lourdes Velazquez, Janice Carpenter, and Tammie Jakobiet.

WIC Wellness Works

Here comes spring!

Kick it off with some simple goals to modify your eating habits and begin making lifestyle changes. Studies show that writing down your goals increases your chance of making permanent lifestyle changes. Write your goals on the card at the bottom of this page.

Ideas for Healthy Eating Goals. *Circle 3 things you will try this month.*

Beginning Level

- Keep a food diary and check food choices
- Try a low-fat recipe
- Skip dessert today
- Don't grocery shop when hungry
- Have a salad today
- Check "hunger" level before getting a second helping
- Think before eating to make healthy choices
- Take a multi-vitamin
- Bring healthy snacks such as pretzels, raw vegetables, air-popped popcorn to work
- Bring a healthy lunch at least once a week

Medium Level

- Start the day with a healthy breakfast
- Use skim milk for coffee creamer
- Refrain from skipping meals
- Choose fish instead of red meat once a week
- Remove the skin from poultry before cooking
- Share a meal with someone while dining out
- Replace soda with and mixture of ½ calorie-free carbonated water and ½ 100% fruit juice
- Use light or no-fat mayonnaise
- Stop eating when full
- Use olive or canola oil for cooking
- Compare labels

High Level

- Drink eight glasses of water today
- Eat single portion sizes, not super sizes
- Drink 100% juice instead of caffeinated drinks
- Choose 100% whole grain bread only
- Choose low-fat dairy products
- Avoid fast food restaurants
- Stick to meat portions the size of a deck of cards
- Bring a healthy lunch to work at least 3 times a week
- Eat 2 meals a week without meat

Goal Setting Card

<p>My Healthy Eating Goals for the new three months are: (See other side for goal-setting tips.)</p> <p>.....</p> <p>.....</p> <p>.....</p>	 <p>Healthy Eating Goal Setting</p> <p>Name:</p> <p>Today's Date:</p>
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Cut out this **Goal Setting Card**, fold it and carry it in your wallet as a reminder of what you are reaching for!

(continues inside)



Winter Squash & Apple Soup

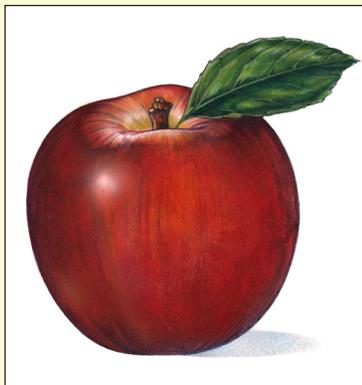


www.healthfullyvegetarian.com



SERVES: 8

- 3 (10-ounce) packages of frozen winter squash (acorn, butternut, hubbard)
- ½ tablespoon margarine
- 1 large onion, chopped
- 1 large apple (Macintosh), seeded and chopped (peels on)
- ½ tablespoon curry powder
- 1 quart vegetable stock
- black pepper, to taste



Thaw squash according to package directions. Put vegetable stock in a large soup pot, add thawed squash, curry powder, and pepper, and heat on medium-high. In a separate pan, sauté the onion and apple in the margarine. Puree the onion/apple mix in a food processor or blender or by pushing the mixture through a mesh strainer. Add the onion/apple mix to the soup pot and heat through until ingredients are blended. Serve warm.

NUTRITION PER SERVING: Calories: 76; Total Fat: 0.8 grams; Saturated Fat: 0.06 grams; Sodium: 270 mg; Carbohydrates: 18 grams; Fiber: 2.4 grams; Protein: 1.6 grams; Diabetic Exchanges: 1 starch

Healthy Weight: *continued from front page*

Write "complete" goals by including the following information:

WHAT I will do this month: (look at the Healthy Eating Goal Ideas)

(ex: I will eat 5-7 fruits and vegetables)

WHEN I will do it: (time of day, which days)

(ex: I will eat at least 4 fruits and vegetables between breakfast and lunch)

HOW long I will do it: (minutes, lunch break, etc...)

(ex: I will eat at least 4 fruits and vegetables between breakfast and lunch everyday)

WHO will support me: (co-worker, spouse, etc...)

(ex: My husband will help me cut up fruits and vegetables at home to bring to work everyday)

REWARD for reaching my goal this month: (night out with my spouse, special book from bookstore, massage, etc...)

(ex: I will take a bubble bath at the end of the week)



Cut along the dotted line and fold in half.



BLANCA'S WINS THE JACKPOT

At 25, Blanca, a clerk from Fort Worth, was on her way to a healthier life style when the WIC Wellness Works Program began in February 2005. She had been working on changing her eating habits and had already lost 20 pounds. Her clinic wellness coordinator, Jeff Toler, R.D., L.D., encouraged her to increase her physical activity so Blanca began walking. Blanca was motivated to look good for an upcoming family wedding.

Blanca joined several other wellness participants in starting a prize pool for those who lost the most weight. Each week the participants put two dollars into a kitty. Those who gained weight put in an additional dollar for each pound gained and whoever lost the most weight each week paid nothing. The jackpot (or should we call it a health pot) was estimated to be between \$200-\$300. Feeling better about herself and the prize pool kept Blanca on track.



“One of the reasons I have been successful is my coordinator Jeff Toler.” Blanca said, “I have never known anyone like Jeff. He watches what he eats and eats so well. It made me think about what I was eating and I decided to make some life changes. I began eating wheat tortillas and noodles, lots of vegetables and strawberries and cantaloupe.” Blanca bought a Taebo tape and began working out with a friend. “We try to motivate each other.” She reports that a pedometer has helped her measure her progress.

“When I first began I was getting between three to four thousand steps. Now I get at least eleven thousand. Plus, I began going to the gym and using the

treadmill.” Blanca says her secrets to success include, “Eating at least every four hours, drinking water, watching portions, eating lots of fruits and vegetables and thinking about what I am eating and why.” Her boyfriend began to see changes, which motivated her to keep going. Plus Jeff began bringing fruits and vegetables to the clinic for snacks.

After a few months Blanca decided walking was boring and she started running on the weekends with her coordinator and friends. “I had never tried running before. I began slowly. I’d run awhile and walk awhile. Now I can run for four miles without stopping. And I have lost a total of 80 pounds.”

Blanca recently saw her family for the first time since losing 80 pounds and her mom was amazed at all the changes, especially Blanca’s energy level and her happiness.”

Blanca won the jackpot and celebrated by buying some new clothes. When asked what she learned Blanca replied, “That I can change!”





**WE WANT
YOU TO**

**JOIN THE WIC WELLNESS
WORKS (WWW) TEAM!**

WWW, a worksite wellness program developed specifically for Texas WIC staff, is now open to all local agencies.

GETTING STARTED

You provide WIC staff who are excited about worksite wellness; we provide training, materials, and technical assistance.

SPEAKING OF TRAINING

WWW coordinator training will be offered at the 2006 National WIC Association (NWA) Annual Conference, Sunday, April 30th, 9-11:30 AM at the Hilton Americas Hotel in Houston, Texas. The training will provide start-up materials including, sample coordinator information packet, pedometer, and sample participant notebook. You can expect to leave the training ready to implement WWW at your local agency.

INFORMATION

For more information or to sign up for training, contact Gina Akin at gakin@mail.utexas.edu or Shellie Shores at shellie.shores@dshs.state.tx.us or (512) 459-7111 ext. 3463.

Stress Management Tips



Tennis ball massage:

Trade off with a friend and give each other a tennis ball massage. Roll the ball up and down your friend's back. Switch off after a few minutes.

Foot massage:

To give your feet a quick pick me up, roll your bare foot on top of a tennis ball.



Physical activity tip:

Every time you are talking on the phone at home, stand up and march in place. Burn some extra calories while you chitchat!

MONTHLY IDL WELLNESS BREAKS!

NEED TO GET RE-ENERGIZED ONCE A MONTH?

Join The University of Texas Wellness Team and tune in the **LAST MONDAY** of each month at **12:15 P.M.** for a **15-20 minute wellness break on the WIC IDL system.** You will learn helpful information about **HEALTHY EATING, PHYSICAL ACTIVITY** and **STRESS MANAGEMENT.**

When Jeanne Lober, breastfeeding coordinator of Local Agency 29 in Fort Bend and Wharton Counties, saw a dramatic jump in their breastfeeding rate recently, she decided to take a second look at what they were doing to see if she could pinpoint the reason for the increase. The July 2005 breastfeeding rate for LA 29 was 74 percent, up from 64 percent the previous month. A closer look revealed several factors might have played a role in the increase:

- ❖ Peer Counselor Program funding
- ❖ Hospital visits
- ❖ New video
- ❖ Counseling

Peer Counselor Program Funding

Additional funding from the U.S. Department of Agriculture for the purpose of expanding WIC breastfeeding support services was used to train three new peer counselors. Local Agency 29 currently has four peer counselors and four WIC sites.

Hospital Visits

In May 2005 LA 29 initiated daily hospital visits seeing an average of three to four women each visit.

Jeanne, who often accompanies a peer counselor on the hospital visits, says one reason for the visit is to observe the women breastfeeding, if they are able to have the nursing staff bring the baby to them (the mother).

Although rooming-in is encouraged, if the baby is not able to be in the room, then the peer counselors demonstrate good positioning with a baby model and breast model. A checklist has been developed to use during each visit. Jeanne says, "We probably spend only 5-10 minutes with each (mother) unless we assist them with breastfeeding and then it could take 20-30 minutes."

If the baby is premature and mom needs to pump, they bring an electric pump to her at the hospital.

New Video

In April 2005, LA29 started showing a new video produced by the Nutrition Education/ Clinic Services Unit. The video *To Baby, With Love: Overcoming Breastfeeding Barriers* (Stock#BF-000-31) follows the personal experiences of twelve women who breastfed their babies, including their decision to breastfeed. The video captures the willingness of the women to share their intimate feelings about the strong emotional bond between them and their babies. The viewers' response was overwhelmingly positive.

Counseling

Finally, when you want to know why someone made a particular decision, you ask. LA 29 surveyed the women that delivered in July to find out why they decided to breastfeed. The results — although several factors entered into the mother's decision, the individual counseling they received with a peer counselor was most beneficial.

LA 29 has a peer counselor available every day along with a lactation consultant. They make phone calls to women just before their due date and after they deliver. If the woman needs to speak to a peer counselor they are seen that day or the next day. ✪

Fort Bend and Wharton Counties See Dramatic Jump in Breastfeeding Rate

by Clare Wolf

IDL we want to hear from you!

by Yolanda BazDresch

“Hello and welcome to this IDL session.” If you’ve heard these words lately, then you’ve been tuning in to WIC’s Interactive Distance Learning Network and are familiar with this phrase or others such as “Reboot your CCU” and “press your red button to raise your hand.”

In full operation since January of 2003, the Interactive Distance Learning Network (IDL) provides WIC Local Agency staff access to an average of 85 different classes monthly on subjects such as nutrition, customer service, breastfeeding, class management, certification topics, and civil rights.

To make the net “work” for you, we need to know what you want. So, you probably know what’s next, a survey. Your response to six questions will help us better understand what makes you “tune in” or “tune out.”

1 What are your feelings about IDL?

It may seem a little odd that we are asking about your “feelings,” but how you feel about something may influence your comfort level in dealing with it. If you have that “technology gene,” then, IDL probably seems very simple to you. But, if you are easily intimidated

by computers, if you cannot program your VCR or use the DVD player without help, or if using all the available options on your cell phone is too much, then it’s understandable that you would be uncomfortable using the IDL network. We want to know into which of these categories you fall.

2 How often are you able to use your IDL system?

Your response to this question will help us determine how often to rotate our core classes; what days are more favorable for attending classes on IDL; and the best times to schedule new or required



classes. If you don't use your IDL system at all, it's even more important that you answer this question. We want to know why you don't use it and what we can do to remove barriers that keep you from taking advantage of the IDL network.

3 Do you log in with your keypad when you use the IDL system or do you prefer to "just watch?"

Unless you use the keypad to log in, there's no way for us to know if anyone is watching. When no one logs in, even though they may be watching, classes are cancelled. The IDL system is interactive with questions that help us determine the effectiveness of our training. You can't answer the questions

unless you log in and without your responses we lack information to further improve the classes. You may also enhance your learning experience by asking questions to meet your training needs.

4 What keeps you from logging in?

Your responses may spark an innovative idea as we work to remove your barriers.

5 What are your IDL scheduling needs?

When we first programmed the network, we designed a schedule with 1-hour long classes and 30-minute breaks throughout the day. Since then, we have added longer, more in-depth classes and one weekly class during the lunch hour; and we have delayed the start of the first class each day by 30

minutes. What suggestions for IDL scheduling do you have for you and your local agency?

6 What ARE your training needs?

In addition to classes already available, what other subjects or topics interest you? Last year, classes on how to implement internet-based NE classes were well attended. Would you like to see more of that? Perhaps you'd like classes on financial management, high-risk nutrition topics, or clinic design or flow? Let us know what you want.

To take the survey go to <http://www.surveymonkey.com/s.asp?u=776801547238> and give us your answers.

This is your distance learning network. Help us make it work for you!



5 Ws of Texas Health Steps



by Kathy Reeves
Program Specialist III, Texas Health Steps

What is Texas Health Steps?

The Texas Health Steps (THSteps) Program, known nationally as the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) Program, is Medicaid's comprehensive preventive child health program for individuals from birth to 21 years old who are enrolled in Medicaid. THSteps reimburses doctors, dentists, case managers, and other health professionals for providing periodic medical and dental checkups, case management, and other medically necessary services. THSteps also provides outreach and information to both clients and providers on THSteps services and benefits.

During State Fiscal Year 2003 THSteps provided 1.8 million medical checkups and 7.2 million dental services to Medicaid-eligible young Texans.

Why should WIC clients, who are eligible, participate in the THSteps Program?

To get a head start on better health.

THSteps helps parents and guardians keep their children healthy through regularly scheduled medical and dental checkups. Health conditions identified during the checkup can be treated early, before becoming chronic and irreversible. THSteps medical

checkups include a complete physical examination, laboratory testing, developmental assessment, and immunizations at the appropriate ages. Some components of the medical checkup include height, weight, and anticipatory guidance on many health and safety issues. THSteps checkups also include BMI measurements, a history of feeding or nutrition problems, and a nutritional assessment using the following methods:

- ◆ Questions about dietary practices to identify unusual eating habits (such as pica or extended use of bottle feedings) or diets that are deficient or excessive in one or more food groups,
- ◆ Quality and quantity determination of individual diets (e.g., dietary intake, food acceptance, meal patterns, methods of food preparation and preservation, and use of food assistance programs like WIC),
- ◆ A complete physical examination and an oral

Checkup Ages for Babies and Toddlers		Checkup Ages for Older Children	Checkup Ages for Preteens, Teens, and Young Adults	
1-2 Weeks	12 Months	4 Years	11 Years	16 Years
2 Months	15 Months	5 Years	12 Years	17 Years
4 Months	18 Months	6 Years	13 Years	18 Years
6 Months	2 Years	8 Years	14 Years	19 Years
9 Months	3 Years	10 Years	15 Years	20 Years

- dental examination, paying special attention to general features, such as pallor, apathy, and irritability, and
- ◆ Laboratory screenings for anemia (hemoglobin, hematocrit), as indicated.

To prevent dental decay early in a child's life, dental checkups can begin as early as one year of age (earlier if a problem exists). Parents and guardians are encouraged to take their children for THSteps dental checkups and prophylactic care when they first become eligible for Medicaid and every six months thereafter. During THSteps dental checkups parents and guardians are counseled in proper feeding and nutrition practices to reduce the risk of early childhood caries (formerly referred to as "baby bottle tooth decay").

☑ To live a healthier life. Health education, important to living a healthier life, is a federally mandated component of the THSteps medical checkup. This component requires *face-to-face* developmentally and age-appropriate health education and counseling with parents and guardians to assist them in understanding what to expect in terms of the child's development. It also includes information on oral health, sleep, feeding and nutrition, elimination, lead poisoning risks, healthy lifestyle and practices, and accident and disease prevention.

When is THSteps important?

When it comes to medical and dental care, early regular care is best. Babies, toddlers, children, teens, and young adults all need

to begin having checkups when they are young and on a regular basis. During scheduled checkups, doctors and dentists who are Medicaid providers enrolled in the THSteps Program determine if children are growing as they should. If a checkup reveals a problem or illness, it can be handled when detected. Dental checkups begin at 1 year and are provided every 6 months thereafter. THSteps clients should get medical checkups at the ages specified in the chart below.

Where and how do clients get THSteps checkup services?

One goal of THSteps is to help each child or young person and their family locate a "base" for their medical and dental care — a medical and dental home. From this medical and dental home, THSteps clients may be sent to other doctors, dentists, or specialists for additional services, such as referring a child to a registered dietitian for diabetes.

Young people and their guardians can apply for Medicaid through the Health and Human Services eligibility offices located throughout the state by calling 2-1-1, the Texas Statewide Referral phone number. Once determined eligible, they will be enrolled in the Medicaid Program. All children, who are enrolled in Medicaid and under 21 years old, are eligible for THSteps preventive services. To get started in the THSteps Program, clients may call a THSteps counselor at 1 (877) THSteps or 1 (877) 847-8377 and request:

- ◆ Lists of medical and dental providers (when requested by the client or their guardian),
- ◆ Help setting up appointments for checkups,

- ◆ Help finding transportation to get to the appointments, and
- ◆ Most important of all, help in understanding what THSteps services are offered, how to access and use these services, and why people need them for better health.

WIC and THSteps?

WIC and THSteps have a Memorandum of Understanding (MOU) in which the Nutrition Services Section is allowed to provide WIC client-specific data (with a clients' authorization) to the Department of State Health Services Specialized Health Services Section. This data is restricted to client and guardian names, addresses, phone numbers and birth dates, and is used, as needed, in THSteps outreach activities to determine the most current information available for contacting clients about THSteps services.

The relationship between THSteps and WIC also provides the opportunity for WIC staff to identify and refer clients who may need a THSteps medical or dental checkup or who may have special needs for case management services. When providing a WIC checkup, let clients know that they might also be eligible for complete THSteps medical and dental checkups. THSteps' outreach staff routinely informs clients about available WIC services and how to access them.

THSteps regional staff is available to answer questions WIC nutrition staff may have about THSteps. For a listing of these staff and their contact information, visit the THSteps web site at <http://www.dshs.state.tx.us/thsteps/default.shtm>. ☼

Newsworthy Nutrition

by Janice Chmielewski Carpenter, M.Ed., R.D.
Nutrition Training Specialist

Is Television Viewing Making Us a Sedentary Society?

With the number of overweight school-aged children steadily increasing, certain behaviors that impact the growing numbers must be addressed. Over time, society has become increasingly dependent on activities such as watching television for entertainment. Since television viewing is mainly a sedentary activity, it may be a behavior that contributes to the problem of overweight children. As a guideline for parents, the American Academy of Pediatrics recommends a limit of one to two hours of “quality” programming for children two years and older.

The University of Washington and the Washington State WIC program

conducted a study to determine the impact of an educational program on television viewing habits of WIC families. The educational program, called Healthy Habits, was based on social marketing techniques and stages of change theory. It consisted of two modules — one on family meals and the other on family activity. The WIC staff was also encouraged to participate.

Over a three-week period, all WIC families coming to the clinics were given a survey to determine current television viewing and mealtime habits. These families were provided the Healthy Habits educational curriculum to read and complete at home over the next six months.

After the six month educational program, the participants were administered the survey again.

The results revealed a considerable increase in the numbers of clients who limited television viewing to two hours or less each day. The largest change was found in those who were non-high school



“...also used as a tool to encourage physical activity, especially when the children danced and moved with the program.”

graduates. Ethnic differences were seen in both clients and staff in meeting the one to two hour recommendation of view time. Caucasian staff showed a larger decrease in television watching time than non-white staff.

WIC Bottom Line: Since WIC provides services, including nutrition education, to large numbers of low-income families, it has the ability to impact how parents can change their children's television viewing habits. In



Texas alone, we have over 900,000 participants passing through our clinics. In developing our message, we need to include both social marketing and stages of change theory to reach the largest number of parents or guardians possible. Our nutrition education classes provide a wonderful educational

setting to impart this message, either as group classes or facilitated discussions. ✪

Sources:

Johnson, DB, et. al. Statewide Intervention to Reduce Television Viewing in WIC Clients and Staff. *Am J of Health Promot* 19(6), July/August 2005; 418-421.

Ogden CL, et. al. Prevalence and Trends in Overweight Among US Children and Adolescents, 1999-2000. *JAMA* 288(14), Oct 2002; 1728-1732.

Dennison, BA, et. al. Television Viewing and television in Bedroom Associated with Overweight Risk Among Low-income Preschool Children. *Pediatrics* 109(6), June 2002; 1028-1035.

Parents' Perceptions on the Amount of Preschooler Screen-viewing Time and Health-Related Activities.

Childhood obesity has not only become a public health concern in the United States but also in many developed countries, including our northern neighbor, Canada. According to Canadian statistics, one in three children weigh in as either overweight or obese. The onset of the weight issues begins as early as two years of age. Time spent in front of television and computer screens, known as screen-viewing, by North American children, are sedentary behaviors considered as chief factors contributing to the obesity levels. Past studies have shown a weak link between sedentary behavior and obesity, but the early onset of sedentary behaviors may contribute to activity levels later in the lifespan. Many Canadian children age two to five spend more than three hours per day in front of the television, twice the recommended time.

Researchers at the University of Western Ontario gathered information on parents' perceptions of television viewing by having parents of preschoolers attend ten facilitated focus groups. Initial information indicated that the main form of screen-viewing was television, but in all, children spent one to five hours per day participating in various forms of screen-viewing. Parents said that television was used for various reasons including educational, baby-sitting, bedtime coping device, family bonding time, and back ground noise. It was also used as a tool to encourage physical activity, especially when the children danced and moved with the program.

Results indicated that parents were more concerned about the content of the programs their preschooler watched than the amount of time their children spent screen-viewing. Parents perceived that the content of their child's diet contributed to childhood obesity. Parents appeared to be unaware of any link between screen-viewing behaviors and obesity in their preschoolers.

WIC Bottom Line: In WIC we are beginning to see a steady increase in the numbers of children who are either at-risk or are already overweight or obese. To help make parents more aware of the effects of sedentary behaviors, such as screen-viewing, we need to help parents see the health-related affects the behaviors cause. Discussing screen-viewing habits and offering healthy alternatives is an important topic between WIC staff and the families we serve. ✪

Source:

He, M et. al, 2005. Screen-Viewing Behaviors Among Preschoolers: Parent's Perceptions. *Am. J. Prev. Med.* 29(2): 120-125.

Meet the 2006 WIC Dietitian Interns

by Sherry Clark, M.P.H., R.D., L.D.
Director, Texas WIC Dietetic Internship

Ten WIC local agency nutritionists have been selected to be interns in the 2006 Texas WIC Dietetic Internship program.

Annette Alderete

A native of El Paso, Annette received a degree in nutrition from New Mexico State University in 2001. Upon completing the dietetic internship Annette hopes to continue working at an organization that renders nutritional services to the community. She would also like to publish bilingual nutrition books for children, pursue a master's degree in counseling, and retire as a nutrition professor.

Chris Castellano

The youngest child of three, Chris is the first child in her family to graduate from a university. Raised in the small town of Poth, she attended Texas A&M University in College Station where her interest in nutrition began. Upon graduation Chris will continue working for CentroMed WIC in San Antonio. She hopes to pursue a Masters degree in Public Health and someday work for the USDA in Alexandria, VA.

Patricia Chavira

As a single parent of a 12-year-old daughter, Patricia enjoys hiking, singing and spending quality time with her daughter. Upon completion of the Texas WIC Dietetic Internship, she plans to continue her education in Public Health and ultimately obtain a master's degree in this area.



Back row left to right: Patricia Chavira, Annette Alderete, Kelly Roberts, Alva Santos, Chris Castellano, Cacey Withem, and Jennie Hoilman. Front row left to right: Jolene Norbert-Harrell, Ester Morales, and Yvonne Martinez.

Jennie Hoilman

Jennie, a single mother of a 12-year old son, originally hails from Arizona where she obtained her Bachelors in Nutritional Science from the University of Arizona in Tucson. After a brief stint in Minnesota, Jennie found her way to WIC and Texas. Her goals are to pursue her Master's degree and become a certified diabetes educator.

Yvonne Martinez

After 16 years in state government, Yvonne returned to college (Texas State University) and graduated in May 2004 with a degree in Nutrition and Foods. Yvonne feels acceptance into the WIC Dietetic Internship Program is a great opportunity and honor.

Upon completion of the internship, her goal is to become a pediatric dietitian.

Ester Morales

Originally from Victoria, Ester moved to the Houston area in 2000 to finish college. She graduated from the University of Houston and started working for WIC in December of 2002. Upon completing the dietetic internship Ester hopes to better serve the clientele at North Channel WIC. She knows that completing the internship and becoming a registered dietitian will create new opportunities for her.

Jolene Norbert-Harrell

Jolene, a graduate of Southern University & A&M College in

Louisiana, works for the Harris County Public Health and Environmental Services. Upon completion of the internship, Jolene looks forward to returning to her local agency and working with high-risk issues such as gestational diabetes and obesity. She hopes to become certified as a diabetes educator and in the future plans to obtain a master's degree in public health.

Kelly Roberts

A graduate of Texas A&M University in 2000, Kelly currently works at The University of Texas Medical Branch. She hopes this internship will help her gain greater knowledge and more confidence so that she may be a stronger leader in her community. She is looking forward to observing other professionals and gaining mentors while participating in the internship program.

Alva Santos

Born and raised in Corpus Christi, Alva attended Texas Woman's University in Denton. Upon completion of the dietetic internship, Alva would like to work with clients who have major health concerns such as obesity, gestational diabetes, and Type 2 diabetes, as well as offering breastfeeding, prenatal, postpartum and diabetes education.

Cacey Withem

Born and raised in Brenham, Cacey graduated from Texas A&M University in 2001. Employed at the Brazos Valley Community Action Agency, WIC Program Project 32 in Bryan/College Station as Assistant Director, Cacey feels nutrition is a part of our everyday lives and affects all aspects of our overall health. Upon completing the internship, she plans to return to WIC Project 32 and put her new ideas and knowledge to work. ✨



Breastfeeding: It's For Everyone

**by Shannon O'Quin, R.D., L.D.
Dallas WIC Manager**

The City of Dallas WIC program celebrated World Breastfeeding Month August 2005 with a few special guests from the Dallas Zoo. The event focused on a selection of fascinating animals from around the world spotlighting how they breastfed their young. The purpose was to educate clients on how each mammal makes milk specific for their young. WIC participants met a variety of animals from the zoo's education animal collection and learned about their natural habitats.

This event, which was presented to six WIC sites in Dallas, marked the beginning of World Breastfeeding Month 2005, a time each August when health officials spotlight the benefits of breastfeeding. This year's theme, was "Mother's Milk: It's more than just food," which summarized the core difference between breastmilk and formula. ✨

An Afternoon of Fun: Starr County Celebrates World Breastfeeding Month

**by Felicia Topp Garza
CACST Public Information
Officer**

Around 75 moms and children celebrated Community Action Council of South Texas' Starr County WIC Clinics' World Breastfeeding Month August 2005. An afternoon of fun, companionship and education was highlighted by a poster contest for children, a raffle featuring prizes donated by over 25 community sponsors, literature available in both Spanish and English, and an entertaining puppet show. All children received gift bags filled with crayons, pencils, toys and games.

The theme, "Mother's Milk: It's More Than Just Food," emphasized the special bond between mother and child and breastfeeding's many health benefits.

For more information about CACST's WIC clinics call 956-487-2585 ext. 277 or 577 or visit the CACST website at www.cacst.org ✨



Young artist, 3-year-old Leanza Trevino, first place winner in her age group for her poster on the theme, "Mother's Milk: It's More Than Just Food," is shown here with her winning poster.



coming soon:

Prematurity in the African-American Community

Texas WIC News is now available on the Texas WIC Web site!
<http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm>

For information about subscriptions to *Texas WIC News*, e-mail WICNewsSubscriptions@dshs.state.tx.us or call (512) 341-4400, ext. 2258.



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