

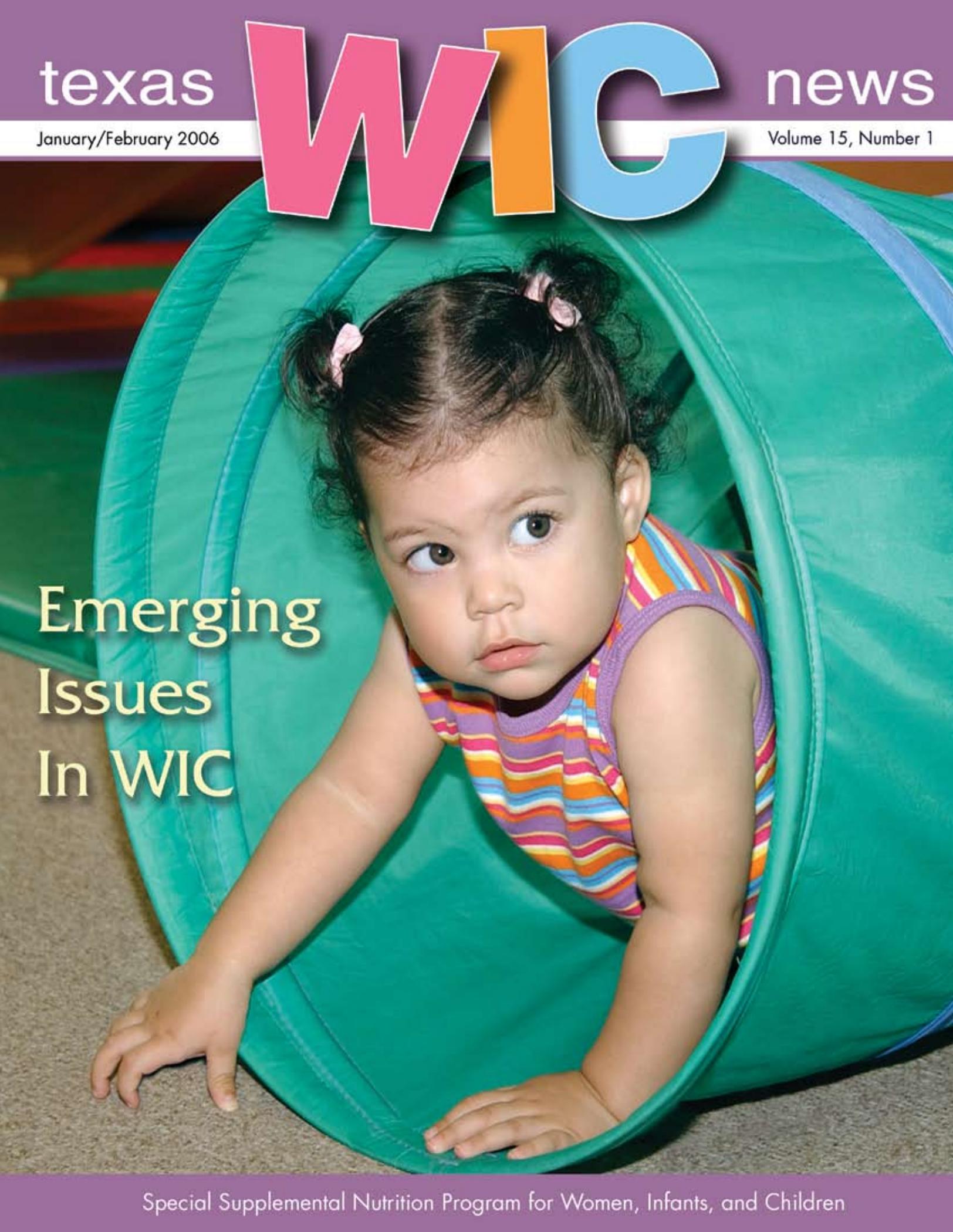
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January/February 2006

WIC

news

Volume 15, Number 1



Emerging
Issues
In WIC

Special Supplemental Nutrition Program for Women, Infants, and Children

Legislative Update: Impacting DSHS, WIC, and YOU!

It's now been around six months since the 79th Regular Session of the Texas Legislature ended. The Department of State Health Services got its fair share of legislation and fortunately did not experience any major reductions to the budget. I recommend everyone look at the DSHS web site <http://www.dshs.state.tx.us/> for a summary of almost 200 bills impacting the health department.

Why take the time? Well, I'm constantly amazed at the scope of public health reflected in the passage of these bills. Most of us know it encompasses such obvious health arenas as chronic and communicable disease prevention and control, consumer protection of our food, water, and drugs, improving access to health care in underserved communities, and maintaining the state's vital statistics. But, did you know DSHS has a major role in mold assessment, telemedicine, organ donation, and homeland security?

So, where does WIC fit into this picture? You'd be surprised at how you, the WIC front-line staff, are contributing to the public health areas just mentioned. For starters, we know that good nutrition is critical to those with chronic/communicable diseases such as diabetes and HIV, not to mention the impact on cardiovascular health and obesity. Less obvious, but just as critical, is the fact that WIC vendor management staff works closely with the DSHS Food and Drug Safety area to ensure that our WIC grocers provide

safe, uncontaminated infant formula purchased only from licensed enterprises. Every outreach project you undertake, from parades in your small town during World Breastfeeding Month to traveling faithfully to that once-a-month clinic contributes to improving access to health care in out-of-the-way places. Those bits of data on risk conditions and duration of breastfeeding that you continuously enter into the WIN system for the 1.7 million clients we see each year add to the health statistics so vital to officials who need to know the state of health in Texas. That VSAT satellite your staff keeps up with might someday be used as one of the crucial tiers in the state's communications during a disaster. Finally, I can say with certainty that of the 200 bills impacting DSHS, some will touch your WIC life, but even more will touch your personal life as a Texan.

There are three important developments from the session I'd like to mention. Our two major funding proposals, the EBT expansion and modernizing the WIN system, were approved. And we are involved in a third major project as a result of passage of Senate Bill 46. The bill authorized the Health and Human Services Commission to develop a feasible and cost-effective method for an integrated benefits card (IBC) that will be used to identify recipients and give access to their benefits for multiple programs such as Medicaid, Food Stamps, TANF, and WIC. You'll be hearing more and more about all three of these initiatives over the next year.

So, we're adding another acronym to the WIC glossary — IBC. Just when you're learning about EBT and the new WIC benefits card, along comes IBC. It's a natural follow-up to EBT, presenting opportunities but also challenges. But, the final "acronym" for the day is YOU. You are WIC, you are becoming EBT, and you will be IBC. It can't be done without each of you and all of us working as a team. Thank you for the great job and your wide and full contributions to public health through nutrition services. ✪

From the Texas WIC Director - Mike Montgomery



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PROPOSED

WIC Food Package Changes

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

In 2003, the U.S. Department of Agriculture (USDA) asked the Institute of Medicine (IOM) to evaluate current WIC food packages and provide specific recommendations for improvement. Some reasons for the request include:

- improved nutritional information since WIC began in 1972,
- a greater variety of foods available today,
- changing eating habits,
- expanded diversity of cultures being served, and
- soaring obesity rates.

The committee identified iron, vitamin E, potassium, and fiber as priority nutrients while fruits and vegetables were identified as

priority food groups. These priority nutrients and food groups were increased in some of the proposed food packages.

Proposed Food Package I consists of iron-fortified formula only, with a half package for breastfed infants who are supplemented with formula.

Proposed Food Package II consists of a reduced but adequate quantity of formula for formula-fed infants, infant cereal, and baby food fruits and vegetables instead of juice. Breastfed infants receive greater quantities of baby food fruits and vegetables and baby food meats. Breastfeeding mothers receive more food items than non-breastfeeding mothers. See Proposed Food Package VII.

Proposed Food Package III is for participants with special needs, those who require formula or other medical nutritional products (MNP). IOM proposes that, in addition to a formula or a MNP, special needs participants also receive other foods in age appropriate food packages. For example, a child who is developmentally delayed could receive a medical nutritional product, such as Kindercal or Pediasure, plus the food items in Food Package II—the infant cereal and baby food fruits and vegetables.

In keeping with the Dietary Guidelines for Americans, the proposed changes for Food Package IV include reducing the quantity of milk from about 3 cups per day

IOM Recommendations

Food Package I (infants 0-5 months) and Food Package II (infants 6-11 months):

	Age of Infant	Proposed Foods	Fully Breastfed Infants	Partially Breastfed Infants	Fully Formula-fed Infants
Food Package I	0-5 months	Iron-fortified Formula		384-435 oz reconstituted from powder (4-5 months, amount increases to 442 oz)	403 oz liquid concentrate
Food Package II	6-11 months	Iron-fortified Formula		156 oz liquid concentrate	312 oz liquid concentrate
		Fruits and Vegetables, Baby Food	256 oz	128 oz	128 oz
		Infant Cereal	24 oz	24 oz	24 oz
		Meat, Baby Food	77.5 oz		

Food Package IV (children 1-5 years):

Food Group	Current Child's Food Package	Proposed Child's Food Package IV
Milk and Milk Alternatives	24 qts, about 3 cups/day, some substitutions, 1-2 yr olds: whole milk 2-5 yr olds: whole, lowfat, or skim milk	16 qts, about 2 cups/day, more substitutions, 1-2 yr olds: whole milk 2-5 yr olds: 2% milk fat or less
Grains/ Bread/ Cereal	36 oz iron-fortified cereal	36 oz iron-fortified whole grain cereal 2 lbs whole grain bread, or other whole grain option
Fruits and Vegetables	288 oz vitamin C-rich juice	128 oz vitamin C-rich juice \$8 voucher for fresh fruits and vegetables, or processed option
Meat and Alternatives	2-2.5 dozen eggs 1 lb dried beans or peas 18 oz peanut butter	1 dozen eggs 1 lb dried beans or peas, or canned equivalent 18 oz peanut butter

Food Packages V – VII (women):

Food Group	Food Package V Pregnant, Partially Breastfeeding	Food Package VI Fully Formula Feeding	Food Package VII Fully Breastfeeding
Milk and Alternatives	22 qts, almost 3 cups/day, some substitutions	16 qts, about 2 cups/day, some substitutions	24 qts, 3+ cups/day, some substitutions, 1 lb cheese
Grains/ Bread/ Cereal	36 oz iron-fortified whole grain cereal, 1 lb whole grain bread or other whole grain option	36 oz iron-fortified whole grain cereal	36 oz iron-fortified whole grain cereal, 1 lb whole grain bread or other whole grain option
Fruits and Vegetables	144 oz vitamin C-rich juice, almost 5 oz/day, \$10 voucher for fresh fruits and vegetables	96 oz vitamin C-rich juice, 3+ oz/day, \$10 voucher for fresh fruits and vegetables	144 oz vitamin C-rich juice, almost 5 oz/day, \$10 voucher for fresh fruits and vegetables
Meat and Alternatives	1 dozen eggs, 1 lb dried beans or peas or equivalent, AND 18 oz peanut butter	1 dozen eggs, 1 lb dried beans or peas or equivalent, OR 18 oz peanut butter	2 dozen eggs, 1 lb dried beans or peas or equivalent, AND 18 oz peanut butter, 30 oz canned tuna or salmon

to 2 cups. Standard milk issuance would be whole milk for children 1-2 years and 2% milk fat or less for participants 2 years and older. Substitutions for children include cheese (up to 1 pound) and yogurt. Soy products for children need to be prescribed by a doctor.

Grains include iron-fortified whole grain cereals and whole grain bread. The proposed grain substitutions include brown rice, oatmeal, bulgur, whole grain barley, and corn tortillas. These substitutions also apply for women.

Juice quantity is reduced from about 10 oz per day to about 4 oz. Cash-value vouchers are proposed for the purchase of fresh and canned fruits and vegetables. White potatoes are not an allowable vegetable.

Egg quantity is reduced from 2 dozen to 1 dozen. Canned beans and peas are a new option for all participants in the proposed food packages.

For women, fortified soy milk, calcium-set tofu, and cheese count as milk substitutions. Cheese is limited to 1 pound in most cases.

As with children, the changes propose but do not mandate cash vouchers for women to purchase fruits and vegetables. For women the dollar amount is increased to \$10.

Fully breastfeeding women receive the maximum amounts for all items, plus an additional pound of cheese, an additional dozen eggs, and 30 oz (up from 26 oz) canned tuna fish or salmon.

The proposed food packages cost the same as current food packages. To provide fruits, vegetables, and

(continued on page 19)

VENA

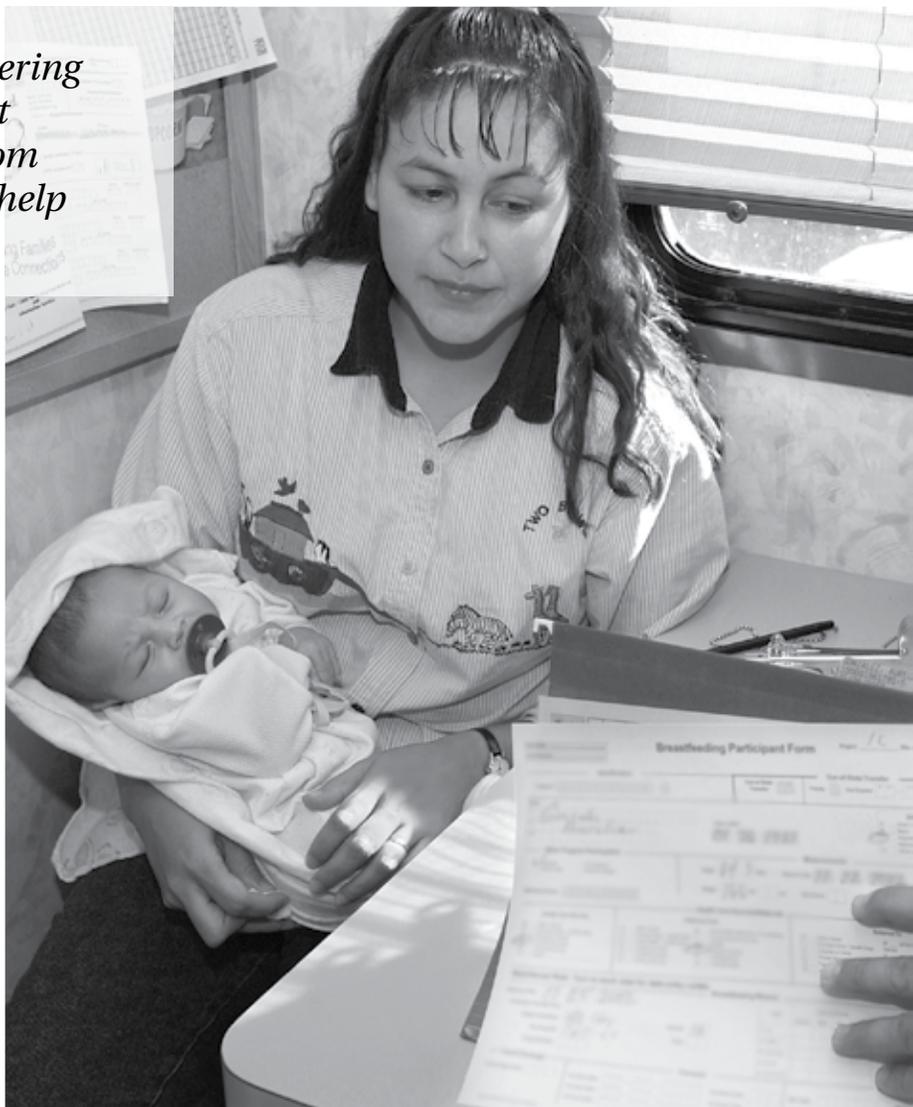
Many of you have been hearing comments about VENA and are wondering exactly what it is and how it will affect your clinics. The following excerpts from the Executive Summary of VENA will help explain it:

What is VENA?

It is a new initiative from the U.S. Department of Agriculture Food and Nutrition Service developed jointly with the National WIC Association to improve nutrition services in the WIC Program by establishing standards for the assessment process used to determine WIC eligibility and to individualize nutrition education, referrals, and food package selection.

Why is VENA necessary?

VENA responds to recommendations made in a 2002 Institute of Medicine report, *Dietary Assessment in the WIC Program*. In its report, the IOM recommended that all women and children ages 2 to 5 years who meet the eligibility requirements of income, category, and residency status should also be presumed to meet the requirement of nutrition risk through the category of dietary risk based on failure to meet dietary guidelines.



by Matt Harrington, M.S., R.D.
Clinical Nutrition Specialist



The IOM made clear in its recommendation that the intent was not to affect the current use of other nutrition risk criteria for eligibility determination. That is, information should continue to be collected for the identification of potentially serious nutrition risk factors, such as growth issues, iron deficiency, or predisposing medical conditions related to nutrition. Such information is required for the priority placement of participants and to provide the necessary referrals and to individualize other nutrition services.

How will VENA change current assessment procedures?

Until now, there were no clearly identified standards to assess the quality of WIC nutrition assessment protocols. VENA defines the process and content of a quality and comprehensive WIC nutrition assessment upon which nutrition education, food package selection and referrals will be based.

What is the expected outcome of VENA?

- FNS will be providing policy for quality WIC nutrition assessment across all WIC agencies.
- The 24-hour recall or food frequency tools used to determine dietary risk will be discontinued.
- Nutrition assessment and counseling will be enhanced through improved process, content and staff skills.
- Nutrition risk(s) will continue to be identified with more emphasis on using information to provide individualized nutrition education.
- VENA represents a positive approach based on desired health goals rather than deficiencies.
- VENA complements participant-centered nutrition services.

The Texas WIC Program staff will be working diligently with the Texas Association of Local WIC Directors to develop a plan to implement VENA. We are looking forward to the process and expect that it will have positive ramifications on our assessment techniques.

The Executive Summary provides additional details and can be viewed online at http://www.nal.usda.gov/wicworks/Learning_Center/VENA_exec.pdf ✪

Source: Institute of Medicine: Committee on Dietary Risk Assessment of the WIC Program. 2002. *Dietary risk assessment in the WIC Program*. Washington, D.C.: National Academy Press.

WIC Grocery Store Rules



The number of WIC vendors authorized statewide to accept WIC food instruments could change as a result of recent legislation.

**by Ray Krzesniak
Manager, Food Issuance &
Redemption Services Unit**

Changed in 2005

In coming years the number of “predominantly WIC stores” could be affected by legislation passed in the 2004 WIC Reauthorization Bill and in the 2005 federal Appropriations Bill Rider. Predominantly WIC stores are stores that have, or that the state has reason to believe would have (e.g. applicant stores), gross food sales of more than 50 percent WIC food sales. The Reauthorization Act mandates states to set up separate peer groups for “predominantly WIC stores” and to hold prices paid to these stores to the price that would have been paid if the WIC client shopped in a non-predominantly WIC store. The Appropriations Rider prohibits the state from awarding a contract to any new store outlet if the State has reason to believe that the vendor will be a “predominantly WIC store.” This includes a prohibition against adding new outlets for existing stores if the new outlet might be a “predominantly WIC store.” Obviously, WIC Only Stores, with 100 percent WIC food sales, are affected by this legislation. The task of the state agencies is to determine which stores are “predominantly WIC stores” with gross food sales of 51 percent to 99 percent WIC foods sales. These would generally include smaller neighborhood stores, although larger stores could be affected depending on the amount of WIC food sales in comparison to total sales. Another provision of the Reauthorization Act has already been put in place by issuance of a new vendor policy, *WV: 09.0, Restriction on Vendor Incentive*

Items. The policy prohibits predominantly WIC stores from providing incentive items of more than \$1.99 in value. Grocers must obtain advance approval from the state office before giving away such items and may not provide more than one to a customer, unless the combined value of the items does not exceed \$1.99. Services such as home delivery and transportation of customers are not allowed either.

DSHS is proposing revised rules designed to implement these changes in the law. State staff traveled to Tyler, Lubbock, Dallas, Houston, and Harlingen in October and November to present the draft rules and to solicit comments from area vendors while listening to their concerns. A public hearing will be held in Austin during the public comment period.

According to state law on formal rulemaking, rules will be published in the Texas Register sometime in November or December 2005 for a



thirty-day public comment period. All WIC local agencies will receive notification of the publication of the rules and will be invited to comment as well. The USDA must approve the final rules that are implemented for Texas. Changes already proposed in the pending 2006 legislation may affect the final design and implementation of these rules. ✨

2005 A year of Accomplishments for WIC

WIC operations continued to successfully grow caseload in 2005 reaching as many potentially eligible persons as possible. With an all-time high of 914,000 in August 2005, the average monthly caseload increased by approximately 30,000 clients from 2004 to 2005. This year has seen many new developments in WIC including new protocols and collaborative processes between WIC staff and staff of the HHSC Office of Inspector General meeting the challenge of the transformation of HHS agencies.

Other accomplishments include:

WIC Electronic Benefits Transfer (EBT)

- Successfully completed pilot of an EBT system to deliver food benefits to WIC clients via a smart card.
- As of August 31, 2005, WIC clinics in the El Paso pilot area issued over 59,000 WIC EBT cards to clients.
- Developed in-house, the system is the first WIC EBT system to integrate directly into already existing commercial grocery store cash register systems, which is the strong desire of the retail grocery community.
- Surveys and focus group results collected by a third party showed excellent acceptance of WIC-EBT by clients, grocery store cashiers, managers, and owners as well as local and state staff.
- EBT was initiated in Grayson County in October 2005 and will be expanded into Collin County in early 2006.
- Statewide implementation will

ultimately eliminate processing of 32 million paper voucher claims from grocery stores replacing them with electronic submissions.

WIC Clinical and Nutrition Services

- Piloted a comprehensive High Risk Registered Dietitian (RD) Referral project on October 1, 2005. Project provides clear protocols for front-line WIC staff to identify and refer high-risk clients to an RD and the standardized protocols for counseling, external referrals, tracking, and documentation by RDs. New materials and a new training program were developed on implementing the high-risk program, including building counseling skills and that provides Continuing Education (CE).
- Developed TexasWIC.org, the new web-based nutrition education site, where Texas WIC recipients can complete nutrition education online at their convenience. Approximately 28% of WIC clients have Internet access.
- Worked with the office of Tobacco Prevention and Control to coordinate education on risk and referrals for cessation support for WIC clients. Began a pilot of a fax referral system to the American Cancer Society's Quitline to improve WIC client access to and involvement in smoking cessation.
- Implemented an African American Breastfeeding Campaign to raise awareness with intent to increase breastfeeding rates among African Americans. The

statewide campaign included radio, television and outdoor advertising and distribution of special targeted educational materials.

- Implemented a new approach to wellness through the WIC Worksite Wellness Project. The project focuses on physical activity, 5-a-Day (fruits/vegetables), and stress management for WIC staff. This program has demonstrated that a worksite wellness program can have a significant impact on client health behaviors.

WIC Vendor Management

- Successfully continued to receive and process 2.6 million claims monthly from vendor grocery stores while simultaneously running a dual claims system to accommodate EBT transactions in stores from over 50,000 clients.
- Conducted 61 regional vendor training seminars for grocer managers and cashiers representing 1400 stores using a newly developed curriculum.
- Developed and implemented new training materials related to EBT systems.
- Established system procedures and commenced payments to vendors for the installation of EBT small store commercial systems and for changing lane equipment in preparation for statewide rollout of the EBT system.
- With short notice, complied with a new controversial federal law mandating a moratorium on the authorization of any new "WIC-only" stores by any WIC program. ⚙

WIC Wellness Works

Healthy Start to a New Year

Get Moving!



It is time to set physical activity goals for the New Year. Studies show writing your goals increase your chance of making permanent lifestyle changes. Using the physical activity ideas on this page (or your own ideas) write complete goals on the Goal Setting Card. Look on the back side of the Goal Setting Card for more information on writing goals.

Physical Activity Ideas

- Walk for 10 minutes during work breaks
- Do toe raises, squats, etc... while on the phone
- Park farther away from the clinic door
- Try out a beginner exercise class
- Take the stairs instead of the elevator
- Do 20 crunches each night
- Exercise along with an exercise video
- Ride a bike
- Walk to the end of the block and back
- Bicycle around the block
- Swim or walk in the water
- March in place while watching television
- Lift weights using canned goods
- Walk to co-workers office instead of phoning

Goal Setting Card

<p>My physical activity goals for the new three months are:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<div data-bbox="906 1612 1386 1696" data-label="Image"> </div> <p>Physical Activity Goal Setting</p> <p>Name:</p> <p>Today's Date:</p>
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Cut out this Goal Setting Card, fold it in half and carry it in your wallet as a reminder of your aspirations!

(continues inside)



Ring in the New Year with this good luck recipe!



Black-Eyed Peas with Greens



From *Cooking Light*, Allen Smith, May 2003

For a more peppery flavor, use turnip or mustard greens in this recipe.

- 4 cups vegetable broth
- 3 cups water
- 2 cups fresh black-eyed peas
- 2 tablespoons butter
- 2 cups finely chopped red onion
- 6 cups coarsely chopped Swiss chard (about 1 pound)
- ½ teaspoon pepper
- 1 tablespoon hot pepper vinegar

Combine first 3 ingredients in a Dutch oven; bring to a boil. Reduce heat; simmer, partially covered, 30 minutes or until tender. Remove from heat.

Heat butter in a large skillet over medium-high heat. Add onion; sauté 5 minutes. Add Swiss chard and pepper. Sauté 3 minutes or until wilted; stir in vinegar. Add onion mixture to peas; stir.

Yield: 9 servings (serving size: 1 cup)

NUTRITION PER SERVING; CALORIES 240 (24% from fat); FAT 6.3g (sat 2.1g, mono 2.5g, poly 0.4g); PROTEIN 9.2g; CHOLESTEROL 13mg; CALCIUM 24mg; SODIUM 367mg; FIBER 2.1g; IRON 1.8mg; CARBOHYDRATE 36.5g

Healthy Start: *continued from front page*

Writing complete goals increase your chance of making permanent lifestyle changes.

Here are some tips:

• **What I will do this month:**

I will walk more this month by increasing my daily steps at work by 200.

• **When I will do it:**

I will walk Monday, Wednesday and Friday over my coffee break.

• **How long I will do it:**

I will walk for 10 minutes during my coffee break.

• **Who will support me:**

My co-worker will cover the phones for me during this time.

• **Reward for reaching my goal this month:**

I will take a bubble bath at the end of the week.



Cut along the dotted line and fold in half.



Winning by Losing!

“I’ve made changes in my diet thanks to the WIC Wellness Program!” says Lucinda “Lucy” Ramon enthusiastically after losing 30 pounds since March, 2005. “I’ve learned how to limit what I eat, no overeating.”

Lucy, 23, an administrative technician in the Cameron County WIC administration office and mother of a three-year-old continues, “I meet with a buddy two times a week to follow-up on our goals and compare what’s working and what’s not.”

Lucy began the program using a food record, where she recorded everything she ate over a couple of days and made changes according to the plan.

“Last week we decided to increase our number of vegetables and this week we’re increasing our dairy intake,” she says. “We’re also busy experimenting with new foods.”

The new plan has encouraged her to ask questions of the registered dietitian (R.D.) and to explore new resources for ideas for meal planning. In addition to changes in her diet, Lucy has challenged herself with additional exercise.

“I was already into fitness



The WIC Wellness program has helped me lose 30 pounds, change my lifestyle, and I feel great!”

but this program has made me more motivated,” she says. “It feels like I’m in a race with myself: I look at my pedometer and try to complete more steps.”

Lucy’s changes have influenced many of those who work with her. The R.D. developed a chart to help the clinic workers record their individual physical activity.

“We try to keep track of what we do everyday,” she says. “This has been successful because we motivate each other.”

Maria Esquivel, R.D. a coordinator of the Wellness program, encourages Lucy and her buddies with happy

notes and new ideas to keep the program fresh, fun, and creative.

“We don’t eat lunch out much any more,” Lucinda says. “We bring our lunch instead which saves money and time.”

Low fat, low carb, liquid diets, calorie-counting fads may come and go but Lucy sees this plan as a lifelong change for health and wellness.

“Since my daughter was born, I’ve joined a gym, tried diet drinks and pills...nothing worked for me like this program,” says Lucy. The WIC Wellness program has helped me lose 30 pounds, change my lifestyle, and I feel great!”



Budgeting for the New Year Tips to Help You Keep Your Stress Down and Your Funds Up!

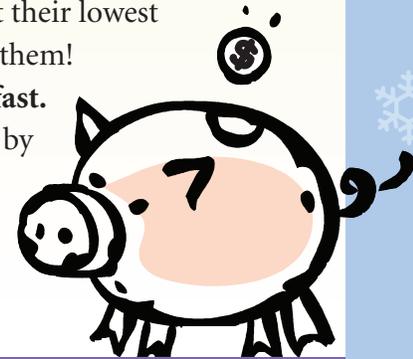


Don't...

- 1. Have expensive friendships.** If you have a friend who always wants to go shopping, out to dinner, or on other money-draining outings – see if they might like to rent a movie or take a walk.
- 2. Window shop or stroll through malls or expensive shops.** This may tempt you to spend money or make you feel bad because you can't.
- 3. Go grocery shopping without a list or on an empty stomach.** If you're going to shop with your children, be prepared to say "no"!
- 4. Buy just because something is on sale.** You may end up never needing it and what good is the bargain then?

Do...

- 1. Create a monthly budget and stick to it.** You can easily find free budget worksheets online that will allow you to track your spending. If you're not sure how much you're spending on incidentals like coffee, parking meter fees, snacks, and small items like magazines or greeting cards – then add these costs up over a one-week period and assume that you spend four times that amount in a month.
- 2. Identify whether you want or need something.** If you don't truly need it, don't buy it!
- 3. Share with others.** Let your children play with something new by swapping toys with other families for a short period of time. Watch two movies for the price of one by switching movie rentals with a friend during the rental period.
- 4. Buy used when you can.** Go to garage sales, resale shops, and search the classifieds – especially when looking for an expensive item that you could get in good, used condition for a fraction of the price.
- 5. Buy the generic or store brand of a product, buy on sale, and buy ahead.** Whenever possible, buy items at their lowest price, but only if you think you'll really use them!
- 6. If you eat out at a restaurant, go for breakfast.** Breakfast is often the cheapest meal offered by restaurants. If you can't go then, lunch is more affordable than going out to dinner, and the size and taste of the meal is usually the same!



MONTHLY IDL WELLNESS BREAKS!

N

eed 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.

Port Arthur WIC Lets Kids Get Creative With Their Food

by Rose Quirante, M.S., R.D., L.D.

The Port Arthur Health Department WIC Local Agency #30 held a "Taste of Nutrition" celebration during National Nutrition Month in March 2005.

In keeping with tradition, the clinic set up a display table featuring nutritious WIC foods including a steaming Crock-pot of rice and beans, cheese cubes and crackers, peanut butter and crackers, deviled eggs, and fresh fruits.

This year, the clinic added low fat pancakes, pineapple chunks, sliced peaches, fresh grapes and raisins to the table to help illustrate National Nutrition Month's theme, "Get a Taste for Nutrition." Children were encouraged to use these food items to create healthful *funny face* meals.

Guided by the USDA food pyramid, the clinic showed clients how to build healthy meals. Children



learned how to expand their healthy food choices by trying new foods like kiwi fruits.

Celebrating National Nutrition Month helped to educate the Port Arthur-area clients about the basics of good nutrition and health. ✨

Continuing Education Opportunities

by Hellen Sullivan, R.N., I.B.C.L.C.
Manager, Nutrition Training Group

The Nutrition Training Group recognizes the difficulty of accumulating the continuing education hours needed to renew your license or certification. The cost of attending classes can also be a barrier to the process. The WIC state office added several new courses to its list of education opportunities, which provide continuing education credits. Not only did they add courses, but they increased the disciplines receiving continuing education.

Many nurses, dietitians and lactation consultants have taken advantage of the hours provided for completion of breastfeeding classes. In June 2005 physicians, social workers and certified health education specialists received continuing education for completing Principles of Lactation Management. In August 2005 Mini Breastfeeding Management I was approved to provide continuing education hours for the same health care providers.

For more than a year Interactive Distance Learning (IDL) courses have been providing CE credits for nurses attending breastfeeding courses. Recently we have expanded this to provide CE credits for dietitians also. The following courses on IDL now provide continuing education:

• Breastfeeding

- Anatomy and Physiology (Nurse Only)
- Latch – on and Positioning: Using the Asymmetrical Latch (Nurse Only)
- Medication and Lactation (Nurse Only)
- Benefits of Breastfeeding (Nurse Only)

• High Risk Nutrition

- Counseling Techniques for the Premature Low Birth Weight Infant (RD only)
- Stages of Change (RD & Nursing)
- Counseling for the Overweight/Obese Child (RD Only)
- Self Efficacy: A Tool for Motivation (RD & Nursing)
- Nutrition Attitudes, Beliefs, Values, Behavior and Knowledge (RD & Nursing)
- Social Marketing (RD Only)
- Motivational Interviewing (RD Only)

For questions on continuing education credits contact Missy Hammer at (512)458-7111, ext. 3495, or missy.hammer@dshs.state.tx.us ✨

In their own words: **Graduating**

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

Last spring Texas WIC News introduced the WIC local agency nutritionists selected to be interns in the 2005 Texas WIC Dietetic Internship program. With their eight-month internship completed, the interns along with their families attended a graduation ceremony at the Department of State Health Services in Austin to celebrate their accomplishment. Here, in their own words, are thoughts from the graduating interns about their internship:



1 Kassandra Casares, Hildago County Health Department, says of her experience, *"... I have become more self-reliant and more confident in my decision-making skills. I believe that I can now accomplish any task that is set before me..."*

Kassandra was surprised by *"... how much I really did know before I started the internship. You think that because you work with children at WIC you know a lot about nutrition, but you really don't unless you get in-depth training."*

completing the adult clinical rotations. I was a bit apprehensive about working in a hospital and thought I would be expected to know this vast amount of clinical information... the dietitians I worked with were happy with the base knowledge I learned from the internship seminar and were able to build on that foundation."

Norma's greatest misconception was, *"... interns had no time for anything but the internship... with planning and good time management you can make time to spend with family and friends."*



2 Krystal Seger, Fayette County WIC Program, LaGrange, says, *"...I have become more assertive and a better leader through this internship... I feel like I can accomplish anything!"*

Any surprises about the internship? *"...getting to work at the food bank, delivering homebound meals to seniors and going on home visits with the ECI dietitian was the biggest eye opening experience for me throughout the entire internship. I actually got to see with my own eyes what other nutrition programs are doing in my community...I also found out very quickly that I was not expected to know everything about nutrition. This internship is about learning..."*

4 Jillian Spoor, Outreach Health Services, says her biggest accomplishment during the internship was *"...learning how to do TPN and enteral feeding calculations in the hospital. I never really understood this area when I was in college. I felt really empowered once I learned it correctly."*

Jillian was surprised by how confident she'd become *"...and the knowledge I've gained. This internship was one of the hardest things I've ever encountered but it has changed my life."*

3 Norma Zuniga, San Antonio Metropolitan Health District, feels her major accomplishment, *"...was*

5 Rosana Arruda, Houston Health and Human Services Department, says of her experience, *"It was through the WIC dietetic Internship that I developed good problem solving*

Interns Discuss Accomplishments

skills and learned how to present my self as a professional in dietetics.

"I was surprised and very impressed with the efficiency of my internship structure and organization. It did give me a very well rounded experience in clinical, community and administrative areas; and it prepared me well for the role of a Registered Dietitian.

"I LOVED MY INTERNSHIP"

6 Holly LeDane, Grayson County Health Department, Sherman, feels her internship helped her with a major accomplishment... "Totally getting over my fear of speaking or presenting to a group of peers.

"I was surprised at how much I truly enjoyed areas of dietetics that I didn't think I would."

7 Tamara LaFollette, Tarrant County Health Department, Fort Worth, was surprised at, "how varied the dietetics field is. I thought I had a really good handle on nutrition, and now realize there are so many areas to work in."

Tamara was surprised how... "people really respected our WIC knowledge and used us as resources."



Class of 2006 Announced

WIC local agency nutritionists selected to be interns in the FY2006 Texas WIC Dietetic Internship program include: Annette Alderete, Dallas Dept. of Environmental & Health Services; Patricia Chavira, El Paso City-County Health District; Christine Castellano, El Centro del Barrio, Inc.; Jennie Hoilman, Northeast Texas Public Health District; Yvonne Martinez, Austin HH & S-Travis County Health Department; Ester Morales, UT Health Science Center at

Houston; Jolene Norbert-Harrell, Harris County Public Health & Environmental Services; Robin Roberts, UTMB at Galveston; Alva Santos, Denton County Health Department; and Cacey Withem, Brazos Valley Community Action Agency.

If you have questions contact Sherry Clark, Texas WIC Dietetic Internship Director, at (512) 458-7111, extension 2142, or e-mail sherry.clark@dshs.state.tx.us ✨

Newsworthy Nutrition

by Shirley Ellis, M.S., R.D.
Nutrition Training Specialist

Not all calcium-fortified products provide the same amount of calcium

Calcium, the most abundant mineral in the human body, has several important functions including bone and teeth formation.

In the United States, milk, yogurt, and cheese contribute the most calcium in the diet. But many people including vegans, people who are lactose intolerant, and those who just don't like milk tend to avoid or completely eliminate dairy products from their diets.

Because it is important for these individuals to meet their calcium needs with alternative sources, many consumers are turning to calcium-fortified foods such as fruit juices, fruit drinks and cereals. But is the calcium found in fortified foods as equally absorbed as the calcium found in milk?

That question was the topic of a recent study, published in *Nutrition Today*. The study compared 14 calcium-fortified beverages (soy, rice, orange juice, etc.) to unfortified, fat-free milk. The study found that up to 75 percent of calcium added to popular beverages gets left at the bottom of the carton. In fact, even vigorous shaking was not enough to adequately suspend the calcium so that it could be consumed. Of all beverages studied, the research concludes that milk is the most reliable source of calcium.

“Of all beverages studied... milk is the most reliable source of calcium.”



Another study published in the *Journal of the American Dietetic Association* looked at two different fortification systems used to fortify orange juice. This study found that even when looking at the same food, orange juice, the amount of fortified calcium absorbed by the body varied greatly.

WIC Bottom Line: The key nutrient WIC focuses on is calcium. We need to educate our clients that the calcium found in fortified products may not be as well absorbed as the calcium found in dairy products. So, even though the label on the fortified product indicates the same amount of calcium found in milk, the amount

actually available and absorbed by the body may be much less and varied.

Sources:
Heaney, R.P. et al, 2005. *Not All Calcium-fortified Beverages Are Equal*. *Nutrition Today*. 40(1):39-44.

Heaney, R.P. et al. 2005. *Calcium Fortification Systems Differ in Bioavailability*. *J. Am. Diet. Assoc.* 105: 807-809.

Health at Every Size

We are a nation that continues to grow. Not only in population but also in body size. As a result, we have become obsessed with



eat in response to internal cues of hunger and fullness

The HAES approach was the focus of a study recently published in the *Journal of the American Dietetic Association*. The study consisted of two treatment groups, a diet group and a HAES group.

The focus of the diet group was moderate calorie and fat restriction in addition to maintaining food diaries and monitoring their weight. They were encouraged to exercise at an intensity within their target heart range. They were also provided with information on how to count fat grams, how to read food labels, tips for shopping for food, the benefits of exercise and behavior strategies for success.

The treatment for the HAES group consisted of five components:

- Encouraging size acceptance
- Replacing restrictive eating habits with internally regulated eating
- Teaching techniques to recognize internal hunger cues
- Identifying barriers to activity and identifying activities that provide enjoyment
- Learning techniques for effecting change through a support group

At the end of two years, the HAES group maintained weight and made improvements in healthful behaviors. The diet group lost weight initially, and then regained it with fewer sustained health improvement behaviors over the long term. The results suggest

that the HAES approach enables participants to maintain long-term behavior changes, whereas the diet approach does not.

WIC Bottom Line: Although restrictive eating may result in short-term weight loss, it rarely results in long-term weight reduction success. So instead of focusing on weighing a certain amount, we need to empower our WIC clients to accept themselves as they are. We need not focus on how many calories should or should not be consumed but instead educate on awareness of and response to body signals of hunger and fullness; “What does it feel like to be hungry? What does it feel like to be full?” Instead of telling our participants they need to be “more physically active,” we should let them tell us some activities they enjoy doing. These techniques appear to be effective in improving health risk indicators for obese women.

Source:

Bacon, L. et al. 2005. Size acceptance and intuitive eating improve health for obese, female chronic dieters. *J Am Diet Assoc.* 105(6) 929-936.

Parental Readiness to Make Changes for Overweight Children is Key in the Success of Weight Maintenance Intervention.

In the United States, approximately 10 percent of children 2 to 5 years old are classified as overweight. This national rate mirrors the rates in our WIC program. During February of 2005, approximately 10.6 percent of all children enrolled in Texas WIC were classified as overweight.

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dieting. And yet, the traditional “dieting” approach to weight loss through restriction rarely succeeds. In fact, this approach can result in an obsession with weight loss, leading to weight cycling and over time, weight increase. So, in spite of heightened attention to obesity and the increase in dieting, the incidence of obesity continues to rise.

An alternative to the dieting cycle is an approach called Health at Every Size (HAES). The HAES approach focuses on:

- Self acceptance, regardless of weight, physical size and shape
- Physical activity that is enjoyable
- Normalized eating by learning to



WIC Agencies Weather the

by **Renee Mims**

The storms have passed; the mud has dried; and as residents along the Gulf of Mexico pick up the pieces of their lives; local, state and federal agencies are evaluating how well they responded. By making special exceptions for evacuees and manning a twenty-four hour Emergency Support Center (ESC), WIC came through the disasters with flying colors.

“We were proactive in addressing the needs of the evacuees displaced by both hurricanes Katrina and Rita,” Linda Brumble, manager of the Nutrition Education Clinic Services Unit, says. “WIC was complimented by the department, by Commissioner Eduardo Sanchez and others for responding quickly.”

Brumble spoke highly of the state staff volunteers that worked at the ESC 24-hour phone banks for over six weeks; the staff of our WIC 1-800 lines and Information Response Management phones for their willingness to work extra hours and weekends; and all the rest of the WIC staff members who were asked to do extra duties during this time and willingly accepted.

Sorting through the aftermath, Brumble said that WIC needs to develop a more detailed, organized, structured plan for the next “disaster.” The Texas Association of Local WIC Directors formed a committee at their annual meeting in October to develop a disaster plan that could be adopted by all WIC local agencies.

“One of the key issues to address is ‘What is WIC’s role in the community during a disaster?’” says Brumble. “Generally speaking we’re not considered first responders, but I will tell you in this situation when it came to formula and with helping mothers with babies; they thought of us first.”

According to Anita Ramos, training specialist, Texas WIC served 5,750 participants from Katrina and approximately 1,100 from Rita.

Serving clients during Katrina in August helped the national WIC program establish guidelines and protocol that were in place by September when Rita hit the Texas coastline.

“Because we had experience with Katrina—this helped us deal with Rita,” says Ramos. “Systems were already in place to handle the Rita evacuees and that helped reduce the stress level for our staff.”

Assessing the level of destruction in the hardest hit areas was sometimes hard information to obtain during a disaster.

“It’s one thing to help clients who are evacuees, but when our staff at the clinics become evacuees, that’s a whole different story,” says Ramos. “The hardest part was to find the WIC directors after the disaster, make sure they were ok, and then assess the clinic needs for lap tops, staffing, clinic space or generators, etc.”

Out of Adversity: A Mother's Story

by Renee Mims

As hurricane Rita bore down on Houston on September 23, Treceia Taylor cradled her newborn baby in her arms and dialed 211.

"I had a five day old baby, one can of formula left, no money, and no way to get milk for my baby," says 30 year-old Taylor as she recounts her terror the night the hurricane made landfall. "I didn't know what I was going to do."

Taylor was first connected via telephone with Janice Carpenter, M.Ed., R.D., a WIC Training Specialist, who suggested breastfeeding and referred her to Hellen Sullivan, R.N., I.B.C.L.C., a WIC Breastfeeding Training Specialist. Sullivan remembers hearing the baby crying in the background.



Treceia Taylor and her newborn baby.

"She had two other children that she didn't choose to breastfeed," says Sullivan. "I said to her 'you know tonight you don't have a choice—even if you could get to a store; none are open, so tonight you are going to have to breastfeed your baby.'"

Taylor's response was fearful.

"I was so scared to breastfeed...then she calmed me down," says Taylor. "She told me how to hold him, how to put him in a certain position, and how to put him on the breast."

After her first time breastfeeding, Taylor was astonished.

"Then she asked innocently, 'How did he know to do that?'" Sullivan says. "Babies are born knowing how to do that. You know that's why you were given that milk was to share it with your baby."

Success was immediate and gratifying for the new breastfeeding mother.

Storms

Texas WIC had to make adjustments in the way they handled clients during emergencies. Mike Montgomery, Texas WIC Director worked closely with U.S. Department of Agriculture to obtain permission for Texas to process the evacuees as easily as possible. Sondra Ralph, USDA Regional Office Director, Dallas provided onsite assistance in Austin during the crisis.

One adjustment was to allow the WIC clinics to accept verbal declarations of current certification status from displaced participants to be able to provide services quickly.

"We had people say 'I'm here, I have nothing, but I was on WIC in Louisiana' then they would be eligible to receive vouchers here," says Ramos.

Being without food becomes a more serious issue when it involves infants.

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WIC Weathers the Storms

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“Our first goal is to feed the babies because they rely on us 100% for nourishment,” says Ramos. “Kids and adults can get along with different types of food but for babies, if they’re not breastfed, they need formula. We looked at what areas had been hit the hardest, which ones didn’t have clean water and electricity, and focused on getting formula to those areas.”

Another issue that affected the delivery of food and formula to WIC participants was that many grocery stores were without power. They were open for business on a cash only basis, and did not have any mechanism for processing Texas WIC food vouchers.

“When I heard that grocery stores were taking ‘cash only,’ I was worried about how people were going to feed their babies,” Ramos says. “That’s when we knew that getting formula in the hands of these people was more of a need.”

Mead Johnson has the WIC formula rebate contract in Texas and the company was incredibly helpful in keeping the WIC program informed about formula deliveries ordered by Red Cross. In the harder hit communities in the state, they provided ready-to-use formula to the WIC clinics as part of their contractual disaster response. WIC clinic services staff was complimentary of the assistance provided by Mead Johnson and also appreciative to the Brookshire Brothers Grocery in Lufkin for providing storage space for the formula in their warehouse. State and local staff assisted in distributing formula to needy areas. Many of those displaced have decided to call Texas home.

“Texas is home now, many of the evacuees are saying to us,” says Ramos. “Especially those with kids—they need to get their lives going again...getting their kids in school, getting new jobs, and feeling secure again.” ✨

A Mother’s Story

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“I was so amazed by it, I was screaming ‘I can’t believe it, oh my God,’” says Taylor. “It was so amazing for him to latch on the way he did and start drinking — I didn’t have to worry anymore about him starving.”

Sullivan called the next week to check up on her and discovered that Taylor was having difficulty with the baby’s latch-on.

“She was so good and helpful... I remember this lady so much,” says Taylor. “I was in pain and she taught me how to make sure he was latching on properly.”
Roderick Dewayne Broadus, III,

is proof that his mom’s efforts paid off.

“I had to breastfeed and that’s what I did,” says Taylor. “He’s gotten so big—I guess the breastmilk has been healthy for him.”

Taylor had faith and is thankful.

“I was just lucky that I have breasts....I don’t know what I would have done...my baby wouldn’t have had any milk,” says Taylor. “I was so scared...I was crying and praying...I was afraid that we would be stuck in the house and I would not have any milk for my baby.”

What began as an emergency way to feed her baby, became a convenient and healthy way of life.

“I felt like she saved my baby’s life,” says Taylor speaking of Sullivan. “I was so scared but I felt better after I talked with her on the phone...I felt like a load was lifted off my shoulders. She taught me how and I’ve been breastfeeding him ever since.” ✨

Hellen Sullivan (left) meets Roderick Dewayne Broadus, III, and his mother Treceia Taylor.



Newsorthy Nutrition

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In the pediatric population, the treatment goal for overweight children is not weight loss but rather, weight maintenance. Weight maintenance allows for their height to “catch up” with their weight. Successful pediatric weight maintenance programs are ones that actively involve the parents. However, many pediatric weight maintenance programs do not succeed because parents fail to recognize the child’s overweight status as a concern and therefore are not ready or willing to make the necessary behavioral changes.

The “readiness to change” model is a helpful tool for assessing how ready and willing a parent is to make a change. This model consists of five levels of readiness to make a change. The individual transitions from having no interest to change (Precontemplation), to considering the change (Contemplation), to preparing to change (Preparation), to taking steps to change (Action), and then to maintaining the change (Maintenance).

Parents’ readiness to make a weight-reduction/weight-maintenance lifestyle change for their overweight and at-risk-for overweight children was the topic of a recent study published in *Pediatrics*. The study involved 151 parents of children who were ages 2 to 12 and had BMIs \geq 85th percentile for age and gender. Each parent completed a questionnaire designed to assess his or her readiness to change. The study found several issues that were significantly associated with the parent being ready to take action to change. The first issue was the child’s age. Parents of older overweight children, 8-12 years, were more ready to make behavioral changes than parents who had younger overweight children.

Also, parents who believed that they themselves were overweight and parents who believed that their child’s weight was a health problem were most likely to be in the preparation, ready to take action stage. Furthermore, doctors’ comments on the child’s weight as a health problem had a positive influence in the parent being ready to take action.

WIC Bottom Line: Individuals undergoing behavioral changes will be at varying levels of readiness to make a change. The most effective counseling for parents of overweight children is one that is tailored to the parent’s readiness to make a change. The counseling provided for a parent who does not recognize a problem and has no interest in changing will be different from the counseling provided to the parent who is ready to take action. WIC’s responsibility is to provide the parents with guidance and encouragement that best meets their level of readiness to change. ✨

Source:
Rhee, K.E., et al. 2005. Factors Associated with Parental Readiness to Make Changes for Overweight Children. *Pediatrics* 116(1): 94-101.



Proposed WIC Food Package Changes

(continued from page 5)

whole grain breads, the proposed packages limit the issuance of milk, cheese, juice, and eggs for women and children and delay the issuance of cereal and quit offering juice for infants.

With an emphasis on priority nutrients and priority food groups, the proposed food packages contain less calories, cholesterol, saturated fat, total fat, and sodium than the current packages. Texas WIC supports the recommendations of the IOM in anticipation of the USDA’s final decision.

Although the IOM made these recommendations for changes to the WIC food package, a number of hurdles must be crossed before any of these proposals see fruition. Around January 2006, USDA will publish proposed rules in the Federal Register. There will then be a period of time for public comment, which USDA will evaluate before the final rules are published in early 2007. Then state agencies will be given a time period to implement the changes. So look forward to 2007 when the WIC food package could look very different from the current one.

The future of WIC participants looks healthier with the proposed food package changes. ✨

Source:
Institute of Medicine of the National Academies, Food and Nutrition Board, Committee to Review the WIC Food Packages. *WIC Food Packages: Time for a Change*. The National Academies Press, Washington, D.C., 2004.

Coming next issue....

Helping Kids Get Fit



next issue...

Helping Kids Get Fit

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