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Texas

WIC NEWS

Special Supplemental Nutrition Program for Women, Infants, and Children

May/June 2000

Volume 9, Number 2

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New

and

Emerging

Nutrition Issues

- **Functional Foods**
- **Cereal and Juice Surveys**
- **Fad Diets**
- **Food Packaging**
- **Fruit and Vegetable Intake**
- **Eating Out**

Bureau Chief of Nutrition Services bids farewell

By Mike Montgomery

As many of you have heard, I have accepted a position as the chief of the Bureau of Children's Health. This is a new experience for me and I am looking forward to the opportunity to lead the bureau in our mission to provide quality services to Texas children.

This move was a very difficult decision for me to make. I have thoroughly enjoyed my work with the Texas WIC program and learned so much from each and every local agency staff person I have worked with.

I have been continually impressed and awed by the job that you do. Your commitment to the WIC program is incredible and I want you to know that your services are valued. We hear it from participants, from other programs, and even from USDA staff in Dallas that have worked with you. You are the *creme de la creme*, and I am very proud to have been associated with you.

When I consider the accomplishments that we have collectively made, I feel a great sense of pride. The phenomenal growth in caseload has been a struggle for you, but you've done a wonderful job. I am watching you climb toward 760,000 in complete amazement! Moving forward with changes in the WIN system and implementing EBT will help keep us technologically current, and help us provide better services.

Focusing on nutrition integrity within the WIC program with projects like the internship and consultant registered dietitians will benefit our services not only now but in the future. We have so many opportunities to make a difference in the lives of our participants. It's exciting to see it happen. And it's been exciting to work with you.

I wish each and every one of you much success in the future and I will never forget the wonderful experiences I've had with you. Thank you for your support over my tenure as your director. 🌟



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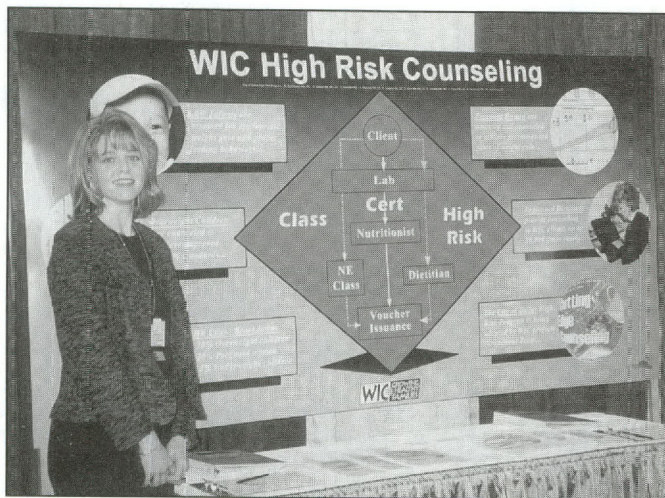
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Kelley Eugenio poses with the Project 7 display at poster session in Atlanta, Ga.

Project 7 / Dallas

Dietitians present poster session at convention

Registered dietitians from the High Risk Individual Counseling Program of Project 7 in Dallas attended the annual convention of the American Dietetic Association in Atlanta, Ga., in October.

The Dallas group submitted a poster session abstract that was selected for presentation at the convention. The display was designed by V. J. Morinello. It was presented by Kelley Eugenio, with help from Edna Cannata, Chris Houtschins, Darlene Lewis, Cathy Plyler, Ana Torres, and Cindy Wachtler.

More than 100 people visited the display during the 90-minute poster session.

Project 12 / Hidalgo County

Hundreds vote in Hidalgo County breastfeeding-art contest

Last August, the staff at Project 12 in Hidalgo County celebrated World Breastfeeding Month in a big way. "We couldn't have let the millennium go by without giving our biggest effort to making the last World Breastfeeding Month celebration of this century a success," says Project 12 breastfeeding coordinator Elizabeth Cardenas.

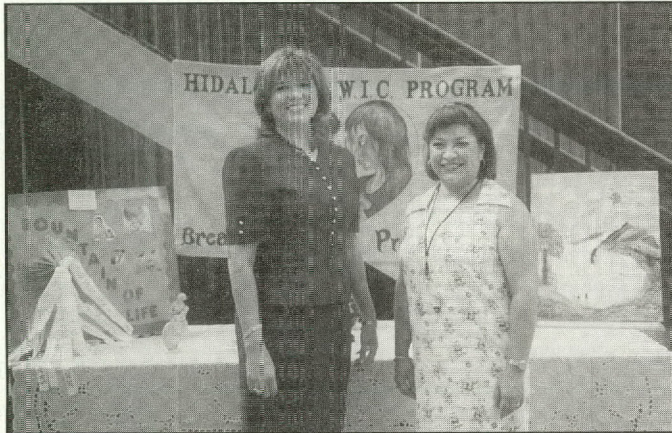


Award-winning breastfeeding promotion was conducted by Project 12 staffers Janie Gomez, left, a breastfeeding clerk; director Norma Longoria; and breastfeeding clerks Hilda Franco, Estella Powell, Blanca Avila, and Martha Flores.

All 24 of the local agency's clinics participated in a breastfeeding-art contest. Exhibits were displayed in three county hospitals, the Hidalgo County Commissioners' Court, and the largest shopping mall in the area. More than 1,680 spectators voted on the exhibits. "Their votes showed us the impact that our breastfeeding-promotion efforts have had on our community," says Cardenas.

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Project 12 director Norma Longoria, left, and breastfeeding coordinator Elizabeth Carcenas organized a week of breastfeeding activities.

The art contest was divided into three categories: message, creativity, and presentation. First-place honors for message went to the Weslaco clinic with its theme, "The Fountain of Life." The Hidalgo Public Health Center clinic won top honors in both creativity and presentation with its theme, "The Gift of Love."

Activities also included a baby fair, TV and radio presentations, and an official proclamation issued by the Hidalgo County Commissioners' Court. ❁

Project 29 / Richmond

Silver anniversary a chance to honor breastfeeding moms, longtime staffers

At the Fort Bend Family Health Center in Richmond, Project 29 staffers gathered Oct. 5 with participants and special guests in a dual celebration commemorating WIC's 25th anniversary and honoring the local agency's breastfeeding moms.

As part of the anniversary celebration, the clinic was decorated in silver and blue, the staffers all wore festive anniversary T-shirts, and one baked a beautiful anniversary cake. The highlight was a ceremony honoring four staffers who had served together for more than two decades: Estella Garcia (22 years), Bertha Mendoza (21 years), and Johnnie Jackson and Rosie Segura (nearly 20 years each). "After working together all those years, they are still the best of friends," says Betty Hill, Project 29 director. "Their dedication to participants and their loyalty to the WIC program have been proven over and over again."

The special guests at the event were the local agency's breastfeeding moms and the people they had nominated as their role models. Five of these nominees were recog-



Project 29 staffers sport their anniversary T-shirts. From left are Jennifer Ochoa, Bertha Mendoza, Norma Castro, Rosie Segura, Cindy Croissant, Estella Garcia, Becky Sweger, and Jeanne Lober.

nized as "Superstar Moms" and presented with a gift. All of the moms received a small prize.

Refreshments were all made from WIC foods: trail mix, peanut-butter cookies, deviled eggs, several kinds of cheeses, tuna sandwiches, carrot sticks, crispy rice

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treats, a cheese-and-egg dip,
and punch made from various
WIC juices.

“Everyone had a great time play-
ing games, visiting, sharing experi-
ences, eating, and paying
tribute to WIC and the breastfeeding
mothers in our community,”
says Hill. ☀



Johnnie Jackson, left, Bertha
Mendoza, Estella Garcia, and Rosie
Segura have worked together at the
same Texas WIC site for 20 years.

Project 48 / Harris County

Harris County WIC honors employee

Brenda Williams, a WIC administrative
technician at Harris County Public Health
and Environmental Services, was named
Employee of the Quarter for the third
quarter of 1999. Her peers at the Project 48
main office applauded her ability to take on
and complete numerous tasks, getting them
done on time and in a professional manner.
Williams was also praised for her hard
work, friendliness, politeness, and
dependability. ☀



Brenda Williams is proud to
display her plaque.

La Porte office moved

Project 48’s WIC office in La Porte is co-located with a Harris County
Health Department clinic that moved from 8th Street to Broadway last
summer. The WIC office also moved.

Nora Fernandez, WIC site supervisor in La Porte, says that the new
location is more spacious and more customer-friendly. “The clients appear
happier here,” she says, “and efficiency of service has been enhanced.” ☀

Project 65 / Texarkana

Texarkana WIC opens new breastfeeding room

A private breastfeeding room
was set up at Project 65’s clinic in
Texarkana late last summer. The
staff hopes that the new “mom’s
place” will help encourage their
WIC clients to breastfeed. Staffers
see the room as a way to continue
giving needed support to
breastfeeding moms.

One WIC mom, Melissa
Williams, came to the clinic last



Beneath her mysterious apron, WIC
mom Melissa Williams demonstrates
discreet breastfeeding.

October with her newborn to be
certified. She took a break from the
certification to try out a visit to the
new breastfeeding room. “She was
pleased to demonstrate that a mom
can breastfeed her baby without
another person being able to tell,”
says Project 65 director Jane
Boothman, L.V.N. “It’s rewarding
to see a mom proud of her success
at breastfeeding.” ☀

Project 77 / Crockett

Crockett clinic helps family in need

The U.T. Medical Branch Crockett Clinic (Project 77) worked with county officials to obtain an air conditioner for a family in need.

At a recertification appointment in July 1999, dietitian Donna Logan discovered that the family's 18-month-old baby with a heart defect was not growing adequately. He had gained only 1½ pounds over the past six months. The diet recall showed that the child was not drinking the Pediasure prescribed by his doctor. The child's mother said that, since the family was without air conditioning, she was giving him 6-8 glasses of water each day. The lack of air conditioning and increased water intake was affecting his appetite and food intake, which affected his growth. Temperatures at the time were more than 100 degrees F.

Eunice Kitchen, Project 77 assistant WIC director, contacted Cindy Garner, district attorney, who was able to get an air conditioned donated and installed within 48 hours. A follow-up visit one month later showed that the child was drinking Pediasure and that he was gaining weight and length.

Both WIC and the community can take pride in this inspiring success story. ●

Regional M&CH staff attend breastfeeding course

Nurses, dietitians, nutritionists, and WIC clerks attended a Breastfeeding Basics course held in Crockett last fall. The course was sponsored by the UTMB regional WIC program, TDH, and the East Texas Medical Center. Staff from regional M&CH clinics in Conroe, Crockett, Huntsville, Livingston, Nacogdoches, and Pearland attended.

Catherine Lester, a certified breastfeeding trainer, conducted the training. Lester shared her extensive breastfeeding knowledge in a humorous and entertaining style.

Attendees learned how to more effectively teach and assess breastfeeding latch-on and positioning.

Lester said, "Educators in public health have done an excellent job in getting the message out that breastfeeding is best. It's time to move beyond that and get information out regarding the basics of breastfeeding management."

Nurses and dietitians attending the course received continuing education credits. ●

Project 84 / Katy

Sewing volunteers honored in Katy

At Project 84's World Breastfeeding Day celebration in a Katy park last Aug. 6, not all of the attention was on babies. Some of it was on the makers of "baby bundles."

The Baby Bundle Volunteer Project recruits people to make baby items which are then given to WIC moms as breastfeeding incentives. Volunteers have created baby blankets, quilts, gowns, stuffed animals, diaper bags, pillows, bibs, and clothing. Two of the volunteers, Kathleen Toler of Houston and Maggie Schaffer of Spring, were co-winners of the local agency's Volunteer of the Year award. Both were recognized for their dedication to the program and their generosity of time.

Besides the awards presentation, the World Breastfeeding Day event in Katy included talks by experts, a baby contest, games of breastfeeding bingo, crawling races for babies and toddlers, and a coloring contest.

Project 84's clinic in Liberty celebrated Aug. 25 with the reading of a mayoral proclamation, a presentation on the legalities of breastfeeding, and a discussion about the benefits of breastfeeding and the need for mother-friendly worksites. ●

Project 87 / Palestine

WIC staffers, kids join Palestine parade

The Hot Pepper Festival is one way to have fun in Palestine, and its parade is its best part. The parade was held last year in October, and WIC staffers and their families joined in the fun.

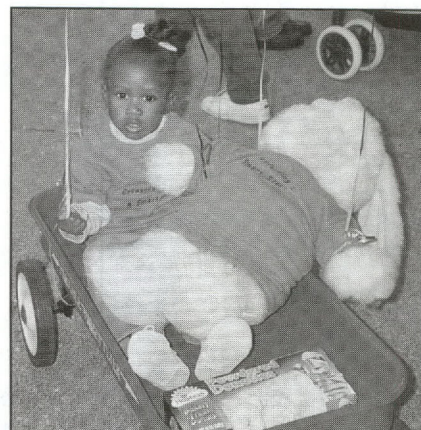
WIC marchers wore shirts made by TDH nurse Julie Sirmons. The shirts were printed with "WIC" on the front and "Healthy Kids, Healthy Families" on the back. WIC technician Connie Saenz outfitted herself in a big milk carton and "strutted down the highway" in it, as nutritionist Beth Lloyd reports. Two WIC staffers carried a WIC banner in the parade.

Children participated by dressing in costumes: cow, cat, mouse, pumpkin. One WIC staffer's tot, wearing a T-shirt emblazoned with the message "Breastfeeding ... A Smart Start," rode in a wagon with her stuffed plush bunny, who sported a matching shirt. The wagon and baby strollers were decorated with balloons and inflated fruits and vegetables. Because WIC did not have a float in the parade, preparation time was minimal.

"It felt good to walk down the street and see our participants applauding us as we waved at them," says Lloyd. "Palestine is very supportive of the WIC program, and we were happy we participated in the parade." 🌻



Part of the Palestine WIC family gathers at the Hot Pepper Festival. At left is nutritionist Beth Lloyd holding her breastfed daughter Hannah, at center rear is WIC technician Connie Saenz, and at right is WIC technician Linda Smith with her grandson Chad Allen dressed as a pumpkin in a stroller. The tiny child in front is Desirae Greenwood, the child in the animal mask is Smith's granddaughter Alicia Lipscomb, and the girl in the cow outfit is Haley Dyer. Beside her is her mom, WIC L.V.N. Marcy Dyer.

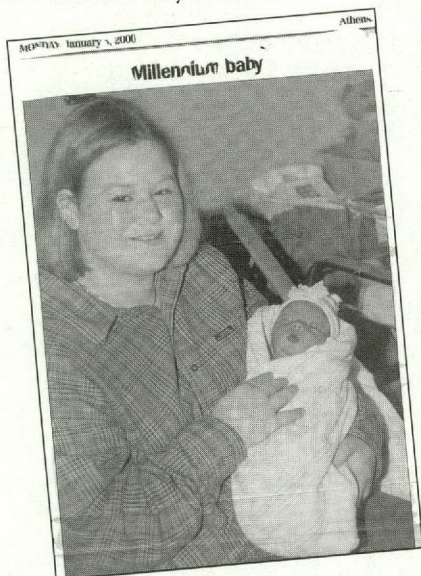


Desirae Greenwood, daughter of Texas Health Steps staffer and WIC client Bettie Greenwood, wears the same T-shirt as her bunny; both shirts say, "Breastfeeding ... A Smart Start."

Project 87 / Athens

Millennium WIC baby born in Athens

On New Year's Day at 1:17 a.m., the first baby of the new millennium was born at the East Texas Medical Center in Athens. The mother, Kristi Morton, is a WIC participant served by Project 87. The baby, a girl named Makenzie, was photographed in her mother's arms for the front page of the Athens Daily Review.



The town celebrated Makenzie's birth by showering her and her mom with donations. Morton received \$50 gift certificates from three stores, and she and the baby were driven home from the hospital in a chauffeured limosine provided by a local business.

"We cut her picture out of the paper and put it in her medical file," says Athens WIC site supervisor Shannon Tankersley, R.D., L.D. "When she came in the office to get Makenzie on the WIC program, we pulled out the cut-out article. I think she really liked that." ●



Pictured from left are Maria Herrera, Blanca Gonzalez, Martha Pena, Ginnie Wagner (Cindy the Clown), and Sylvia C. Gonzales, WIC director.

Project 90 / Dallas

Breastfeeding week celebrated

Project 90 in Dallas celebrated World Breastfeeding Week last year with a reception to honor all breastfeeding moms and their infants. Pregnant WIC participants were also invited to attend.

Representatives from La Leche League of Dallas were on hand to give out breastfeeding information and door prizes, including tickets to Texas Rangers baseball games. Cindy the Clown (Ginnie Wagner) entertained children with balloons and face painting. Dallas police officers brought McRuff, the crime-fighting dog, for a presentation on safety and crime prevention.

Project 90 has one of the highest breastfeeding participation rates in Texas. ●

WIC News Recognition PFA studies conducted in fall 1999

The state agency commends all of the Patient Flow Analysis study coordinators and staff at WIC clinics across Texas for the time and effort they've spent on conducting and participating in PFA studies. The following clinic teams continue to search for ways to improve their clinic operation systems:

Project 62, Paris-Lamar County Health Department
Paris WIC Clinic
2 studies

Project 28, Centro De Salud Familiar La Fe
Centro De Salud Clinic
2 studies

Project 7, City of Dallas Department of Environmental and Health Services
Irving Health Center

Project 39, Smith County Public Health District
Marshall WIC Clinic
Henderson WIC Clinic

Project 54, Tarrant County Health Department
Town Center WIC Clinic

Project 74, Brownwood-Brown County Health Department
Brownwood WIC Clinic

If you don't see your clinic listed, conduct a PFA study, send it to the Support Training Section at the state office and get recognized.

Eating out the 5 A Day way

By Claire Heiser, M.S., R.D., L.D.
Chronic Disease Nutrition Consultant

You can help everyone in your family reach the 5 A Day Goal – to eat at least five servings of fruits and vegetables every day. Families are eating more meals away from home. Eating out can present a special challenge. Planning ahead when eating out is the key. Here are some easy ways to eat more fruits and vegetables when dining out.

- ✓ Order orange juice at the fast food restaurant rather than soda.
- ✓ Ask for double vegetables and skip the chips or fries.
- ✓ Stop at a supermarket for lunch. Many stores have salad bars with lots of fresh vegetables. Eat an apple or orange for dessert.
- ✓ Skip the candy bar at the convenience store and select fresh fruit, which is often located near the cash register, or a box of raisins. Try a jar of fruit juice instead of soda.
- ✓ Have a side salad instead of fries with your fast food sandwich.
- ✓ Carry fruits such as dried apricots or a fresh pear with you for dessert or your next snack.
- ✓ Ask for extra tomato and lettuce on your sandwich.
- ✓ Order vegetable soup as an appetizer.
- ✓ Ask for fresh fruit for dessert.
- ✓ Choose a baked potato instead of fries for a lower-fat vegetable choice. But be careful of the toppings such as butter and sour cream because they can add a lot of fat.

Five points to remember

1. Eat at least five servings of fruits and vegetables every day for better health.
2. Eat at least one vitamin C-rich selection every day. Vitamin C helps wounds to heal and helps our body use the iron found in plant foods.
3. Eat at least one selection that is rich in vitamin A each day. Vitamin A is important for our eyes, healthy skin, and growth.
4. Eat at least one high-fiber selection every day. Fiber may prevent certain cancers from starting and may help lower our blood cholesterol.
5. Eat cabbage family (cruciferous) vegetables several times each week. These include cabbage, broccoli, cauliflower, Brussels sprouts, and kale.

A serving size is:

- 1 medium fruit or ½ cup of cut-up fruit
- ¾ cup 100 percent fruit juice
- ¼ cup dried fruit
- ½ cup raw or cooked vegetables
- 1 cup raw leafy vegetables
- ½ cup cooked beans or peas

Resources at your fingertips

Here are several web sites that offer a great deal of free materials and interactive information:

www.5aday.gov – National Cancer Institute interactive web site for consumers on 5 A Day and physical activity

www.5aday.com – Produce for Better Health Foundation's 5 A Day web site

www.dole5day.com – Dole Foods nutrition program web site provides information for children and educators.

www.agr.state.tx.us/teach/content.htm Texas Department of Agriculture web site provides 5 A Day classroom activities.

www.tea.state.tx.us/CNP/5aday/ – Texas Education Agency web site provides children's activities and materials such as coloring sheets.

National 5 A Day Week

It's not too early to start planning a promotion for National 5 A Day Week, Sept. 10-15. The national theme and materials are not yet available, but should be by May.

For more information contact the Texas State 5 A Day coordinator:
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The WIC food package

Influencing the diet quality of WIC participants

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

In August 1999, the United States Department of Agriculture, Center for Nutrition Policy and Promotion released the report "Review of the Nutritional Status of WIC Participants," describing the results of a comprehensive study of the diets of WIC participants. The purpose of the study was to examine the nutritional adequacy of WIC food packages, and to determine how well these food packages assist WIC

participants to meet their nutritional needs.

WIC foods are good sources of the key nutrients critical for growth and development, and are believed to be limited in the diets of potential WIC clients. Historically, the nutrients of concern have included protein, vitamins A and C, calcium, and iron. Recently, nutrition researchers have identified folic acid, zinc, vitamin B6, and magnesium as

nutrients of importance and of public health concern, and currently are being evaluated as essential key nutrients to include in WIC food packages.

A comparison of the nutrient content of the prototypical "maximum WIC food package" for pregnant, breastfeeding, and postpartum women is described in Table 1. Each target nutrient in the food package is compared to the

Continued on next page

Table 1. Nutrient comparison of prototypical "maximum WIC food package" for pregnant, breast-feeding and postpartum women determined by USDA/FNS to RDA

	RDA Pregnant/ Breastfeeding/ Postpartum	Pregnant Amount (% RDA)	Breast feeding Amount (% RDA)	Postpartum Amount (% RDA)
Total energy, (kcal)	2500/ 2700/ 2200	863 (35%)	837 (31%)	654 (30%)
Protein, (gm)	60/ 65/ 48	42 (71%)	42 (64%)	33 (69%)
Iron, (mg)	30/ 15/ 15	1.1 (37%)	11.4 (76%)	10.6 (71%)
Calcium, (mg)	1200/ 1200/ 1069	1193 (99%)	1172 (98%)	997 (93%)
vitamin A, (IU)	2650/ 4350/ 2650	3375 (142%)	3723 (86%)	3382 (128%)
vitamin C, (mg)	70/ 94/ 60	141 (201%)	141 (150%)	101 (168%)
Folic Acid, (mg)	400/ 277/ 180	323 (81%)	344 (124%)	258 (143%)
Zinc, (mg)	15/ 19/ 12	4.7 (31%)	4.7 (25%)	3.7 (31%)
vitamin B6, (mg)	2.2/ 2.1/ 1.6	1.1 (50%)	1.1 (52%)	1 (63%)
Magnesium, (mg)	320/ 353/ 285	193 (60%)	183 (52%)	132 (46%)

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RDA for each participant category.

To determine how participation in the WIC program may affect diet quality, the nutrient intakes of WIC participant categories were compared to WIC-income-eligible non-participants and to comparison groups in the Third National Health and Nutrition Examination Survey (NHANES III).

Recommended nutrition standards for each WIC participant category were identified using the National Research Council's 1989 Recommended Dietary Allowances (RDAs). Protein, vitamins A and C, calcium, and iron, as well as folic acid, zinc, vitamin B6, and magnesium were assessed.

Generally, intake of a nutrient is considered adequate unless an individual consumes less than 75 percent of the RDA. No nutrient inadequacies were identified in this study for infants up to 11 months of age. For children ages one through three years, zinc intake was the only nutrient reported as inadequate, and for children four years of age reported intake was marginal.

Zinc is an essential nutrient and is present in all cells. It is involved in cell growth and cell differentiation

(cell type and function, e.g., blood, nerve or brain cell). Symptoms of a zinc deficiency include growth retardation and immunological abnormalities. Deficiencies during pregnancy may lead to developmental disorders in the infant.

Due to the role of zinc in cell growth and differentiation, requirements for zinc are highest during pregnancy, infancy, and lactation. Food sources include red and white meats, eggs, and seafood.

Although the WIC program was designed as a supplemental food program, several nutrients are provided in the food packages in amounts greater than 75 percent of the RDA. These nutrients include calcium, vitamin A, vitamin C, and folic acid. In spite of these nutrients being provided by WIC in amounts that meet the RDA, intake continues to be inadequate.

Nutrient insufficiencies were identified in women in all WIC categories. Pregnant WIC participants reported consuming less than 75 percent of the RDA for energy, iron, calcium, folic acid, zinc, B6, and magnesium. Breastfeeding WIC participants reported low consumption of

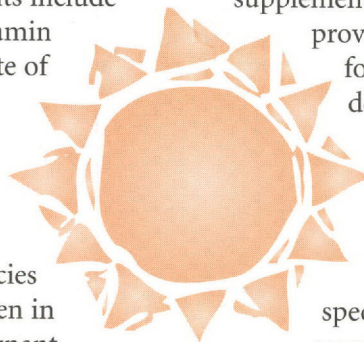
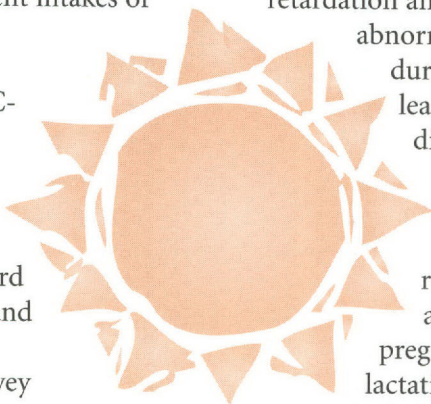
vitamin C and zinc, and non-breastfeeding participants had low consumption of calcium, vitamin C, folic acid, and magnesium.

Folic acid is available in the food packages in amounts that meet 75 percent of the 1989 RDA. However, this amount is not as high as the United States Public Health Service (1992) and the Institute of Medicine (1998) recommendation that all women of childbearing age consume 400 µg of folic acid daily to reduce the risk of having a pregnancy affected with spina bifida or other neural tube defects. Food sources rich in folic acid include fortified cereals and grains, citrus fruits and juices, legumes, and leafy vegetables.

WIC participants should be made aware that the foods provided by WIC are intended to improve and supplement their diets, and to

provide nutrients essential for growth and development.

Counseling should be provided that addresses the need for adequate consumption of these specific nutrients and ways to achieve the recommended nutrient intake. ●



What have we learned?

The WIC cereal and juice surveys

By Isabel Clark, M.A., R.D.

Over the past three years the state agency has conducted an annual survey to find out which allowable juices and cereals the Texas WIC participants are selecting. This information is extremely valuable in assisting the state agency to make decisions about allowable foods.

In 1997, Cheerios and other toasted oats, and corn flakes were the most popular cereals WIC offered (refer to Table 1). In 1998 and 1999, these cereals continued to be the most frequently chosen cereals, but the participants also favored the new kid-friendly cereals added to the approved list.

Only half the cereals offered in 1997 were national brands, but by 1999 national brands accounted for eight out of the 10 cereal types available. This change reflects the findings from previous surveys in which the majority of the respondents selected the national brands over the store brands when they were given the choice.

The state agency has also responded to the numerous comments from local agencies to offer kid-friendly cereals. The addition of Mini-Wheats in 1998 and Kix in 1999 have proven to be good choices, as these

cereals have proven to be favorite choices for a large number of our participants.

In the coming year, we are hoping to add a few "adult" cereals for women that have a high folate content. We are also interested in some of the "marketing" styles being presented – for instance, culturally oriented cereals. Decisions about the next approved food list will be announced within the next couple of months.

Juice choices have changed very little during the course of the surveys (refer to Table 2). Orange and apple juice remain the top choices, and apple juice was chosen consistently by 76 percent of the respondents participating in the surveys.

An important question we have monitored is whether or not our participants experience problems when buying WIC foods. In 1998 and 1999, less than 10 percent reported having problems at grocery

stores. This means that the majority of WIC participants are able to purchase the foods offered by WIC with little difficulty, or unwilling to say so on the survey.

The number of survey respondents has increased over the past three years from 3,451 in 1997 to 5,249 in 1999. The state agency truly appreciates the effort the local agencies have put forth to administer these surveys. As the number of respondents grows, the data from these surveys becomes more meaningful and significant. With this information we can continue to focus on meeting the needs and preferences of our participants.

Table 1. 1997 - 1999 Cereal and Juice Surveys - Cereal choices

Type of Cereal	1997 Number of Participants who Circled (Percent)	1998 Number of Participants who Circled (Percent)	1999 Number of Participants who Circled (Percent)
Cheerios, Toasted Oats	2449 (71%)	2210 (59.1%)	2893 (55.1%)
Corn Flakes	2438 (71%)	2185 (58.4%)	2741 (52.3%)
Hot Cereals	921 (26.7%)	1104 (29.5%)	1122 (21.4%)
Crispy Rice	809 (23.4%)	883 (23.6%)	899 (17.1%)
Quaker Life	658 (19.1%)	727 (19.4%)	989 (18.8%)
King Vitamin	600 (17.4%)	733 (19.6%)	1039 (19.8%)
Bran Flakes	293 (8.5%)	408 (10.9%)	242 (4.6%)
Nutty Nuggets	168 (4.9%)	128 (3.4%)	
Mini Wheats		741 (19.8%)	1030 (19.6%)
Wheaties		207 (5.5%)	265 (5.1%)
Kix			1570 (29.9%)

Table 2. 1997 - 1999 Cereal and Juice Surveys - Juice Choices

Juice	1997	1998	1999
Orange	2726 (80%)	2853 (76.2%)	3990 (76.0%)
Apple	2612 (76%)	2847 (76.1%)	4002 (76.2%)
Orange-Pineapple	1521 (45%)	1488 (39.8%)	2032 (38.7%)
Purple Grape	1031 (30%)	859 (23.0%)	1113 (21.2%)
Pineapple	964 (28%)	974 (26.0%)	1482 (28.2%)
Grapefruit	346 (10%)	345 (9.2%)	514 (9.8%)
Orange-Grapefruit	176 (5%)	226 (6.0%)	273 (5.2%)
White Grape		636 (17.0%)	899 (17.1%)
Vegetable		409 (10.9%)	537 (10.2%)
Pineapple/Grapefruit			126 (2.4%)

Fad diets

By Matthew Harrington, M.S., R.D.
Clinical Nutrition Specialist

A fad diet is like a bad tie, if you hold on to it long enough it'll come back into style. Hence, the resurgence of such doozies as, Dr. Atkins Diet Revolution, the Cabbage Soup Diet, and the Beverly Hills Diet. These diets are so popular that other so-called "diet experts" have jumped on the money-making bandwagon (Carbohydrate Addicts, the Zone, Protein Power, Sugar Busters). These and virtually all other fad diets use smoke and mirrors, pseudo-science, and half-truths to sell a lot of merchandise at the expense of consumers willing to do anything to lose weight. This article summarizes some of the more dubious diets and explains why they are at least ineffective and at most a serious health hazard.

Atkins Diet Revolution (Carbohydrate Addicts, Protein Power, the Zone, Sugar Busters)

The Claim: A diet high in carbohydrate leads to high insulin levels, which prevent the burning of fat, which results in obesity.

The Diet: Advocates consumption of a very low carbohydrate, high protein diet, and the purchasing of "diet" products. \$\$ Cha-Ching \$\$.

The Problem: A diet that limits any nutrient such as fat, protein, and, yes, even carbohydrate is likely to be lower in calories. So weight loss on this type of diet is most likely due to eating fewer calories and not anything magical or miraculous about the diet.

The Reality: Excess consumption of calories in any form may cause high insulin levels. It is also more probable that obesity leads to insulin resistance and high insulin levels. Further, excessive caloric intake coupled with inactivity leads to obesity and possibly type 2 diabetes, not consumption of any one particular nutrient. A low carbohydrate diet that ignores grains, fruits, and vegetables and emphasizes meat, fat, and milk is likely to be high in total fat, saturated fat, and low in vitamins, minerals, and fiber. Cost of products: How much do you have?

The Cabbage Soup Diet (Cabbage/Chicken Soup, other diets centering around cabbage soup)

The Claim: Lose 10-20 pounds in two weeks eating all the delicious cabbage soup you want whenever you are hungry.

The Diet: Basically a 7-10 day modified fast. Dieters can eat as much soup as they wish but only eat particular foods on certain days.

Day 1 – Every fruit you want except bananas and soup.

Day 2 – All the veggies you want, baked potato with butter for dinner and soup.

Day 3 – Combine day one and two but no potato and soup.

Day 4 – Up to six bananas, all the skim milk you want and soup.

Day 5 – 10-20 ounces of beef, a can of tomatoes, 6-8 glasses of water and soup.

Day 6 – All the beef and vegetables you want. Yes, you guessed correctly, scrumptious cabbage soup.

Day 7 – Brown rice, unsweetened fruit juices, and vegetables (soup). No bread, alcohol, or carbonated beverages – no diet soda.

The Problem: The Cabbage Soup Diet does not provide adequate calories or nutrients and may cause vitamin and mineral deficiencies if you stay on it too long.

The Reality: Virtually all weight lost using this diet is water and muscle mass. Once the 7-10 day diet is over most people will go back to their old habits and quickly regain the weight. Cost \$9.95-\$24.95.

The Beverly Hills Diet (The New Beverly Hills Diet)

The Claim: It isn't what you eat or how much you eat that makes you fat, it is when you eat and what you eat together.

The Diet: Optimizes the enzymatic action of foods by eating fruits by themselves, by not mixing carbohydrates with proteins or eating carbohydrates after proteins, and by following protein with protein.

The Problem: This is utter nonsense. There is no scientific evidence that the body digests combinations of foods any differently than foods eaten as part of a well-balanced diet. *The Journal of the American Medical Association* has called the Beverly Hills Diet “**the worst entry in the diet-fad derby.**”

The Reality: Similar to most fad diets, the Beverly Hills Diet does not provide adequate calories, protein, vitamins, and minerals. Any weight lost on this diet is mostly water and muscle mass. Cost: Unlimited. Starts with a \$30 book and continues with a “Club Slim” membership and over priced “Skinny Shop” products.

Beware these sales pitches

Magical or miracle foods are required to burn fat. Foods don't burn fat – your body converts extra calories from food to fat only when you consume more calories than your body needs. A calorie is a calorie no matter where it comes from.

You are required to buy special products, supplements, books, or formulas. The only thing guaranteed to be lighter is your wallet. The peddlers of most fad diets are out to make a buck off of people looking for a quick and easy solution.

The diet promises rapid weight loss of more than two pounds per week. Quick weight loss is mostly water and may, in fact, deplete your body of lean muscle mass, not fat. Think to yourself: Did I gain this weight in 7-10 days? Not likely. So you should not expect to take it off immediately.

You are required to eliminate specific nutrients (carbohydrate) from your diet, only eat certain types of food at certain times, or chew your food 628 times before swallowing. The fact is that a diet of many different foods, such as whole grain products, fresh fruit and vegetables, low-fat dairy, and lean cuts of meat, in moderate amounts is the only common sense approach. Variety is the spice of life and life is long and food is delicious so why deny yourself the pleasure of eating a variety of foods?

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Warning: the disclaimer

Most “fad diet” authors will tell you that diets don’t work. They tell you that as long as you are on a diet you will lose some weight but virtually all people return to their original weight. “They are not for everyone.” Then they go on to tell you that the best and healthy way to lose weight is with their “special” diet for only \$24.95, plus \$6.95 shipping and handling.

Most “diet” authors will also tell you that once you lose the 10-20 pounds on their “revolutionary” diet that you must eat a sensible, well-balanced diet and exercise regularly. Sound familiar?

Reading the fine print that accompany these diets, one will often find disclaimers such as: “There is no guarantee, implied or otherwise, that the program will work for everyone;” “The products sold on this site have speculative benefits and may have harmful side effects;” or “The information contained on this website has not been evaluated by The Food and Drug Administration. It is not meant to diagnose, treat, cure, or prevent any disease. Individuals suffering from any disease or illness should consult with a physician or health care professional.”

What works?

Dietary balance and variety work. There are no medical secrets that only a few “specialists” know about. There are no magic pills or powders to take or bizarre diets to follow. Successful weight loss and maintenance require lifelong dietary changes. A commonsense approach is a good foundation for a healthful diet.

- * Whole grain breads and cereals are good sources of iron, folic acid, and dietary fiber.
- * Next, eat five servings or more of fruit and vegetables each and every day. Fruits and vegetables are wonderful sources of vitamins, minerals, and fiber.
- * Don’t forget lean meat, poultry and fish. Meat is an excellent source of protein, zinc, and vitamin B-12 and iron.
- * Throw in a couple servings of low-fat milk (1 percent or skim) and you are well on your way to a healthy diet. Milk, cheese, and yogurt are spectacular sources of

protein, calcium, and vitamins A and D. And lastly, drink water, water, and more water. Drink at least eight 8-ounce glasses of water each day, more if you are physically active.

- * Engage in regular physical activity. There’s no getting around it – exercise is a very important part of weight maintenance and health. As a matter of fact, the Centers for Disease Control and Prevention recommends that “every adult should get 30 minutes or more of moderate-intensity physical activity on most, preferably all, days of the week.” A brisk walk, swimming, a leisurely bike ride, and general house cleaning are examples of moderate-intensity physical activity.

Healthy eating habits and regular physical activity are the key to achieving and maintaining a healthy weight for life. Fad diets, like those ugly ties, should be put on the curb for the garbage man to carry away forever, never to return. 🌟

Fruit and vegetable intake among Texas WIC participants

By Isabel Clark, M.A., R.D.

The state agency (SA) submitted a proposal to USDA requesting approval to offer Texas WIC participants a food package that includes vegetables. In developing the proposal, SA staffers needed to describe the dietary consumption patterns of Texas WIC participants – and in particular, present data to justify its request for the addition of vegetables. This is when the SA turned to the local agencies for help in collecting a random sample of diet recalls for women and children of each racial/ethnic background. And once again, the LAs came to the SA's rescue and sent in more than 900 diet recalls for evaluation.

The findings from this evaluation should not come as a surprise to anyone who works directly with WIC participants. In Texas WIC, more than half of the participants have an inadequate diet risk code.

The purpose of this analysis was to find out how closely our participants come to eating at least five servings of fruits and vegetables per day, and which forms of fruits and vegetables they prefer.

The total number of fruit and vegetable servings consumed per day by participants are broken down by race/ethnicity and category and are listed in Table 1. We found that 81 percent to 94 percent of the participants do not meet the current recommendation for 5 A Day.

To determine which forms of fruits and vegetables were consumed, we separated the servings into juice, cooked or canned, and raw. Fruit juice accounted for up to 55 percent of the total servings. This is a significant contribution to the total number of fruit and vegetable servings reported. We believe that the high consumption of fruit juice may be related to the fact that WIC provides it as part of the food package.

Unfortunately we also found that up to 77 percent of our participants consumed no vegetables at all. In order to better understand why vegetable consumption is so low we administered a survey to find out if they had the purchasing power would they select vegetables and if yes, which vegetables would they choose. The response was overwhelmingly positive. All of the participants of the survey indicated they would purchase many of the vegetables listed. The most frequently selected vegetables included broccoli, carrots, corn, mixed vegetables, and tomatoes.

Table 1. Percentage of participants consuming fruit and vegetable servings per day.

Race/ethnicity/ category	0 servings	1 servings	2 servings	3 servings	4 servings	5 servings
White women	18	27	21	12	9	13
White children	18	26	25	13	9	9
Hispanic women	24	25	23	10	6	12
Hispanic children	21	33	22	10	7	7
Asian women	11	19	24	10	17	19
Asian children	14	27	23	21	9	6
Black women	23	19	22	13	8	15
Black children	18	20	26	18	11	7

Thanks to the extraordinary effort by local agencies, the diet recalls and vegetable preference surveys have provided us with valuable information to evaluate the dietary practices and needs of our participants. Local agency staff already know a significant number of their participants do not consume adequate fruits and vegetables. We hope the specific breakdown of this information will be helpful when counseling participants about the importance of incorporating fruits and vegetables in their diets and the healthy benefits they provide. 🌱

Meet WIC's first dietetic interns

The Texas Department of Health WIC program is proud to present its first class of dietetic interns. After spending two weeks at the main Austin campus, each intern returned to her local agency. Their varying backgrounds and generosity with their time make them exceptional assets to WIC.



WIC's six nutritionist interns. They are, from left to right, Tonja Winn, Lori Smith, Jule Kolle, Patty Vos, Anna Escobar, and Maria Esquivel.

Tonja Winn graduated from the University of Wyoming in 1997. Before moving to Texas she worked for the Wyoming WIC program as a contract nutritionist. In August 1998, she and her daughters relocated to Midland where she is working with Local Agency 94. Tonja has three daughters – twins who are 18-years-old and will graduate from high school in May, and a 16-year-old who is a high school junior. “Besides my girls, my favorite things are the mountains, reading, and trying new recipes,” Tonja says.

Patricia L. Vos has been employed by the Community Action Council of South Texas (Local Agency 9) in Rio Grande City since 1994. Soon after graduating from Baylor University in 1994, she began working as a nutritionist for WIC. “I grew up in the Rio Grande Valley,” Patricia says, “and reside in Mission, Texas, with my husband Frank. I enjoy creating scrapbooks, aerobics, and reading mystery books.”

Lori Smith graduated from the University of Northern Iowa with a B.S. in Dietetics. She works for Local Agency 31 in Temple and has been there for one year. Lori says, “I am a Colorado native. My husband, Nathan, and I moved to Killeen in 1998. My interests include creating scrapbooks, photography, and reading.”

Anna Marie Escobar graduated from the University of the Incarnate Word in May 1997. Her job experience includes working as a dietetic technician at McKenna Memorial Hospital in New Braunfels. She's worked for the city of San Antonio for 18 months. "I enjoy working out," Anna says, "especially running and kick boxing. I am training for a November marathon in San Antonio."

Maria G. Equivel was born and reared in the Rio Grande Valley. After graduating from Harlingen High School, she and her sister headed to Austin for college life at the University of Texas. "I completed my B.S. in nutrition," says Maria, "and worked as a diet tech/clerk at North Austin Medical Center, and Westminster Manor as a dietary supervisor. Now, I am looking forward to the experience of the internship so I can help my community. For fun I like to play on my computer, listen to live music, and watch movies."

Julie Kolle graduated from Texas A&M University in 1999 with a degree in Human Nutrition and Food Science and Technology. She is a member of Alpha Zeta, an agriculture honor society. She's worked for WIC in Bryan (Local Agency 32) since graduation. Julie says, "I like to play golf, spend time with my husband, and our yellow Lab, and antique shop." 🌻



Functional foods

By Paula Kanter, R.D., L.D.

Functional Foods, also known as pharmafoods, designer foods and nutraceuticals refer to foods which provide health benefits beyond their traditional nutritional value. They may be unmodified whole foods, modified processed foods or new foods produced by technology.

The benefits associated with these foods include reduced risk of disease, mood enhancement, improved immune function and aiding athletic performance. Examples of functional foods and their benefits are listed in the accompanying table. Although dietary supplements are available for many of these natural substances, they are generally not as effective as eating the actual food.

The concept of functional foods originated in Japan in the 1980s. Since then, the concept has captured international attention among food scientists, manufacturers and regulators and health professionals. Increasing life expectancy and healthcare cost, changes in product labels and health claims and advances in food technology are factors influencing the interest in functional foods.

These foods are not “magic bullets,” however. More research is needed to determine their true effectiveness and safety. Additionally, an individual may have to consume multiple servings of these foods daily to achieve the desired health benefit. With the exception of Japan, no

other country has a definition or regulation for functional foods. The lack of a universal definition and labeling system has delayed federal regulations in the United States.

For now, experts concur that the scientific evidence related to functional foods is still unfolding. Therefore, the best nutrition advice is to consume a wide variety of foods that contain both known beneficial compounds and those that science may reveal in the future.

To obtain the American Dietetic Association’s position on functional foods and a list of functional foods, including their active components, health benefits, scientific evidence and regulatory classification, refer to the October 1999 issue of the *Journal of the American Dietetic Association* or visit the ADA website at www.eatright.org.

Functional foods		
Functional food	Key component	Potential health benefit
Carrots	Beta carotene	Reduce risk for cancer
Milk / lowfat	Calcium	Reduce risk for osteoporosis
Tomato products	Lycopene	Reduce risk for prostate cancer
Gum and candies with xylitol	Sugar alcohol	Reduce risk for tooth decay
Benecol and Take Control (modified margarine)	Plant sterols, plant stanol esters	Reduce risk for heart disease
Cereal fortified with Folic Acid	Folic Acid	Reduce risk for neural tube defects
Garlic, bananas, Jerusalem artichokes, chicory root	Fructooligosaccharides	Support normal, healthy intestinal flora
Green or black tea	Catechins	Reduce risk for heart disease and gastric, esophageal and skin cancers
Medical food bars formulated for specific diseases	Sucrose, protein, uncooked cornstarch	Prevent hypoglycemia

Adapted from the *Journal of The American Dietetic Association* 1999; 99:1278-1285

Texas Ten-Step hospitals receive designation

By Marion Marshall, Texas Hospital Association
and
Jeanne Mitchell, R.N., I.B.C.L.C.

As part of the Texas Breastfeeding Initiative, the Texas Department of Health developed the Texas Ten-Step Hospital Program in collaboration with the Texas Hospital Association. Eight hospitals have recently been awarded the Texas Ten-Step Hospital designation. The hospitals are:

- ❖ Osteopathic Medical Center of Texas in Fort Worth
- ❖ Mother Frances Hospital in Tyler
- ❖ Northwest Texas Healthcare System in Amarillo
- ❖ The Methodist Hospital in Houston
- ❖ East Texas Medical Center in Tyler
- ❖ Seton Medical Center in Austin
- ❖ Seton Northwest Hospital in Austin
- ❖ Brackenridge Hospital in Austin

These hospitals received the designation for their voluntary commitment to promoting breastfeeding as the best nutritional choice for the infants and mothers they serve, and for helping to increase breastfeeding rates

in Texas. The hospitals were evaluated on their breastfeeding policy, training protocol, and overall commitment to being "breastfeeding friendly."

The objectives of the Texas Ten-Step Hospital Program are to support the Texas Breastfeeding Initiative by encouraging hospitals to:

- ❖ reach the goals of having 75 percent of Texas infants breastfeeding at hospital discharge and 50 percent continuing to breastfeed at six months of age
- ❖ support breastfeeding mothers before, during and after delivery
- ❖ identify breastfeeding resources for mothers after hospital discharge

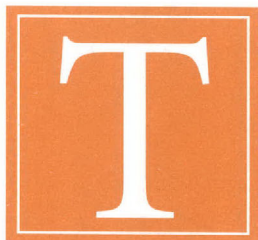
Currently, 60.5 percent of babies in Texas are breastfeeding at hospital discharge.

For more information about how to become a Texas Ten-Step Hospital, contact Janet Rourke, M.S.H.P., L.D., C.L.E., Nutrition Training Program coordinator/TBI coordinator, (512) 406-0700 ext. 278#, or refer to the TDH Web site, www.tdh.state.tx.us/lactate/bf1.htm ●



TBI promotes new volunteer PC initiative

by Jewell Stremler, Peer Counselor Coordinator



The success of the WIC Breastfeeding Peer Counselor Program inspired members of the Texas Breastfeeding Initiative committee at TDH to propose expanding the program with the use of volunteers.

Since local WIC programs have done such an outstanding job in developing breastfeeding peer counselor programs, we urge you to assist us in introducing the concept to other organizations in your community. We may be able to partner with many community organizations who use lay workers to assist mothers prenatally or postpartum. We can help them to expand their services by training their workers as breastfeeding counselors.

Requiring volunteer peer counselors to be recommended and supervised by a community agency or organization will help preserve the integrity and highly regarded reputation of Texas WIC Peer Counselors. You may have many organizations in your community with clients who could benefit from staff who are trained in breastfeeding counseling. We urge you to share your enthusiasm and resources with them by inviting their staff or volunteers to attend your next peer counselor training. Sample letters and Volunteer Peer Counselor Training brochures are available to assist you in recruiting trainees. You

can also encourage them to send a staff person to the Peer Counselor Trainer Workshop if they want to train their own counselors in the future.

TDH is conducting some pilot volunteer peer counselor training sessions this summer to help get the program started. For more information please contact Jewell Stremler at (512) 406-0744 or Jewell.Stremler@tdh.state.tx.us.

Individual Counseling Satellite Training Appropriate for Peer Counselors

If you want to give your peer counselors a great boost in their self-confidence, I recommend sending them to the WIC Training Division satellite training on individual counseling September 14 from 8:45am to 4:00pm. This training is appropriate for peer counselors and everyone at your agency who counsels clients. A variety of counseling techniques will be presented. While some of the concepts will be presented in counseling situations other than breastfeeding, some segments will directly target breastfeeding counseling. All of the techniques and skills learned can be used in breastfeeding counseling. If you have questions about this training, please contact Shirley Ellis or Nancy Liedtke at (512) 406-0744. ●

Peer counselors have training opportunities

Peer Counselors across the state continue to ask for more training and more information so they can provide better service to the moms and babies in their clinics. Most local agencies provide regularly scheduled in-service training for their counselors. And counselors have commented that these sessions are invaluable to them. Peer counselors also benefit from attending breastfeeding seminars and workshops. Many counselors have had the opportunity to attend Phase II, the Breastfeeding Summit, or a La Leche League or other breastfeeding conferences.

Another valuable source of training often overlooked by peer counselors is the multitude of audio and videotapes in the Texas Department of Health AV Library. Tapes are available on everything from teaching and counseling skills to specific clinical issues. Most conferences sponsored by the Texas Department of Health are taped, and this is a wonderful way for peer counselors to get current information on almost any breastfeeding topic. Anyone in the state of Texas can borrow these AVs from the library at no charge. The library just requires a social security number, and the return postage must be paid (usually \$2 to \$3 per tape). Tapes can be checked out for up to two weeks. Call the TDH AV Library at 512-458-7260. ●

Your Story Here...

Remember this is your column. We would like to hear from more of you. Please send your success stories, case studies, questions, comments, and ideas you would like to see in future Mom-to-Mom columns.

Please write or fax:

Jewell Stremmer, peer counselor coordinator,
Texas Department of Health
Bureau of Nutrition Services
1100 W. 49th St.
Austin, Texas 78756-3101
Fax: (512) 406-0722.

Nutrition news to use

By Shellie Shores, R.D., Nutrition Education Consultant,
Laurie Coker, Breastfeeding Promotion Specialist,
and Rachel Edwards, Nutrition Education Consultant

WIC has a web site that is full of information just for you. Take some time to look at the WIC web site and see what a tremendous resource it is for your local agency. The best way to find out what is on the site is to go to the main WIC page at: <http://www.tdh.state.tx.us/wichd/> and look around. On the main page, in the left-hand margin, under the heading "WIC Central," you will see a list of WIC areas of service. You can explore each of these areas by clicking on each of the main areas in the list.

Take a look at what you'll find in some of the different areas.

Under the "Help Desk" option you'll find past issues of Walking the Talk newsletters, information on performance measures, and tips to help you diagnose common problems associated with Texas-WIN.

Under the "Nutrition" option you'll find the WIC Approved Foods Brochure, the Texas Nutrition Risk Manual, a comprehensive list of formulas, group education lessons, fact sheets, and past issues of the participant nutrition education newsletter WIC For You.

The "Policy Manual" option is the place to go if you want to look at any part of the WIC Policy Manual.

Clicking on the "Home" option will return you to the main WIC page.

Not only can you view all these resources, but you can also print a copy of most of the items from the web site. The web site allows you to have immediate access to a wealth of WIC information. Additionally, the site is a powerful tool for facilitating communication between the state agency and local agencies. Information is constantly being added and updated on the web site, so remember to check back periodically to see what's new.

Results from the Nutrition Education Survey

Each year the state agency Nutrition Education Section sends a nutrition education survey to local agencies. Feedback from the survey helps the Nutrition Education/Breastfeeding Promotion Section set goals and priorities for developing new materials. One survey is filled out by each local agency. Generally, the director

and/or the nutrition education and breastfeeding coordinators fill out the survey for each agency. Below is a brief review of the results from the Fall 1999 survey.

The questions are stated as they appeared on the survey.

In what areas do you need more and/or new material? (The top five responses are listed in descending order.)

- obesity
- infant nutrition, 6-12 months
- infant nutrition, birth-6 months
- postpartum nutrition
- children's nutrition

Referring to the question above, what kind of materials would you find most helpful? (The top five responses are listed in descending order.)

- fact sheets
- lessons with videos
- bulletin board material
- pamphlets
- lessons with games/activities

Which of the following formats do you prefer for nutrition education videos? (Each option is shown with the number of responses it received.)

- 41 – English and Spanish on the same tape
- 16 – English and Spanish on separate tapes

What can the state agency do to improve the quality of individual counseling? (The top four answers are listed in descending order.)

- provide more training for staff
- provide examples of acceptable methods of evaluation
- provide individual counseling lessons
- provide more guidance through policies

What can the state agency do to improve the quality of classroom education? (The top three answers are listed in descending order.)

- provide more training
- provide more lessons
- provide more guidance through policies

Sixty-one agencies returned the 1999 survey. The Nutrition Education Section will use this local agency feedback to help develop the work plan for next year. Thank you for taking the time to tell us what you think.

Breastfeeding education materials

Breastfeeding: A Personal Choice is a comprehensive pamphlet about breastfeeding, available in both English and Spanish. Beautifully illustrated in 17 full-color, 7-inch x 10-inch pages, it covers milk production, frequently asked questions, positioning and latch-on, self-care, burping, different positions, family support, satiety, returning to work, and weaning. To order this pamphlet, call Krames Communications at 1-800-333-3032. Individual pamphlets are priced at \$1.35 each and reduced prices are available when ordered in bulk. Discounts start at 10 percent for 200, 15 percent for 300, 20 percent for 500, 30 percent for 1,000. For a small additional fee, Krames will personalize each pamphlet with your local WIC address and phone number.

Breastfeeding and Kangaroo Care for Your NICU Baby is a new breastfeeding video from Injoy Productions which encourages parents of NICU (Neonatal Intensive Care Unit) infants to practice kangaroo care. Parents often feel helpless caring for a premature newborn while they are in the hospital. This video shows how they can be a crucial part of the development of their NICU baby. The advantages of providing breastmilk to these fragile infants is emphasized. Pumping and tube feeding are demonstrated as well as how to ask hospitals to provide kangaroo care. The video may be borrowed by calling the TDH Audiovisual Library at (512) 458-7260, or purchased from Injoy Productions for \$129.95 by calling 1-800-326-2082.

You Can Breastfeed Anywhere is the slogan for the new Texas WIC bilingual breastfeeding poster targeting teen parents. Embarrassment and putting a cramp in one's lifestyle are two common barriers to teen moms who choose not to breastfeed. The new poster portrays teens breastfeeding discreetly in a variety of places. Text is a note from a girlfriend recommending breastfeeding and telling a friend about the Texas Breastfeeding hotline. Order the poster, stock No. 13-50, on the WIC order form and fax to Delores Preece at (512) 458-7446.

Nutrition education materials

Shopping for WIC Approved Foods – This new video, was sent to all local agencies in February. It replaces the videos “How to Plan and Prepare Before You Shop with WIC” and “Welcome to WIC.” Dispose of these videos or recycle them when you receive the new copies. The new video, “Shopping for WIC Approved Foods,” is available in English (approximately 15:10 minutes) and Spanish (approximately 18:36 minutes). This video shows a new WIC participant, Mary, learning how to shop for WIC foods with the help of a friend, Rosa. Mary learns how to shop at the grocery store using the Texas WIC Approved Foods brochure, WIC vouchers, and a shopping list.

“Shopping for WIC Approved Foods” GW-000-50 The True/False handout in the lesson is the evaluation for each participant who watches the new video, Shopping for WIC Approved Foods. The CPA should review the answers with the participant and cover any incorrect answers.

Have you seen the new pamphlets **Let's Eat!**, stock No. 13-168, and **¡Vamos a Comer!**, stock No. 13-168 in your local agency? If you haven't, use form AG-30 to order your copies from the TDH Warehouse. These two pamphlets replace **Baby's First Foods Birth to Six Months** in English (stock No. 1-200) and Spanish (stock No. 1-200a) and **Feeding Your Baby Six to 12 Months** in English (stock No.1-201) and Spanish (stock No. 1-201a). Dispose of or recycle these old pamphlets, because they do not include the new infant feeding recommendations. The new pamphlets, designed for parents of infants birth through 12 months of age, describes the signs of developmental readiness for each of the first 12 months, the types of foods to introduce, and tips for feeding.

Brighten up your WIC clinic with a new **Rise and Shine** poster, available in English and Spanish. The colorful posters feature a young child eating a healthy breakfast or WIC foods. To order the poster, fax your request to Delores Preece at (512) 458-7446.



Policy Q&A

By Diane Salem

The WIC staff at local agencies across the State of Texas encounter policy situations on a daily basis. The WIC Policy and Communication Section staff would like to share some of the policy questions frequently asked by local agency staff.

Q: If an applicant/client is being screened for certification, initial or subsequent, and is found ineligible due to “over income”, and there are other family members currently participating in WIC, can the clinic staff issue one last set of food vouchers to everyone?

A: Current food vouchers can only be issued to participants that are still within their certification period. The applicant/client cannot be issued anything, but the other active family members may be issued food vouchers. This last set of food vouchers are issued to the participants to provide at least 15 days notice before being terminated.

Q: A woman received Medicaid benefits while she was pregnant. She had her baby two days ago and has presented her proof of Medicaid for the income screening for her baby. She has an older child that is also being screened for WIC services. Can the pregnancy Medicaid benefits serve as proof of income for the older child?

A: No, because the mother is no longer pregnant. The proof of income for the child could be: 1) proof of another gateway program, if applicable; 2) household earnings (check stubs); or 3) wait until the infant’s proof of Medicaid is received, which takes approximately two months. An infant’s Medicaid can be used for anyone else in the household. The choice of what to use as proof of income for the child is determined by the mother. WIC staff should provide all possible options.

Q: How do you determine the income from a military pay check? What are the “exclusions” from income for the Military?

A: The military check stub is called a “Leave Earning Statement” (LES). The amount of the Variable Housing Allowance (VHA) or (VAR) and the Basic Allowance for Quarters (BAQ) are excluded from the total amount of entitlements. The VHA, VAR, and BAQ have been changed to Basic Allowance for Housing (BAH). Therefore, the BAH should be deducted from the total amount paid to the individual in the military.

Q: If an applicant is working and is using an assumed name, which name does the clinic staff document and is it okay to certify him/her?

A: The clinic staff should certify the individual under their correct name and document in the record that the person is working under an assumed name. The same is true for anyone else within the household whether they are applying for WIC benefits or not.

Q: If a client loses their Family Identification (FID) card and does not have a picture ID, what should the clinic staff do?

A: A picture ID is not required for the replacement of a lost FID. Any form of ID listed in section I of WIC Policy CS: 02.0, Identification of a WIC Applicant, is acceptable proof to provide a duplicate FID. A picture ID is only required for food voucher issuance if the local agency has chosen to allow recipients to use their acceptable picture ID when he/she does not have his/her FID with them at the time of food vouchers issuance.

We hope the above information has answered some of your questions. If you have further questions, please contact your local agency’s liaison at the state agency at (512) 406-0711.

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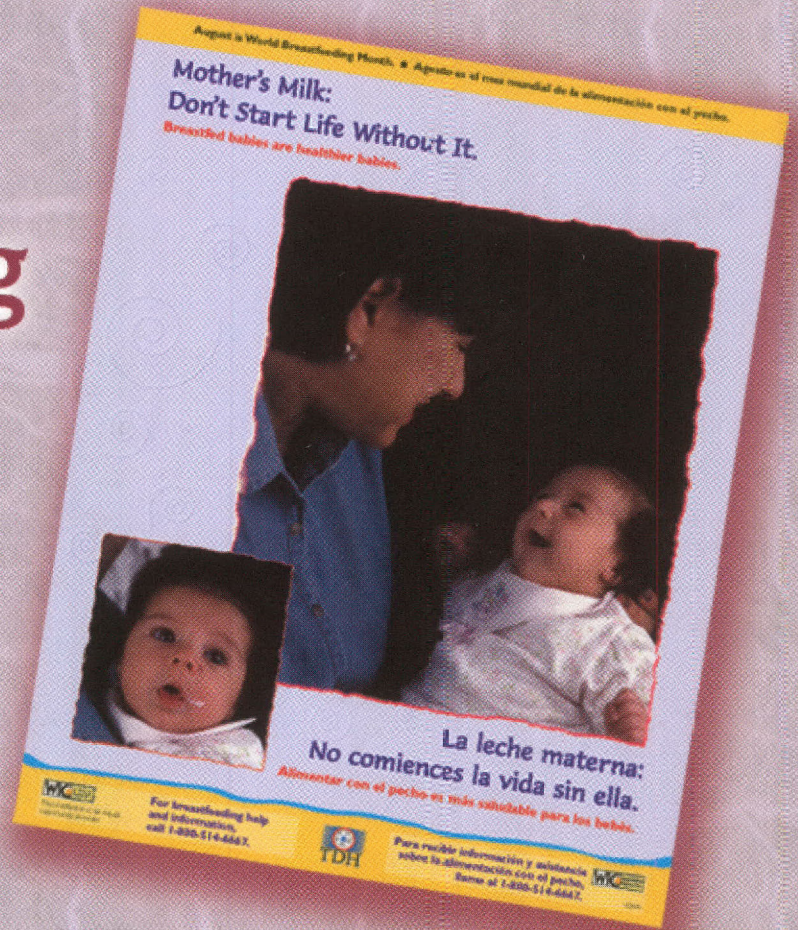
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