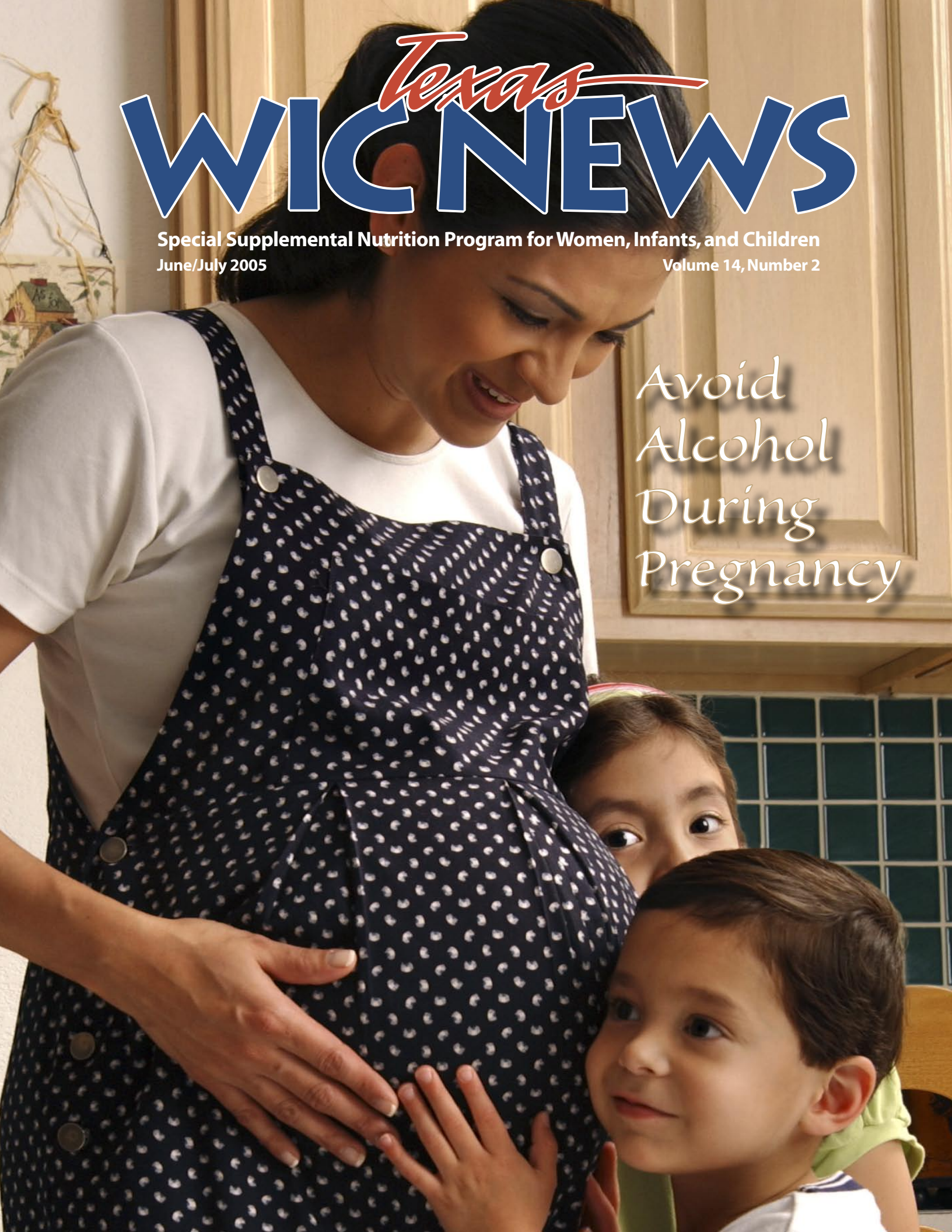

Texas WIC NEWS

Special Supplemental Nutrition Program for Women, Infants, and Children
June/July 2005
Volume 14, Number 2

Avoid Alcohol During Pregnancy

Thank You, WIC!

By Mike Montgomery
Texas WIC Director

Every now and then something really special happens in this job, and when it does I like to share it with you. I received the following letter in January from Wanda M. Sandel-Comber, a WIC client in Caldwell, Texas. It reaffirmed my belief in our mission and in the capabilities and caring of all of the WIC staff, both here in Austin and in the field. As you read the letter, think of someone whose life you have touched and accept my thanks for your good work. Ms. Sandel-Comber writes:

Dear Sir:

Several months ago, in desperation, out of an almost untenable situation, I decided to e-mail your office asking for help for my great grandsons Fulgencio III (Zach) and Daniel Alaric Zacariaz. The twin boys born to my 19-year-old granddaughter were not only premature, but in the case of "Zach," with a serious renal condition. He spent the first two months of his life at Texas Children's Hospital.

I was surprised when the very next day, I received a response from a super-nice lady by the name of Dinorah. Not only did she send me an immediate e-mail response, but she also set in motion whatever procedures you follow for facilitating a quick local interview to determine the babies' needs and how to fulfill them.

What a pleasant experience have we had dealing with your people! And how well has the WIC program adapted to the procurement of the very expensive and hard-to-obtain special components for baby Zach's fluid-restricted and nutrient-packed diet.

I never thought that I would get a response, much less the kind of caring and prompt one that I received! To say that we would have been hard-put to meet baby Zach's foodstuff requirement would have been a statement of hard truth. It is thanks to Mrs. Dinorah and WIC Project #106 that today both babies are nutritionally sound.

I can't thank you enough for all you have done for us. There just aren't adequate words to draw a picture of what's in our hearts. Suffice it to say that God has put a lot of good people within your organization and we are superbly blessed by that fact.

Please, give Mrs. Dinorah our heartfelt thanks, and may all who have made some peace of mind possible for us be blessed with the knowledge that you have done a very good deed.

Sincerely,

Wanda M. Sandel-Comber

I want to express my personal thanks to Dinorah Martinez of our IRM staff and to WIC LA 106 in Caldwell for responding quickly, efficiently, and caringly. And because I know this is just one of many clients who feel this way, my thank-you extends to all WIC employees. You do a great job every day! That's what WIC is all about.

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Columns

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Spreading the word … about breastfeeding

By Sergio Vega, WIC Local Agency 41

WIC Local Agency 41 in San Antonio hosted a breastfeeding rally in front of City Hall on July 29, 2004. This rally preceded a proclamation demonstrating support for breastfeeding from Mayor Ed Garza and the City of San Antonio.

The steps of City Hall were filled with local breastfeeding advocates from across the city. Included in the medley of advocates were representatives from the San Antonio Metropolitan Health District, CHRISTUS Santa Rosa Health Care, El Centro del Barrio, and the Barrio Comprehensive Health Clinic, as well as other health-agency representatives.

Melanie Ritsema, program manager for WIC LA 41, along with employees from other city departments, initiated and hosted the rally. She proudly unveiled new and innovative breastfeeding promotional materials issued by the city's Office of Women's Health and produced by the Ad Council. The message for mothers, families, and the community is "Babies were born to breastfeed."

In San Antonio, there are four WIC local agencies each competing for participants, yet breastfeeding promotion transcends competition. All four of the WIC local agency directors were present for the breastfeeding rally.

From left: Carol Silvas, R.N., Director of CHRISTUS Santa Rosa's WIC program — Local Agency 89; Susan Peace, R.N., I.B.C.L.C., Director of Barrio Comprehensive's WIC program — Local Agency 59; Melanie Ritsema, R.N., M.P.H., I.B.C.L.C., Director of the San Antonio Metropolitan Health District's WIC program — Local Agency 41; and Karen Finstuen, R.D., Director of CentroMed's WIC program — Local Agency 73.

Fetal alcohol spectrum disorders — awareness and prevention

By Isabel Clark, M.A., R.D.
Clinical nutrition specialist

Fetal alcohol spectrum disorders is the term currently used to describe the range of effects that can occur in a person whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, or learning disabilities with possible lifelong implications.

Fetal alcohol syndrome is a permanent, irreversible birth defect caused by alcohol consumption during pregnancy. It affects every part of a child's life and the lives of his or her family. There is no cure for FAS; however, it is the only birth defect that can be completely prevented if a woman does not drink alcohol while she is pregnant. There is no known safe amount of alcohol, or a safe time, that a woman can drink while pregnant.

Characteristics

FAS is the most severe disorder that can result if a woman drinks alcohol during her pregnancy. Children with FAS may have the following conditions, characteristics, or behaviors:

- diminished size for gestational age or short in stature compared to peers
- facial abnormalities, such as small eye openings
- poor coordination
- hyperactive behavior
- learning disabilities
- developmental disabilities (e.g., speech and language delays)
- mental retardation or low I.Q.
- problems with daily living
- poor reasoning and judgment skills
- sleep and sucking disturbances in infancy

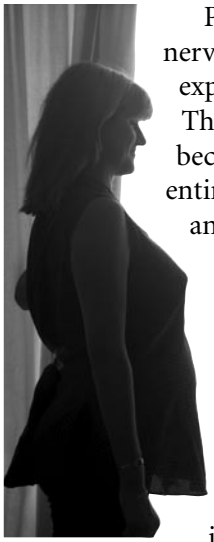
Other terms commonly used to describe fetal alcohol spectrum disorders include *fetal alcohol effects* (FAE), *alcohol-related neurodevelopmental disorder* (ARND), and *alcohol-related birth defects* (ARBD).

- FAE has been used to describe children who have all of the diagnostic features of FAS, but at mild or less severe levels. In 1996, the Institute of Medicine replaced the term fetal alcohol effects with alcohol-related neurodevelopmental disorder and alcohol-related birth defects.
- Children diagnosed with ARND may have functional or mental problems, including behavioral or cognitive abnormalities. Examples are learning difficulties, poor school performance, and poor impulse control. They may have difficulties with mathematical skills, memory attention, or judgment.
- Children diagnosed with ARBD may have heart, kidney, bone, or hearing problems.

FAS is a public-health concern

The number of pregnant women reporting alcohol use has declined since 1995, but women continue to report *risk drinking* (seven or more drinks per week or five or more drinks on any one occasion). The National Center on Birth Defects and Developmental Disabilities reports that one in 30 women who know they are pregnant admits risk drinking. One in seven non-pregnant women of childbearing age (18 to 44 years of age) engages in risk drinking; this is a special concern because a woman may be pregnant and not know it, and continue to drink at risky levels.

Alcohol in the mother's blood crosses the placenta and enters the embryo or fetus through the umbilical cord. Birth defects associated with prenatal exposure to alcohol can occur in the first three to eight weeks of pregnancy, before a woman even knows she is pregnant; damage to the fetus's developing organ systems can occur throughout pregnancy as a result of continued alcohol use.



Problems with growth and the central nervous system can also result from alcohol exposure at any time during pregnancy. The brain is especially vulnerable, because it develops throughout the entire pregnancy; it can be damaged at any time. Because the brain and central nervous system continue to grow and develop during the first year of life, many experts recommend that a mother who chooses to breastfeed abstain from alcohol. It is not known what effects alcohol can have on the developing brain after birth, but it is known that alcohol is present in breastmilk.

Statistics

According to reports from the Centers for Disease Control and Prevention, the incidence of FAS ranges from 0.2 to 1.5 per 1,000 live births in different areas of the United States. Only one-tenth of one percent of the pregnant women enrolled in Texas WIC report using alcohol. One of the medical- or health-history questions asked of all women applying for benefits from Texas WIC is whether they drink alcohol. Pregnant women are enrolled if they report any alcohol use. All postpartum women — both breastfeeding and non-breastfeeding — are enrolled who report *routine current use* of two or more drinks per day, binge drinking (five or more drinks on the same occasion on at least one day in the past 30 days), or heavy drinking (five or more drinks on the same occasion on five or more days in the previous 30 days).

The proportion of infants and children enrolled in Texas WIC with a diagnosis of FAS is very small (0.003–0.008 percent). Although the data indicate that Texas WIC is doing a great job, we know more than half of all women of childbearing age in the U.S. report that they drink alcohol. WIC must continue to educate our women applicants and warn them of the potential consequences of drinking during pregnancy. We at WIC must also provide referrals for those families with children diagnosed with FAS, or its related disorders, to obtain services to help them deal with the future issues they are likely to face.

Prevention

FAS is 100 percent preventable. All women of childbearing age should be warned about the risks associated with alcohol consumption during pregnancy. Abstinence from alcohol — and abstinence education — are the only preventive measures for the condition and its associated effects and disorders.

Many children have been exposed to alcohol in utero, but the symptoms are not always apparent. Early diagnosis is very important for affected children and their families to ensure that children get the help they need as soon as possible. With early identification and diagnosis, a child with FAS can receive the services that can help him or her lead a more productive life. WIC can provide both the education and referrals to prevent and deal with the effects of prenatal alcohol exposure and help improve the future of our participants.

Resources:

Texas Office for Prevention of Developmental Disabilities — (512) 206-4544 <http://www.topdd.state.tx.us>

Texas Fetal Alcohol Syndrome Consortium <http://www.main.org/texasfasc/resources.html>

U.S. DHHS Substance Abuse and Mental Health Services Administrations <http://www.fascenter.samhsa.gov/index.cfm>

Infants with FAS: Intervention Strategies <http://www.come-over.to/FAS/EI.htm>

Centers for Disease Control and Prevention <http://www.cdc.gov/ncbddd/fas/>

WIC works!

To: WIC Personnel
From: Laura Hernandez
Tuesday, February 17, 2004

Dear WIC Staff and Director:

I would like to take this time to extend my appreciation and thanks for the wonderful service and help that you have given to me these past years. In more than one way has this program supported my household.

At nineteen, and in college, I found myself pregnant and scared. I wasn't so much scared of being pregnant, but of having to tell my parents and the disappointments that they would feel. Planned Parenthood directed me to the WIC office. It was there that I broke down to the counselor who was helping me. Her reassurance that everything was going to be alright helped me walk out of there feeling better than I had all week. And she was right. Everything was okay. My son will be nine years old this May.

When my second son was born, I was in great pain from breastfeeding. At the verge of giving up, a friend told me that the WIC office had Breastfeeding Counselors that could help me. The day after I got out of the hospital, she drove me to the WIC office for help. Had it not been for the counselor, my son would not have started his life with the best nourishment that he needed at that time. He turns four years old this March.

With my third son, I did not have the option to stay home from work. At six weeks of age, I had to return. Reluctantly I went but not before WIC had given me an electrical breast pump so that my baby may not miss that special nourishment that he needed his first months of life. After eight months old, he was attached to the bottle and began to wean from the breast. I was explained this to the WIC counselor when emotion swept over me because of the guilt I felt at not giving him more time at home, but having to work. She reassured me that those eight months were enough to give him the vitamins he needed in order to grown physically and mentally. He is eighteen months old.

My parents were not supportive of me breastfeeding my three sons because their generation had not believed in it. But, with the education and support that I received from your program, I was able to give them what no one else was able to … an extension of motherhood.

I thank you for helping me with the milk, juices, eggs, cheese, peanut butter, and cereal that I receive every month from WIC. My three-year old has milk every night before going to bed and missed it when he went two nights with out it. The baby loves the Kix cereal, and the Chex cereals. We get so much out of the rest that comes … the omelets, the peanut butter cookies, the juice pops, etc. And it's all because of you! A very many thanks to you and your staff. You are always courteous with us when we go in for recertification and classes. And the recipes are a wonderful help.

Very sincerely yours,

The mother of three of the most precious WIC veterans,

Laura G. Hernandez

News to Use

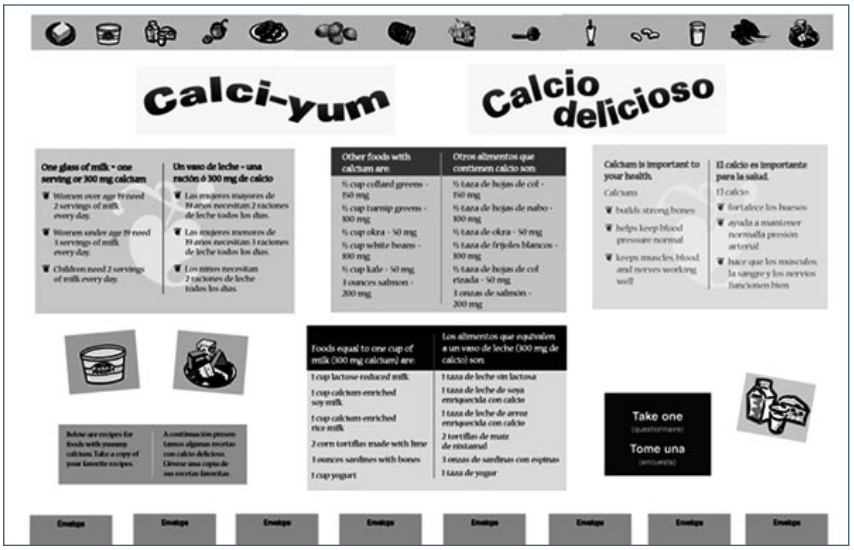
Compiled by nutrition education consultants Amy Culp, R.D., L.D., and Elaine Goodson, M.S., R.D., L.D., and nutrition consultant Mimi Kaufman, M.P.H., R.D., L.D., for Children with Special Health Care Needs

New resource for R.D.s providing care for children with special needs

The American Dietetic Association has published *Children with Special Health Care Needs: Nutrition Care Handbook.* Written by members of the Pediatric Nutrition Practice Group and the Dietetics in Developmental and Psychiatric Disorders Practice Group, this resource contains quick and practical references for dietitians who provide nutrition care for children with special needs in community settings. The *Handbook* covers nutrition and dietary assessment, oral-feeding and behavioral problems, tube feedings, and case studies to illustrate different situations or problems. This 180-page softbound book is available through the American Dietetic Association at <http://www.eatright.org> for $39.00 plus shipping and handling (ADA member price $30 + shipping and handling).

New WIC nutrition-education materials

"Calci-Yum" bulletin board and interactive lesson — This bulletin board provides a listing of high-calcium foods and recipes as well as describing how calcium prevents osteoporosis. It can be used either as a standard bulletin board or as an interactive lesson. The materials needed for the board can be ordered through the WIC warehouse, using the WIC Materials Order Form. The recipe sheets and borders can be ordered separately from the rest of the bulletin-board materials.



- **Bulletin-board borders**
  Stock no. 13-06-12053
  The bulletin board–interactive lesson borders have pictures of calcium-containing foods on a light blue background. Each order has 69 inches of borders. The borders are part of the bulletin board, but they can be ordered separately and used for other projects.

- **Recipe sheet no. 1**
  Stock no. 13-06-12054
  Includes recipes for an orange-pineapple smoothie, purple cow pops, brown jug soup, and fruited frozen yogurt. All recipes use foods that contain calcium. They are part of the materials for the bulletin board or interactive lesson, but can be ordered separately.

- **Recipe sheet no. 2**
  Stock no. 13-06-12055
  Includes recipes for banana mint slushes, a cinnamon apple frosty, milky ways, and calico bean salad. All recipes use foods that contain calcium. They are part of the materials for the bulletin board or interactive lesson, but can be ordered separately.

- **Remaining materials for the "Calci-Yum" bulletin board–interactive lesson**
  Stock no. 13-06-12056
  Includes the cover sheet and layout instructions for assembling the bulletin board, as well as the title, pictures, text, client questionnaire, and staff and participant surveys for the bulletin board or interactive lesson.

New group lessons

- **Healthy Drinks for Healthy Kids**
  Lesson code CF-000-21
  This lesson is for moms and older children to do together in class. It covers avoiding sodas and other sweet drinks, and encourages children to have water instead. It discusses the amount of juice and milk to have each day. It includes a coloring sheet for the children to take home.

- **What Can I Do Besides Eat?**
  Lesson code PN-000-07
  This lesson is for postpartum women and covers the emotions that influence over-eating and offers suggestions on how to handle those emotions. It includes a food diary that women can continue using at home. It also includes a short information sheet for WIC staff on emotional eating.

New self-paced lessons

- **Your Baby's Beautiful Teeth**
  Lesson code SP-000-15
  This self-paced lesson is for mothers of infants. It covers the importance of weaning from the bottle, limiting the use of sippy cups, cleaning a baby's teeth, when to go to the dentist, and other important steps on caring for an older infant's teeth.

- **Growing Up from a Baby to a Toddler**
  Lesson code SP-000-18
  This self-paced lesson is for mothers of older infants. The lesson discusses an infant or toddler's aversion to new foods, handling messy eating, food jags, the decrease in appetite at 1 year, and other issues around feeding youngsters as they start to eat at the table.

- **Introducing Finger Foods to Your Child**
  Lesson code SP-000-19
  This lesson is for mothers of older infants. It covers the developmental signs of readiness for self feeding and foods to give the baby and has a recipe for vegetables that can be given to a child to feed herself.

- **Weaning Your Baby from the Bottle for Healthy Teeth and a Healthy Diet**
  Lesson code SP-000-20
  This lesson, for mothers of older infants, gives tips on weaning babies — when to do it and why it is important.

- **The Kids' Activity Pyramid**
  Lesson code SP-000-17
  This self-paced lesson uses the activity pyramid provided as part of the lesson "Diabetes Matters to Your Family" (NR-000-10). It covers activities that children and families can perform together. It has a goal-setting component to help mothers get their children started on more physical activities.

The group and self-paced lessons listed will be sent to all local agencies. To order additional copies from the WIC warehouse, use the WIC Materials Order Form. The lessons can also be accessed on the WIC Web site at <http://www.dshs.state.tx.us/wichd/nut/edu-nut/shtm> under the "Lesson Plans" link.

Newsworthy nutrition

By Amy Culp, R.D, L.D.,
Nutrition education consultant

Almost daily, nutrition and health news makes the headlines. Here are some of the top stories and bottom-line messages to assist you as a nutrition and health educator.

Smoking during pregnancy: The risk of colic

The authors of a recent review article in *Pediatrics* found that there is new epidemiologic evidence suggesting that exposure to cigarette smoke and its metabolites during pregnancy may be linked to colic in infancy. The reason for the association may involve increased levels of an intestinal hormone called *motilin*, but the authors say further study is needed. The findings of six studies were reviewed for the article, all looking at the link between maternal smoking and excessive crying or colic in infants. Only one of the studies used Wessel's "rule of threes" to define colic: crying for at least 3 hours per day, at least 3 days per week, for at least 3 weeks; the other studies' criteria were not as stringent in defining the condition. Five of the studies supported an association between maternal smoking and colic, as well as excessive crying. Other recent studies of infants' intestinal tracts have linked smoking with elevated motilin levels and higher-than-average motilin levels with an increased risk of colic. These studies provide further support of the association between maternal smoking and colic.

WIC bottom line: If, as the authors of this review article suspect, exposure to cigarette smoke increases the risk of colic, then that provides even more incentive to parents to abstain from smoking. Refer smokers to the American Cancer Society's Quitline: 1 (877) YES-QUIT [1 (877) 937-7848], and be supportive of their efforts to quit!

Source: Shenassa, E. D., and M. J. Brown. 2004. Maternal smoking and infantile gastrointestinal dysregulation: The case of colic. *Pediatrics* 114(4): 497–505.

Another reason to get your 5 to 9 A Day!

Recent research has found that people who started their meal with three cups of low-calorie salad (100 calories) ate 12 percent fewer calories overall than people who did not eat a salad at the start of their meals. This supports previous research showing that eating low-calorie but filling foods can reduce the amount eaten during the rest of the meal. In the study, 42 women were asked to eat one of six different types of salads, or no salad at all, before a pasta lunch. The calories consumed throughout the entire meal were then measured. The researchers found that participants who ate 1½ cups of salad (50 calories) ate 7 percent less during their meal than when they did not have a salad. When 3 cups of salad (100 calories) was eaten, meal intake decreased by 12 percent, showing that portion size was important. Another important finding: only low-calorie salads were effective at decreasing intake for the rest of the meal. When participants ate a 400-calorie salad containing high-fat dressing and cheese, they consumed 17 percent more food during the entire meal than if they did not eat a salad at all. It should be noted that a small amount of fat is needed to absorb important nutrients in salads, but the total calorie content of the salad should be limited to 100–150 calories.

WIC bottom line: A large, low-calorie salad before a meal can help to reduce the total amount of calories

eaten. This approach may be helpful for women trying to lose or maintain weight — and it's a great way to increase vegetable intake!

Sources: Rolls, B. J., et al. 2004. Salad and satiety: Energy density and portion size of a first-course salad affect energy intake at lunch. *J. Am. Diet. Assoc.* 104: 1570–76.

How much are Americans paying for fruits and vegetables?

Americans do not consume the recommended number of fruits and vegetables for good health. Even though they come closer to the mark with vegetables than fruits, a third of the servings come from french fries, potato chips, and iceberg lettuce. One reason consumers give is that fruits and vegetables are expensive, especially fresh produce. The USDA performed an analysis of A.C. Nielsen Homescan data on 1999 household food purchases from all types of retail outlets to estimate an annual retail price per pound for 69 forms of fruits and 85 forms of vegetables. The analysis also estimated the number of servings of fruits and vegetables per pound of item purchased, after excluding all parts not usually eaten. In addition, the costs of fruits and vegetables needed to meet the dietary recommendations were analyzed. According to this report, consumers can meet the recommendations of three servings of fruits and four servings of vegetables daily for 64 cents. This represents only 12 percent of the daily food expenditures per person in 1999; therefore, consumers still have 88 percent of their food dollar left to purchase other foods to meet dietary requirements. Even low-income households still had 84 percent remaining. Even though cost differences among fresh and processed forms were mostly small, the study also found that, after adjusting for waste and serving size, 63 percent of fruits and 57 percent of vegetables were cheapest in their fresh form.

WIC bottom line: It is important to educate our clients that it is feasible to include at least five servings of fruits and vegetables daily on a frugal budget.

Source: Reed, J., E. Frazao, and R. Itskowitz. 2004. *How much do Americans pay for fruits and vegetables?* United States Department of Agriculture, Economic Research Service, Agriculture Information Bulletin no. 790. Available online at: <http://www.ers.usda.gov/publications/aib790/aib790.pdf>. Accessed October 7, 2004.

Prevention of obesity for children with Down syndrome

By Mimi Kaufman, M.P.H., R.D., L.D.
Nutritionist, Children with Special Health Care Needs

A variety of factors put people with Down syndrome (DS) at risk of increased weight and obesity (Table 1). As with everyone, the balance between food intake and physical activity can prevent or reduce obesity.

Physical factors

Virtually all infants with DS have decreased muscle tone (hypotonia). Children with low muscle tone tire easily and use movement patterns that use the least energy possible. As children with DS get older and have more therapy, their low muscle tone improves. Enrollment in an Early Childhood Intervention program will provide gross motor therapy and nutrition services for the child with DS at the earliest age.

As a result of their hypotonia, the ligaments along the vertebrae in the neck area are more relaxed in some children with DS. This results in an instability that may increase their risk for spinal-cord injury. Any activities that cause or require significant flexing of the neck should be avoided.

Hypothyroidism is the most common endocrine problem in DS. It is seen in approximately 10 percent of infants and goes up to 50 percent in adults with DS. Inadequate thyroid function contributes to a low metabolic rate that can cause an increase in weight gain.

Growth

Infants with DS are generally lighter and shorter than other infants at birth. As they grow, the following differences are seen on growth charts when compared with typically developing children:

- *Birth to 6 months*: length and weight increases closely match other infants
- *6 to 24 months*: linear growth slows markedly, producing a lag that continues into adulthood
- *Adolescence*: adolescent growth spurt is less pronounced and occurs an average of six months to one year late; some children with DS may never have an adolescent growth spurt

Children with DS who also have moderate to severe congenital heart defects are also lighter and shorter than those with mild defects. Plotting both mean weight and BMI on growth charts shows that children with Down syndrome tend to be overweight beginning in late infancy and continuing through their growing years.

Table 1. Risk factors for overweight and obesity in Down syndrome

Risk factors	Result in
Hypotonia	Tiring easily
Short stature	Excessive caloric intake
Low resting metabolic rate	Preference for indoor activities
Hypothyroidism	Apathy towards physical exercise
Decreased pulmonary function	
Cardiac malformations	

Adapted from Pipes and Powell (1996).

Physical activity

When compared with their siblings, children with DS are typically less active and spend significantly more time indoors. Many times children with special health-care needs are less active because of the family and community's perception that the child is unable to be physically active. Physical activity is important to increase lean body mass and, if needed, to decrease body fat.

All children with DS should be encouraged to participate in physical activity to increase their function, improve fitness, expend energy for weight management, and have fun. Each child's abilities and limitations should be considered when choosing activities. A physical therapist can determine appropriate activities based on the child's motor impairment. For very young children, safe play is an activity. As children get older, simple and safe activities that involve their large muscle groups and expend energy include walking, biking, running, playing at the park, and swimming.

Key points: Wellness and obesity prevention in children with Down syndrome

Support families of children with Down syndrome by providing:

- information on good food choices and appropriate physical activity beginning in infancy in order to prevent overweight
- ready access to accurate and consistent nutrition, wellness, and fitness information and anticipatory guidance
- guidance about the development of a positive feeding relationship between the parent and child begins in infancy
- referral to a family-support group
- regular assessment of the rate of weight gain is compared to length and stature gains
- monitoring of dietary intake to identify any potential problems of excessive weight gain
- information on access to physical-activity resources in the community

Adapted from Feucht and Lucas (2000).

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Vehrs, P. 1997. Physical activity and exercise for children with special health care needs. *Nutrition Focus* 12(2): 1–8.

Resources

National Down Syndrome Society. Available online at: <http://www.ndss.org>.

Guthrie Medlen, Joan E. 2002. *The Down syndrome nutrition handbook: A guide to promoting healthy lifestyles*. Bethesda, MD: Woodbine House Special Needs Collection.

Local Agency 54 offers a varied menu for nutrition education

By Joyce Leatherwood
Writer, editor

The Tarrant County WIC program is known for leadership in nutrition education. Director Ann Salyer-Caldwell and her staff believe in letting WIC participants make their own choices about what kind of education plan works best for them. To that end, LA 54 has designed several different nutrition-education options that provide information on a variety of topics.

Tarrant County WIC consists of 22 clinics serving almost 50,000 participants, so designing different nutrition-education opportunities for a large population that ranges from rural to urban is a challenge. One of the mainstays of the effort is an ongoing facilitated discussion group. Local Agency 54 has 33 degreed nutritionists, including eight registered dietitians, who facilitate the groups and who have written the discussion outlines, which Tarrant County offers to other projects through the state office in a spirit of sharing and cooperation.

Another resource for WIC participants is the Nutrition Education Library Plan, offered to parents of children ages 6 months through 4 years. WIC provides special nutrition books to participating libraries where WIC clients go with their children. Clients read the book of their choice to their child and complete a questionnaire about the book. When they return to the WIC clinic with the completed questionnaire, they pick up their vouchers.

LA 54 has also developed five Interactive Nutrition Education Flannel Board lessons as another option. The WIC participant reads the lesson at her own pace and answers a worksheet as she views the board. This option, like others, is available in both English and Spanish.

Tarrant County's cooperation with other clinics is reciprocated via their Web lessons, originated by LA 20. Computer-savvy participants can complete a lesson online at their convenience by accessing the project's Web site and then returning the completed lesson to their clinic.

The project also offers individual counseling with breastfeeding peer counselors as a nutrition-education choice. WIC participants like the one-on-one time with a peer counselor to have their breastfeeding questions answered.

One way that LA 54 has fun with nutrition education is choosing monthly themes that help promote interest, build teamwork within clinics, makes the clinics timely in their education and attractive for participants and staff. For example, in December the theme was Smart Shopping Ideas; in February the clinics celebrated American Heart Month.

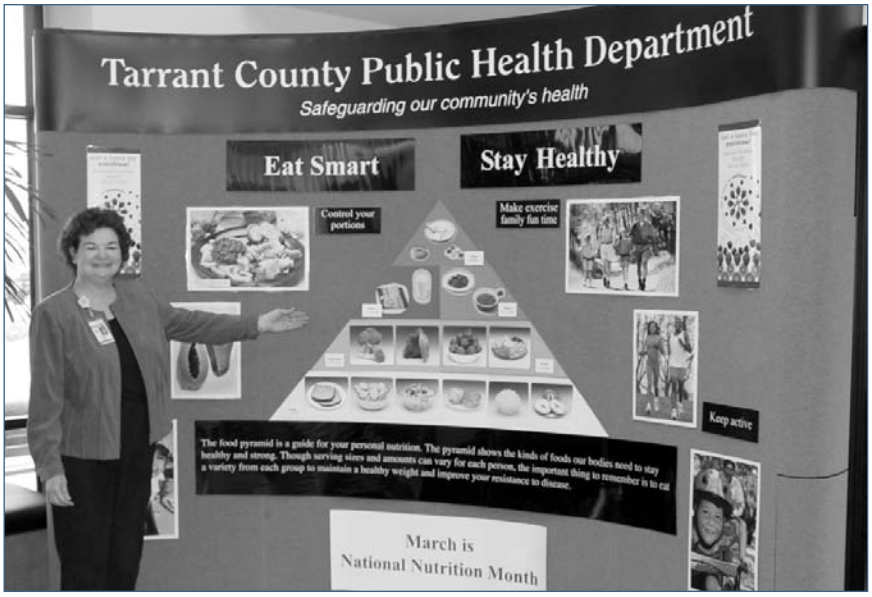
LA 54 also places a high value on training and quality assurance. New employees receive at least two weeks of a crash course on WIC before being sent to a WIC clinic for four weeks. There, they learn about WIC through a hands-on approach with coaching from a qualified

mentor who is a seasoned veteran. Six weeks after this mentoring the new employee undergoes a follow-up session to check for proper technique and to answer technical questions.

Quality assurance is ongoing both at the clinic level and in the administrative area. The clinic staff self-audits 5 percent of its charts daily, and several times a year at a staff meeting there is a mass audit of charts from the previous quarter. Both techniques have been particularly effective as teaching tools and for quality assurance. As a result, the monitoring at the state level brings very few surprises!

LA 54 has baked a solid layer of nutrition education, sprinkled in a generous portion of training, and topped it off with a super-sized program of quality assurance.

Receiving the Tarrant County Public Health Project of the Year Award for their WIC Nutrition Education Library Plan. Ten of 101 staffers pictured (left to right): Ann Salyer-Caldwell, WIC director; Nikki Padilla; Heather Pacchetti; Susan Belcher; Andrea Martin; Sonia Hunter; Dee Rash; Rochel Mawell; Claudia Lopez; and Emily Parks.



Dee Bash, nutrition education coordinator, with LA 54's display for National Nutrition Month, March, 2005.

Texas Early Childhood Intervention Program: Two Decades of Supporting Texas Families

By Ed Rivera
Public Information Specialist,
Early Childhood Intervention

Having a child with a disability has profound implications for families. Those families need to be supported in meeting their children's needs. Early intervention provides families with information, support, and resources, thereby reducing the family stress that having a child with a disability may increase.

Working with families

In Texas, Early Childhood Intervention has been providing support and help for over 20 years for families with babies and toddlers, from birth to age 3, who have disabilities and delayed development. In fiscal year 2003, 62 local ECI programs served more than 42,000 children under age 3.

ECI provides families with comprehensive care: both the family and child receive support and services. ECI is unique in that services are provided in homes and community settings and are delivered within family routines and daily activities.

> "ECI ... serving the whole child ... the whole family."

ECI services include screenings, evaluations and assessments, service coordination, and education for the family, as well as developmental services and therapy for the child. Following an evaluation and assessment to determine eligibility and identify needs, a team — including the family — plans services based on the child's and family's unique needs.

ECI determines eligibility based on one of the following:

- a delay in one or more areas of development;
- atypical development — performance within the child's appropriate age range on test instruments, but with patterns of development different from peers'; or
- a medically diagnosed condition with a high probability of a developmental delay.

ECI serves many babies and toddlers with nutritional issues or problems, including children with physical problems that interfere with feeding, such as a cleft palate or oral motor problems. Children with medical problems such as severe food allergies or acute or chronic diseases that affect the ability to take in, absorb, process, or retain food may also be eligible and should be referred to ECI.

ECI also serves many babies and toddlers diagnosed with *failure to thrive* — a condition where they are not growing and developing as expected. Failure to thrive may accompany an underlying physical disorder or illness. Psychological, social, or economic factors may also play a role. ECI's comprehensive services, delivered by an interdisciplinary team, can address all of the child's and family's needs. Through coordination of services, staff can assist the family in accessing multiple medical services.

Every child referred to ECI receives a nutrition screening and, if indicated, a nutrition assessment by a licensed or registered dietitian. If needed, and the family agrees, nutrition services will be included in the child's Individualized Family Service Plan. The child may be referred to WIC if the family is not already receiving WIC services. The nutritional status of a child enrolled in ECI is reviewed periodically, or as often as the interdisciplinary team recommends.

WIC and ECI

WIC's primary goal is to serve all eligible individuals and their families by providing nutritious foods, nutrition education, and counseling and referrals to other health-care services. Parents visiting WIC may express a concern about their child's development, or WIC staff may suspect physical, cognitive, or behavioral delays in young children. These are opportunities to refer the families to ECI and help them find needed services. A medical diagnosis or a confirmed developmental delay is not needed for referral. Early identification and timely intervention lead to more positive child and family outcomes. Early referral is best!

How do I refer a child?

Referring a child to ECI is as easy as picking up a phone. Just call the ECI Care Line at 1 (800) 250-2246. From there, parents will be given the name and number of a local ECI program.

Free materials available

ECI also has a series of free family-oriented brochures available for distribution. Brochures can be passed out to families to help them better understand ECI and the services provided. Brochures can be ordered at any time by calling the ECI Care Line.

WIC Dietetic Internship: A personal story

By Sherry Clark, M.P.H., R.D., L.D.
Dietetic Internship director

Left to right: Andrew Barefoot, R.D.; his son Wesley; and his wife Kerry.

Seven interns graduated from the WIC Dietetic Internship on August 26, 2004. Just before graduation, each intern was asked to reflect upon the eight-month experience and write a brief essay titled "What the Internship Has Meant to Me."

Andrew Barefoot, an employee of the Tarrant County Health Department writes:

> [A dietetic internship] is the necessary step to practice nutrition on a professional level. To me this internship has meant the finalization of my undergraduate work. Even after graduating with a bachelor's in Dietetics and Institutional Administration, I didn't feel like I was done in my educational development. I felt I never achieved the full potential in this field without the R.D. accreditation.
>
> This internship has made this completion possible at a time in my life when going through a non-funded internship program would be very difficult. What a great opportunity! I was able to go through the internship, becoming eligible to take the R.D. exam, while continuing to be employed by the WIC program, able to financial[ly] support my family. In addition, many R.D.s I meet who recently graduated were having trouble finding work. This is not a concern for me. In fact, I'm set for at least the next two years with Tarrant County WIC.
>
> Through my experiences I have learned so much. I have learned a lot about myself and what I am capable of. I learned the importance of how you present yourself and the importance of maintaining professionalism. I learned the difficulties the profession of nutrition faces and experienced the joy of helping people. I got to observe different leadership and management styles, observing as an unbiased outsider the importance of having good values, being responsible, and establishing yourself as the expert for your field.

For my work, I have gained experience in the field of pediatrics and medicine, which I previously did not have. I now better understand what special needs children experience at home and when admitted to the hospital for care. I am also more knowledgeable of the different nutrition and assistance programs available in the Tarrant County area. This is knowledge that will benefit the program and its clientele.

In summary, to me this program meant I could become an R.D.

Interns submit weekly reports that facilitate communication between themselves and internship administration. Weekly reports offer insight into the progress and learning that an intern experiences as seen in this excerpt from a report that Andrew submitted while completing his supervised experiences in an acute-care hospital:

I've been hanging out in ICU trying to drum up getting to see a Naso-gastric tube placement. I know, I still have notseen one even though I've been trying for two weeks now. I was talking with the charge nurse and she offered to put one in me. I honestly was going to do it today but I looks like I'm going to see an intubation (placement of an NG tube) of a patient onto a vent and placement of an OG tube. After 3 hours (it's 6 o'clock) one of the ICU nurses offered to let me see an extubation (removal of NG tube). Well, unfortunately for the patient it may not have been the right time. Right now we're waiting on the doctor to show up and decide if he wants the respiratory/nurses to reintubate her. Her blood gas results have been coming back very poor since being extubated. In fact, when the respiratory therapist first took the tube out the patient did not breathe. The patient has been intubated for so long that the vocal cords and soft tissue became inflamed and [were] affecting her ability to breathe. Also, she is obese (class 3) and the fat fold around her neck is causing some difficulty in breathing. The doctor believes that a lot of her difficulty is a result of a sleep apnea like the situation where her weight is causing blockage of her respiratory function. I got to hold the patient's hand while the respiratory therapist took the blood for the blood gas test. I also got to see a nasal trumpet and tongue depressor get placed. Surprising how brutal medicine can be in the process of trying to help you live.

Andrew's story reveals that interns in this program have the opportunity to learn much more than what is outlined in the curriculum. Congratulations to all of the 2004 graduates!

THINKING ABOUT CAREER ADVANCEMENT IN DIETETICS?

Consider the

TEXAS WIC DIETETIC INTERNSHIP!

If you have a degree in nutrition, but are not a registered dietitian, and you work at a WIC local agency, consider applying for the Texas WIC Dietetic Internship. Becoming a dietetic intern means investing in your future. The internship provides supervised experiences in nutrition therapy, food-service management, and community nutrition. Upon completion of the eight-month internship, graduates will be eligible to take the registration examination for dietitians. Becoming a DSHS dietetic intern increases your advanced nutrition and management skills. This will enhance your value to your employer and increase your chances of career advancement. Unlike most dietetic internships, you can complete the DSHS dietetic internship while remaining a paid employee!

Each year DSHS accepts up to 10 interns. Check the Web site for current information at: <http://www.dshs.state.tx.us/wichd/nut/intern-intro.shtm>.

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 <leticia.silva@dshs.state.tx.us> or call (512) 341-4400, ext. 2258#.

TEXAS Department of State Health Services
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