

Seasons
of Change



Change of Season Brings New Opportunities

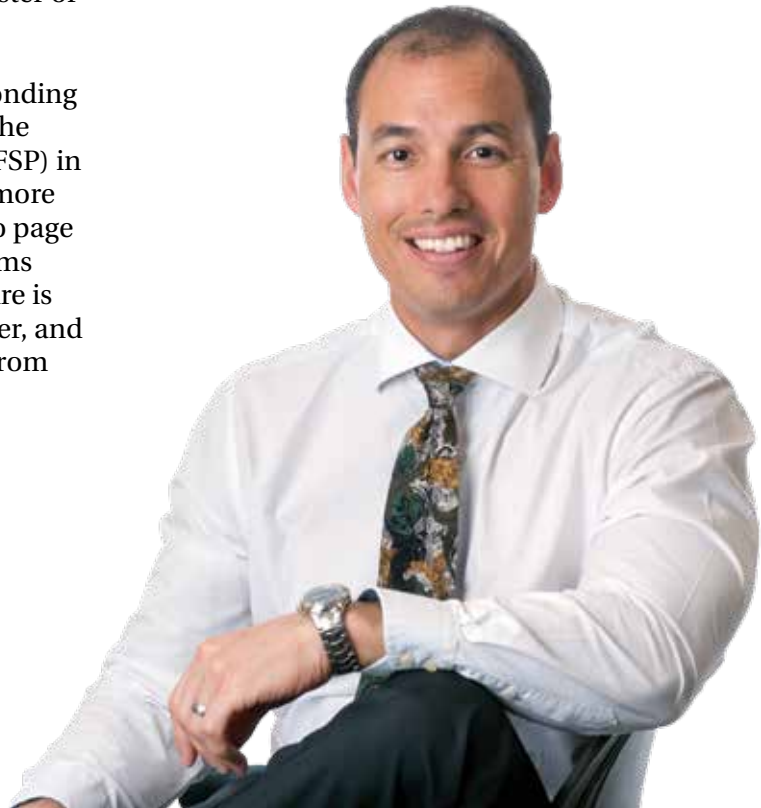
The changing seasons and accompanying warm weather has a way of inspiring us. The longer days encourage us to get outside and enjoy the great outdoors. Coincidentally, the changes in the weather and the season correspond with milestones for WIC. Several local agencies started the transition to TXIN over the winter. We sprang into spring with a new TexasWIC.org website. Now, we are just a few weeks away from summer.

It's a time when Texas' wild weather often makes headlines. Last year we saw how devastating mother nature could become. The article on page four starts this edition, reminding us of the resources available and the precautions we all should take in case of a disaster or emergency.

Another seasonal change corresponding with the end of the school year is the Summer Food Service Program (SFSP) in select WIC clinics. This year even more WIC clinics are taking part. Turn to page 14 to learn about the other programs the Texas Department of Agriculture is bringing to WIC clinics this summer, and how all WIC clinics could benefit from the partnership.

Summer also presents a variety of opportunities for outreach with festivals, fairs and picnics. Turn to page 18 to learn the three steps local agencies can take to attract potential participants.

As WIC continues to evolve with a remodeled website, new outreach initiatives, and TXIN, it's important that our tactics and operations evolve as well. Embrace the new challenges we face as well as the ones that are yet to be discovered. As Robin Sharma said, "Change is hard at first, messy in the middle and gorgeous at the end."



From the desk of Edgar Curtis — Texas WIC Director

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Disaster Planning:

You Never Know When it Might Strike

by Tiffany Brown, RD, LD
WIC Certification Program Coordinator

Natural disasters in Texas take on different forms such as hurricanes, floods, tornados, wildfires, drought, and epidemic or pandemic events. In August 2017, Hurricane Harvey dumped 27 trillion gallons of water over Texas. One hundred-eight people lost their lives. Despite the mass devastation, Texans showed up to help.

“This (volunteer), he can't even swim. He's wearing a life-jacket and a skater helmet, and I talked to him in Spanish,” recalls professional photographer Timothy Fadek. “He had actually come from another part of Texas to check on the home of one of his relatives, and he ended up staying. His job was just to check the home, maybe gather some belongings or gather some valuables, and leave. But he decided to stay anyway to help with rescues.”

The non-swimmer with a skater helmet was not alone. “I saw this line of people,” Fadek continued. “I thought they were a line of people waiting to check in to the shelter. It turns out they were people wanting to volunteer. The volunteers line was longer than the line for people who wanted to take shelter.”

That line was at the George R. Brown Convention Center, where WIC colleagues helped mothers breastfeed, served food, and signed flood victims up for WIC.

It's safe to say no one wants to see a catastrophic storm like Harvey ever again. But a natural disaster has the potential to disrupt operations and cause the relocation of WIC participants, so it's important to be prepared.

In the event of a disaster or emergency, the Texas WIC program will implement procedures if WIC services have been disrupted. The state agency will focus on affected local agencies. As we saw with Harvey, there is always the potential that many more residents may be eligible for WIC services due to the after effects and/or the loss of employment.

Pre-Disaster Guidance

Pre-disaster guidance means that your agency has had advanced notice that a possible disaster may strike. Agencies need to notify the state agency (SA) Information Response Management (IRM) group or their Nutrition Education or Clinic Services State Agency Partner (SAP) of a possible event. In this situation, the state will provide potentially affected agencies with an updated state contact phone list. The state will also provide instructions for securing computers, laptops, data back-up, and Electronic Benefits Transfer (EBT) cards. Those instructions are found in the State of Texas WIC Program Disaster Plan.

SA Post-Disaster Guidance

The state will coordinate with local agencies to identify buildings, equipment, supplies, and other resources required to continue the delivery of WIC services. The state will also help locate alternative sources of formula and food in the case of store closings, power outages, or contaminated water supplies. If necessary, the state will coordinate communication services with other state and federal programs such as the Disaster Supplemental Nutrition Assistance Program, or D-SNAP. The state will also assist agencies in obtaining temporary staff, if needed.

Encouraging Breastfeeding

During a disaster, access to safe drinking water and cooking facilities may be limited. To help support breastfeeding, WIC can:

- Meet with local emergency preparedness teams to convey the importance of continued breastfeeding during emergencies. Contribute to a plan that supports breastfeeding mothers and infants during disasters.
- Raise awareness among new mothers of the benefits of continued breastfeeding.
- Promote breastfeeding as the safest option in an emergency situation.
- Set up private breastfeeding support areas in the mega shelters.

SA WIC Disaster Response Team

The SA WIC disaster response team manages communication with local agencies to ensure continuity of services and provides guidance on processing impacted families. The team also communicates about computer equipment, status of retail grocery stores in affected areas, as well as possible alternate WIC locations.

Local Agency Annual Requirements

Local agencies are responsible for reviewing disaster procedures with all staff on an annual basis. Procedures should incorporate both state guidelines and parent agency procedures. For annual training purposes, agencies may develop their own disaster planning training or attend a state disaster training. A disaster kit should be available at every clinic. At a minimum, this kit should include:

- Flashlight and batteries
- Plastic sheets or garbage bags to cover equipment

- Masking or duct tape
- SA contact numbers
- Copies of disaster plans (both state and local)
- Extra back-up cartridges or DVDs

Other helpful items to include would be first aid or Red Cross emergency kits, masks, disposable gloves, and fire extinguishers. Generators are an allowable expense if your agency requires one.

Agencies are required to create and maintain a local emergency point of contact list and submit it to the SA. The point of contact information should include the WIC director's landline and cell phone number as well as two additional people to contact if the director is not available.

Helpful Websites in the Event of a Disaster

- <https://www.usda.gov/topics/disaster>
- <http://texasprepares.org/>
- <http://www.dshs.texas.gov/wichd/bf/ifdisasters.shtm>
- <http://www.dshs.texas.gov/wichd/bf/direct.shtm>
- http://www.getreadyforflu.org/new_pg_facts.htm

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Food Allergy Awareness Week: Keeping Parents Informed

by Juliette Coronado, RD, LD
WIC Nutrition Education Consultant

May is National Asthma and Allergy Awareness Month, with one week dedicated to food allergy awareness. This year, organizations across the United States are celebrating Food Allergy Awareness Week May 13-19. Participating in Food Allergy Awareness Week in your WIC clinic is a great way to spread awareness and support parents of children with food allergies. Be creative — try an allergen-free food demonstration or place the parent tips provided below on a bulletin board!

What are Food Allergies?

A food allergy occurs when the body's immune system recognizes a food or substance in food as harmful and then reacts to protect the body. These reactions can be mild, moderate, or severe and may involve one or more symptoms depending on the severity. Severe food allergic reactions, also known as anaphylaxis, can be life-threatening and must be treated right away.

Food Allergy Symptoms	
Mild to Moderate	Severe
<ul style="list-style-type: none">• Stomach pain/cramps• Diarrhea, nausea, vomiting• Sneezing, nasal congestion, runny nose• Dry, red, swollen, and/or itchy skin (e.g. rash, hives, eczema)• Dry cough	<ul style="list-style-type: none">• Swelling of the lips, tongue, and/or throat• Trouble swallowing or breathing• Shortness of breath, wheezing• Dizziness and/or fainting• Pale or blue coloring of the skin• Chest pain

Top Eight Food Allergens

There are more than 170 known food allergens, but the eight most common that cause allergic reactions in the United States are proteins found in milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, and soy.



Food Allergies and Young Children

Food allergies are most common in infants and young children. About one in 13 U.S. children have a food allergy. Milk, eggs, tree nuts, peanuts, wheat, and soy are likely to be the source of allergies in infants and children. Children may outgrow some food allergens, such as milk, soy, and eggs, but are less likely to outgrow allergies to nuts and fish.

Previous recommendations suggested giving allergenic foods, such as peanuts, eggs, and fish, after a child turned one year. More recently, experts found waiting to introduce these foods past 6 months of age does not protect against developing a food allergy. In fact, new guidelines recommend infants be introduced to peanuts (not whole) around 4 to 6 months of age, especially those at high risk for the allergy. For example, infants with an egg allergy or eczema who are fed peanuts early and often can lower their risk of being allergic to peanuts by age five.

Informing and Supporting Parents in the WIC Clinic

Knowing the child's family history is important for recognizing food allergy risks. Ask parents if anyone in their immediate family has/had a food allergy. This will allow you to know what information to provide. If an infant or child has a parent or sibling with a food allergy or parents are concerned their child may have a food allergy, refer them to a doctor.

As food allergies are common in infants and young children, this is a great time to educate parents. When parents start to transition baby to solid foods around 6 months and whole milk after 1 year of age, they often have questions like "What should I give my baby first?" or "Can my toddler have peanut butter and crackers?" Parents can generally start introducing highly allergenic foods after other solid foods (e.g. vegetables, baby meats) have been introduced and accepted by baby.

Tips for Parents to Introduce Highly Allergenic Foods

- **Start slowly** – Introduce just one food at a time, then wait three to five days before trying the next new food.
- **Start at home** – Introduce the food early in the day at home, so you can watch your baby closely for signs of reaction. Some babies react after the second or third time an allergenic food is introduced, so be cautious until after the third introduction.
- **Start small** – Give tastes and not full servings. If no reactions occur, the quantity can be increased during the next few feedings.

Supporting parents who have children recently diagnosed with a food allergy is important, as the news can be overwhelming and scary for parents and caregivers. Parents often want to know they are not alone and that managing their child's food allergy is possible.

Tips for Parents to Avoid Allergic Reactions

1. **Read labels carefully.** Always look for ingredients that your child is allergic to. Even if you purchase an item regularly, the ingredients may change.
2. **Don't be afraid to ask.** When eating out or when someone else cooks the food, ask about the food, what is in it, and what is used in the preparation.

3. **Educate and have a plan.** Talk with anyone who interacts with your child (e.g. family, friends, teachers) about his or her food allergies. Create an emergency care plan to share with them.
4. **Focus on safe foods for your child to eat.** Don't get caught up in the foods your child can't have. Plain foods with simple ingredients are a great place to start!
5. **Swap out ingredients.** Recipes can be changed to replace foods your child is allergic to. Instead of peanut butter on toast try sunflower seed butter!
6. **Handle foods with care.** Wash your hands with soap and water before handling food to avoid passing allergens to safe foods.
7. **Be prepared.** Have an injectable epinephrine pen and antihistamines on hand if you know your child has allergic reactions to certain foods.

Check out www.kidswithfoodallergies.org for more resources for parents.

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(Recipes on page 8)

Food Allergy Awareness Week: Recipes for the Family

(Continued from page 7)

Cheezy Macaroni with Peas and Roasted Carrots

Free of milk/dairy, eggs, fish, shellfish, tree nuts, peanuts, and soy

Servings: 4-6

Ingredients:

- 1 cup canned yams
- 4 medium carrots, sliced
- 1 tablespoon olive oil
- 2 ½ cups dry whole wheat elbow pasta
- 2 cups plain rice milk
- 1 cup cheddar-style shreds (dairy/soy-free cheese alternative)
- 1 cup frozen peas, thawed
- Kosher salt and ground pepper

Preparation:

1. Preheat oven to 375°F.
2. Wash, peel, and slice 2 cups of carrots. Toss carrots with olive oil. Sprinkle with salt and pepper. Spread out on parchment-lined baking sheet. Bake for 20 minutes or until tender. Remove from oven and set aside.
3. While carrots bake, cook pasta according to package instructions. When pasta is done, drain and rinse under cold water and set aside. You should have 5 cups of cooked pasta.
4. Place yams in a mixing bowl. Mash with a potato masher or fork.
5. In a medium saucepan, combine rice milk and mashed yams. Simmer over medium heat, whisk occasionally.
6. Reduce heat to low; add cheddar-style shreds and whisk frequently until melted, about 5 minutes.
7. Add carrots and peas and cook 1 minute. Add pasta and cook for an additional minute. Stir to combine. Turn off heat and let sit for 5 minutes before serving.



Oven-Fried Chicken

Free of eggs, fish, shellfish, tree nuts, peanuts, and soy

Servings: 4

Ingredients:

- Cooking spray
- 1 ⅓ cups crispy rice cereal
- 2 ¼ cups bagel chips
- 5 teaspoons extra-virgin olive oil
- ¾ teaspoon paprika
- Kosher salt and ground pepper
- ½ cup plain Greek yogurt (2%)
- 1 teaspoon Dijon mustard
- 4 skinless, bone-in chicken thighs or halved bone-in breast
- 2 bunches scallions

Preparation:

1. Preheat oven to 475°F.
2. Set a rack on a foil-lined baking sheet and coat the rack with cooking spray.
3. Place cereal and bagel chips in a large resealable plastic bag. Smash bag with a wooden spoon until ingredients are finely ground. Transfer crumbs to a new plastic bag. Add 3 teaspoons olive oil, paprika, salt and pepper to taste and toss.
4. Whisk yogurt and mustard in a shallow bowl. Add chicken and turn to coat, then transfer to the bag; seal and shake to coat. Place chicken on the rack and mist with cooking spray.
5. Trim the stringy root ends of the scallions. Toss with the remaining 2 teaspoons olive oil and place alongside the chicken. Bake until the chicken is crisp and a thermometer inserted into the thickest part registers 160°F, about 30 minutes.



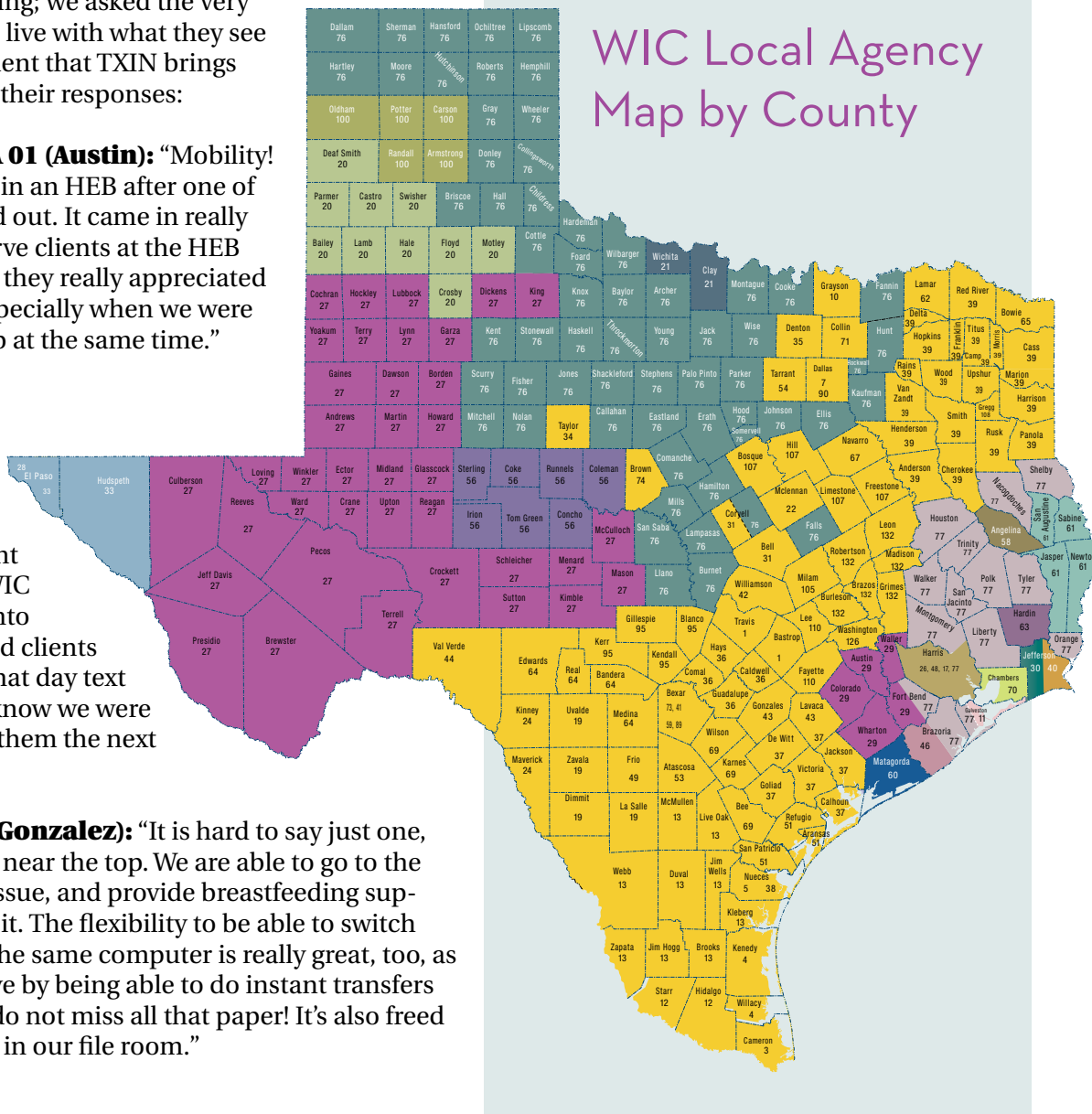
TXIN: The Final Countdown

by Candace Stohs-Krause
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We're at the midway point of the TXIN rollout! At this point, just about half of the state is part of the TXIN network (indicated by yellow in the map). TXIN has, and will continue to bring, a lot of changes. Some of the changes are awesome, some can be a little frustrating at first, and most just take time to get used to.

As we move closer and closer to the end of rollout, we decided to go back to the beginning; we asked the very first three agencies to go live with what they see as the biggest improvement that TXIN brings over TX-WIN. Below are their responses:

- Annette Phinney, LA 01 (Austin):** “Mobility! We had to set up shop in an HEB after one of our clinics was flooded out. It came in really handy to be able to serve clients at the HEB next door. Clients said they really appreciated our presence there, especially when we were able to help them shop at the same time.”
- Tina Horkey, LA 42 (Georgetown):** “The ability for staff to contact clients via text offsite! We were closed due to inclement weather on 1/16/18. WIC staff were able to log into TXIN at home and send clients who were scheduled that day text messages to let them know we were closed and would call them the next day to reschedule.”
- Benny Jasso, LA 43 (Gonzalez):** “It is hard to say just one, but mobility would be near the top. We are able to go to the hospitals and certify, issue, and provide breastfeeding support all in the same visit. The flexibility to be able to switch from site to site from the same computer is really great, too, as well as the time we save by being able to do instant transfers within TXIN. We sure do not miss all that paper! It's also freed up a lot of clinic space in our file room.”



National Men's Health Month

CONTRIBUTED BY KELLEY McCLAIN
TEXAS STATE UNIVERSITY DIETETIC INTERN

June is Men's Health Month. What better way to celebrate the men in our lives than by helping them become the healthiest version of themselves?



Giving Men Support

Many men provide strong support for their loved ones, often as protectors or providers. However, sometimes they don't take good care of themselves. Here are ways to support the men in your life to lead healthy lives:

- Encourage yearly checkups and provide support by going with him, if possible.
- Educate him on healthy choices, like eating fruits and vegetables.
- Stay active by exercising together!
- Remind the men in your life that you are there for them, ask them to share their feelings.

Men's Health Includes Mental Health!

Men can suffer from depression, anxiety, and other mental health problems, but might have a harder time asking for help. In the past, men were often told to "toughen up" or to hide their feelings. Some men may feel they must "be strong" and not admit to problems. These mindsets are not helpful, and might cause more health issues.

What Can We Do to Help?

- **Support:** If your partner or loved one has a mental health issue, let him know you are there for him to lean on.

- **Talk:** Encourage him to talk with trusted friends or a counselor. Talking can provide help and relief.
- **Seek Help:** If your loved one is suffering from a mental health issue, ask for help from a doctor or mental health professional.

Other Ways to Show Support:

- Spend time with him doing something fun together.
- Thank him for all the things he does.
- Make him his favorite meal.
- Give him a break by taking a task off his plate so he can relax and have quiet time.
- Listen and ask him about his day. Let him know you are there to share in his joys and sorrows.

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Texas Seasonal Produce

Fruits:

blackberries, blueberries, cantaloupe, grapefruit, honeydew, peaches, watermelon



Vegetables:

cabbage, carrots, cucumbers, green onions, lettuce, mushrooms, onions, sweet onions, field peas, sweet peppers, hot peppers, potatoes, squash, sweet potatoes, tomatoes, turnips, zucchini



A Focus on Men's Health

CONTRIBUTED BY BETHANY DIAZ, TEXAS STATE UNIVERSITY DIETETIC INTERN

Heart disease is the number one cause of death in men. Heart attacks, high blood pressure, and high cholesterol are all common types of heart disease. The good news is the risk for this disease can be lowered with diet, exercise, a healthy lifestyle, and health screenings.

The Fight Against Cancer

Cancer is the second leading cause of death for men. The most common types of cancers in men are prostate, lung, and colon cancer. Regular checkups and living a healthy lifestyle are two things every man can do to help reduce their risk of getting cancer.

Lifestyle Habits to Prevent Heart Disease & Cancer:

- Eat more whole foods. Fruits, vegetables, whole grains, and beans are linked to healthy weight and lowered cancer risk.
- Exercise for at least 2½ hours a week.
- Join a program that will help you stop using tobacco products. Cancers are linked to smoking and chewing tobacco.
- Limit alcohol to no more than two drinks a day. One drink is equal to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of distilled spirits.

recipe

Blueberry Overnight Oats Bowl

<https://pixabay.com/en/breakfast-oatmeal-walnuts-1580328/>

What is the best way to cook a heart-healthy breakfast? Don't cook it at all! Overnight oats are a popular way to ensure a high-fiber start to the day. You can eat them cold or heat them in the microwave. Try adding in seasonal berries or citrus for some sweetness and granola or nuts for a little extra crunch. Steel-cut or rolled oats work best for this recipe and are a healthier option than instant oats.

Serves 4 (serving size: about ⅔ cup oats mixture, ¼ cup granola or chopped nuts, ½ cup of fruit)

Total time: Let oats sit overnight

Ingredients:

2 cups 2% reduced-fat milk or plain unsweetened almond or soy milk
1 cup uncooked steel-cut oats or rolled oats
1 cup of granola or nuts (your choice)
1 cup of red grapefruit and orange slices
1 cup berries

Preparation:

Combine milk and oats in an airtight container and seal. Refrigerate for eight hours or overnight. The next day, divide oats evenly among four bowls and top with granola, nuts, and fruit.

Nutrition Information Per Serving:

243 calories, 14 g total fat (5 g saturated fat), 10 mg cholesterol, 181 mg sodium, 57 g carbohydrates (9 g dietary fiber), 14 g protein





Change Creates Opportunities to Strengthen Partnerships

by Jean Origer, MSW
Interagency Coordination Program Specialist
Early Childhood Intervention

The Women, Infants, and Children (WIC) and Early Childhood Intervention (ECI) programs recently transitioned from the Department of State Health Services to Health and Human Services-Health and Developmental Services. ECI is a statewide program for families with children, birth up to age 3, with developmental delays or disabilities. WIC and ECI serve many of the same families, and share a common mission to improve health and developmental outcomes for the families they serve. The transition has enhanced opportunities for these two state programs to strengthen their partnership and gain knowledge about each program's services. Families who have the benefit of good nutrition have healthy children who are better able to learn and grow. Each program's expertise, in developmental or health outcomes, is linked to the other as we

engage our families in services. Strong partnerships are not just about making referrals, but knowing and being able to communicate the value of each program to families.

WIC and ECI programs across the state have had a long history of working together to ensure families are connected to each other's services. WIC staff understand that infants and toddlers can be referred to ECI when they identify a child who may have a delay in one or more areas of development. What staff may not always be aware of is how ECI approaches its work with families and why the ECI approach shows positive results.

Research has shown that infants and toddlers learn best when family members, especially mom and dad, participate in teaching their



children new skills, and when the learning comes in the normal course of a family's daily routines (e.g. mealtime, bedtime, bathing, and playing). If you are a parent or watch parents interact with their children, you have observed learning occur within the interaction between the parent and child. ECI frames services to reflect the research that parents are their child's best teachers. In ECI, therapists provide hands-on work with the child, but the emphasis of their service is tailored to serve as a model for how the parent will work with the child during their typical routines. For example, children may have delays in motor development that affect their ability to use a spoon to feed themselves. A typically developing child does not need to structure this activity differently, however a child with motor delays may require additional support to learn this new skill. In ECI, the therapist will help the family to put food on a spoon so that it is easier for the child to grasp and then to scoop the food. The parent will provide the hands-on work with the child, but the therapist will coach the parent during the activity. Together, they will determine what cues and assistance the child needs for learning to occur. Because meal time is an everyday routine, the child will get practice with this skill every day. The therapist and the parent are always working together to determine when a skill has been met, identify when tweaks are

needed to support the learning, and what additional skills are needed. Parents of children with delays and disabilities need to feel confident in their ability to support their child's learning. The interaction between the parent and ECI provider builds on parents' natural ability to know what works with their child. As parents gain confidence and competence, they are able to transfer their knowledge to other developmental tasks with less assistance from the therapist.

Why is strengthening parents' capacity to help their child learn new skills an effective early intervention strategy? Research shows that all learning, especially for infants and toddlers, takes place in the context of relationships and is critically impacted by the quality of those relationships. ECI frames services to build a parent's capacity to support and nurture their child, meet their child's needs, and to feel confident that they know how to adapt positively to having a child with a disability or delay. Confident parents create nurturing learning environments for their children, not only during their time in ECI, but for a lifetime.

Research shows that children's earliest experiences play a critical role in brain development. The Center on the Developing Child at Harvard University summarized the research, stating the brain is strengthened by positive experiences, stable relationships with caring and responsive adults, safe and supportive environments, and appropriate nutrition. This is the clear link between ECI and WIC. ECI service coordinators and all ECI providers benefit from having a greater depth of knowledge about WIC services, understanding who is eligible, knowing all available supports, addressing misconceptions, talking to families about the role of nutrition in their child's development, and the value of staying connected with WIC throughout their time with ECI and beyond. Change has provided an opportunity for local WIC and ECI programs to enhance their partnership, establish a plan on how to collaborate, assist staff to understand the full range of services of both programs, and effectively educate families on the benefits to their child.

For more information, please visit hhs.texas.gov/eci.



WIC and TDA Partnership Shines During the Summer Months



by Angela Olige
Assistant Commissioner
Food and Nutrition
Texas Department of Agriculture

Most Texans know that summer brings a long vacation for school children and the availability of fresh Texas produce from farmers markets. What many do not know is that in Texas, summer vacation and farmers markets share an important connection — the innovative partnership between the Texas Department of Agriculture (TDA) and the Texas Health and Human Services Commission’s WIC program. For several years, WIC has brought a spirit of innovation and dedication to supporting the Summer Food Service Program (SFSP) and the Farmers Market Nutrition Program (FMNP), federally funded efforts administered in Texas by TDA.

Since 2012, WIC clinics in ten Texas cities where FMNP is available have encouraged clients to access vouchers from a TDA partner. The city government, local nonprofit, or WIC clinic partnering with TDA provides \$30 in vouchers for each eligible family member to redeem at a local farmers market. In some areas the program starts as early as February, although the majority run from April or May to September or October. In 2016, this program connected Texas families with more than \$1 million worth of fresh and healthy produce while supporting Texas agricultural producers.

SFSP is another program administered by TDA that demonstrates how a TDA and WIC partnership can build a bridge forward with education, nutrition, and motivation. WIC has participated in an SFSP pilot program since 2015 and last year, 60 WIC sites served more than 67,000 meals to Texas children in need. This year, TDA plans to add more WIC clinics as SFSP meal sites and collaborate with WIC on a Summer Electronic Benefits Transfer for Children (SEBTC) project. SEBTC will connect eligible children in two Texas cities with a card their fami-



lies can use to purchase healthy items at food stores during the 2018 summer vacation.

WIC's support for TDA's nutrition programs extends beyond the clinics directly participating in SFSP, SEBTC, or FMNP. All 500-plus WIC sites in Texas have messaging capabilities and direct contacts that amplify TDA's outreach efforts for statewide programs like SFSP. Likewise, TDA offers resources all WIC staff can use to improve nutrition access and education for clients. When TDA and WIC work together, we are stronger and the future of Texas is brighter. When we approach our work with the goal of ensuring and supporting the success of Texas families, we are guaranteed to have a positive impact and a healthy return on our investment.

To ensure our partnership continues to shine brightly for those we seek to serve, please use the information below as a guide to supporting TDA nutrition programs this year. Thank you for your continued efforts, dedication, and commitment to excellence in service.

FMNP

- All WIC clinics can access TDA resources and take the following steps to add them to educational efforts:
 - Print and display Harvest of the Month posters available at SquareMeals.org/HarvestoftheMonth.

- Explain the cost and nutrition benefits of eating produce while it's in season and direct clients to TDA's seasonality wheel at SquareMeals.org/SeasonalityWheel.
- Encourage clients to visit FarmFreshFriday.org to learn more about making agriculture part of a healthy lifestyle.
- Clinics in the ten cities with FMNP — Amarillo, Dallas, San Antonio, Fort Worth, Tyler, Austin, Pharr, Houston, Lubbock, and Wichita Falls — can encourage clients to access FMNP vouchers and use the vouchers to obtain fresh foods at an approved farmers market.
- To find out more about FMNP, please visit SquareMeals.org.

SFSP

- Remind families that SFSP meal sites are located statewide and offer children 18 and under access to healthy summer meals at no cost.
- Inform clients that there are three easy ways to find an SFSP site from June 1-August 30:
 - Visit www.SummerFood.org for an interactive site locator map.
 - Text FOODTX to 877-877.
 - Dial 211 to speak to a live operator.
- Distribute SFSP materials to WIC staff members and display SFSP posters in WIC clinics.
- Learn more about available SFSP resources at SquareMeals.org.

Controlling Blood Pressure for Good Heart Health

by Akata Sanghani, MS, RD, LD, IBCLC
WIC Formula Specialist



May is American Stroke Month designated by the American Stroke Association (ASA) in conjunction with the American Heart Association (AHA). WIC would like to bring awareness to this debilitating and life-threatening disease and provide information on ways to reduce the risk of stroke. This article will focus on one of the most controllable risk factors of stroke — hypertension — and the lifestyle changes one can make to help lower the risk. First, let's dive a little deeper into what hypertension and blood pressure itself mean.

According to the AHA, blood pressure is the force of blood against the arterial walls that carries blood from the heart to the rest of the body. It is measured in two numbers, systolic blood pressure and diastolic blood pressure. Systolic blood pressure, the upper number in a blood pressure reading, describes how much pressure the blood is creating against the artery walls when the heart beats. Diastolic blood pressure, or the lower number in a blood pressure reading, describes how much pressure the blood is creating against the artery walls when the heart is at rest. The AHA recognizes five stages of blood pressure ranges. A normal blood pressure reading is anything below 120/80 mm Hg. A blood

pressure between 120-129 systolic is considered to be elevated, even if diastolic pressure is less than 80 mm Hg. A person has Hypertension Stage 1 if their blood pressure is between 130-139 systolic or 80-89 mm Hg diastolic. If a person has blood pressures repeatedly of 140/90 mm Hg or higher, they have Hypertension Stage 2. And lastly, a blood pressure reading of 180/120 mm Hg or higher is considered a hypertensive crisis. The AHA advises individuals experiencing a hypertensive crisis to wait five minutes and then retest the blood pressure. An individual should contact their doctor if the retest shows unusually high results. If one is having these unusually high blood pressure readings and experience any of the following – shortness of breath, back pain, chest pain, numbness or weakness, vision changes, or speaking difficulty – they should immediately call 9-1-1.

Why is it important to control hypertension? Life threatening or other serious conditions can arise when blood pressure is too high. The following table shows a list of these conditions or events along with a description of how hypertension contributes.

Name of Condition or Event	How does high blood pressure contribute?
Heart attack	Can damage the arteries, causing blockage and resulting in decreased blood flow to the heart
Stroke	Makes it easier for blood vessels to clog or burst in the brain
Heart failure	Can cause your heart to work harder which may enlarge the heart resulting in blood supply failure
Kidney disease or failure	Can damage arteries near the kidney causing the kidneys to not work as well
Vision loss	Can damage blood vessels in the eyes
Sexual dysfunction	Can damage blood vessels throughout the body which can lead to a reduction in blood flow to the pelvic region
Angina	Chest pain, a symptom caused by heart disease which can be brought on by high blood pressure
Peripheral artery disease	Can bring on arteriosclerosis (narrowing of arteries) in the arms, legs, stomach, and head

What can be done to reduce high blood pressure? Limit alcohol consumption, reduce stress, exercise regularly, quit smoking, take prescribed medications as directed, stay at a healthy weight, and eat a well-balanced diet that is low in sodium (salt). The AHA recommends no more than 2300 mg of sodium per day, with an ideal amount of no more than 1500 mg per day. Replacing high salt foods with lower salt foods can really lower blood pressure. Check out the table below to lower salt intake.



Eat or do more of this...	And less of this
Fresh and/or frozen fruits	Canned or cup fruits
Fresh and/or frozen vegetables	Canned vegetables
Dried peas, beans, and lentils	Canned peas, beans, and lentils
Fresh home-cooked meals	Restaurant or ready-to-eat meals
Spices and herbs	Seasonings with salt
Little to no salt in cooking	Salt at the table
Fresh meats	Processed meats and deli slices
Cheeses labeled "low-sodium," cream cheese, mozzarella	Fresh or processed cheeses not labeled "low-sodium," cheese spread, cottage cheese
Foods with less than 140 mg of sodium per serving	Foods with more than 400 mg of sodium per serving

In conclusion, maintaining a normal blood pressure is crucial to good health. High blood pressure can lead to a number of dangerous conditions that affect different parts of the body. Despite the severity that high blood pressure can cause, good nutrition can turn it around, and small changes in diet can lead to large and rapid improvements in blood pressure, so a little WIC nutrition counseling can go a long way in protecting the heart health of participants.

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Summer Outreach

by Melanie Smith
Communication Strategist



Six months ago you may have been begging for sunshine and warm weather. Now it is time for one of the many things Texas is known for: long, hot summers. The children are out of school. Your air conditioner is on full blast. Trips to the beach are being planned and you may be wondering how you're going to get some of these folks in your clinic.

It is not that people don't need WIC. In its 2016 food insecurity report, the USDA reported 14.3 percent of Texas households experienced food insecurity between 2014 and 2016. In raw numbers, 1.4 million Texas households were food insecure. (Coleman-Jenson, Rabbitt, Gregory, & Singh, 2017) Moreover, the Centers for Disease

Control and Prevention ranks Texas in the top ten states for obesity rates.

The most recent outreach initiative focused on finding and working with community partners and organizations to promote the WIC program. This summer, local agencies are encouraged to increase their presence in the community and take WIC's message and services to the residents.

Get Outside

During the summer there is almost always a festival or event scheduled, especially around the holidays. Make sure you circle Mother's Day, Father's Day, and Independence Day (July 4th) on your calendar.

Get Ready for School

Non-native English speakers, often referred to as English as a Second Language students (ESL), can attend prekindergarten in most school districts. Children who qualify for free or reduced lunch also usually qualify for pre-

K and these students are 4 years old. Some schools offer pre-K for these students at age 3. Enrollment usually begins in May.

Talk to your school districts now about options for these families. Can you place a flyer in the enrollment pack? Can you set up a table on enrollment night? School enrollment forms often ask families if they need help with food. Ask how these families can be referred to your office if they answer "yes."

Get 'er done: Know Your Audience

The most important part of your outreach is how you communicate. Put yourself in the shoes of potential clients, but don't just imagine what it may be like to live at a certain income level. For example, if you are at a health fair, the potential client seemingly has some interest in improving their health. With that in mind, the way you approach them would be different than how you approach someone at a city sponsored July 4th party at the park.

At a health fair, engage the child and ask, "Which one of these veggies will help you grow up nice and strong?" Ask the parent, "Does your child eat all their veggies?" Then briefly explain how you can help them with that.

At a public July 4th party you may tailor your approach to the financial benefits. Tell a parent, "Would you like to save 40 to 50 dollars on your grocery bill?" This may be more effective because someone taking their children to a free public event may be a bit more concerned with managing their finances as opposed to someone who is going out of town for the holiday. Plus, who doesn't like to save money?

It's important to think about the event you are attending and why a parent may be there. What is on their mind? Just be careful not to make a specific assumption.

Tailor your outreach approach to your audience and you will find success.

Reference:

Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2017. Household Food Security in the United States in 2016, ERR-237, U.S. Department of Agriculture, Economic Research Service.

Test Your Nutrition IQ

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

Hello everybody! Eaton here to celebrate the season of Texas. That's right, summer is a magical time in Texas... A time of oppressive heat and stifling humidity. Fortunately for all of us, it's also a great time to grow sweet, juicy, and delicious fruits and vegetables! Now, hot off the press... a quiz!

Quiz:

1. True or False – Beets are a summer vegetable.
2. Which of the following is the state's largest crop?
 - a. Pecan
 - b. Fig
 - c. Peach
 - d. Watermelon
 - e. Blueberry
3. True or False – Cantaloupe is muskmelon.
4. The Three Sisters are
 - a. Squash, beans, and corn
 - b. Peach, nectarine, and apricot
 - c. Olga, Maria, and Irina
 - d. Watermelon, muskmelon, and honeydew



Answers:

1. The answer is False. Even Dr. Dre knows that beets are a cool-season crop that grow best in the spring and fall. They do poorly in hot weather. Beets are well suited for large or small home gardens since they require little room. They are grown for both the roots which usually are pickled and the young tops which are used as greens.
2. The answer is D. Both factually and colossally, the watermelon is largest crop grown in Texas. Fun fact: According to *Guinness World Records*, the world's heaviest watermelon was grown in 2013 and weighed 350.5 pounds.
3. The answer is False. Well, kind of. Muskmelons are often mistakenly called cantaloupes, but the true cantaloupe is a small, bumpy fruit and is not usually grown in the United States.
4. The answer is A. Squash is one of the plants grown with the traditional Native American vegetable growing technique called the Three Sisters. The other two plants in the Three Sisters are beans and corn. When grown in this technique each plant has its role in this companion planting tradition. Corn serves as a structure for the vining beans to grow up, squash serves as a ground cover to prevent weeds from growing, and beans provide natural fertilizer for all. Bonus points if you knew Olga, Maria, and Irina Prozorova are characters in Chekhov's play *Three Sisters*.

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Source: <https://aggie-horticulture.tamu.edu/>

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