

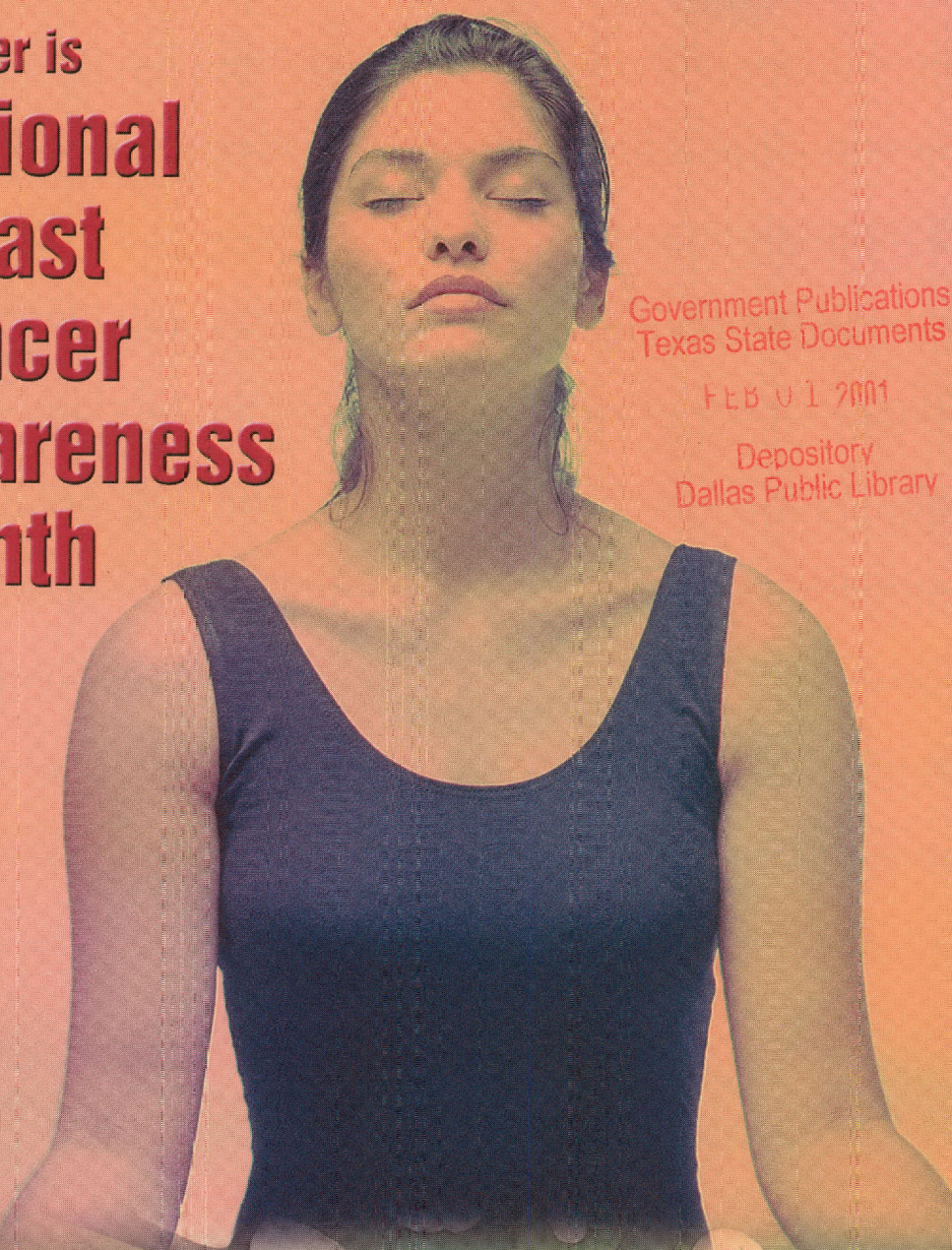
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Texas WIC NEWS

Special Supplemental Nutrition Program for Women, Infants and Children
September/October 2000

Volume 9, Number 4

October is
**National
Breast
Cancer
Awareness
Month**



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USDA to change WIC food package rules

By Barbara Keir, M.A., R.D.

Good news! The U.S. Department of Agriculture (USDA) Food and Nutrition Services has announced that it will be publishing proposed rules later this fall which will make some very welcome changes in the WIC food packages. Some of the changes will include:

- * The addition of nutrient-dense leafy and other dark green and orange vegetables.
- * Allowing states the option of substituting canned legumes for dry legumes.
- * Allowing states the option of substituting soy-based beverages for milk.
- * New criteria to effectively accommodate participants' cultural eating patterns.
- * Revision of food packages for participants who have certain medical conditions, increasing the formula allowances, and providing additional foods for children and adults who also receive formula.
- * Adjustments that address packaging and physical forms of WIC foods due to changes by the food industry and advancements in technology.

It's great to know that changes are on the horizon, but there is no need to notify your participants quite yet! Rules like these usually take a few years to develop and implement.

WIC may be in line for even more changes over the next decade. On May 30 and 31, the USDA and the U.S. Department of Health and Human Services (DHHS) jointly sponsored a National Nutrition Summit in Washington, D.C. This was the first national conference of its type since the 1969 White House Conference on Food, Nutrition, and Health. Only a few short years after the 1969 White House Conference took place, a pilot program was implemented to address the nutritional needs of low income pregnant women, infants, and preschool children. The overwhelming success of this pilot program led to the creation of WIC.

Needless to say, women and children today face nutrition and chronic health problems that are considerably different than those they faced in 1969. Obesity and inactivity, survival of very low birth weight infants, and childhood diabetes are some of the issues faced today. Leadership from both USDA and DHHS made a firm commitment at the summit to closely examine all the nationally-funded nutrition programs to see if they still meet the needs of the U.S. population - and most importantly - they made a commitment to make changes where changes are needed.

USDA is to be applauded for stepping forward and recognizing the need to modify nutrition programs - and especially WIC - to reflect the changing times.



Barbara Keir, M.A., R.D. is the director for the Public Health Nutrition and Nutrition Education Division, Bureau of Nutrition Services at the Texas Department of Health.

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Texas **WIC NEWS**

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Project 10

WIC staffers hold Spring Festival

Project 10 staffers held a Saturday morning Spring Festival for 150 WIC kids, their friends, and parents on May 20 in the backyard behind their building.

Activities included cereal bowling, a WIC walk for cookies, relay races, juice can ring toss, fruit match, face painting, and bean bag toss. They also made immunization fans with Dippy Diphtheria and Ruby Rubella. The Sherman Police Department fingerprinted each child and gave the prints to the children's parents as part of the fingerprint identification program.

Event Chairman Colleen Canady and fellow WIC workers contacted Sherman and Dennison merchants who donated sacks, crayons, cookies, and coloring books for prizes.



More than 150 Project 10 WIC kids and their friends had fun with the activities at the Spring Festival.

Project 26

Thank you and keep up the good work

The following letter was sent to Faye Walker, Project 26 WIC director, concerning the WIC staffers at the Sunnyside Health Clinic in Houston.

Department of Health and Human Services
800 N. Stadium
Attention: Faye Walker
Houston, Texas 77054

I would like to express to you my utmost appreciation and tremendous thankfulness for the WIC Program and staff at the Sunnyside Health Clinic.

Due to my unfortunate situation four years ago, I didn't know what I was going to do to get on my feet again. By not having to dig into my pockets every week, the WIC Program helped subsidize my spending for products I use on a regular basis. Thanks to you, I now have sufficient funds to feed my family without worry.

The staff at Sunnyside is exemplary and must be commended for such a great job they are doing. There have been times where I was running late for an appointment and they managed to squeeze me in. Your staff is very professional and they are warm people, which create a wonderful atmosphere for all who are around the facility.

As a single parent these past four years, I can not express the significance of programs like this. There still is great work to be done for single parents and I challenge you to continue to do the good work you are doing.

Sincerely,

Gregory K. Culpepper
Houston, Texas

Project 41

"Assume every mother will breastfeed"

By Sergio Vega
Project 41

"Assume every mother will breastfeed."

This is the philosophy of Sylvia Chase, International Board Certified Lactation Consultant and resident breastfeeding expert with Project 41 in San Antonio. A WIC staffer since 1993, Sylvia is also the mother of five healthy, breastfed children.

Sylvia promotes breastfeeding to all of her new mothers. And as a result, breastfeeding moms now make up 33 percent of the mothers with Project 41.

"We are all responsible for breaking the cycle," stated Sylvia about the tradition to use the "almighty formula bottle" without consideration for breastfeeding. "Support from family and friends is paramount to any strong movement toward breastfeeding. Often time, new breastfeeding mothers are bombarded with negative reinforcement."

Although breastfeeding is the most natural method of feeding a baby, the technique of how to breastfeed must be learned by the new mother. Many moms originally try to breastfeed, but are unsuccessful only because of improper technique. They then turn to formula and bottle-feeding.

Sylvia's dedication to breastfeeding continues outside of the office. On a regular basis, she conducts home visits to facilitate breastfeeding in a comfortable and familiar setting for the new mother. Sylvia also distributes her pager number so mothers can call whenever they have a breastfeeding problem. For World Breastfeeding Month in 1999, she organized a breastfeeding volunteer project where WIC staffers donated time and materials to make nursing pillows and slings for the mothers.

According to Sylvia, success is not determined by how long a mother breastfeeds, but rather in knowing the mother had an enjoyable experience with breastfeeding.

Her plans for the future include conducting breastfeeding classes outside of scheduled WIC appointments and to form a support group for breastfeeding moms. She also wishes that the USDA would allocate more assistance to breastfeeding mothers, increase the size of food packages, and provide other breastfeeding incentives.



Sylvia Chase

Project 103

WIC mothers, non-WIC volunteers receive peer counselor training

Five WIC mothers and three volunteers from the Buckner Healthy Families program recently graduated from Project 103's third annual Breastfeeding Peer Counselor training program. This is the first time for anyone in Longview, other than WIC staffers, to receive the training.

Training program graduates are Janda Shepherd, Amy Kennedy, Chere Kabeta, Sarah Minehart, Maria Galvan, Shonna Vance, Cheryl Hellen, and Lorie Cox.

"We are so excited to include Buckner in our

training," stated Breastfeeding Coordinator Mary Peters. "The Healthy Families program helps the women in our community so it was nice to be able to increase their knowledge of breastfeeding. It also gave us another referral for our WIC mothers."

The Healthy Families program mentors young or first time mothers.

Stacey Nichols, senior peer counselor and La Leche League leader administered the training. WIC staff, peer counselors and their families, and local La Leche League Leader Deya Stavinoha

attended the graduation. The guest speaker was Paula Ray, a lactation consultant. At the end of the graduation program, the graduates and their trainer gathered in a circle for a candle lighting ceremony to reflect on all they had learned. This idea was borrowed from Project 42's graduation ceremony in Georgetown.



Above, new peer counselors hold a candle lighting ceremony to reflect on what they had learned. Below, new graduates pose with their families.



Kids Count 2000: An annual report on the well being of children

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

The Annie E. Casey Foundation, a private charitable organization, has released Kids Count 2000. Kids Count is an annual report on the well being of children across the United States. The report evaluates several indicators of children's well being over time and allows individual states to see how they have advanced or regressed from previous years. Each state may also compare their own data on children's health and well being with national and other states' data.

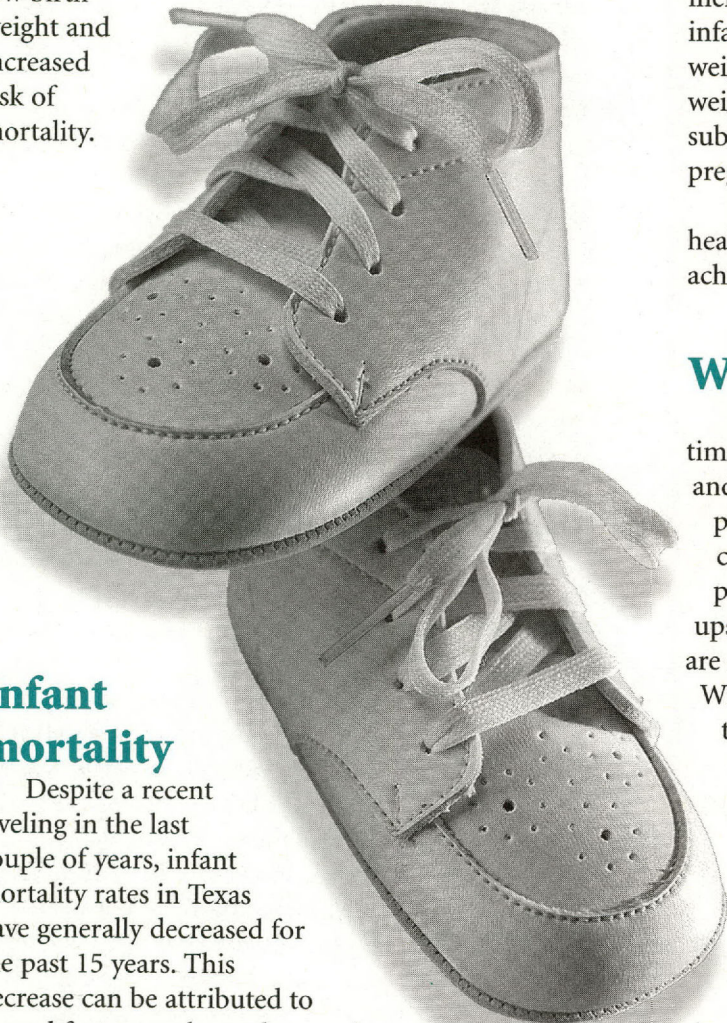
Using health indicators similar to the National Kids Count 2000, Texas Kids Count uses data from 1998, the latest data available, to show how children are faring across the state.

The most recent data for Texas Kids Count 2000 shows that Texas has improved in several areas. There has been a substantial decrease in the infant mortality rate, a slight decrease in the teen birth rate, and more women are receiving prenatal care earlier in their pregnancies. While Texas has made gains in many areas, on the whole it still lags behind the majority of states in most areas of children's health care. Health indicators such as percent of 2 year olds adequately immunized, the percent of children under age 5 living in poverty; teen birth rates and repeat teen birth rates remain troublesome.

CHANGES IN HEALTH INDICATORS			
Indicator	Texas 1990	Texas 1997	National Rank
Infant mortality rate (deaths per 1,000 live births)	8.1	6.4	15
Low birth weight infants <5.5 lbs. (%)	6.9%	7.3%	21
Births to mothers who receive late or no prenatal care (%)	8.9% 1992	5.1%	46
Teen birth rate (births per 1000 females ages 15 to 17)	48	47	49
2-years-olds who were immunized (%)	71% 1994	75%	48

Prenatal care

While the vast majority of women received prenatal care during the first trimester, in 1998 there were 17,671 births to women in Texas who received little or no prenatal care. This is significant because women who do not get adequate prenatal care are at a greater risk of having a complicated pregnancy and are less likely to receive other social services. Women who receive little or no prenatal care are also more likely to deliver an infant with health problems such as low birth weight and increased risk of mortality.



Infant mortality

Despite a recent leveling in the last couple of years, infant mortality rates in Texas have generally decreased for the past 15 years. This decrease can be attributed to several factors such as advances in medical technology and care, adequate nutrition, early prenatal care and improved public education.

Low birth weight infants

In 1998 there were 25,425 infants born in Texas weighing less than 5.5 pounds. Since 1992, there has been a steady increase in the number of low birth weight infants born in Texas. Unfortunately, all 50 states have seen an increase in the number of low birth weight infants since 1990. Although no one reason exists for the sharp increase in low birth weight infants, several factors are probably involved. Fertility drugs, which can increase the likelihood of multiple births, have been used with increasing frequency in recent years. Multiple-birth infants have a greater likelihood of being born low birth weight. Other reasons for the increase in low birth weight rates may be inadequate prenatal care, maternal substance abuse and nutritional deficiencies during pregnancy.

Despite advances in medical technology and public health education, Texas still falls short fulfilling many achievable public health goals.

What WIC can do!

Texas WIC provides participants with valuable and timely nutrition education, a variety of nutritious foods and referrals to healthcare professionals. WIC staff are positioned to refer women who are lacking prenatal care into services early in pregnancy. Staff also refer participants for dental examinations, well child check ups, and scheduled immunizations. In fact, many clinics are able to offer immunizations to WIC participants.

With an eye on promotion of healthy behaviors, nutrition classes offered by WIC emphasize the proven benefits of breastfeeding, food preparation and safety, and physical activity. Likewise, food packages offered by WIC are tailored to provide essential nutrients during critical stages of development. By placing an emphasis on prevention and early intervention, WIC has a positive impact on the lives of women, infants, and children throughout Texas.

October is National Breast Cancer Awareness Month

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

October is National Breast Cancer Awareness month and a perfect time to remind WIC participants, co-workers, friends, and family about the importance of regular healthcare. Because breast cancer is most treatable if detected early, we want to take this opportunity to encourage all of our WIC staff and readers to be proactive in the prevention and detection of breast cancer.

What is breast cancer?

Breast cancer is a malignant (cancerous) tumor that has developed from cells of the breast. Although the disease occurs mostly in women, it does occur rarely in men. Breast cancer is the most common cancer among women, excluding non-melanoma skin cancers. The American Cancer Society estimates that 182,800 new cases of invasive breast cancer will be diagnosed in the United States in 2000. This year alone, there will be about 41,200 deaths from breast cancer. Breast cancer is the second leading cause of cancer death in women exceeded only by lung cancer. In recent years, the death rates from breast cancer have declined significantly. The most likely reasons are early detection and improved treatment.

What are the risk factors for developing breast cancer?

A risk factor is anything that increases a person's chance of getting a disease. Several risk factors for developing breast cancer cannot be changed, while others, related to lifestyle, can be changed and thereby may reduce the risk of developing breast cancer.

- ◆ **Inherited from parent(s)** - Only 10 percent of all breast cancer cases are the result of genetic factors. Changes in certain genes increase the chance a person has of developing breast cancer.
- ◆ **Family history** - Women that have a close blood relative with breast cancer are at an increased risk for developing breast cancer.
- ◆ **Personal history** - A woman with cancer in one breast has an increased risk of developing cancer in the other breast.
- ◆ **Race** - Caucasian women are more likely to develop breast cancer than African-American women, but African-Americans are more like to die from breast cancer. Asian and Hispanic women are at a lower risk of developing breast cancer.
- ◆ **Menstrual periods** - Women who started menstruating before age 12 or who went through menopause after age 50 have a slightly higher risk of breast cancer.
- ◆ **Alcohol Use** - Compared with non-drinkers, women who consume one drink containing alcohol per day have a small increase in risk. Those who have two to five drinks daily further increase their risk.
- ◆ **Not breastfeeding** - Some studies suggest that breastfeeding may reduce the risk of breast cancer.
- ◆ **Estrogen replacement therapy** - Long-term use of ERT after menopause may slightly increase the risk of breast cancer. Because there are benefits associated with hormone replacement, the decision to use ERT should be made by a woman and her health care provider after weighing the risks and benefits.
- ◆ **Obesity** - Being overweight has been suggested as a breast cancer risk in all studies, especially for women after menopause, which usually occurs at age 50.
- ◆ **Smoking** - While no studies have yet linked cigarette smoking to breast cancer, smoking affects overall health and increases the risk for many other cancers, as well as heart disease.
- ◆ **Gender** - Breast cancer is about 100 times more common in women than men.
- ◆ **Age** - A woman's risk of developing breast cancer increases with age. About 77 percent with breast cancer are over age 50 at the time of diagnosis.

American Cancer Society recommendations for early breast cancer detection

The goal of screening examinations for early breast cancer detection is to find cancers before they start to cause symptoms. Breast cancers that are detected during screening examinations are more likely to be small and still confined to the breast. Because the size and extent to which breast cancer has spread are the most important factors in predicting the prognosis of a woman with this disease, the American Cancer Society makes the following recommendations for early detection.

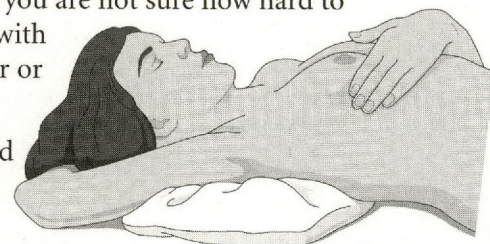
- ◆ Women age 40 and older should have a screening mammogram and breast exam by a qualified health care professional every year.
- ◆ Between the ages of 20 and 39, women should have a clinical breast exam by a qualified health care professional every three years.
- ◆ Women age 20 and older should perform breast self-examination every month. By doing the exam monthly, you get to know how your breasts normally feel and can readily detect any signs or symptoms.
- ◆ If you notice changes, such as a lump, swelling, skin irritation, redness, nipple pain, or a discharge other than breast milk, see your health care provider as soon as possible for an evaluation. Experienced health professionals can examine the breast and determine if the changes you have noticed are benign (a non-cancerous tumor) or whether additional tests are needed to rule out cancer.

Breast self-examination

A woman will likely notice any changes that occur in her breasts if she completes a regular examination of her own breasts. The best time is about a week after a woman's period ends, when her breasts are not tender or swollen. If a woman does not have regular periods, breast self-examination (BSE) should be done on the same day every month. Women who are pregnant, breastfeeding, or have breast implants also need to do regular BSEs.

Steps for breast self-examination

- ◆ Lie down with a pillow under your right shoulder and place your right arm behind your head.
- ◆ Use the finger pads of the three middle fingers on your left hand to feel for lumps in the right breast.
- ◆ Press firmly enough to know how your breast feels. A firm ridge in the lower curve of each breast is normal. If you are not sure how hard to press, talk with your doctor or nurse.



Move around the breast in a circular, up and down line, or wedge pattern. Be sure to do it the same way every time, check the entire breast area, and remember how your breast feels from month to month.

- ◆ Repeat the exam on your left breast, using the finger pads of the right hand. (Move the pillow to under your left shoulder.)
- ◆ Repeat the examination of both breasts while standing, with your one arm behind your head. The upright position makes it easier to check the upper and outer part of the breasts toward your armpit. This is where about half of breast cancers are found. You may want to do the standing part of the BSE while you are in the shower. Some breast changes can be felt more easily when your skin is wet and soapy.
- ◆ For added safety, you can check your breasts for any dimpling of the skin, changes in the nipple, redness, or swelling while standing in front of a mirror right after your BSE each month.
- ◆ If you see any changes, see your doctor right away.

Lifestyle choices, such as diet, exercise, and breastfeeding may play a role in preventing breast cancer. These are messages that can be passed on to your participants and others that you care about. You can contact your local American Cancer Society and obtain posters and/or brochures to have available during October. We urge you to take an active role in promoting breast cancer prevention and detection by being well informed and knowing where good local referrals/resources can be reached.

Community pilot project to increase breastfeeding rates

A community pilot project run by the Children's Nutrition Research Center in Houston is evaluating the impact of several strategies to increase breastfeeding rates. The main part of the study compares the duration of exclusive breastfeeding between mothers who receive home visits and mothers who receive telephone calls from breastfeeding counselors. A free lactation clinic is available to all participants. When the study is completed, investigators will be able to determine whether home visits provide greater assurance of exclusive breastfeeding. WIC and Episcopal Health Charities provide joint funding for the project.

For the first part of the study, a breastfeeding counselor enrolls moms at Ben Taub General Hospital at bedside. While in the hospital, they are visited by a volunteer who provides bedside assistance with breastfeeding. The mothers are later randomly assigned to receive home visits or phone calls from a breastfeeding counselor, beginning five days postpartum. Mothers receive at least four consultations in all, but some women receive many more depending on the extent of any breastfeeding difficulties they might encounter. The mother and breastfeeding counselor determines the duration and final number of consultations.

According to Judy Hopkinson, Ph.D., assistant professor at Baylor College of Medicine, the preliminary analysis suggests

that exclusive breastfeeding lasts longer among women who receive pro-active breastfeeding support, such as home visits or phone calls initiated by counselors, compared to those who received no such contacts.

One of the exciting aspects of this study is the nursing staff and the parents are enthusiastic supporters of the hospital volunteer program. Volunteers receive seven hours of instruction followed by an apprenticeship. They help all mothers, not just those assigned to the breastfeeding counselors.

"Because they can take as much time as needed (unlike the overworked nursing staff), volunteers have time to model responsive parenting, to reassure and comfort, and to answer questions. They also can teach parents what to expect and where to go for help in the crucial first weeks of their baby's life," Hopkinson said.

When the two-year study is complete, it will provide information on the relative impact of hospital visits, phone calls, and home visits on the duration of exclusive and total breastfeeding.



Members of the first graduating class of volunteers for the community pilot project.

Deprovera use and increased calcium loss in women

By Richard Burley, R.D.

Maternal and Child Health Nutrition Consultant

There is concern that the long-term use of Deprovera, a common birth control method, causes increased calcium loss in women. And there does appear to be some cause for concern.

Two separate research studies in New Zealand did find evidence that Deprovera increases bone loss in women. It is interesting that both studies found that bone loss only occurred with continuous use of Deprovera greater than five years. However, one study done in Thailand concluded that Deprovera has no effect on bone loss. Interestingly, none of the research makes any dietary recommendations to address the issue of increased calcium loss in women. All of the literature makes the conclusive remarks that further research is needed. Therefore, until further research, dietary recommendations will remain pending.

Still, it is very appropriate to recommend that all women consume adequate levels of calcium relevant to their age group to prevent excessive bone loss. According to the latest Dietary Reference Intake, the recommended dietary intake should be at least 1,300 mg of calcium for girls ages 9 to 18 years, and 1,000 mg of calcium for women 19 through 50 years. As a point of reference, 1,000 to 1,300 mg of calcium equals approximately 3 cups of milk. Also, pregnant and lactating women have the same recommended calcium levels as non-pregnant and non-lactating women. Concerned individuals should look to foods to provide the needed calcium. Milk products are the best sources of calcium, which can include milk, yogurt, hard cheeses (like cheddar, Swiss, mozzarella), pudding, custard, flan, ice cream, or soups made with milk. Some examples of other

foods that are good sources of calcium are sardines with the bones, calcium fortified orange juice, calcium fortified bread, tofu that is made with calcium sulfate, or even Total brand cereal. Examples of other foods that contain smaller amounts of calcium are greens (collard, turnip, beet, and kale), black eye peas and northern beans, bok choy, corn tortillas, broccoli, rhubarb, and okra. It should

Concerned individuals should look to foods to provide the needed calcium.

be noted that dairy sources of calcium are clearly much better than most vegetable sources. For example, it requires approximately four cups of cooked broccoli to match just one cup of milk for calcium content.

Calcium supplements are a good source of calcium if other calcium rich foods are consistently avoided. Supplements that are made with bonemeal or dolomite should be avoided since such supplements often contain lead, and therefore are a potential source of lead toxicity.

Though the research on Deprovera so far has made no conclusive dietary recommendations, adequate levels of dietary calcium should continue to be recommended to prevent bone and calcium loss of all kinds experienced throughout life.

Breastfeeding rates increase during past decade

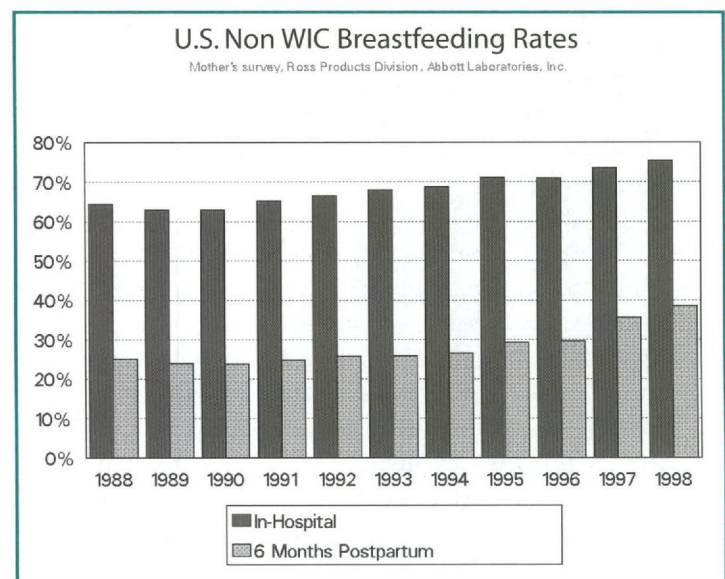
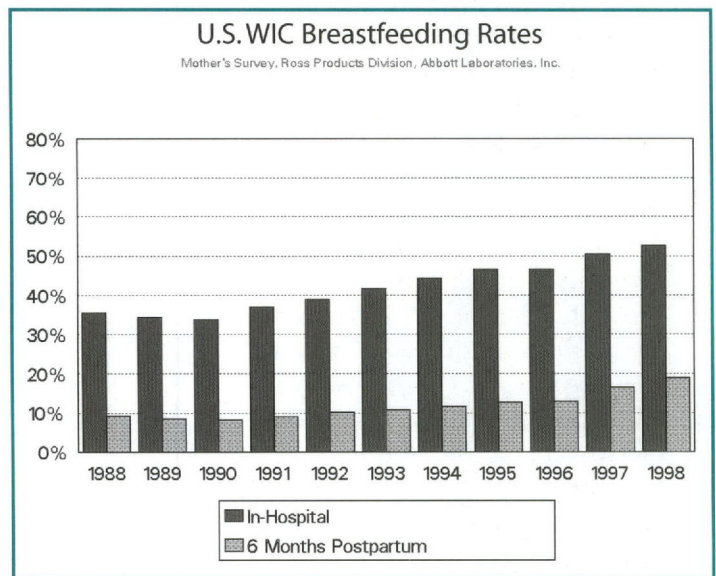
By **Kalyan C. Vindhya**
Healthcare Administration Resident

The past decade has seen resurgence in breastfeeding in the United States. Numerous publications and sources, including The Ross Mothers' Survey, have reported significant increases in initiation and duration rates of breastfeeding between 1985 and 1995. Starting in 1991, there were six consecutive years of growth in breastfeeding rates. More importantly, the greatest increase during this period was among women who have traditionally had the lowest breastfeeding rates, and this includes WIC participants.

Between 1990 and 1998, in-hospital breastfeeding rates have increased substantially among WIC participants from 33.7 percent to 52.6 percent. Nationally, six-month breastfeeding rates among WIC participants more than doubled between 1990 and 1998, from 8.2 percent to 18.9 percent. At the state level, Texas has seen an increase in in-hospital rates from 31.2 percent in 1990 to 51.9 percent in 1998. Six-month rates more than doubled at the state level as well, from 6.6 percent to 16 percent.

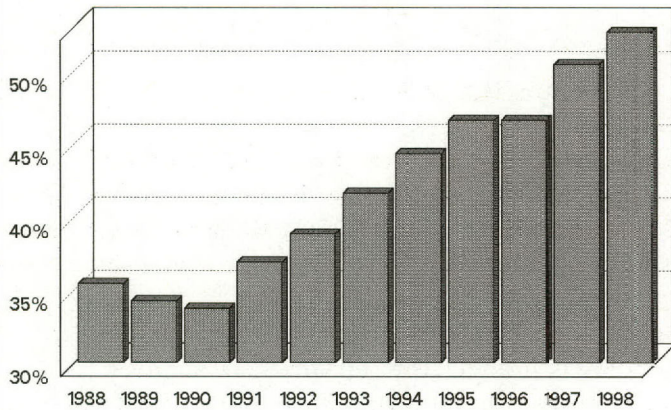
Breastfeeding rates also increased among non-WIC mothers, although they were less significant. National in-hospital breastfeeding rates among non-WIC mothers increased from 62.9 percent in 1990 to 75.2 percent in 1998. Breastfeeding rates at the six-month period also saw an increase from 23.6 percent in 1990 to 38.5 percent in 1998. In Texas, in-hospital breastfeeding rates among non-WIC mothers increased from 49.6 percent in 1990 to 63.1 percent in 1998. The increase in the six-month rates was also significant, having increased from 14.2 percent in 1990 to 24.9 percent in 1998.

From 1995 through 1997, more than 59 percent of all moms, both WIC and non-WIC, reported that they had breastfed their babies. The statistics given in these studies are encouraging and give cause for optimism. But for these trends to continue, it is important to provide sufficient and effective support to mothers who are young, poor, and less educated. In order to remove the negative perception about breastfeeding, we must continue to make a serious effort to educate mothers by promoting the nutritional and psychological benefits of breastfeeding.



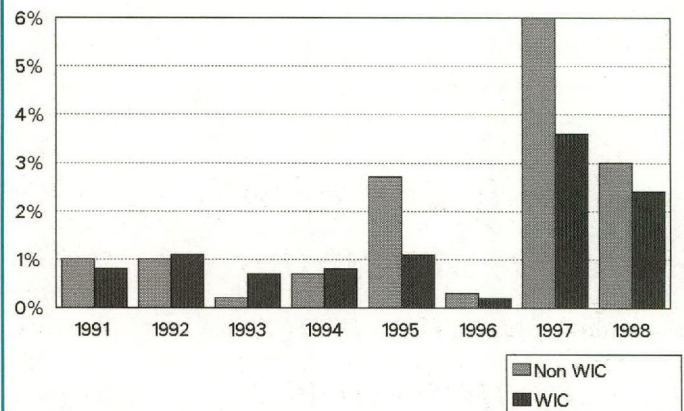
WIC In-Hospital Breastfeeding Rates

Mother's Survey, Ross Products Division, Abbott Laboratories, Inc.



Increase in Breastfeeding Rates at 6 months Postpartum

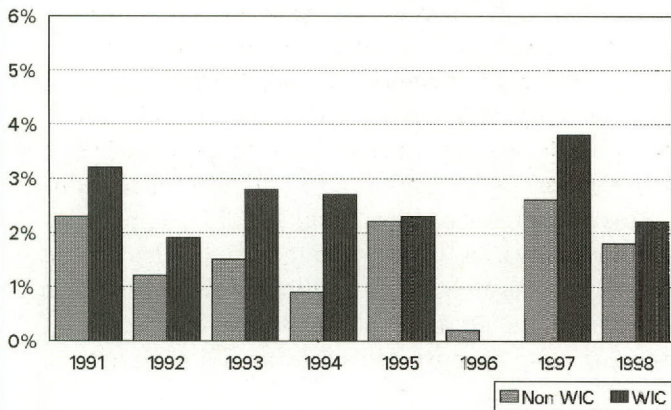
Mother's Survey, Ross Products Division, Abbott Laboratories, Inc.



Data reflects percentage increase from the previous year.

Increase in In-Hospital Breastfeeding Rates

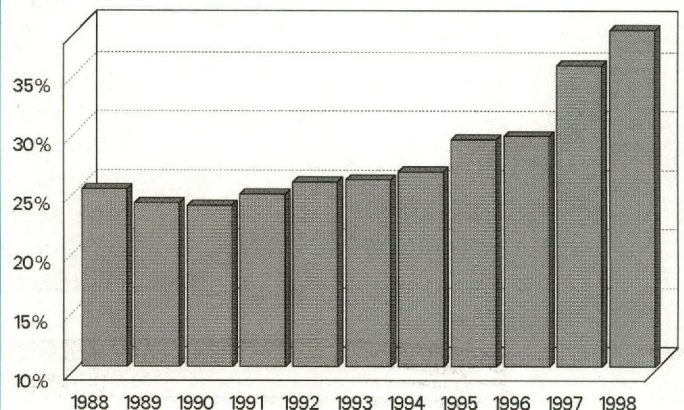
Mother's Survey, Ross Products Division, Abbott Laboratories, Inc.



Data reflects percentage increase from the previous year.

Non WIC Breastfeeding Rates at 6 months Postpartum

Mother's Survey, Ross Products Division, Abbott Laboratories, Inc.



Factors affecting BF rate for WIC participants

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

An article published in the American Journal of Health Behavior studied 189 first-time mothers participating in the Special Supplemental Nutrition Program for WIC in Arizona to determine what factors influenced their breastfeeding behavior within six months after giving birth.

The authors found that family or friends had the largest impact on the incidence of breastfeeding, with the incidence increasing by 81 percent if the mother received breastfeeding information from either family or friends. Family and friends also influenced duration of breastfeeding.

The study also found that offering incentive items to the WIC participants affected breastfeeding rates. Giving participants items like breast pumps, breast cream, and breast pads resulted in a higher likelihood of breastfeeding, suggesting that "low-cost gifts or incentives to breastfeed should be included in interventions designed for women with limited incomes."

Women who received incentives breastfed for 77.5 percent longer than those who did not receive incentives. Furthermore, women receiving formula gift packs in this study breastfed their babies for 25 percent less time than women who did not receive formula gift packs or did not remember receiving them.

The mother's education was positively associated with breastfeeding – women with more formal education were more likely to initiate and continue breastfeeding than those with less formal education. Also, mothers who received direct help such as telephone information or home visits from the WIC staff after they had given birth, breastfed for approximately 34 percent longer than those who did not receive such help, suggesting that postpartum interventions are an important part of an effective breastfeeding promotion program.

The authors conclude, "Findings suggest that breastfeeding among women with limited income may be increased through a variety of methods, including using the influence of family and friends in interventions, providing incentives for breastfeeding, providing direct assistance after birth, and avoiding the routine distribution of formula gift packs."

The American Journal of Health Behavior is published by the National Center in Maternal and Child Health.

“
*Family and friends
had the largest impact
on the incidence of
breastfeeding...*
”

News to Use

By Lynn Silverman, M.A., R.D.
Nutrition Education Consultant

Bright Futures in Practice: Nutrition

Mary Story, Ph.D., R.D., along with Katrina Holt, M.P.H., M.S., R.D., and Denise Sofka, M.P.H., R.D.

Mary Story, Katrina Holt, and Denise Sofka have written another valuable resource for WIC professionals who work with children and adolescents. The book is divided into four sections including

- ❖ Introduction
- ❖ Nutrition Supervision Guidelines for Infancy, Childhood, and Adolescence,
- ❖ Nutrition Issues and Concerns, and
- ❖ Nutrition Tools.

The Introduction addresses healthy eating and physical activity, nutrition in the community, and cultural awareness in nutrition counseling. This section also demonstrates the Bright Futures' philosophy of integrating the social, cultural, psychological, and physical aspects of nutrition for infants, children, and adolescents.

You can obtain a copy of Bright Futures, published by the National Center for Education in Maternal and Child Health, by contacting:

National Maternal and Child Health Clearinghouse
2070 Chain Bridge Road, Suite 450
Vienna, VA 22182-2536
Tel: 1-888-434-4624 (4MCH)
Tel: 1-703-356-1964
E-Mail: nmch@circsol.com
NMCHC Web site: www.nmchc.org

Nutrition and the Pregnant Adolescent, A Practical Reference Guide

Edited by Mary Story, Ph.D., R.D. and
Jamie Stang, Ph.D., M.P.H., R.D.

An adolescent's nutrition, weight status and lifestyle practices before and at the conception of her baby, as well as during her pregnancy, significantly affect pregnancy and infant outcome.

WIC educators who work with pregnant and parenting adolescents will find this new reference guide helpful in many ways. Written by specialists in the fields of nutrition, health, education, and adolescence, the book focuses on clinical application of current knowledge on adolescent pregnancy. It also offers guidelines about written health messages in the chapter, "Communicating Effectively with Pregnant Adolescents Who Have Limited Literacy or Comprehension Skills."

The book is divided into the following six sections:

- ❖ Adolescent Pregnancy
- ❖ Adolescent Growth and Development
- ❖ Nutritional Needs and Eating Behaviors
- ❖ Nutrition Assessment and Management
- ❖ Interviewing, Counseling, and Education
- ❖ Postpartum Issues

The book costs between \$18 and \$20 depending on how many you order. To order a copy contact Kathy Kosiak at email: kosiak@epi.umn.edu phone: 612-626-7143 fax: 612-624-9328 or mail to Kathy Kosiak, Division of Epidemiology, University of Minnesota, 1300 South 2nd St., Suite 300, Minneapolis, MN 55454

Cool web sites

The WIC Program at USDA-FNS and the Food & Nutrition Information Center have teamed up to produce a nutrition resource Web site specific to the WIC Program. <http://www.nal.usda.gov/wicworks>

Check out this site -- especially if you teach children's classes. They have put together a series of pages on "How Food Works." It covers carbohydrates, protein, water, vitamins, and includes "I'm starving". <http://www.howstuff-works.com/food.htm>

The new CDC pediatric growth charts are on the web. Check them out at <http://www.cdc.gov/growthcharts/>

The CDC's Division of School and Adolescent Health has recently contracted with the Academy for Educational Development, a non-profit organization located in Washington, DC, to develop an electronic newsletter. The first issue covered physical education and the second will focus on competitive foods. You can view the newsletter at AED's Web page, <http://eta.aed.org>

Training Express

By Linda Brumble, M.A.
Director, Training and Technical Assistance Division

Reorganization

In June 2000, the Training Section of the Bureau of Nutrition Services became the Training and Technical Assistance Division (TTA). Beginning August 1, Linda Brumble became the official head of the division. This reorganization demonstrates the bureau's commitment to training excellence in the field, and members of the new division will do their best to assure that all their customers have the proper tools, training, and assistance they need. We're still the same folks - just with a new title.

Teaching nutrition education class started

TTA is proud to announce its newest class. The NE and BF Section in the Public Health Nutrition and Education Division has created, in conjunction with the TTA, a class called "Teaching Group Classes" geared to help staff in the field learn how to effectively teach group nutrition education. Some of you have already taken advantage of this great course.

The course can be tailored to meet your needs, but is designed to be a 4-6 hour class with lots of practice actually preparing for and conducting a nutrition education class. You will also learn all about various learning styles, ways to manage classroom behavior, and tips for advertising your classes. Each participant will receive a "Teaching WIC

Nutrition Education Classes" manual with lots of great ideas for involving WIC participants in discussion, making classes more fun and a better learning experience.

A video entitled "Class Act: Improving Your Teaching Skills" has been produced to accompany this course, and will be given to all WIC local agencies who participate in the training class.

To schedule a class, contact Janice Carpenter at (512) 406-0740. If you would like a copy of the video and/or manual, but cannot schedule a class at this time, you may contact either Janice or Leticia Silva at (512) 406-0743.

The Summit

On October 13-14, the third annual Texas Breastfeeding Summit will be held at the Houston Marriott, West Loop South, in Houston. The first day of the conference will feature several plenary sessions with a variety of featured speakers. The second day will feature breakout sessions with four tracts - physician, basic, community, and advanced. Continuing education credit hours are available. If you would like to register for this event, please contact Missy Hammer at (512) 406-0757 or Elaine Greiner at (512) 406-0744.

Spring event

Mark your calendars! On April 26 from 1 to 5 p.m., and on April 27 from 9 a.m. to 1 p.m., the USDA

Southwest Region WIC Program, Nutrition Services Integrity Committee will sponsor an eight-hour teleconference full of ideas about how to make nutrition education effective in changing dietary behaviors of WIC participants.

The first afternoon will be directed toward the subject of change - what makes people change, when the best time is to help make a change, and how to motivate clients to change. The next morning will be directed at teaching and learning strategies -- how to get clients to participate, how to involve clients in change, and how to make nutrition education fun.

This teleconference will replace TDH WIC's annual Nutrition Education/Breastfeeding Conference next spring, so those of you who are interested in more BF training should make plans to attend the Summit in October.

PFA studies can help

"I was afraid that I would have to tell the staff the participant wait was because of them. But after reading the PFA, it is clear that the wait is a scheduling issue and not a staff issue. The staff are doing a good job and the graph shows that." This was a comment of relief from a PFA study coordinator after reading the results of a PFA study. The concern identified on the graph was long periods of waiting time for many participants. The participants were complaining and therefore the clinic director requested a PFA study be conducted not to diagnose the wait time, but to determine the cause.

So why were the participants

waiting? Too many participants were booked in successive blocks of time. This resulted in a gradual backup of participants. The staff could not get to the participants quick enough because too many were brought in the clinic too early in the clinic session. Scheduling has a great impact on clinic activity and if not done correctly, can result in long waits. This clinic had plenty of staff if participants had been evenly distributed throughout the day.

Besides the waiting, how else does poor scheduling affect the participants? The quality of their care may be impacted. Feeling overwhelmed and rushed, staff may take short cuts or reduce the time spent counseling. The waiting room will be noisier. Staff may be short with clients or rude after many participant complaints. Fortunately, this staff recognized they had a system problem and took the step to correct or resolve the problem.

Initially, the study coordinator didn't know what approach she would use to discuss the study with the staff and clinic director. But the PFA results energized her and best of all, she had objective information to take back and show the clinic staff. "This is good because I have great news for the clinic." The cause of the problem would be easy to fix.

Local agencies conducting PFA studies in spring and summer 2000

Project 3, Cameron County Health Department
Garden Plaza WIC Clinic
Lucio WIC Clinic

Project 22, Waco-McLennan County Health District
Waco Drive Clinic
Washington Clinic

Project 26, Houston Health and Human Services Department
Ripley House Neighborhood Center
Braisner WIC

Project 27, South Plains Community Action Association, Inc.
WIC Parkway Clinic
WIC Savoy Square

Project 30, Port Arthur City Health Department
Port Arthur Clinic

Project 33, El Paso City-County Health District
Ysleta WIC Clinic
Sunrise Center Clinic
Five Points WIC Clinic

Project 37, Victoria City-County Health Department
Port Lavaca WIC Clinic - 2 studies
Victoria WIC Clinic

Project 39, Smith County Public Health District
Jacksonville WIC Clinic
Marshall WIC Clinic - 2 studies

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

Project 65, Texarkana-Bowie County Family Health Center
Texarkana-Bowie Clinic 2 studies

Project 73, El Centro Del Barrio Inc.
South Park Medical Care Center - 2 studies

Project 76, Outreach Health Services
Decatur WIC Clinic
Seymour WIC Clinic
Vernon WIC Clinic

Project 77, UTMB at Galveston Walker County Community Health Center - WIC

Project 94, Texas Tech University Health Sciences Center
Midland Clinic
Ector County Health Department

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.

Nutrition and You: Trends 2000

By Paula Kanter, R.D., L.D., Clinical Nutrition Specialist
and Crystal Esquivel, Southwest Texas Nutrition Intern

Where do Americans get most of their nutrition information? Whom do they consider to be their most valuable source? What are Americans' perceptions of whole grain breads and cereals, low-fat dairy products, functional foods, organic fruits and vegetables, and naturally produced meats? The answers to these questions can be found in the latest national survey, *Nutrition and You: Trends 2000*, conducted by the American Dietetic Association (ADA).

Since 1991, the ADA has conducted national trend surveys to track Americans' opinions on food and nutrition. To evaluate the changes in public attitude toward these issues, the respondents are categorized into the following groups based on their responses:

- ▶ I'm Already Doing It - respondents who have significantly changed eating habits to achieve a healthy, nutritious diet.
- ▶ I Know I Should, But . . . - respondents who are aware of healthy eating habits, but do not implement them.
- ▶ Don't Bother Me - respondents who may or may not feel informed of healthy eating habits, but are not concerned.

The results of the latest survey found that 40 percent of the respondents fall into the "I Know I Should, But..." category which is up six percent from the previous survey in 1997. Thirty-two percent fall into the "Don't Bother Me" category, which is down eight percent from the 1997 survey and the lowest since 1991. And 28 percent are categorized as "I'm already doing it" which is up two percent from the 1997 survey and the highest percentage since 1991.

According to the study, 85 percent of Americans indicated that diet and nutrition are important to them. Forty-one percent of Americans are doing "all they can" to achieve a balanced nutritious and healthy diet, up slightly from previous studies. Of the respondents who were not doing "all they could" to achieve a healthy diet, the primary reasons were because they do not want to forgo the food they like, they are satisfied with the way they eat, and it takes too much time to track their diet.

More Americans are starting to agree with ADA's

philosophy that all food can fit into a healthy diet and less are classifying foods as "good" or "bad." A large majority of Americans believe that whole grain breads and cereals are healthier than "regular" products and nearly 75 percent of Americans agree that low-fat dairy products are healthier than "regular" products. However, only 50 percent consider organic and naturally produced beef and pork healthier than "regular" products.

When asked about vitamin, mineral, and herbal supplements, half of the respondents indicated they take vitamins daily and only 12 percent take herbal supplements. Over the past eight years, more Americans seem to believe that taking a vitamin supplement is necessary to ensure good health. The survey found that adults age 55 and older tend to take supplements more than younger adults. And when asked about functional foods, only 21 percent of the respondents had heard of them.

When it comes to exercise, 84 percent consider exercise and physical activity important to them. Forty-three percent of adults make a conscious effort to exercise on a regular basis.

Where do Americans get most of their nutrition information? The primary sources, according to the latest survey, are television and magazines. Interestingly, significantly more are accepting information from friends and family compared to previous studies. And who is considered Americans' most reliable source of nutrition information? The top five sources were doctors, 92 percent; registered dietitians, 90 percent; nutritionists, 90 percent; magazines, 87 percent; and nurses, 85 percent. The survey also found that 90 percent of Americans have heard of registered dietitians and more than 75 percent of the respondents felt that nutrition messages on food packages would be more credible if the message came from the American Dietetic Association.

Overall, the ADA surveys have shown that Americans' interest in food and nutrition is rising, but not at the rate it did in the fitness-crazed 1980s. However, this trend is expected to increase as the Baby Boomer generation ages.

For more detailed information on the *Nutrition and You: Trends 2000* survey, visit the American Dietetic Association's website at www.eatright.org/pr/2000/trends2000.html

Vegetarian Food Guide Pyramid: a conceptual framework

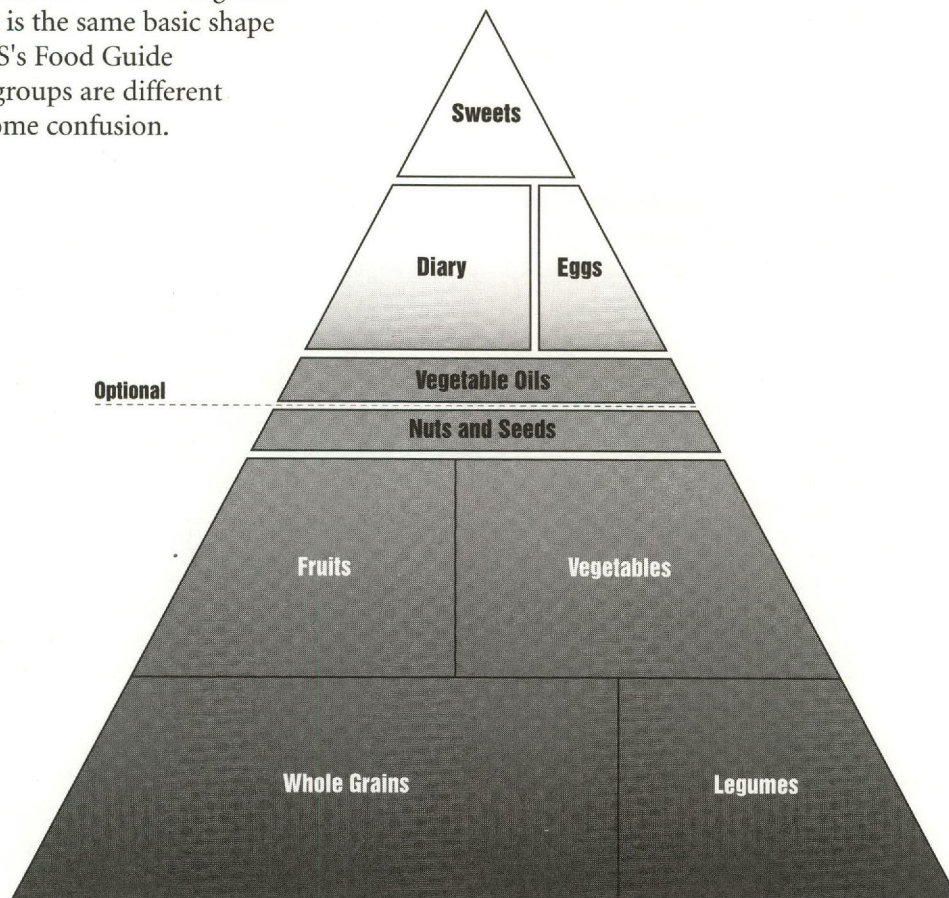
By Crystal Esquivel, Southwest Texas State Nutrition Intern

A recent article in the American Journal of Clinical Nutrition addressed a proposal from a subcommittee of the Third International Congress on Vegetarian Nutrition to create a new vegetarian food guide pyramid.

The proposed pyramid will differ from the standard Food Guide Pyramid devised by the USDA/DHHS in that it will include optional categories to accommodate vegetarians and vegans, people who do not eat any animal products. The base of the pyramid includes whole grains, legumes, fruits and vegetables, and nuts and seeds. The "optional categories" include vegetable oils, dairy, eggs, and sweets. Another addition for people who are vegans is a statement that will stress the importance of including vitamin B12, either from supplements or from dietary sources such as fortified soymilk. In addition, lifestyle factors like exercise, water intake, and moderate exposure to sunlight will need to be addressed as the proposed pyramid is refined.

The proposed pyramid is based on research from vegetarian populations. Studies have shown that vegetarians have lower rates of heart disease, diabetes, certain types of cancer, and lower blood pressure than non-vegetarian populations. The article emphasized that vegetarians should eat a variety of unrefined or minimally processed foods. Although the vegetarian pyramid is the same basic shape as the USDA/DHHS's Food Guide Pyramid, the food groups are different which may cause some confusion.

The Vegetarian Food Pyramid



Note: A reliable source of vitamin B₁₂ should be included if no dairy or eggs are consumed.

Diabetes risk factors studied in black women

Marie Garland, RN

WIC Immunization Nurse

Obesity, poor diet and lack of exercise strongly contribute to the high incidence of diabetes in black women, suggests a study published in the May 2000 Journal of the American Medical Association.

About 90 percent of diabetic Americans are classified as having type 2 diabetes. A national study indicated that compared with Caucasian-Americans, Black-American men are 20 to 50 percent more likely and Black-American women more than 100 percent likely to have or develop diabetes. One possible explanation for this high risk is racial differences in the occurrence of known risk factors for diabetes such as obesity, physical inactivity, low socioeconomic status and family history of diabetes.

In particular, diabetic Black-American women had fewer years of formal education, were more likely to report a family history of diabetes, had greater measures of obesity including body mass index (BMI) and ratio of hip-to-waist circumference, and reported less physical activity during leisure time than Caucasian women. A similar racial difference of established diabetes risk factors occurred in men, with the notable exception of obesity, which was similar for Black-American and Caucasian-American men.

These factors aren't surprising since overweight people are more likely to get diabetes, said Dr. Richey Sharrett, a scientific adviser at the National Heart, Lung and Blood Institute, which helped fund the study. The study could have significant implications because it shows that changeable lifestyle factors play such a big role; and these factors are ones that people can do something about.

The researchers analyzed data on 12,107 adults age 45 to 64 participating in a nationwide study on hardening of the arteries and compared the number of blacks and whites who developed diabetes during a nine-year follow-up. Further study of these diabetics identified that "potentially modifiable" lifestyle factors explained nearly half of the excess risk in black women; but accounted for little of the excess risk faced by black men. The rest of the

higher risk in black men and women could be due to "other environmental risk factors that are unknown to us, or there might be genetic differences," said co-author W. H. Linda Kao, a Johns Hopkins University researcher. Kao said the findings underscore the importance of leading a healthy lifestyle as a way to prevent diabetes.

About 14 million Americans have adult-onset, or type 2 diabetes, in which the body doesn't make enough or properly use insulin, a hormone that processes blood sugar. Uncontrolled diabetes can lead to kidney failure, blindness and nerve damage. Most of the 2.3 million blacks with diabetes have the adult-onset form.

Good diet, exercise and weight loss can help improve the body's use of insulin and is usually recommended in adult-onset diabetics. This study indicates that through lifestyle changes in diet, exercise and weight loss, black women can significantly improve their health.

More information about diabetes can be found on the Internet at the following websites:

American Diabetes Association:

<http://www.diabetes.org>

National Institutes of Health:

<http://www.nlm.nih.gov/medlineplus/diabetes.html>

Texas WIC NEWS

Readership Survey

Our most valued customers are our readers, and we want to be sure that we are satisfying your needs. Please take a few moments to answer this survey. Just tear it out of the magazine or photocopy it. Mail it to: *Texas WIC News*, 1100 W. 49th St. Austin, TX 78756 or fax it to (512) 406-0722.

1. I find the information in *Texas WIC News* to be:
- very helpful and useful.
 - helpful and useful.
 - not helpful or useful at all.

If helpful, in what way? If not helpful, why not?

2. I use the information in *Texas WIC News* to:

3. Please rank the 10 topics below in their of usefulness to you:

- Activities at local agencies
- Breastfeeding
- Nutrition
- Outreach
- Calendar
- General health
- Parenting skills
- Staff training
- WIC policies
- Other (specify) _____

4. What section or kinds of articles do you always read in *Texas WIC News*?

5. What section or kinds of articles do you never read in *Texas WIC News*?

6. I would like to see more articles about:

7. I would like to see fewer articles about:

8. I usually have enough time to read:
- each issue entirely.
 - more than half of each issue.
 - less than half of each issue.
 - I cannot find the time to read it.

9. I find the articles in *Texas WIC News* to be:
- clearly written and understandable.
 - too complicated to understand easily.
 - too simple.
 - other (specify: _____)

10. My copy of *Texas WIC News* is:
- shared with my co-workers.
 - filed as a resource.
 - copied and sent to others.
 - other (specify: _____)

11. I share the information in *Texas WIC News* with our clients.
- Yes No

If yes, what information do you share?

12. In my job, I am:

- a nutritionist or dietitian.
- an R.N. or L.V.N.
- an administrator or supervisor.
- a clerical-support staffer.
- a professor, teacher, or researcher.
- a breastfeeding specialist.
- a volunteer.
- a social worker.
- other (specify: _____)

13. I work in a WIC clinic:

- Yes
- No (specify: _____)

14. What is the best thing that *Texas WIC News* does?

Please provide any additional comments. Thank You!

Coming in the
November/December Issue:

Healthy Holiday Foods



Before you finish this issue of
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