

Texas WIC NEWS

Special Supplemental Nutrition Program for Women, Infants and Children
Spring 2004

Volume 13, Number 2



Eat well
Stay fit

*with healthful foods
and an active lifestyle*



Focus groups provide important feedback to WIC

By Mike Montgomery
Texas WIC director

During 2003, the Texas WIC program contracted with a social-marketing group to examine outreach issues, specifically the problems of no-shows and non-participating eligibles. The group visited a number of local agencies conducting focus groups in various areas around the state, including Athens, Bandera, El Paso, Houston, Mt. Pleasant, Palestine, Sulphur Springs, Tyler, and Waco. They also met with the Outreach Committee of TALWD. The purpose of the study was to understand reasons that participants become no-shows and that some eligible women do not enroll in WIC.

Staff and participants shared much important information that will help state and local agencies provide better services to WIC participants. Here are some findings from this research.

NO-SHOWS

Many participants don't understand the implications of not showing up for WIC appointments. A better understanding of the implications might motivate clients to keep their appointments or at least call to reschedule.

The primary reasons women miss appointments are work conflicts, transportation problems, lack of time, sick children, and because they forget.

The study also found that most

women value nutrition education. They retain many key messages and report incorporating them in their nutritional practices at home.

Extended evening and weekend hours are critical for working mothers. Limited operating hours cause some women to stop using WIC services. Long waits are also a deterrent to working mothers.

We also heard loud and clear that participants are having difficulties with the WIC "grocery-store experience," describing it as embarrassing and frustrating for them. Confusion over qualified foods, a long checkout process because of vouchers, and ridicule by other customers and store staff can make grocery shopping an unpleasant experience for WIC mothers.

NON-PARTICIPATING ELIGIBLES

Many eligible women did not think they were eligible for WIC because they had tried to get Food Stamps and received either few or no benefits.

Some eligible women considered themselves "middle class" and thus not eligible for WIC.

Many thought the eligibility process would be as difficult and time-consuming as that for Food Stamps and Medicaid.

Even though some women had three or more children, their doctors had never mentioned WIC to them.

STRENGTHEN PARTNERSHIPS

From this study we know that we need to strengthen our partnerships

with physicians and local Medicaid offices. Our local medical community and Medicaid, TANF, and Food Stamp offices are great referral sources to WIC but, with frequent changes of staff, this communication must be ongoing. Some of our current outreach materials were analyzed during the focus groups and many will be changed to better target our WIC-eligible families.

The agency is responding to these concerns in a number of ways. The Electronic Benefits Transfer technology will have a positive effect on some of the problems identified during the focus groups. With EBT, the system will determine, using UPC codes programmed into the system, which foods are allowable, eliminating subjective judgments on whether a food is WIC approved or not. In addition, TDH has contracted with an outside group to study the WIC grocery store experience to see what can be done on all levels to make this process easier from both the WIC participant's and the grocer's perspectives.

We can also be very proud of the successes that the study brought to our attention. Focus-group participants were very positive about WIC nutrition education and customer service — areas that are extremely important to the WIC program and to our WIC participants. It is gratifying to hear that our participants view the staff and the education positively and value their WIC experience.

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Local-agency spotlight — Marie Zaczkowski, M.S., R.D.

By Joyce Leatherwood
Texas WIC News publications coordinator



Marie Zaczkowski is an old-timer with Texas WIC, having been with the Dallas WIC program since September 1979, when she started her career as a public health nutritionist. “My major responsibilities when I started with WIC were as the nutrition education coordinator and training and supervising the nutritionists and nutrition technicians.”

She received her degree in dietetics from the College of St. Benedict, in St. Joseph, Minnesota, and then her M.S. from the University of Wisconsin at Madison, where she did her dietetic internship. She says she still hasn’t adjusted to the hot Texas summers, but doesn’t miss the really cold Minnesota winters.

About three years after Marie started with WIC, the director resigned, and she was given the responsibility for managing the local agency. Marie has guided the WIC

program through 24 years of incredible growth and many changes. “In 1979, the Dallas WIC program was serving about 4,000 participants. We had four full-time sites and one part-time site, all within the Dallas city limits. At that time, many counties in Texas did not have even have WIC services.”

Then, in the early 1980s, the Dallas Health Department agreed to provide services to all Dallas County residents, expanding services to five sites in the suburbs. “I am most proud of the work the Dallas WIC staff have done to expand WIC services. Since the early 1980s, it has been the rare month that our caseload has not increased. The Dallas WIC program now serves 80,000 participants a month at 25 locations!”

One of the biggest changes in WIC, says Marie, other than the incredible growth in the program, is the change in the ethnicity of our WIC clients. “When I started with WIC, about 15 percent of the WIC clients in our agency were Hispanic, and our majority population was African American. We had no Spanish-speaking staff and, when a Spanish-speaking only client called WIC, staff had to transfer the call to staff in another program to interpret for us.”

“I hired the first bilingual English-Spanish clerk in 1984. Since

then, as in most WIC agencies in Texas, the majority population is now Hispanic. In my early days with WIC, we also served a large Vietnamese refugee population. In later years, our refugee populations included Bosnians and Kurdish families. WIC has always been an interesting place to work to learn about different cultures, their health beliefs, and food practices.”

Besides her duties as WIC Director, Marie also served as a past president of the Texas Association of Local WIC Directors, and served for one year on the Board of the National WIC Association.

After 24 years of service, Marie is beginning to think about retirement. “My hobbies include quilting and needlework, and I have a special interest in needlework samplers. I look forward to retirement when I can finish all those works in progress in my sewing studio and starting those quilting and stitching projects I have only had time to dream about.”

Marie’s dedication to her career with WIC, and her commitment to serving WIC families, is reflected in her closing thought: “Although there are a lot of difficult days, I can honestly say I have never had a day when I did not want to come back to work. I know that working for WIC we make a difference every day for the families we serve.”

Central-office spotlight — Lopez

By Joyce Leatherwood
Texas WIC News publications coordinator



Lopez ... the man, the myth, the WIC warehouse supervisor, is responsible for successfully distributing WIC materials — including about 3 million vouchers every other month, a multitude of breast pumps and, of course, *Texas WIC News* — to local agencies throughout Texas.

Lopez ... if he has a first name, it is irrelevant. Throw an envelope on the ground within 50 feet of any WIC office in Austin, addressed merely to “Lopez,” and the safe bet is that it will arrive on his desk within a day or so. He explains, laughing, “What helped me there is that I started with the department, making deliveries, so I got to know a lot of people.”

Lopez ... started with TDH in December 1988 as a clerk doing deliveries. In 1993 he was promoted to warehouse supervisor. Ten-plus years later he continues to supervise all of the shipping, receiving, and stocking at the WIC warehouse, in addition to the mailroom operations at Howard Lane.

Compared to most, who work in an office or cube so small that they can reach everything without bending, Lopez’s world is immense, complex, and foreign. Neatly stacked boxes, shrink-wrapped on row after row of pallets, fill the warehouse practically to the ceiling. Big orange forklifts rest in the wide aisles like

hefty warhorses, waiting for the warehouse cavalryman with a key to send them snorting and puffing to the pallets. Sixteen pallets and whataya get? Breast pumps, of course.

Lopez moves through the warehouse with confidence. He is a man at ease with his job, whose pride shows as he gives the tour. “This is a working warehouse, and we do a lot of backbreaking work.”

He is proud of the work that his crew does. “We get an invoice for, say, forms or videos, and those products are shipped within three days. I’ve got a good group. These folks make me shine. Without them we couldn’t do the good work that we do.”

Nina, his wife of 28 years — “or is it 29?” he asks, eyes to the ceiling; “we got married in 1975” — is also a state employee, with the Texas Workforce Commission. They have a son, Eddie, who attends UT and is working toward his doctorate in biochemistry. When Lopez is not supervising the WIC warehouse, he enjoys bay fishing, woodworking, camping, and cooking.

One of his employees remarked that if Lopez ever left, WIC would fall. Lopez scoffs at this: “Oh, no, WIC would never fall. It might trip, but it would never fall.”

Oh, and if you wonder what Lopez’s first name is — it’s Felipe.

A family that eats together ...

By Marianne Lindgren, M.S.
dietetic intern, University of Northern Colorado



Does it seem like everyone in your family is moving in different directions? Establishing time together between work, school, and extracurricular activities is often a challenge. Families are becoming so busy that they no longer have time to share meals together.

Not only are these families losing quality time, they may be gaining weight. Studies have linked the trend of decreasing family meals with the increasing problem of obesity. At least 57 percent of adults and 22 percent of children in America are overweight. Weight management is most successful when families work toward a healthy lifestyle together. A family meal, followed by a walk or a bike ride, can help improve the health of your family both physically and as a functional unit.

Sharing a meal may not be that simple. Often, families resort to frozen, canned, or boxed foods kids can make on their own or fast foods delivered just in time for a favorite TV show. These dietary habits pave the way for health problems, including obesity. Studies show that meals prepared at home are usually planned and offer more fruits and vegetables. Research also indicates that families eating in front of the television consume more saturated fat, soda, and caffeine than if the meals were eaten at the table. Additionally, dinners without distractions tend to include more fiber, calcium, B vitamins, and iron.

A healthy diet is not the only positive result of family meals. Sharing this time together helps children perform better academically, psychologically, and socially. Children feel secure, develop table manners and learn how to carry on casual conversations.

Speaking of conversations, there are a few things to remember about mealtime discussions. Creating a positive atmosphere will make the meal more enjoyable. Conversations should be supportive and pleasant. It may be helpful if the parents set the example and begin the conversation. Consider taking turns sharing a joke, something learned that day, or something else of interest. Any problems or issues that arise during the meal should be addressed after dinner. Similarly, lectures or punishments should take place away from the table. This will reinforce to your children that mealtime is a safe and friendly event. Meals should be designated as a time to focus on the family. Turn off the television and let the machine answer the phone.

It is important to make family meals a priority. Start by scheduling a family meal night. Strive to increase the number of meals shared each week.

You may find that your family is home but time is lacking. To help ensure quick, high-quality meals, generate a list of your family's favorite recipes. Stock up on those ingredients and frequently used non-perishable items. When preparing a meal, double the recipe and freeze the extra portions. Cut up extra vegetables so they can be used the next day or later that week. Healthy convenience foods are available in the grocery produce aisle — pre-packaged salads, pre-cut broccoli and cauliflower, and more.

Mom and Dad, your children depend on you to provide them with food choices. It is your job to make sure healthy foods are available. This does not mean that you have to do all the work. In fact, it is a good idea to get your children involved in the meal planning and preparation. Invite your children to look through cookbooks or check Web sites for recipes. Review the recipes with them so that they can learn where the foods fit into the Food Guide Pyramid. Take them along to the grocery store so they can help shop for the ingredients. If they



are old enough, and have proper supervision, they can even help prepare the meal.

Remember — your children look up to you. They learn from your example. Their eating behavior is influenced by the foods you provide, as well as the foods you eat. Your positive example, the availability of nutritious foods, and their ability to decide what and how much they eat at a meal will help your children acquire healthy eating habits.

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Conference offers kitchen happiness

By Cathey Capers, program director, Sustainable Food Center



Chef Larry Nichols teaches an appreciative audience in this Happy Kitchen cooking class.

The Happy Kitchen / La Cocina Alegre, a program of the Sustainable Food Center, is a highly effective, award-winning series of hands-on cooking classes targeted to low-income parents of young children. Expanding by popular demand since its origin in 1995, it is now poised to begin training WIC staff so that local agencies can offer these engaging and health-promoting classes.

Next April's WIC Nutrition and Breastfeeding Conference will offer WIC staff a chance to participate in a pre-conference full-day training to learn the tools and tips that will enable them to replicate The Happy Kitchen / La Cocina Alegre. Those attending the conference will also have the opportunity to hear from a panel of people representing agencies that have adopted this program in order to better serve their clients.

Developed from the outset based on participant feedback, The Happy Kitchen / La Cocina Alegre boasts the following innovative features that participants report fill a gap in skills by providing crucial opportunities:

PRACTICE

Every week participants actively practice using the Food Guide Pyramid and the Nutrition Facts food label to plan and select healthy, economical foods. The participants prepare a healthy dish together and everyone leaves with the recipe for that dish, as well as a bag of ingredients to practice preparing the recipe for family or friends.

SOCIAL SUPPORT

The Happy Kitchen / La Cocina Alegre creates a friendly, informal atmosphere, such as you would find in a neighbor's kitchen. By the end of six weeks of cooking, eating, and learning together, participants feel supported by one another's efforts to pursue a healthy way of eating and cooking for their families.

TRIAL

For people on a low or fixed income, the opportunity presented by The Happy Kitchen / La Cocina Alegre to try new foods and new methods of preparing foods is essential. The added benefit of bringing ingredients and recipes home for family members to sample significantly increases the likelihood that the whole family may adopt a new, healthy food.

PEER MODELING

Graduates of The Happy Kitchen / La Cocina Alegre cooking class have the opportunity to train to become a facilitator of such classes. They serve as inspiring role models for community members they invite to future classes. A Facilitator's Guide developed at the request of, and with input from, newly trained community members serves to lead facilitators through the nutrition-education messages surrounding each cooking activity. It includes a bilingual (Spanish/English) cookbook featuring over 85 recipes popular with participants that feature:

- seasonal, locally available fresh produce and herbs,
- economical and easily accessible ingredients (under \$1.10/serving),
- quick and simple-to-prepare meals (under 30 minutes supervised cooking), and
- naturally low-fat, healthy ingredients.

Evaluations from the first series of community classes offered by newly trained facilitators demonstrate positive changes among more than 85 percent of participants in shopping, cooking and eating.

For more information about The Happy Kitchen / La Cocina Alegre, training services, or materials available to enhance nutrition education, contact Catherine Capers or Laura Hannibal at the Sustainable Food Center, (512) 236-0074.

Test your fitness I.Q.

By Eaton Wright, B.S., NUT
nutrition expert

*We hate
to exercise,
and love
to super-size
everything.*

Hello everybody. Eaton Wright here to Test Your Fitness I.Q. We have all heard the spiel a million times — Americans are fatter than ever.

Ever wonder about the causes of America's ever-growing waistline? Is it the latest McBypass hamburger, the swimming pool-sized soda, or our demand for a huge amount of food for little \$\$\$? Yes to all of the above. But there is something else to this phenomenon — an unwillingness to exercise. That's a shame, too, because it's a fact that, without even losing a single pound, a fit fat person is healthier than an unfit fat person. OK, OK, now on with the quiz.

1. The Centers for Disease Control and Prevention recommends "moderate" amounts of daily physical activity for people of all ages. What constitutes "moderate"-intensity exercise?
 - a. talking on the phone for 45 minutes
 - b. walking 60 minutes at 10 mph
 - c. biking 30 minutes at a "rating of perceived exertion" of 11-14
 - d. climbing Mt. Everest
 - e. playing basketball for 15 minutes against LeBron James
 - f. all of the above
2. True or false? Bird watching is a competitive sport.
3. The benefits of regular physical activity include:
 - a. reducing the risk of dying from coronary heart disease and of developing high blood pressure, colon cancer, and diabetes.
 - b. helping control weight, develop lean muscle, and reduce body fat.
 - c. reducing symptoms of anxiety and depression and fostering improvements in mood and feelings of well-being.
 - d. making you look like (fill in your favorite actor or actress)
 - e. helping maintain healthy bones, muscles, and joints.
 - f. all of the above except d.
4. True or false? One must exercise 30 minutes (all at one time) to receive the benefits.

Answers

1. **The answer is “c”:** using the “rating of perceived exertion”, a person’s self-perception of his or her own exercise difficulty, moderate intensity is 11–14.

The RPE is a subjective rating that can be used to rate exercise intensity. The RPE is a simple method of determining exercise intensity. The American College of Sports Medicine uses the original scale from 6 to 19 to identify the perceived level of difficulty of physical activity, as follows:

6–8	very, very light
9–10	very light
11–12	fairly light
13–14	somewhat hard
15–16	hard
17–18	very hard
19	very, very hard

Note of caution:

Never attempt to play basketball against LeBron James for any period of time!

2. **Absolutely true!** I once walked in between Shellie Shores (avid birder) and a purple swamphen (bird) and got whomped upside the old melon. Take it from yours truly, binoculars hurt and leave a funny bruise too. Seriously, any activity that regularly gets you walking outside in the fresh air is A-OK in my book. Plus, birding is an activity that the whole family can do together. According to the United States Fish and Wildlife Service, 51.3 million Americans report that they watch birds.

3. **The answer is “f.”** Regular physical activity does a lot of good stuff, but it will not make you look like your favorite actor or actress. Believe me, I have been exercising regularly for years and I am no closer to looking like Homer J. Simpson than the day I began. Or ... maybe I am.

4. **False.** It is A-OK to break up daily exercise into two, three, four or more shorter sessions. Start slowly, but regularly, and build upon success!

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

VERB™. It's what you do.

A five-year, multicultural, physical activity campaign designed for tweens provides essential messages for all parents

By Lynn Wild, R.D., M.A.



The situation

Even with the avalanche of information and media attention about the importance of physical activity and eating right to prevent obesity, clinics and medical offices still see growing numbers of significantly overweight children. So the question is, how do parents, teachers, and communities persuade their children, students, and youth to become and stay physically active? For one answer we can turn to the campaign that began in October 2002 — “VERB™. It's what you do.”

The Centers for Disease Control and Prevention (CDC) began the

VERB media campaign to promote physical activity among 9–13-year-old children, “tweens.” In its quest for effective messages, the CDC focused on tweens, because at that age even active children become less active or, worse, inactive. Tweens need more support and modeling than do younger children from parents and influential adults to stay physically active.

Because health messages have been largely ineffective at reducing the number of overweight children or at increasing the number of physically active children, what makes the VERB campaign different? Focus groups conducted

with parents, tweens, and youth influencers from different ethnic groups and from different locations in the U.S. provided key insights for the CDC VERB campaign.

Barriers

How parents in these focus groups see their roles

Parents play a pivotal role in a child's engagement in physical activity. In fact, research indicates that parental passion, physical involvement, emotional support, motivation, and facilitation are the keys to a child's enthusiasm for an activity and persistence in it. Yet, across cultures, ethnicity, and income, the CDC-sponsored focus groups revealed that parents do not want to acknowledge their roles in their children's development. Instead, they attribute their children's interest and success in activities to a natural tendency or talent.

Different definitions for health and values for physical activity

Further, focus-group parents from different ethnic groups and different locations defined health and physical activity differently. In one population, parents defined “health” as ‘their being able to fill their children's stomachs and have their kids not be sick.’ They defined physical activity as ‘merely play or a

distraction.’ Families did not connect “physical activity” with health benefits, or group involvement with improved self-esteem.

Within other focus groups, parents defined “health” as ‘having enough to eat and avoiding harmful substances such as tobacco, drugs, and alcohol.’ The idea of fitness and “ideal” health was less urgent to them than meeting immediate needs.

Families in a third group defined “health” as ‘freedom from illness, a “normal” physique, and avoidance of health-damaging habits such as drinking, smoking, drug abuse, and fast-food consumption.’ These parents described their family priorities as education, cultural bonding, and disciplinary training at home. Parents and children in this group, linked health more to mental and physical well-being than to physical fitness or strength.

More barriers

Focus groups uncovered other barriers to regular physical activity, such as:

- busy parent work schedules,
- limited resources for lessons and equipment,
- danger from violence and gangs, and
- limited accessibility of activities.

Language, gender, and cultural barriers also hindered many parents from enrolling their children in organized sports. Because transportation fell upon these working parents, they resisted committing their children to any long-term external activities. The socioeco-

nom, cultural, and safety barriers — in addition to parental unwillingness to acknowledge their roles in their children’s physical activity and its value to their health — became the focus of the CDC campaign.

The CDC campaign: Effective messages

The focus-group results indicated that the CDC campaign needed to clearly communicate three things to parents and children:

1. To overcome barriers, parents must take an active part in their children’s physical activity.
2. For parents to take an active role, they must see the value in physical activity for themselves and their children.
3. Messages to parents must address concerns for value, accessibility, and safety; messages to children must emphasize that regular physical activity is fun and supported by parents and other adults.

The VERB campaign reaches parents and children through a series of messages.

Message: Showing the value of physical activity

VERB messages link regular physical activity for children with the value their parents place on building self-esteem, offering healthy interactions, promoting discipline, promoting independent thinking, promoting positive thinking, and overall empowerment.

Message: Overcoming barriers, engaging active parental participation

These messages emphasize that children can engage in increased free-time play, rather than organized activities, to stay healthy. With parental participation and facilitation, significant health benefits come from brisk walking, playing hopscotch, jumping rope, dancing, playing tag, swimming and inline skating. Messages about free-time physical activity emphasize easy accessibility, little or no cost, the ability to do it in any language, and opportunities for safe family activity.

Message: Making physical activity look fun

VERB portrays free-time physical activity to parents and children as being “cool,” fun, and socially appealing.

Educators and community adults who influence youth also receive targeted messages about their roles in promoting and supporting youth physical activity within communities. The bottom line: To be healthy, all children need physically active parents who support daily free-time physical activity. **VERB. It's what you do.**

For more information on the VERB campaign and promotional activities go to the Web site at <<http://www.cdc.gov/youthcampaign/overview.htm>>.

The myths and realities of healthy lifestyles

By Dayle Hayes, M.S., R.D.
nutrition consultant

Myth #1: You have to exercise to get in shape and be healthy.

REALITY: The best way to fit fitness into your life is with physical activities you like. Change the “E” word from exercise to enjoyment — and you can dance and play your way to a healthy lifestyle.

Myth #2: To be healthy, you need to set aside an hour to exercise every day.

REALITY: In terms of fitness, every step counts — from doing housework to walking the dog. Make your activity goal 30-10-5: a total of at least 30 minutes a day, at least 10 minutes at a time, at least 5 days a week.

Myth #3: You need a gym and expensive equipment to get fit.

REALITY: The only equipment you really need is a comfortable pair of shoes. You can get the benefits of physical activity by finding ways to walk more — around work, the mall, the park, or the neighborhood.

Myth #4: To be good for you, exercise has to be intense and strenuous.

REALITY: Small, gentle steps toward fitness are better for your body — and more fun over the long run. Classes like water aerobics and yoga are excellent ways to exert your body without risking pain or injury.

Myth #5: Getting enough exercise is really hard in our busy lives.

REALITY: You can fit fitness into your life — anytime, anywhere. You can take the stairs instead of the elevator, take a walk instead of a coffee break, put in a dance video instead of a movie, or take the kids to the park instead of sitting in front of the TV.

Myth #6: In order to be healthy, we all need to follow a specific diet.

REALITY: There are lots of different and delicious ways to eat healthfully. No one diet fits every body’s needs. We all enjoy different foods and need different amounts of nutrients. The key is to find a healthful eating style that you can enjoy forever.

Myth #7: Eating right means giving up all the foods you love to eat.

REALITY: You can eat intelligently and still enjoy your favorite foods. The key is to enjoy all foods — but not to overdo it on anything. One smart nutrition strategy is to re-size your portions, by saying “no, thanks” to the super-sized options.

Myth #8: Nutrition is complicated and difficult to understand.

REALITY: Eating well can be as easy as choosing your fruits and vegetables the “color way.” By choosing brightly colored produce — red tomatoes, dark green leafy lettuce, blueberries, and oranges — you can feel better and stay healthy.

Myth #9: Nutrition comes in pills and supplements.

REALITY: The best source of nutrition is whole foods, like whole grains, fruits, veggies, beans, nuts, low-fat dairy products, lean meats, poultry, and fish. Whole foods, not pills, are packed with the nutrient power we need to grow strong and stay strong.

Myth #10: Eating right is next to impossible in our fast-food world.

REALITY: You can eat smart, anywhere you eat, anytime of day. It’s all about making healthy choices and planning ahead. If you’re eating fast food, choose a small burger with low-fat milk or juice (and bring an apple along for dessert).

Fourth internship class graduates

By Patti Fitch, R.D.
clinical nutrition coordinator



Left to right: Raquel Mendiola, Yolanda Perez Cepak, Paulina Massieu, Sylvia Vidal, and Bridget Hughes

It was a pleasure to watch the five graduates of the most recent internship receive their awards and certificates. Each of the individuals in the class worked hard during the past nine months and all were happy to have the internship successfully behind them.

Our graduates who will soon take the R.D. exam are:

Yolanda Perez Cepak, LA 07
City of Dallas
Department of Environmental
and Health Services

Bridget Hughes, LA 54
Tarrant County Health Department

Paulina Massieu, LA 13
City of Laredo Health Department

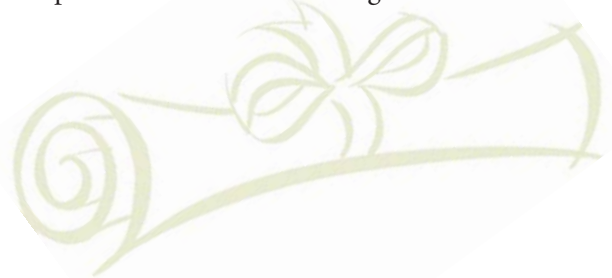
Raquel Mendiola, LA 28
Centro de Salud Familiar La Fe, Inc.

Sylvia Vidal, LA 54
Tarrant County Health Department

At the ceremony, Ann Sawyer-Caldwell spoke as a representative of the Texas Association of Local WIC Directors and presented plaques to each graduate. Ms. Sawyer-Caldwell is the division manager for Community Health Promotion at the Tarrant County Health Department and has now seen four interns through the program. She shared a few of the concepts that her own interns believed were important to their career success. Flexibility, partnerships, and networking are the three major themes that previous graduates emphasized.

Sherry Clark, Director of the TDH Dietetic Internship gave closing remarks in her talk "How to Have an Exceptional Life." She stressed the importance of making personal commitments concerning attitude and self-discipline, and talked about practicing kindness and being a leader. She encouraged the graduates, telling them never to quit, because "there is no failure, only learning opportunities."

We wish these new graduates the best in the future, and are proud to have them working in Texas WIC clinics.



Getting active, staying active

By Amanda Hovis
nutrition education consultant



As WIC professionals we all know the benefits of physical activity, but many of us still have a hard time finding the time to fit it in. According to the American Institute for Cancer Research, if you have enough time to watch a little bit of television each day you have enough time for moderate physical activity. If you've been having trouble finding time to fit it in, here are some great reasons to get you motivated to start today.

Great Reasons to Get Active

- It's fun! Physical activity doesn't have to equal boring workouts at the gym. Choose activities that you enjoy, such as playing at the park with your kids or going for a swim.
- Physical activity decreases stress and helps you slim down or lose weight while increasing your strength and energy.
- You will reduce your risk of heart disease, adult-onset diabetes and high blood pressure.
- Activity helps protect against osteoporosis by maintaining strong bones and joints.
- Being active will boost your self-esteem and reduce feelings of anxiety and depression.
- Scientific evidence shows that it helps protect against colon cancer and possibly breast and lung cancers.
- Physical activity is associated with fewer hospitalizations, doctor visits, and medications.
- It's never too late to start. Physical activity benefits both the young and the old. It's been shown to decrease the pain of arthritis and decrease falls in older adults.
- Even the ancient Greeks enjoyed it. The Greeks started the Olympics and the ancient Greek physician, Hippocrates, once wrote, "Walking is man's best medicine."

Getting Started

Start slowly, with a 10-minute walk or other activity. Gradually work yourself up to longer walks or other types of exercise. The Centers for Disease Control and Prevention recommends at least a total of 30 minutes of moderate-level activity 5 days a week. If you can't fit it all in at once, you can do short 10-minute bursts of exercise and still receive the same benefits. If you are just starting out, you may feel a bit awkward at first, but the longer you stick with it the better you will feel. Before you know it, you'll be able to look back and be surprised at how much progress you've made. Here are some ways to build physical activity into your day.

Ideas for Activities

- Housework, yard work, and even shopping are good activities if you put in a little extra effort.
- When you are shopping or running errands, park farther away from the store, so you can walk a bit more.
- Go for a morning or evening bike ride or walk around the neighborhood.
- Make a point of using the stairs instead of taking the elevator or escalator.
- In the yard, rake leaves or use a push mower to cut the lawn.
- Go for a walk or do some other physical activity on your lunch hour. You will feel more energetic when you return to work.
- Play with your family at the park.
- Fly a kite, throw a Frisbee, or play catch with your family.

Staying Motivated

Motivation is the key to staying physically active. Being motivated will help you keep going even when you are feeling tired or down.

Here are some tips to staying motivated:

- Have a positive attitude. Physical activity is something you deserve, it is not something you “ought to get around to” or “should do.”
- Exercise with a friend or family member. You are less likely to skip an exercise session if it means letting someone else down.
- If you get bored easily, change your activities frequently to keep your mind alert and your body challenged. For example, go for a walk today and go biking tomorrow.
- Keep a fitness diary to help chart your progress. This will make it easier to see how far you've come.
- Push yourself from time to time by trying to go a bit further or a bit faster.
- Enter an event. A walk or run for charity can give you a great incentive to keep moving. Start with a comfortable distance and give yourself plenty of time to prepare.
- If you are trying to slim down, have patience. Enjoy the other benefits that usually come first, such as increased strength, reduced stress, and more energy. The weight change will happen but it may take a while.
- Remember — exercise gets easier as your body adapts. Soon you'll find you enjoy being physically active every day.

Get Active Today

Thomas Jefferson once said, “Never put off till tomorrow what you can do today.” So, tonight when you find yourself reaching for the remote control, remember you've got something else to do and get up and start getting active. Ride your bike, take a walk, or play with your kids at the park. If there's a great TV show on that you just can't miss, then jog, walk, or dance in front of the TV. Try a variety of activities to figure out what you enjoy best. Get your friends or family involved — they will help you stay motivated and it's great for them too. Start today and, by the time the next the *Texas WIC News* arrives, you'll feel great and you'll be able to see the progress you've made.

Kraft Foods announces initiatives to help address rise in obesity

By Michael Mudd, Kraft Foods North America

“The rise in obesity is a complex public health challenge of global proportions.”

In response to rising obesity rates around the world, Kraft Foods Inc. will initiate steps to align its products and marketing practices with society’s needs.

“The rise in obesity is a complex public health challenge of global proportions,” said Betsy D. Holden, co-CEO of Kraft Foods. “Just as obesity has many causes, it can be solved only if all sectors of society do their part to help. Kraft is committed to product choices and marketing practices that will help encourage healthy lifestyles and make it easier to eat and live better.”

The commitments Kraft is making will focus on four key areas: product nutrition, marketing practices, consumer information, and public advocacy and dialogue.

Kraft is forming a global council of advisers to help plan its response to obesity and to develop policies, standards, measures, and timetables for implementation.

Among the steps Kraft is committed to taking in the four areas are:

Product nutrition

- a limit on the portion size of single-serve packages
- guidelines for the nutritional characteristics of all products
- a planned effort to improve existing products and provide alternative choices

Marketing practices

- eliminating all in-school marketing
- developing locally appropriate criteria to use, in partnership with vendors in different regions of the world, to determine the selection of Kraft products sold through in-school vending machines
- instituting guidelines for all advertising and marketing practices to encourage appropriate eating and active lifestyles

Consumer information

- providing nutrition labeling in all markets, even where no labeling is required
- placing information about nutrition and physical activity on product labels and company Web sites
- developing guidelines for the use of health-related claims in all markets, including markets where no restrictions exist

Advocacy and dialogue

- advocating public policies to engage schools and communities in helping to improve fitness and nutrition
- increasing dialogue with key stakeholders to help guide the company’s response to obesity

“What people eat is ultimately a matter of personal choice, but we can help make it an educated choice,” said



Roger K. Deromedi, Kraft Foods co-CEO, “and helping them get more active is every bit as important as helping them eat better. By providing people with products and information they can use to improve their eating and activity behaviors, we can do our part to help arrest the rise in obesity.”

Kraft will soon complete the formation of its advisory council, which will bring together leading voices from disciplines important to the

company’s response to changing patterns in diet, activity and weight. These will include experts in obesity, nutrition, physical activity, public health, human behavior, nutrient fortification, lifestyle education, and intervention programs.

Among the first priorities of the council will be an assessment of Kraft’s current and planned responses to increasing rates of obesity. In addition, the council will

help develop detailed standards and measures for implementing many of the specific commitments the company has made. The company plans to complete these standards and measures and begin implementing them in 2004.

More information about Kraft’s commitments to help address obesity is available on the company’s corporate Web site at <<http://kraft.com/obesity>>.



La Leche League of Texas 2004 Texas Area Conference

**Saturday & Sunday, June 12 & 13, 2004
Adam’s Mark Riverwalk Hotel, San Antonio**

Continuing Education Including Featured Speakers:

**Linda Smith, BSE, FACCE, IBCLC;
Suzanne Haynes, Ph.D.;
Robert Sears, M.D.; and many more.**

For more information visit the conference Web site at
<www.lalecheleague.org/Area/AreaTX.html>
or contact Anne Hutton at <achutton@houston.rr.com>.

News to use

Compiled by nutrition education consultants Amanda Hovis, Lynn Wild, R.D., M.A., and Shellie Shores, R.D., L.D.; and breastfeeding coordinator Tracy Erickson, R.D., L.D.

New Research on Timing Baby's First Spoonful

Two recent articles in the *Journal of the American Medical Association* found that introducing cereal within the first three months is associated with an increased risk of developing type 1 diabetes. Both studies tracked the introduction of solid foods and the development of islet autoantibodies in children who had an increased risk of developing type 1 diabetes. Islet autoantibodies precede the development of type 1 diabetes. Since these are the first two studies to report an association between the introduction of foods and the risk of developing type 1 diabetes, more research is needed to clarify their findings. However, it's interesting to note that their findings are consistent with the WIC program's recommendations of waiting to introduce cereal until infants are 4 months old.

References:

Ziegler A. et al. 2003. Early infant feeding and risk of developing type 1 diabetes-associated autoantibodies. *JAMA* 290: 1721–28.

Norris, J. et al. 2003. Timing of initial cereal exposure in infancy and risk of islet autoimmunity. *JAMA* 290: 1713–20.

New Research on Asthma and School-Age Children

A new study in the *American Journal of Epidemiology* found an association between obesity and new-onset asthma in school-age children. The study looked at over 3,500 children who were asthma free. The children were checked for asthma risk factors annually for five years. The researchers found that being overweight increased the risk of developing asthma in boys and children who did not have existing allergies. Similar studies have also found an increased risk of asthma among overweight and obese children.

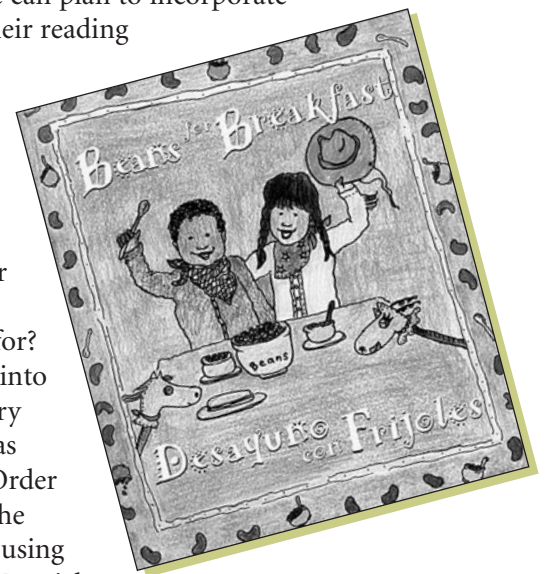
Reference:

Gilliland, F. et al. 2003. Obesity and the risk of newly diagnosed asthma in school-age children. *American Journal of Epidemiology* 158:15.

Give a Book to Every Child Participating in the WIC Program

Reading to young children is a great way to help develop their verbal skills, prepare them for school, and even teach them about food, eating, and nutrition. A bilingual children's book, titled *Beans for Breakfast / Desayuno con frijoles*, stock no. 13-06-11580, written and illustrated by former Texas Department of Health WIC employee Laurie Coker, is available to all Texas WIC local agencies. This colorful, 16-page book can be given to any WIC-aged child. This is an excellent opportunity to provide a book to all children participating in the WIC program.

Local agencies participating in the WIC reading initiative can plan to incorporate this book into their reading initiative. Unlike the other books in the reading initiative, this book does not need to be inventoried or tracked. So what are you waiting for? Let's put a book into the hands of every child on the Texas WIC program! Order this book from the WIC warehouse using the Texas WIC Materials Order Form.



Speaker's Kit on Breastfeeding Promotion and Management

The Office of Women's Health has partnered with the American Academy of Pediatrics to put together a CD-ROM tutorial, accompanied by written information, so that health-care providers can learn more about the importance of breastfeeding. The Speaker's Kit on Breastfeeding Promotion and Management also provides training so health-care providers can help moms who would like to breastfeed, and includes suggestions for how health-care providers can promote breastfeeding in their communities. Free copies of the kit can be obtained by calling 1 (800) 994-9662. For more information about the kit, see <<http://www.4woman.gov/breastfeeding>>.

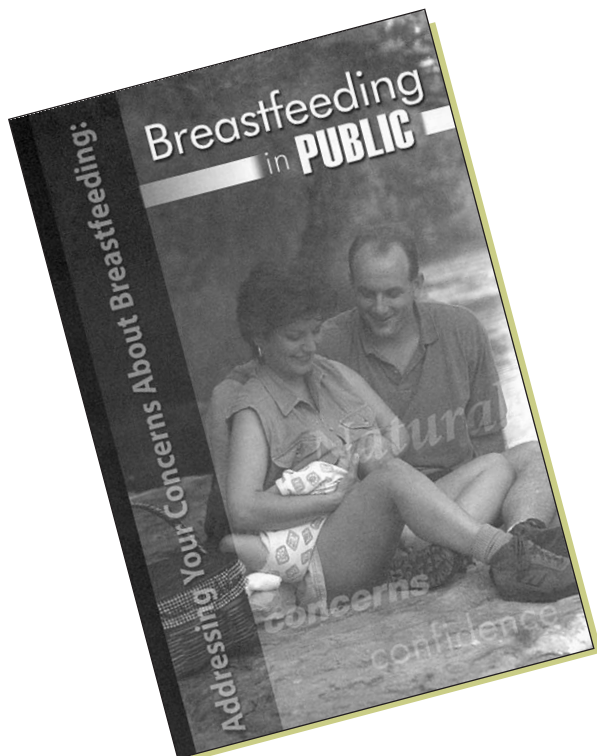
2004 Texas WIC Nutrition Breastfeeding Conference

Mark your calendars! The dates for the 2004 Texas WIC Nutrition and Breastfeeding Conference are April 20–22 at the Renaissance Hotel in Austin. Sessions will provide information about postpartum depression, worksite fitness, working with pregnant teens, preventing pre-term delivery, increasing childhood fitness through healthful eating and physical activity, breast milk and the preterm infant, outreach and referrals, and the 2005 Nutrition Education Breastfeeding Promotion Plan.

If you have questions about the 2004 conference, please call Deb Swift at (512) 451-8700 or Lynn Wild at (512) 458-7111, ext. 3543.

New Breastfeeding Brochures

Two new breastfeeding brochures are now available. *Breastfeeding in Public*, stock no. 13-179 (English), 13-179A (Spanish), is specifically designed to address women's concerns about nursing in public. Order from the WIC Warehouse using the WIC Materials Order Form. *Hand Expression and Storage of Breastmilk*, stock no. 13-206 (English), 13-206A (Spanish), teaches women how to hand-express and store their breastmilk. Order from the TDH Warehouse using Form AG-30.



Training schedule — 2004

If you would like more information on upcoming classes, contact the appropriate staff for the following classes.

Certification Classes

Anita Ramos, (512) 341-4400, ext. 2218
<anita.ramos@tdh.state.tx.us>

Teaching Group Classes

Janice Carpenter, (512) 341-4400, ext. 2248
<janice.carpenter@tdh.state.tx.us>

Class Management

Janice Carpenter, (512) 341-4400, ext. 2248
<janice.carpenter@tdh.state.tx.us>

Professional Development

Todd Shaw, (512) 341-4400, ext. 2266;
or Elvia Andarza, ext. 2257
<todd.shaw@tdh.state.tx.us>
<elvia.andarza@tdh.state.tx.us>

Patient Flow Analysis

Anna Garcia, (512) 341-4400, ext. 2246;
or Ted Manning, ext. 2274
<anna.garcia@tdh.state.tx.us>, or
<ted.manning@tdh.state.tx.us>

Nutrition Training

Shirley Ellis, (512) 341-4400, ext. 2304;
or Rachel Edwards, ext. 2296
<shirley.ellis@tdh.state.tx.us>, or
<rachel.edwards@tdh.state.tx.us>

Vendor Training

Todd Shaw, (512) 341-4400, ext. 2266;
or Elvia Andarza, ext. 2257
<todd.shaw@tdh.state.tx.us>
<elvia.andarza@tdh.state.tx.us>

Breastfeeding Training

Web site:
<<http://www.tdh.state.tx.us/lactate/courses.htm>>
Hellen Sullivan, (512) 341-4400, ext. 2302
For registration fliers, call 341-4400, ext. 2302,
or e-mail <hellen.sullivan@tdh.state.tx.us>

Peer-Counselor Training

Jewell Stremmler, (512) 341-4400, ext. 2303
<jewell.stremmler@tdh.state.tx.us>

Formula Training

Liz Bruns, (512) 341-4400, ext. 2268
<elizabeth.bruns@tdh.state.tx.us>

Certification Training

New WIC Staff — Austin at Howard Lane

May 25–27
July 27–29

Advanced CPA Training

June 2004
(dates to be announced later)

Mini-Cert Reviews

Scheduled as requested. Contact your training liaison.

Formula Information

Formula Policy Training

June 9	9:00–4:00	Corpus Christi
July 20	9:00–4:00	Tyler
Aug. 18	9:00–4:00	El Paso

Formula Conference Calls

For information, contact Roxanne Robison,
(512) 458-7111, ext. 3495. Topics TBA.

LAs 1–53 are 10:00–11:30 and

LAs 54–108 are 12:00–1:30

May 18 — RDs

June 15 — CAs

Teaching Series

The Adult Learner

Aug. 10 Austin

Teaching Group Classes

Apr. 26 Austin

Class Management

June 10 Austin

Creating Skills to Cope and Deal with Difficult Clients and Situations

July 19 Austin

Facilitated Discussion

May 3 Austin

Patient-Flow Analysis (PFA)

REGIONAL TRAINING: Introduction to WINPFA

WINPFA — Phase I

- Apr. 15 Houston
- May 13 Lubbock
- June 24 San Antonio
- July 22 Austin

WINPFA — Phase II

Training dates coming soon.

Mini PFA; Organizing Your Clinic; Seven Step Improvement Class

Scheduled as requested.

Love 'Em or Lose 'Em: Keys to Employee Retention

Scheduled as requested.

Advanced Finance

Scheduled as requested.

Satellite Series

Tentative — depending on IDL (Interactive Distance Learning):

- May 6 Customer Service / Civil Rights p.m.
- May 18 Customer Service / Civil Rights a.m.
- June University of Alabama Pediatric Nutrition Update

Breastfeeding

Mini I

- Apr. 26 San Antonio
- Apr. 27 WIC Houston Project 27
- Apr. 28 Houston
- May 3 Dallas
- July 28 Regional Hospital Tomball

Mini II

- May 4 Dallas
- June 28 North Central Baptist Hospital San Antonio

Mini I and II classes are scheduled as requested. Contact Hellen Sullivan at 512/341-4400, ext. 2302.

Principles of Lactation Management

- May 13-14 Dallas
- July 19-20 Austin

Lactation Counseling and Problem Solving

- Apr. 29-30 Houston
- May 19-20 Round Rock
- June 17-18 Dallas
- Aug. 2-3 Austin

Peer Counselor Training

Peer Counselor Trainer Workshop

- Apr. 13-15 Austin @ Main Campus on 49th St.
- July 13-15 Austin @ Main Campus on 49th St.

Texas WIC Nutrition & BF Conference

- Apr. 19-22 Austin

Nutrition Training

Basic Nutrition Module Training

- June 10 Harlingen

Fundamentals of Risk Conditions

- July 8 Austin

Professional Development

Survival Spanish II-Diet Recall

- June 24 Austin

Vendor Training

- May 13 1:00–3:00 Lufkin
- May 14 9:00–11:00 Longview
- May 19 9:00–11:00 & 1:00–3:00 Houston
- June 16 Austin @ Main Campus on 49th St.
- July 8 9:00–11:00 & 2:00–4:00 Corpus Christi
- July 14 10:00–12:00 Bryan
- Aug. 4 1:00–3:00 Victoria
- Aug. 5 9:00–11:00 & 1:00–3:00 San Antonio



A WIC counselor teaches

Nutrition

to new moms at a WIC clinic . . .

in the next issue of *WIC News*.

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

For information about subscriptions to *Texas WIC News*, e-mail <joyce.leatherwood@tdh.state.tx.us> or call (512) 341-4400 ext. 2288#.

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Texas Department of Health Texas Department of Health
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1100 W. 49th St.
Austin, TX 78756

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