texas WIC news

January/February 2007

Volume 16, Number 1

Sharing Services Through Referrals

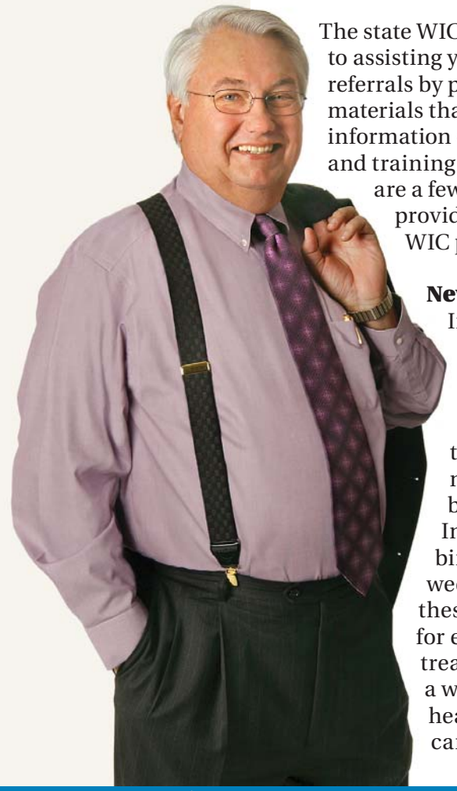
Special Supplemental Nutrition Program for Women, Infants, and Children

Referrals:

A Roadmap to Helpful Programs and Services

Program referral and access. *State and local agencies shall provide WIC Program applicants and participants or their designated proxies with information on other health-related and public assistance programs, and when appropriate, shall refer applicants and participants to such programs.*
Code of Federal Regulations — 7 CFR Ch.II Part 246, Subpart C, 246.7(b)

Just one sentence in the 100-plus pages of the WIC Federal Regulations, and yet it has big implications on the health and well being of our participants. Navigating the milieu of health-related and public assistance programs can be a monumental task for our WIC families. Providing participants with useful referral information is one way to assure their families receive the services necessary to grow healthy families.



The state WIC office is committed to assisting you in making quality referrals by providing participant materials that contain useful information on programs, services and training for WIC staff. Following are a few programs that can provide valuable services to our WIC participants:

Newborn Screening
In November 2006, the Newborn Screening Program expanded its testing for genetic disorders from five tests to 27 tests. State law mandates that all infants born in Texas be screened. Infants are screened at birth and again at two weeks of age. Identifying these disorders early allows for early intervention and treatment, thus preventing a whole host of more severe health problems. WIC can play a vital role in reminding and encouraging parents to take their newborns for the two-week follow-up testing.

Women's Health Program
The Women's Health Program provides free well-woman exams and family planning services to all qualifying women. WIC participants qualify adjunctively for this program. State WIC is working with the Women's Health Program to develop referral information for use in local WIC clinics. Many of our WIC women receive health services during pregnancy and in the immediate postpartum period, but struggle to find free family planning services. The Women's Health Program will help fill that void.

Children's Health Insurance Program (CHIP) — Perinatal Addition
This program extends CHIP services to unborn children of non-Medicaid eligible women below 200 percent federal poverty level who are ineligible due to income or immigration status. Benefits and eligible services include prenatal and postpartum care. The goal is to enroll the unborn child in CHIP as soon as possible for greatest prenatal benefit.

WIC has the opportunity and responsibility to inform our participants about health-related and public assistance programs. Alone WIC provides important services and benefits, but WIC expands its reach many fold when we help our participants find other programs and services to meet their needs. It is all part of *Growing Healthy Families*.

From the Texas WIC Director - Mike Montgomery

CORRECTION: In the November/December issue of the Texas WIC News we inadvertently omitted Sandy Kuehl's name from the NWA 2006 Conference Committee List under Exhibits. Sandy played an integral role both on the exhibits committee and assisting at the conference.

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Texas WIC News (USPS 016-975) is published bimonthly by the Department of State Health Services, 1100 W. 49th Street, Austin, Texas 78756. Subscriptions are free. Periodicals postage paid at Austin, Texas.

POSTMASTER: Send address changes to WICNewsSubscriptions@dshs.state.tx.us or WIC News Subscriptions, Texas WIC News, Texas Department of State Health Services, 1100 W. 49th Street, Austin, TX 78756.

Department of State Health Services
Nutrition Services Section
1100 West 49th St., Austin, TX 78756
http://www.dshs.state.tx.us/wichd/default.shtm.

Comments may be sent to the managing editor at Publishing, Promotion, and Media Services, 1100 W. 49th St., Austin, TX 78756, or by e-mail to WICNewsEditor@dshs.state.tx.us.

Safe Riders

— use a child seat, and use it correctly

by Johnny Humphreys, Coordinator
Department of State Health Services
Safe Riders

For a child seat to be effective, it has to be used. If the parent has taken the child out of the child seat because the child is crying, the child seat becomes ineffective in the event of a collision.

For a child seat to be most effective, it should also be used correctly. Using a child seat correctly means using it according to manufacturer's instructions of both the child seat and the vehicle. Use a child seat, and use it correctly: these two simple statements say much about child passenger safety — how to keep our youngest passengers safe when traveling.

Vehicle crashes are the leading cause of unintentional injury-related death among children ages 14 and under. According to the National Highway Traffic Safety Administration (NHTSA), a total of 255 children were killed in motor vehicle crashes in Texas during 2005 and a total of 2,046 children were hospitalized due to motor vehicle crashes (according to DSHS Trauma Registry). Using child safety seats and safety belts and using them correctly can reduce deaths, injuries, and the severity of injuries.

Formed in 1986, with the passage of Texas' first safety belt law, Safe Riders serves as the lead child passenger safety (CPS) organization in the state. Safe Riders conducts specific activities related to two main goals:

- Reduce non-use of child restraints and safety belts. Nationally, more than half (56 percent) of children killed in motor vehicle crashes were unrestrained. To help low-income families obtain child restraints, Safe Riders operates a Child Restraint Distribution & Education Program. A parent or caregiver can make an appointment with a local Safe Riders partner to attend a one-hour CPS class. After the class, a new child restraint is provided without charge. The number of classes and restraints are limited and not all areas of the state have a program available. To be referred to a local program, families should call Safe Riders at 1 (800)-252-8255. When advertising the program to clients, avoid using signs that advertise "free seats" — the procedure to obtain a seat costs a family both travel expenses and time in order to attend the required class. To obtain electronic copies of flyers (in English and Spanish) that appropriately advertise the program, please send an e-mail to saferiders@dshs.state.tx.us.

- Increase correct-use of child restraints and safety belts. Nationally, more than 80 percent of child restraints are used incorrectly (not used according to manufacturers instructions). To help families use their child restraints correctly, Safe Riders conducts six or more CPS training workshops throughout the state each year. Each of these workshops is 32 hours in length, and provides national certification as CPS technicians for successful students. These technicians, in turn, offer child restraint checkup and inspection station services to all parents and caregivers, free-of-charge, throughout the state. A majority of Texas technicians are police officers and nurses. Safe Riders also participates in many checkup events and inspection stations. Local listings of checkups in Austin and Houston can be viewed via Safe Riders' Web site www.dshs.state.tx.us/saferiders. Inspection station locations throughout Texas can be seen via the National Highway Traffic Safety Administration (NHTSA) sponsored Web site www.seatcheck.org.

Six Child Passenger Safety Tips To Remember

Extensive training is required to assist parents with installing child seats in their vehicles. However, social workers, WIC staff, and others should feel comfortable communicating the following simple CPS tips:

1. Child restraints must be used on every ride. Riding unrestrained is the single greatest risk factor for death and injury. Of the children killed in motor vehicle crashes, over 50 percent were not using safety restraints at the time of the collision. Using a child restraint consistently on every ride — no matter how brief — is vital. And buckle up yourself, too!
2. Children should ride in the back seat. It is estimated that children under age 13 are 36 percent less likely to die in a crash if they are in the rear seat. Nationwide, about 150 children have been killed by passenger air bags while riding in the front seat, including at least 20 fatalities in Texas. It doesn't matter what size the child is, this safety recommendation is based on age only. The bones of a child do not become strong enough to withstand the potential blow from an airbag deployment until about age 13. Even if your vehicle is not equipped with air bags, the back seat is generally safer.
3. Use safety seats correctly. Studies show that over 80 percent of child restraints are not installed and used correctly. Read the child restraint instructions and the corresponding vehicle owner's manual for information regarding installation and use of your child's safety seat. Locate a certified technician to check your seat's installation at www.seatcheck.org.
4. Use booster seats for older children. A majority of children are transitioned from child safety seats to vehicle safety belts too soon. A booster seat "boosts" a child up so that the vehicle's safety belt fits him/her correctly. Most children ages 4 to 8 need booster seats. Typically, booster seats cost less than traditional child seats for younger children. The Safe Riders Distribution and Education Program provides booster seats as well as seats for younger children. NHTSA-sponsored Web site www.boosterseat.gov features an interactive chart to show whether or not your child needs a booster seat.
5. Never leave a child unattended in a vehicle. From 1996 to the present, about 200 children have died from heat-related injuries after being trapped in parked cars. Several of these fatalities occurred in Texas. "Temperatures rise rapidly in a vehicle, whether it is parked in the shade or sun," said Dr. Jeffrey Runge, Administrator, National Highway Traffic Safety Administration. "Children can't take that intense heat and can die in a matter of minutes." Make it a routine to always check the back seat before leaving the vehicle.
6. Spot the TOT. Drivers should walk all the way around a parked vehicle to check for kids, toys and pets before entering the car and starting the motor. Parents and caregivers are urged to firmly hold the hand of children when in driveways, parking lots, and sidewalks.

Remember, these safety tips will help protect our youngest passengers!

Safe Riders' Web site www.dshs.state.tx.us/saferiders contains an online order form for free traffic-safety educational materials. Also on the site is information about Texas occupant protection laws, CPS training, Child Restraint Distribution Program and more.

HHSC Launches New Women's Health Program

by Melanie Bush
Medicaid/CHIP, Policy Development
Health and Human Services Commission

The Texas Health and Human Services Commission (HHSC) launched a new program on Jan. 1, 2007, to help women stay healthy. The Texas Women's Health Program offers an annual family planning exam and contraception at no cost to eligible women.

The program serves women ages 18-44 who have a family income at or below 185 percent of the federal poverty level. Women must be U.S. citizens or qualified immigrants to participate.

Research shows that uninsured and underinsured women are unlikely to have the money to pay for family planning services. This can lead to a high risk for unintended pregnancies or other health issues.

Services offered through the Women's Health Program include:

- Comprehensive health history and evaluation
- Gynecological exam
- Screening for diabetes, sexually transmitted diseases, high blood pressure, cholesterol, and breast and cervical cancers
- Assessment of health risk factors, such as smoking, obesity and exercise
- Family planning counseling and education
- Contraception, except emergency contraception

If a health problem such as diabetes or a sexually transmitted infection is identified during the exam, women will be referred to a doctor or clinic that can offer treatment.

All Medicaid providers can offer the services in the program. There is no separate enrollment process.

How to apply

To apply, women submit a one-page application and proof of income (such as a recent pay stub) and proof of citizenship (such as a birth certificate or legal resident card). If a woman or her family member is already in enrolled in WIC, Temporary Assistance for Needy Families, food stamps, or children's Medicaid, she can use information showing eligibility for that program for her income information. WIC clinics will be provided with the applications and will have all the information in the clinic to assist women in this process.
Examples of documentation include:

- Household Income
  - o Paycheck stub issued in the last 60 days
  - o WIC Verification of Certification, current
  - o WIC Vouchers, active
  - o EBT/WIC shopping list, active
  - o Proof of participation in a state assistance program such as a Medicaid Identification letter (form 3087) or food stamps letter
- Citizenship
  - o Birth certificate
  - o U.S. Passport
  - o Certificate of Naturalization (Form N-550 or N-570), or Certification of U.S. Citizenship (Form N-560 or N-561)
- Identity
  - o Birth certificate,
  - o Texas driver's license (current or expired)
  - o Texas ID card
  - o Voter registration card

For more information on acceptable forms of citizenship and identity, please see http://www.hhs.state.tx.us/medicaid/flyer.pdf.

Applications will be available at local state eligibility offices, participating family planning providers' offices, WIC clinics and participating community-based organizations. Applications also are available online on the Women's Health Program Web page at www.hhsc.state.tx.us. No applications will be accepted before Jan. 1, 2007.

Enrollment

When enrollment is confirmed, women will receive a letter noting their dates of coverage. In addition, women will receive a Women's Health Program Medicaid Identification form each month. Women in the program will need to show their identification form during each medical appointment. Coverage under the Women's Health Program will run for one year, and women can renew their coverage at the end of their coverage period.

How WIC Offices Can Help

WIC clinics can play an important role in application assistance or referrals because WIC serves populations similar to those eligible for the Women's Health Program. A screening tool has been developed to help providers and others offer application assistance. The screening tool helps identify if a woman is eligible for the program and has the appropriate documentation. The application, application ordering methods and the screening tool are available on the Women's Health Program Web page at www.hhsc.state.tx.us. For additional information about the program, women can call 1 (866) 993-9972.

"WIC clinics can play an important role in application assistance or referrals because WIC serves populations similar to those eligible for the Women's Health Program."

Follow-Up on the High-Risk Referral Pilot

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

One of the most challenging issues facing WIC clinics is providing specialized services for our high-risk participants. Examples of high-risk criteria requiring a referral to a WIC RD might include prematurity or low-birth weight (LBW), poor growth — infants and children that are not growing according to their established growth rate (being under- or overweight), or problems experienced during pregnancy or after the birth of a baby. Clinic staff may also identify participants with other high-risk conditions that require referrals to outside health care providers or social services. Referrals outside WIC could be to a medical specialist, for example a gastroenterologist, to the Early Childhood Intervention Program (ECI), to drug and alcohol abuse and smoking cessation programs, as well as to social services when neglect or abuse is reported or suspected. High-risk referrals both inside and outside of WIC are critical and equally important; tracking and follow-up of both guarantee these high-risk participants are being offered the best services WIC can provide.

So, what defines "high risk" and how can WIC best serve clients identified as being at "high risk"? Each local agency is responsible for identifying which criteria requires high-risk services and referrals in their agency. Texas WIC Policy CS:21.0, Referral to Health Services, directs each local agency (LA) to develop their own policy that provides guidelines for high-risk referrals. In order to do this, each LA needs to assess the resources they have: what is the availability of local agency staff, or contract dietitians, for scheduling high risk counseling appointments, and what other health care professionals and services are available in the area.

"... all local agencies do not have the same resources and face different challenges when serving the needs of high-risk participants."

The state agency recognizes that all local agencies do not have the same resources and face different challenges when serving the needs of high-risk participants. To help local agencies develop or refine their high-risk referral programs, the state agency began work on a pilot referral process to guide all local agencies across Texas. Originally, the pilot was conceived to provide resources and develop protocols and counseling tools to help high-risk registered dietitians (RD) provide high-risk counseling to WIC clients. However, as discussions with the local agencies progressed, it became evident that in addition to counseling materials and protocols, procedures and guidelines were also needed to assist the local agencies in developing and refining their referral process not only to WIC RDs but also to other services outside of WIC.

The state agency (SA) worked with LAs across Texas to develop the pilot. The SA collected procedures and forms from LAs that already had established a successful high-risk referral program in their clinics. Referral processes both inside WIC and to outside referral services or agencies were examined in order to develop guidelines for the pilot referral process. With the help of the local agencies, the SA developed a high-risk referral process, which included protocols, forms and resource information. As a result, the main goal of the pilot was to develop guidelines for a process that would provide enough flexibility to allow any clinic to successfully implement a high-risk referral program in their setting. The pilot was conducted from October 2005 through September 2006 in various clinic settings across Texas. By year's end, we were able to report that each participating clinic site was able to fine-tune or modify the high-risk pilot process and forms to make it work for them.

Challenges

No Shows/Marketing: In the beginning, many pilot sites experienced the usual problems; participants either refused the referral service or did not show up for their scheduled high-risk appointment. Marketing the high-risk referral service was the key to "buy in" from the participants. Once participants understood the purpose of the HR RD appointment, they preferred this service and chose individual counseling sessions instead of group classes.

Austin/Travis County WIC markets the HR RD appointment as a more personalized counseling session, especially for those families caring for a pre-term or low-birth-weight infant. The appointment with the RD provides an opportunity for the family to ask questions and discuss issues related to the specific challenges they are facing with their pre-term infant.
Cameron County reported that families that have participated in the high risk pilot want to reschedule more follow-up high risk counseling appointments because of the opportunity to discuss growth and health issues specific to their pre-term or low birth weight infant. Cameron County WIC plans to continue to follow their preemies and LBW babies up to at least two years if the family wants to continue this service. As a result of this "buy in" from participants, LAs will be able to follow their high-risk participants over time and realize

(continued on next page)

High-Risk Pilot Program
(continued from page 9)
the benefits from this service: improved growth and development of pre-term and LBW infants, healthier growth of our infants and children, and improved pregnancy outcome.

Tracking also was a problem; many WIC families are hard to get in touch with because their phone numbers and addresses change frequently. The solution that was the most successful was to use the "comments section" in the Texas WIN system to follow-up at the next appointment when issuing food benefits and providing nutrition education, or re-certifying a participant.

Successes

We are very proud to announce that of the 16 pilot sites, only 2 were not able to participate in the pilot for its entirety. However, we learned valuable information from all 16 sites that participated, regardless of the length of time committed to the pilot. Based on the feedback from all pilot sites we will be able to develop high-risk referral guidelines to share with all local agencies throughout the state to either implement or refine their current referral processes.

In spite of the usual challenges all clinic sites face, the pilot afforded many of the desired benefits. One of the goals was to re-define the risk criteria making it more restrictive so only those participants at highest risk would be referred to the WIC RD for high-risk counseling or to outside services. As a result, each pilot site was able to utilize staff to their best potential and efficiency. In fact, the number of overweight referrals decreased in Dallas due to the more restrictive high-risk definition.

Several of the pilot sites reported that by participating in the pilot they had the opportunity to identify their high-risk criteria and determine which ones to refer to the WIC RD and which ones to refer to outside services. As a result, fewer participants were referred to the high-risk RD, allowing counselors more time with each high-risk participant, in turn providing a more meaningful counseling session. They also took the opportunity to train the entire clinic staff on the referral process: certifying authorities (CA) and WIC certification specialists (WCS) were trained on the high-risk criteria and appropriate topics for counseling prior to scheduling an appointment with the high-risk RD; support staff were trained on the appropriate clinic flow procedures for scheduling high-risk appointments with the RD, and follow-up and tracking documentation.

And finally, we met the primary goal of the pilot. We were able to develop a flexible process with documentation forms that allowed each clinic to tailor the pilot to meet their clinic's individual needs.

Looking Forward

Now with the pilot complete, we still have work to do to improve the delivery of high-risk services to our participants. We continue to be challenged by the follow-up and tracking of referrals. Several pilot sites utilized a FoxFire report to track referrals and we will be working with them to share the query with the rest of the state. We are also looking to alternative ways to counsel and educate our high-risk participants; we will be looking into developing a facilitated discussion class specific to the high-risk overweight child based on Fit Kids with the goal of ultimately catering it to the Fit Family. We are also looking into additional resource materials to share with WIC RDs to assist them in counseling high-risk participants.

As the state agency continues to refine the high-risk referral process, we hope all local agencies will evaluate their high-risk referral programs and identify areas that can be improved to ensure all WIC participants receive the best services WIC can offer, either through direct services or referrals.

The state agency extends our sincerest thanks and congratulations to all the individuals in the local agencies that made this pilot such a success. The entire Texas WIC program will benefit from their dedicated hard work and contributions, including all WIC staff and most importantly our WIC participants.

Local Agencies that contributed to the 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.

Newsworthy Nutrition

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

Is the Availability of the Type of Calcium Different in Fortified Soymilk versus Cow's Milk?

The bulk of calcium in the American diet comes from dairy products. The calcium content of natural soymilk is 200 mg/L as compared to cow's milk, which contains 1200 mg/L of calcium. To help provide a soymilk product that is similar in calcium content to cows milk, manufacturers are beginning to fortify soymilk with calcium. The most common forms of calcium used to fortify soymilk are tricalcium phosphate (TCP) and calcium carbonate (CC).

A study conducted by the Department of Foods and Nutrition at Purdue University compared both CC and TCP fortified soymilk, non-fortified soymilk and cow's milk. The results of the study showed a significant difference in availability and absorption between the two fortified soymilks indicating that when soymilk is fortified, the type of calcium used determines the amount of calcium absorbed.

WIC Bottom Line: As more WIC mothers and children use soymilk in place of cow's milk, it's important they get enough calcium. Although the two sources of calcium-fortified soymilk are good sources of calcium, the calcium carbonate provides a more absorbable form of calcium. When providing information to our pregnant and lactating participants who consume soymilk, or for those who need or want to use soymilk for their children, it is important that we recommend calcium carbonated fortified soymilk and soy products.

"type of calcium ... determines amount ... absorbed."

Sources
Zhao, Y., et. al. 2005. Calcium Bioavailability of Calcium Carbonate Fortified Soymilk is Equivalent to Cow's Milk in Young Women. J. Nutr. 135:2382-2382.

Chariwanon, P., et. al. 2000. Calcium Fortification in Soybean Milk an Invitro Bioavailability Bioavability. J Food Compost Anal. 13:319-327.

Tortillas and Lime, is there a Relationship to Calcium Uptake?

Tortillas have long been considered a good source of calcium in the Mexican diet. A study conducted by the University of Queretaro, Mexico; Department of Physiology and Nutrition; National Institute of Science, Medicine and Nutrition, Mexico; and Department of Pediatrics, Children's Hospital, Houston, TX, compared the following methods of treatments on calcium absorption:

- corn tortillas not treated in lime solution
- tortillas made from lime-treated commercial corn flour that was boiled in a lime solution for 50 minutes
- tortillas prepared at home in the traditional by soaking corn flour in a lime solution for 18 hours

The results indicate that the corn tortillas not treated in lime solution had the lowest amount of calcium absorption (3.74 mg). Of the two types of tortillas in which the corn flour was prepared in a lime solution, the traditional homemade tortillas had the highest total amount of calcium absorbed (98 mg) versus the lime-treated commercial tortillas (60 mg).

WIC Bottom Line: To enhance the amount and rate of calcium absorption available in the diet of our WIC participants, it may be a consideration to inform WIC participants to either look for lime-treated tortillas or to make traditional homemade tortillas that remain in the lime solution for at least 12 hours.

"Tortillas ... considered a good source of calcium ... "

Sources
Rosado, J.L., et. al. 2005. Calcium Absorption from Corn Tortilla Is Relatively High and Is Dependent upon Calcium Content and Liming in Mexican Women. J Nutr. 135: 2578-2581.

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Project 76 Goes the Distance

STEP BY STEP: LOCAL AGENCY 76 GOES THE DISTANCE

With a spring in their step and a goal to "walk across Local Agency 76," four clinics and twelve WIC Wellness Works (WWW) participants banned together to do something fun, while improving their health. Vonetta Taylor and Randi Grayston coordinated the effort to increase the overall fitness level of their WWW participants across four Texas counties (Rockwall, Kaufman, Fannin, and Hunt). Walking across all of Texas seemed like an impossible challenge, but walking across their clinic area seemed to be something they could achieve as a group.

Pedometer steps and mileage equivalents (e.g., brisk walking, running, yard work, cycling, spinning, aerobics, roller blading, gardening, dancing) were counted weekly. Prizes were used as incentives to "go the distance." When totaled up, the participants realized that they had, in fact, walked across the entire state!

Teamwork, positive support, and alternative exercise options proved to be a stepping-stone for this bunch. Since the walking challenge in May 2006, LA 76 planned and conquered other group activities and challenges. In June, the group set realistic weight loss goals based on the "Five Steps to a Healthy Weight: Family Fun, Food, & Fitness" handout provided by the Texas Department of State Health Services. The group focused on one step per month during their staff meetings. Each week, participants faxed their weight loss to Randi (Bonham clinic), who then graphed their weight loss. At the end of the month, two participants were recognized: the one who had the most weight loss and the one who came closest to their weight loss goal.

In July, the group decided to "Be Adventurous" and tried a variety of new fruits and vegetables. Prizes were donated from a local grocery store, including 25 "pluots" (a cross between a plum and an apricot), to kick off the month's challenge.

"I think this is great; we set a small goal and accomplished so much more than we thought we'd be able to! Doing a different group activity each month keeps everyone motivated," one participant said.

LA 76 continues to stick to their month long goals and schedules time during staff meetings to exercise together. Their idea started as "something fun to do that didn't seem like work." If your clinic or agency is tired of the same ol' same ol,' why not add a hop to your step or modify your monthly routine? Local Agency 76 did, and participants from all fitness and motivation levels became involved and made small changes in a very big way.

WIC Wellness Works

Getting There from Here – ONE STEP AT A TIME

How many times have you tried making personal changes only to be disappointed with the long-term results? Disappointment can lead to discouragement and ultimately, feelings of failure.

Perhaps the biggest gift you can give yourself is permission to make small, effective changes in your personal health. Gradual changes are easier to accept and integrate. They are more likely to be enduring. Large-scale change can seem overwhelming and defeating. If we see our behavior as "all or nothing," we may end up with nothing.

So what are the small changes we can make? Any increase in daily activity, from walking messages to people's desks to parking farther from the front door of any commercial building, can improve your physical and mental well being.

Options for healthy eating might include drinking water instead of soda or using smaller plates and glasses at home to help decrease portion sizes. Stress management changes might include listening to soothing music in the car during your commute home or practicing some deep breathing once a day.

Together, these small changes can add up to big results. Determine what you want to change, and focus on that for the next month. After 30 days of maintaining successful changes, you have a better chance of sticking with your new behaviors. Now, select something else you would like to change. Try increasing your daily 10-minute walk to 15 minutes or eliminate extra sauces or butter at meals. Perhaps you want to focus on a totally new area of your personal health. Go ahead and plan what you want to do for the next month.

Happy New Year!

Wellness...a journey

Try these four steps to begin taking Small Steps = Big Results

1. Select three easy-to-do ideas from the lists below or come up with your own. The ideas could be three things from one wellness area or one from each area (physical activity, healthy eating, and stress management).
2. Make several copies of the SMALL STEPS = BIG RESULTS form to be used in subsequent months.
3. Complete the SMALL STEPS = BIG RESULTS form.
4. Post the form in a visible location such as your workstation or home refrigerator.

SMALL STEPS = BIG RESULTS WELLNESS IDEAS

Select three easy to do ideas. Complete the SMALL STEPS = BIG RESULTS form on the next page to determine when and how frequently you will try to do them.

PHYSICAL ACTIVITY IDEAS

- Take a five-minute stretch break after every hour of sitting at my desk
- Do toe raises, squats, march in place, while on the phone
- Walk to the end of my block and back
- Hand deliver messages at work
- Go to the restroom that is the farthest away
- Walk the dog around the block
- Write a list of benefits for increasing my daily activity
- Park two blocks away or at the far end of parking lot
- Take stairs instead of the elevator
- Do 20 crunches each night
- Go on a family bike ride
- March in place during TV commercials
- Wear my pedometer and record my steps

HEALTHY EATING

- Check my "hunger" level (1-10) before getting a second helping
- Bring a healthy lunch to work
- Have a garden salad today (with light dressing or just vinegar)
- Bring healthy snacks such as pretzels, raw vegetables, and air-popcorn to work
- Write a list of the benefits for making healthy food choices
- Use smaller plates and glasses to help with portion control
- Use skim milk as my coffee creamer
- Remove the skin from poultry before cooking
- Choose a low-fat version of my favorite food
- Eat a piece of fruit today for my snack
- Share a meal with someone while dining out
- Use light or no-fat mayonnaise instead of the regular mayonnaise
- Use olive or canola oil to cook
- Compare labels

STRESS MANAGEMENT

- Practice deep breathing to clear my head
- Declare TV and computer free night
- Listen to a comedy CD or tape
- Practice 'pausing' before 'reacting' to a stressor
- Walk to give myself a mental break
- Listen to soothing music during my commute home
- Roll my bare foot on top of a tennis ball for quick relief
- Blow bubbles when I need a stress break
- Assess my stress level (scale of 1- 10) midway through my day
- Hug my spouse when I get home from work
- Hug my children when I get home from work
- Enlist a co-worker to give tennis ball massages on each other's backs
- Practice visual imagery

SMALL STEPS = BIG RESULTS

TODAY'S DATE _____

NAME _____

Small steps can lead to big changes. Therefore, for the next 30 days, I will try the following activities. By the end of the 30 days, I will re-evaluate and select more small steps to continue my quest for improved personal wellness.

Here are my small steps for this month:

ACTIVITY	WHEN	HOW LONG	REWARD

KEY: Activity: (e.g. – take stairs, eat two fruits for lunch, practice deep breathing) **When:** (e.g. – everyday, three days a week, once a day) **For how long:** (e.g. –10-minute walks, three-minute stress breaks) **Reward:** (e.g. – bubble bath, book, dinner with a friend)

*Signature _____

I promise not to feel guilty if I cannot meet my goals and I promise to keep trying the next day.

"Viva con un Peso Saludable"

Class Series Gets Results

by Amanda Hovis, M.P.H.
Nutrition Education Consultant
&
Teresa Ramos
St. Johns WIC Office

Childhood obesity is a growing problem. Texas Department of State Health Services recently reported that 42 percent of all 4th graders and 19 percent of WIC kids ages two to five are overweight or at risk of overweight. According to recent data from the Centers for Disease Control (CDC), Hispanic American children and adolescents have particularly high obesity prevalence, which leads to increased morbidity and mortality in later life. Overweight for children is defined as being above the 95 percentile and at risk of overweight is defined as being at or above the 85 percentile for Body Mass Index (BMI).

Childhood obesity leads to a variety of illnesses including diabetes, hypertension, and high cholesterol. Nutrition education is an important key to reach this population group to obtain a healthier weight and prevent the variety of heath problems mentioned.

In response to the rising rate of obesity, St. Johns WIC clinic, City of Austin WIC program, developed a five-month course called "Viva con un Peso Saludable." The course targets Spanish-speaking families with children ages two to five who have a BMI at or above the 95th percentile for their age. The "Viva con un Peso Saludable" class series has had an incredible impact on the families that have participated.

Initially there was a show rate of 50 percent, with 35 percent completing the course.

By the end of the series
- 83 percent of children that attended decreased their BMI level by their next certification visit.
- 100 percent of families reported their child watched less TV.
- 75 percent of families reported their child drank less juice.
- 66 percent of families reported their family had increased their physical activity level.

Adjustments mothers made included:
- Changing from whole milk to 1%
- Adding more fruits and vegetables to their diets
- Frying foods using Canola oil instead of products high in saturated fats
- Buying less sodas and chips, and offering healthier snacks to their children

Many mothers commented that the changes they made were for their entire family, not just the child, and they felt much healthier, happier and more energetic than before.

How did the classes work?
Classes were scheduled one Wednesday per month from 9:30 to 11:00. The first 30 minutes consisted of an exercise class for mothers and children run by the neighborhood services staff. The exercises gave the participants energy to start the second part of the class.

Since the exercise portions of the classes usually included senior citizens, participants enjoyed low-intensity chair exercises done to an exercise video. One of the classes included a new WIC exercise activity for children, where the participants watched the WIC Zowzoo video — a fun exercise activity that helps children become more active while learning to eat healthy foods such as fruits and vegetables and drink water instead of sweetened drinks.

Following exercise, moms attended nutrition education class while the children kept busy with a variety of activities.

What did the nutrition education classes cover?
Each class was based on a Texas WIC State Agency Lesson Plan. Lesson plans were modified to include additional activities such as food demonstrations. With each class participants were given a homework assignment.

Tips for Implementing the Classes:
- Issue vouchers one-month at a time to encourage attendance at all classes. Keep the invitation open during the five months.
- Have a volunteer come to the clinic to lead the activities with the children, so this does not take away time from staff.
- Have the participants complete a survey at the beginning and at the end of the five-month course to document their initial concepts about food and eating habits and their ultimate accomplishments.
- Have a weight check at the beginning and at the end of the five months, to know if their BMI readings have improved.
- Have a check-in list to track attendance.
- Give incentives for best class attendance and for the child who made the most changes.

(continued on page 19)

Class 1:

Child Obesity: Lily Faces a Problem — Lesson no. CF-000-15
Discussion: An overview of maintaining a healthy weight. The class was modified to include a smoothie demonstration.
Ice breaker: Read Isaiah's story, from the lesson "Diabetes Matters To Your Family" — the story of a young 12 year old boy who loved to eat chips and sodas while watching TV. He developed diabetes, had to change his diet, and be more active.
Handouts: Power Zone folders from Amerigroup with nutritional information and a worksheet (magnets) to plot weekly achievements. These packets can be ordered from Amerigroup.
Additional handouts: fruits and vegetables recipe book
Demonstration of a healthy recipe: Smoothie, taken from the Amerigroup recipe book.
Referrals: Happy Kitchen.
Homework: Try a new recipe and fill in the magnet worksheet with weekly achievements.
Children activities: Stretching, bending, and jumping along with music. Jogging in place, chasing the ball, T-ball game.

Class 2:

Food Guide Pyramid — Lesson no. GN-000-12*
Video: *Pyramid Rap.*
Discussion: The food guide pyramid.
Handouts: Tips for feeding one- to three- and four- to six-year olds. Ten ways to get your child to eat more fruits and vegetables.
Parent activities: Reading food labels on different yogurts, breads, fats and oils.
Homework: Watch for food labels while shopping.
Children activities: Stretching, bending, jumping, along with music. Jogging in place, chasing the ball, T-ball game.
*This lesson has been deleted. The state agency recommends substituting the video lesson from MyPyramid FG-000-06.

Class 3:

Smart Snacking — Lesson no. CF-000-06
Video: *Smart Snacking.*
Parent activities: Played "find the hidden healthy snacks" game.
Healthy snack: Fresh oranges.
Handouts: Watching for your child's weight, getting your child to eat better and tips for parents. Handed out 10 Zowzoo Activity videos to take home
Referrals: Public library to search for books about healthy recipes and fun activities.
Homework: Bring a book from the library with a healthy recipe or fun activity.
Children activities: Stretching, bending, jumping, along with music. Jogging in place, chasing the ball, choosing favorite fruit and vegetable models and exercising with them in hand.

Test Your Nutrition IQ

WARNING

The following article contains examples of math calculations, which have been shown to cause headache, dry mouth, nausea, vomiting, diarrhea, constipation, heart palpitations and uncontrollable shaking in laboratory mice. Proceed at your own risk.

Happy New Year Everybody!

by Eaton Wright, B.S., NUT
Nutrition Expert

Eaton here with a brand new Test Your Fitness IQ. And when better to talk about physical fitness and health than the beginning of a new year.

According to the Centers for Disease Control (CDC), more than 50 percent of American adults do not get enough physical activity to provide health benefits. Twenty-five percent of adults are not active at all in their leisure time. Adults are not the only one's sitting on their rear-ends. More than a third of young people in grades nine through twelve do not regularly engage in vigorous-intensity physical activity. And you know what Eaton says: "Lazy kids become lazy adults."

So enough sitting around … on with the quiz!

About the author: Eaton Wright is a certified NUT based in Austin, Texas.

Quiz

1. True or False — Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI is a reliable indicator of body fatness for people.

2. Overall fitness is made up of all the components below, except:

   a. Cardiorespiratory endurance
   b. Muscular strength
   c. Lying on the couch and watching reruns of *The Jack LaLanne Show.*
   d. Muscular endurance
   e. Body composition
   f. Flexibility

3. True or False — WWW stands for Wright's Wife Wrules!

4. Regular physical activity does which of the following:

   a. Increases muscle and bone strength
   b. Increases lean muscle and helps decrease body fat
   c. Aids in weight control and is a key part of any weight loss effort
   d. Enhances psychological well-being and may even reduce the risk of developing depression
   e. Appears to reduce symptoms of depression and anxiety and to improve mood
   f. All of the above and so much more!!!

Answers

1. True and true. While BMI does not measure body fat directly, it has been shown to correlate with direct measures of body fat. BMI can be considered an alternative to more expensive methods of measuring body fat. BMI can be calculated by dividing a person's body weight in kilograms by their height in meters squared. To convert a person's weight from pounds to kilograms, divide pounds by 2.2. To convert a person's height from inches to meters, multiple inches by 2.54.

   Example: Eaton is 177 cm tall (70 in x 2.54 = 177 cm or 1.77 m) and weighs 72 kg (160 lb / 2.2 = 72 kg). BMI equals 72 / (1.77 x 1.77) = 22.98.

2. The answer is c. Although Jack LaLanne is a testament to the power of physical fitness (he's 92 years old and looks fantastic!), he is not one of the five components of overall fitness.

   Overall fitness is more than just strength, flexibility or endurance. Fitness is a set of attributes that people have or achieve that relates to the ability to perform physical activity.*

3. False! WWW stands for *WIC Wellness Works*. WWW is a WIC staff wellness program that encourages increased physical activity, healthy eating, and stress management. It is a collaborative effort between DSHS WIC staff and the good folks in The University of Texas Department of Kinesiology and Health Education. The goal is to develop a healthy workforce in the Texas WIC Program and to model healthy behaviors for WIC clients.

   Fact is my wife, Ms. Always B. Wright, does wrule the Wright wroost. But I draw the line at being dragged around town to shop for shoes! That's just plain wrong.

4. The answer is f. Nothing funny about it. *Without physical fitness, there is no health. And without health, there is no happiness.*
   — Eaton Wright 2006

*Information on BMI and fitness from the Centers for Disease Control Web site: http://www.cdc.gov/

Four 2006 Dietetic Interns Volunteer at Camp PHEver

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

Four Texas WIC dietetic interns volunteered at Camp PHEver for a week during the summer of 2006. The annual PKU camp, organized for children with phenylketonuria (PKU) and their siblings, includes a variety of activities such as arts and crafts, swimming, horseback riding, fishing, ropes course, campfires, and sports, and at the same time provides the necessary diet restriction and support. PKU is an inherited disorder caused by an enzyme deficiency resulting in an accumulation of phenylalanine (PHE).

Camp PHEver, founded and directed by Kerri Lamance, R.N., Texas Children's Hospital at Baylor College of Medicine and Barbara Dominguez, R.N., The University of Texas Medical School, is held at Camp For All, on a 206-acre site in Washington County near Brenham. Camp for All is a not-for-profit organization that works in partnership with more than 55 different special needs groups whose members gain self-esteem and independence while having fun, learning new skills and bonding with others who share their challenge. A unique camping and retreat facility, Camp for All even has air-conditioned cabins with bathrooms!

Three of the Texas WIC dietetic interns, Chris Castellano, Alva Santos, and Kelly Roberts, volunteered as counselors for the 10th annual PKU camp. The fourth dietetic intern, Cacey Withem, volunteered as an assistant to the metabolic dietitians.

Metabolic dietitians, Suzanne D'Souza, R.D., L.D., Texas Children's Hospital at Baylor College of Medicine, and Cathleen Connolly, R.D., L.D., The University of Texas Medical School, plan the camp meals for persons with PKU. Prior to camp, parents and *(continued on next page)*

Excerpts from the interns' weekly reports of their camp activities:

saturday

Chris Castellano (above and right — with three campers).

"We arrived at Camp PHEver, completed orientation and prepared for the campers' arrival the following day. One counselor has PKU and has been a camper at Camp PHEver in the past. I asked him how he deals with PKU and what modifications he must make. He said that since he works long hours he must choose fast foods, which aren't PKU-friendly. He usually orders a #4 combo from McDonald's with no meat. It is basically a hamburger without the meat but all the vegetables. He says he makes his own foods the majority of the time. "
– Chris Castellano

sunday

" . . . Campers arrived. Another counselor, whose boyfriend also has PKU, and I were responsible for ten girls aged 9 to 11. Eight of the campers in our cabin had PKU; the other two were siblings. Upon arrival, they dropped off their formula and had blood drawn. One girl with PKU ate the amino acid bars, while the other seven drank formula: either Phenex 2, PhenylAde or Phenyl-Free."
– Chris Castellano

monday

"After breakfast we (a 5 year old, four 6 year olds and two 8 year olds) went fishing. The girls did a great job until we went on the canoes and they saw a snake. They all wanted to get off the boat, not realizing that the boat would tip over and we would end up in the water with the snake. I point that out and they began to cry. Next we shared the story of Zink to generate questions about our differences. They didn't seem to understand. They just wanted to swim." – Alva Santos

Alva Santos (left) and Kelly Roberts.

tuesday

"Breakfast was a challenge today. One girl received too much food while another received too little. Our youngest girl, who is 5 years old, got three cinnamon rolls, sliced oranges, one and a half cups of apple juice, and eight ounces of formula. She could not eat one whole cinnamon roll. Our 7 year old had one cinnamon roll. She cleaned her plate and wiped off every drop of icing. In addition, she was asking for more food. It has to be very difficult as a parent to restrict the intake of foods. These kids will eat anything they can for lunch. One child was served a fourth of a cup of mushrooms, a fourth of a cup of onion, a tablespoon of green peppers, a cheese pizza, and sliced cucumbers with ranch dressing. She ate every bit plus her formula. They are not very picky." – Alva Santos

wednesday

"We had a "Tea Party" (sipped on tea, painted fingernails, ate low PHE cookies and learned etiquette). The girls dressed in ball gowns and did a fashion show. They walked to the pool and practiced their pageant waive. It was so funny. It's really hot, so we did several activities and then swam. Napping and swimming became the highlights of the day. We took part in a barnyard game, archery, arts and crafts, scavenger hunts, fishing, and sand castle making. We created a make-believe spa where I applied facials and make-up. We also played wizards where we made scat from unicorn horns and troll snot. They loved it. These days were so action packed sometimes I would debate whether to wake them from their naps because I was so tired also."
– Kelly Roberts

Kelly Roberts

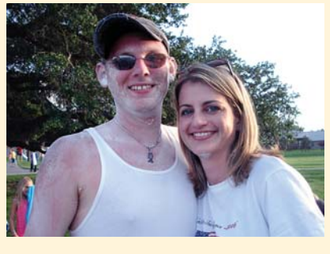
thursday

"High Ropes today! My girls made me so proud. Even my five year old handled the extreme sport. They were to rock climb up three stories and then free fall down a rope that held them only by a harness. I was so happy that they all completed it. This really showed the girls how strong they really are. Best time of the entire camp!"
– Kelly Roberts

Camp PHEver
(continued from page 17)
children are asked to select foods from planned menus. These menus are served to the children at camp and their daily intake of phenylalanine (PHE) is recorded and monitored to see if their diet prescriptions are being met. Camp counselors are responsible for daily supervision of his or her camper's PHE intake, and are also involved with learning activities related to diet management, cooking, and food preparation.

friday


Casey Withem (left) with campers and (below) with Shane Duckworth.



"Trust me, I was crying right along with some of my girls as they were leaving on Friday. It was a week of exhaustion, fun, and excitement. I had a blast! It was literally non-stop from 16-17 hours every day. It was worth it! I honestly had one of the best weeks of my life. This part of the internship taught me how much there is to do for those with special needs. Reading about PKU and those that have the disorder doesn't compare to the experience of meeting and spending time with them. Learning how they live their daily lives is just amazing to me. They are just like everyone else, they just have to eat differently, that's all."
– Cacey Withem

Local Agency Spotlight

Texas WIC In The News!

by Clare Wolf

Two separate articles, one in the New York Times and the other in the Waco Tribune-Herald, featured Texas WIC local agencies' efforts to educate the public on healthy eating.

The New York Times article, titled "Classes Teach Moms, Kids to Eat Healthy" and published September 6, 2006, focused on the increasing obesity problem among children and how the Dallas County Office of the Special Supplemental Nutrition Program for Women, Infants and Children's "Fit Kids Happy Kids" initiative is making a difference. The article discussed how mothers involved in the classes resolved to make healthy decisions for their children — everything from what food and drinks to buy, or not buy, to what activities to get their children involved in.

The article also illustrates the importance of educating parents on the value of healthy eating at a young age, stating statistics that the percentage of overweight children has doubled since 1980 and that overweight toddlers are much more likely to be overweight twelve-year-olds. Several Dallas area mothers shared their successes and challenges, lending a personal touch to the article.

Another article titled "Can Cooking Classes Help Local Obesity Problem? ", which appeared September 10, 2006, in the Waco Tribune-Herald, focused on how cooking classes hosted by the Waco-McLennan County Public Health District helped tackle the obesity problem. The WIC Program classes, offered through funding from the state agency, are designed to teach both parents and children how to prepare healthier meals with quick and child-friendly recipes.

For more information, contact the newspapers in which these articles appeared at their Web sites: http://www.nytimes.com/ and http://www.wacotrib.com/ or the Dallas or Waco WIC programs.

"Viva con un Peso Saludable"
(continued from page 13)
For more information on the video exercise classes at St. John's Neighborhood Center Services, contact Connie Gonzalez at (512) 972-5787.

Questions? Contact Teresa Ramos at the St. John's WIC clinic (512) 972-5515 for more information.

Class 4:
Get Active in Class with Zowzoo
Theme: How to be more active.
Video: *Zowzoo.*
Parent and children activities: At the Parks and Recreation Conference Room, the parents and their children participated in this activity class following the lesson. State conducted a client survey after class.
Handouts: List of books from the public library with healthy recipes and activity books.

Class 5:
Grasa? No Gracias — Lesson no. GN-000-06
Theme: How to cook with less fat.
Video: *Grasa? No Gracias.*
Parent activity: Looked at five pounds of fat model. Parents had to guess what it was and how much it weighed.
Handouts: Zowzoo story books, worksheet on low fat versus high fat foods, hand outs included in lesson, and the "Fats and Oils: How do they compare?" worksheet. Wrap up and discussion. Handed out participation certificate designed especially for the class.

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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Publication No. 06-10664