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Texas WIC NEWS

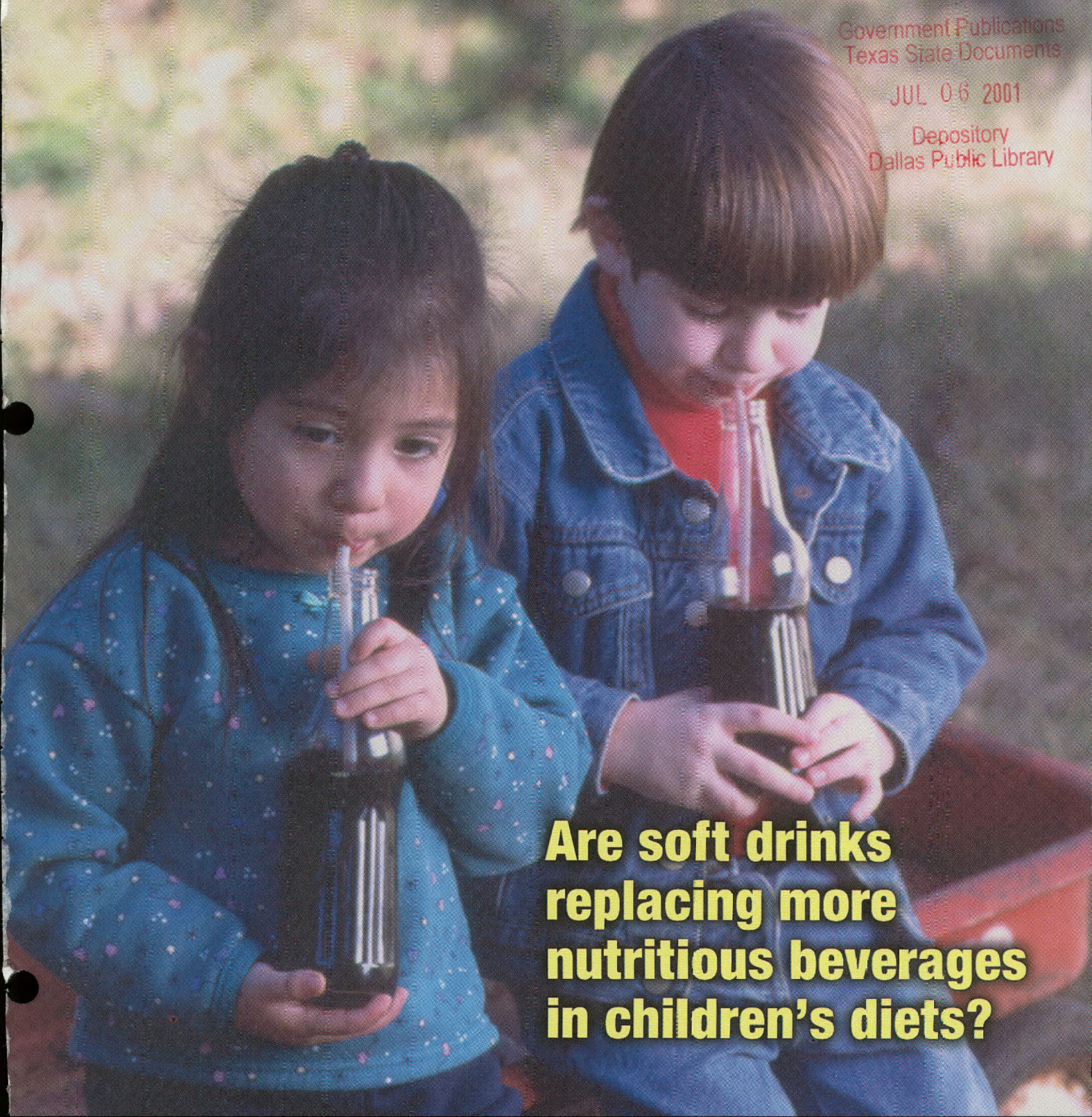
Special Supplemental Nutrition Program for Women, Infants, and Children
January/February 2001

Volume 10, Number 1

Government Publications
Texas State Documents

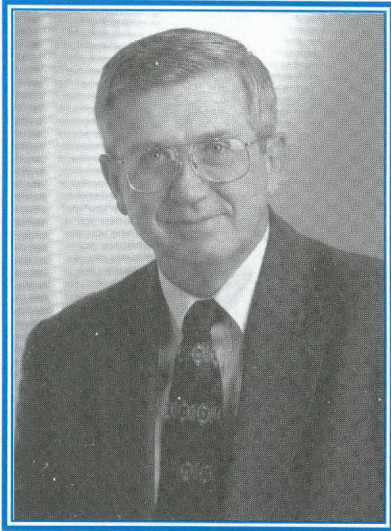
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**Are soft drinks
replacing more
nutritious beverages
in children's diets?**

Texas WIC, New Mexico to launch EBT pilot program



Gerald D. "Gerry" Cannaday
Director,
Texas WIC

Forging innovative partnerships, setting a standard for the rest of the nation, and delivering better service to our participants have always been hallmarks of Texas WIC. And our new Electronic Benefits Transfer (EBT) pilot program is certainly no exception.

Texas WIC has teamed with the State of New Mexico to launch the EBT pilot program in the Truth or Consequences, N.M. clinics in late spring or early summer, followed by the El Paso and Las Cruces, N.M. clinics 30 to 60 days later. This will be one of the first demonstrations of two states joining together to develop a modular benefits system designed to work across state lines.

The centerpiece of the EBT pilot program is a "smart card," which carries a small computer chip containing the participant's WIC benefits. Instead of issuing traditional paper vouchers, clinics in the pilot program will electronically place the participant's benefits on the computer chip. When participants go to the grocery store, they will place their cards in a machine at the check-out stand, and their WIC-approved purchases will be deducted from their available benefits.

The benefits of the "smart card" are:

- ★ The elimination of two million paper vouchers per month.
- ★ More detailed information on the products available to WIC participants.
- ★ A single, reusable card with portability to other clinics.
- ★ The reduction of possible mistakes, which benefits participants, clinics, and grocers.
- ★ Grocers receive payment in about four days, instead of the current 20+ days.
- ★ No more lost vouchers.

Texas WIC is also working with the Texas Department of Human Services to develop a "hybrid" Lone Star Card, where participants who receive both WIC and food stamp benefits will have a single card for both programs. Currently, 20 percent of WIC participants also receive food stamp benefits.

The EBT pilot program will run for one year and then be evaluated for possible statewide implementation.

Please look for more information on this exciting new program in this and upcoming issues of *Texas WIC News*.

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Cover design by Brent McMillon

Texas WIC NEWS

Gerald Cannaday
Chief
Bureau of Nutrition Services

Barbara Keir, M.A., R.D.
Director
Division of Public Health Nutrition
and Education
Bureau of Nutrition Services

John Dombroski
Director
Division of Health Communications
Bureau of Community Oriented Public Health

Texas WIC News (USPS 0016-975) is published in January 2001, February 2001, March 2001, May 2001, July 2001, September 2001, and November 2001 by the Texas Department of Health, 1100 W. 49th Street, Austin, TX 78756. Subscriptions are free. Periodicals Postage Paid at Austin, Texas. POSTMASTER: Send address changes to Doug Jumper, Texas WIC News, Texas Department of Health, 1100 W. 49th Street, Austin, TX 78756.

Patti Fitch, R.D.
Editor

Matt Harrington, M.S, R.D.
Managing Editor

Contributing Writers:
Gerald Cannaday, Isabel Clark,
Laurie Coker, Patti Fitch, Doug Jumper,
Paula Kanter, Mimi Kaufman,
Janet Rourke, Shellie Shores,
Lynn Silverman, Jewell Stremler,
Mary Van Eck, Mary Alice Winfree

Sharon Hipp, Brent McMillon,
Irma Choate
Graphic Design Support

Doug Jumper
Publication Coordinator

Deon Harrison, Dolly McArthur,
Subscriptions and Distribution

Health and Human Services
Printing Services
Printing

WIC Warehouse,
TDH Automation Mailroom
Mailing



Texas Department of Health
Bureau of Nutrition Services
1100 West 49th St., Austin, TX 78756
<http://www.tdh.state.tx.us/wic/mainpage.htm>

Editorial comments may be sent to the editor at the above address or by e-mail to doug.jumper@tdh.state.tx.us or call at (512) 406-0700, ext. 238#.

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Nutrition teleconference to focus on positive behavior change

By Mary Van Eck, M.S., R.D.
Nutrition Education Coordinator

One of the goals of WIC nutrition education is to help our participants make changes that will improve their nutrition and health. Sounds easy, but we know it's not. Experience tells us how difficult it is to motivate people to make changes - even though we have the "right" information to give them. There's much more to behavior change than information.

That is why we are holding a major teleconference on April 26-27. The purpose is to discover how WIC nutrition education can better contribute to positive behavior change related to nutrition and healthy lifestyles. More than 3,000 WIC staff members in the five-state Southwest region are expected to listen in to the teleconference, sponsored by the Southwest Region USDA office, the Texas Department of Health, and other states and Indian tribal organizations in the region. Other objectives of the conference are to increase awareness of motivational factors and acquire additional skills to provide meaningful nutrition education.

In addition to these sessions, conference participants will be able to see their state WIC program featured in a video production.

Registration forms have been distributed to all the local agencies in Texas. This teleconference will take the place of the annual Texas WIC NE/BF Workshop, and is intended for all WIC staff involved in the delivery of nutrition education.

States outside the Southwest region may download this presentation. Call Missy Hammer at (512) 406-0757 for more information.

Thursday, April 26, 1 - 5 p.m. CST

Revitalizing WIC Nutrition Education - Patricia Daniels

Changing for Good-Stages of Change - Dr. Madeleine Sigman-Grant

Bridging the Gap - 10 Sure Fire Ways to Connect With Your Clients and Change Behaviors-
Pamela McCarthy

Motivating Clients - Rae Anne Abusabha

Evaluating Your Nutrition Education Efforts - Dr. Robin Atwood

Friday, April 27, 9 a.m. - 1 p.m. CST

Adult Learning Theory - Dr. Buddy Lyle

Getting Clients to Participate - the Essentials of Marketing and Discussion - Deanna Torres
and New Mexico Health Department Staff.

Let's Make it Fun - Tim Gard

WIC breastfeeding training schedule for 2001

Intensive Course in Breastfeeding, Phase I

Feb. 28 - March 2 Tyler, Texas
Trinity Mother Frances Hospital, Wisenbaker
Conference Center, 800 E. Dawson

April 9 - 11 Austin, Texas
Seton Medical Center, McFadden Auditorium,
1201 W. 38th Street

June 13 - 15 Victoria, Texas
Citizens Medical Center, Central Classroom,
2701 Hospital Drive

Aug. 15 - 17 Lubbock, Texas
Merket Alumni Center, Texas Tech Campus,
17th & University

Sept. 6 - 8 Houston, Texas
Memorial Hermann Northwest Hospital,
1635 North Loop West,
Conference Rooms A-C

Oct. 24 - 26 Waco, Texas
Providence Health Center, Auditorium,
6901 Medical Parkway

Intensive Course in Breastfeeding, Phase II

April 30 - May 2 Houston, Texas
The Woman's Hospital of Texas,
Classroom 150, 7600 Fannin

May 9 - 11 Tyler, Texas
Trinity Mother Frances Hospital, 800 E. Dawson

July 9 - 11 Austin, Texas
Seton Medical Center, Medical Park Tower,
Classroom D & E,
1301 W. 38th Street

Sept. 26 - 28 Victoria, Texas
Citizens Medical Center, Central Classroom,
2701 Hospital Drive

Oct. 15 - 17 Houston, Texas
The Woman's Hospital of Texas, Classroom 150,
7600 Fannin

Nov. 7 - 9 Lubbock, Texas
University Medical Center, Health Education
Classroom, 602 Indiana

Dec. 5 - 7 Waco, Texas
Providence Health Center, Auditorium,
6901 Medical Parkway

Peer Counselor Trainer Workshop

April 3 - 5 Austin, Texas
Texas Department of Health, M652, 1100 W.
49th Street

Sept. 11 - 13 Austin, Texas
Texas Department of Health, M652, 1100 W.
49th Street

Mini Breastfeeding Management Trainer Workshop

Feb. 6 - 8 Austin, Texas
Texas Department of Health, M653, 1100 W.
49th Street

Mini Breastfeeding Management Program I (6 hour training)

Available by request

Mini Breastfeeding Management Program II (6 hour training)

Available by request

Physicians Breastfeeding Course (4 hour training)

Available by request

Texas Breastfeeding Summit

Early November in the Dallas area

For more information on these trainings, check our website www.tdh.state.tx.us/lactate/courses.htm. To obtain a registration flyer, please call (512) 406-0744, fax (512) 406-0722 or email janet.rourke@tdh.state.tx.us

New dietetic internship program graduates first class

By Patti Fitch, R.D.
Clinical Nutrition Coordinator

It was a thrill to watch the first six graduates obtain their certificates upon completion of the Texas Department of Health Dietetic Internship program. They put in a hard nine months to meet all of the expectations of the curriculum.

Several of the community projects that they initiated have far reaching implications and lasting durability. We congratulate each and every one of the six as they embark into the next phase of their experience - to take the registered dietitian exam. We wish them the best of luck!

Here is what our graduates said about their experience and their plans for the future:

Maria Esquivel

"I plan to take the exam in December, but it might be hard during the holidays! One of my goals is to work with our nutrition education coordinator on setting up high-risk counseling with a focus on childhood obesity. I have found that the internship experience has helped my interviewing skills in that my questions are more specific and I am more confident in my counseling. My most memorable experience during the internship was the community project I did. It was fun, yet stressful."

Anna Escobar

"I plan to take the exam as soon as possible! My goal as a registered dietitian is to develop a high-risk clinic for Local Agency 41, which will enhance the quality of nutrition services delivered to WIC clients. The internship experience did make a difference in the way I approach assessments and counseling and I feel more competent in assessing and generating appropriate strategies to counsel. I hope to pursue a master's degree in public health and continue my career. My most memorable experience was working with Linda Burke,

R.D. at University System Hospital in San Antonio for my pediatric rotation. I learned so much in working with special needs children and really enjoyed the experience."

Julie Kolle

"I hope to take the test sometime in December - before I forget everything! The internship was a great experience. After I pass the exam, I hope to continue in public health. In the future, I may pursue a career in food service."

Lori Smith

"I plan to take the test before the first of the year! The internship reinforced my desire to remain in the community setting and incorporate my clinical knowledge. I really enjoy the area of maternal and child health, especially since we are expecting our first baby in March, and I would like to continue in this field. I find that I am better about looking at an individuals' whole situation now, rather than just reviewing the diet recall they completed that day."



All smiles at the recent graduation ceremony for the 2000 WIC Intern Program are (Front row, l to r), Barbara Keir, Patricia Sanders, Sherry Clark, and Nancy Cise. (Back row, l to r) Patti Vos, Tonja Winn, Maria Esquivel, Julie Kolle, Anna Escobar, and Lori Smith.

Tonja Winn

"I plan to take the ADA exam after the first of the year. The internship allowed me to work with people in a broader spectrum of situations, giving me great experiences in nutrition counseling. These varied experiences are helping me view WIC participants differently and hopefully I am able to counsel them more effectively by focusing on each participant as an individual.

Local Agency Directors

Two of the class of 2000 interns' WIC directors were also interviewed about the internship program. The directors are Judy Harden (JH), WIC director of Local Agency #094 - Texas Tech University Health Sciences Center, and Melanie Ritsema (MR), R.N., I.B.C.L.C., WIC director of Local Agency #041 - San Antonio Metropolitan Health District.

Question: What made you choose the applicant for the internship?

Answer: (JH) We need registered dietitians and nutritionists out here and she is a dedicated, sensible person whom I felt would do a good job.

Answer: (MR) I provided applications to all of the nutritionists. Several applied for it, but Maria was the one chosen by TDH.

Question: What alterations to your clinics did you have to make to accommodate the intern's schedule?

Answer: (JH) Tonja was hired to be a special projects nutritionist and not scheduled regularly in a clinic, so her work schedule didn't affect the

clinics that much. I don't see how anybody in the world could complete this internship in nine months and much of anything else!

Answer (MR) At first, it was quite difficult to make sure that Anna's clinic was covered appropriately. She was a supervisor at one of our mid-size clinics, and we were short staffed when she started. We adapted though!

Question: How do you plan to use your graduate once she has passed the registered dietitian exam?

Answer (JH) - We plan to have every high-risk client seen by a registered dietitian at least once a year. Tonja and Virginia, the other registered dietitian at Local Agency #94, will split up the travel to cover all 16 counties in our area of the state.

Answer (MR) - We have plans to make Anna an office here at our administrative office. She will be starting our high-risk clinic, helping to provide our high-risk moms and babies with specialized nutritional counseling. Also, she will be a fabulous resource for our staff, and will help provide training for our staff.

Question: Please comment on why other WIC directors should consider having their nutrition staffs apply for the internship.

Answer (JH) Nine months seems like such a long time to have an employee out of service. However, just like making a baby, the nine months of misery is quickly forgotten when you see that smiling face. I'm so glad we could do this for Tonja, and I'm glad we are getting a

registered dietitian out of the deal!

Answer (MR) - For us, it was a "no brainer" - a local agency of our size continuing to function without a registered dietitian was unthinkable. We are focusing on improving the quality of our nutrition education. We will definitely encourage our nutritionists to apply next year. Also, it is a tremendous "benefit" to offer to your nutritionists - here is a way that they can further their careers. Even though I know we will probably lose them one day, we (WIC) will have had a huge positive effect on their education, skills, career, and ultimately, their quality of life.

The state staff is also pleased with the work that the dietetic intern coordinators have put into this endeavor. Tricia Sanders, M.S., M.B.A., R.D., L.D., and Nancy Cise, M.S., R.D., L.D., have done a wonderful job in planning and organizing the experiences for each of the students. We would also like to take this opportunity to publicly thank Sherry Clark, M.P.H., R.D., L.D., who is the head of the Public Health Nutrition section of the Bureau of Nutrition Services. She has spent many hours working on the development and implementation of the internship.

Class of 2001 dietetic interns talk about themselves and their plans for the future

By Patti Fitch, R.D.
Clinical Nutrition Coordinator

We want to introduce you to the second class of the Texas Department of Health WIC dietetic interns. Starting in January 2001, they will be working hard to complete all of their field experiences. Good luck to each of them!

Lorie Casanova-Guizar - Local Agency #73 El Centro Del Barrio, San Antonio

I graduated from the University of the Incarnate Word. I have been happily married for more than five years to my husband, Rick Guizar, and we have a little boy named Joshua Matthew Guizar, who is 2 years old. My hobbies are exercising and increasing my shoe collection as often as possible. I also do some arts and crafts at my clinic to make our kids visits a bit more cheerful.

The benefits to being accepted into this internship are able to have the opportunity to experience many of the areas in dietetics and eventually becoming a registered dietitian. Many degreed nutritionists may not be aware of all the areas in dietetics where we can share our expertise and a dietetic internship gives you that opportunity.

Once I become a registered dietitian, I plan to stay at Local Agency #73 and assist Karen Finstuen in making sure that we are the best WIC clinic in Texas. Eventually, whenever the position becomes available, I would like to become a WIC Director at Local Agency #73. *(Look out Karen!)*

Robert Cuellar - Local Agency #89 CHRISTUS Santa Rosa Health Care, San Antonio

I graduated cum laude from the University of the Incarnate Word in San Antonio with a Bachelors' degree in nutrition and Spanish. I was born and raised in Laredo. I am happily married to Cynthia Lorena, and we are expecting our first child around Christmas. Some of my hobbies include jogging, dancing, and playing the guitar.

The benefit I see in being accepted into the internship program is to enhance my skills in the food service area and in the clinical rotation. By enhancing these skills, I can better serve the communities I presently work with and also with the communities I plan to reach out to. I can also continue being a part of the WIC agency, where I can provide individual counseling, especially for high-risk participants. I am particularly interested in providing nutrition education and counseling to those with diabetes and obesity.

Once I have graduated from the internship program and have passed my registered dietitian exam, I plan to obtain a masters degree in public health, focusing on community practice.

Angela Galvan - Local Agency #94 Texas Tech University Health Sciences Center/Odessa

I graduated from Texas Tech University. I am a newlywed, having been married to Allen Franco for eight months. I love to run. I also teach Sunday school to kindergartners at St. Stephen's Church in Midland.

I am hoping the internship will enable me to gain

more knowledge about the many aspects of nutrition, so I can counsel our high-risk population more effectively. I plan to stay with the WIC program in the Permian Basin as long as they will have me! I believe this is a great place to counsel clients, because you have the opportunity to educate when these families are so young and can have a lifetime a healthy eating ahead of them. The kids are also a great part of this job. They always manage to make me laugh.

Kimberly Hale - Local Agency #37 Victoria City-County Health Department

I was born in Illinois, but have since lived in New York, England, Idaho, San Antonio, San Marcos, and now Gonzales. You would think commuting from Gonzales to Victoria each day would take its toll, but having come from an Air Force family, traveling comes natural to me. I love to cook, exercise, and roller blade when I'm not working or driving.

Working in the nutrition field has been a long-time dream of mine. What started out as an interest has developed into a career. After graduation from Southwest Texas State University with a Bachelor of Science degree in family and consumer sciences with a major in nutrition and foods, I set my sights on becoming a registered dietitian.

I was very excited when I found out about the dietetic internship program, and even more excited when I was accepted to participate in it! With this opportunity, I will be able to earn my registered dietitian designation while continuing to work for WIC.

By expanding my expertise in dietetics, I will be further able to help our WIC participants and our community.

Virna Rangel - Local Agency #03 Cameron County Health Department

I graduated from UT Austin. I am single with no children and I am not in a hurry. My hobbies include collecting postcards and dimes.

I see the benefits of the internship as the opportunity to learn more about the surrounding community proj-

ects and the reassurance that I already have an employer that is waiting for me and is very supportive.

My goals include making a difference by the continued effort to educate the community on the importance of a balanced diet and child development thru the WIC Program.

Cynthia Sanchez - Local Agency #12 Hidalgo County Health Department

I graduated from Texas A&M University - Kingsville. I am single and reside in Harlingen. In my spare time I enjoy outdoor activities like running and cycling.

I have worked for the Hidalgo County WIC Program for six years as a nutritionist supervisor. One of my career goals is to make myself a more marketable individual in the field of dietetics. With this internship, I will increase the spectrum of my knowledge in nutrition.

Completing the internship while working for WIC will be both challenging and rewarding. A benefit of the internship is it presents an opportunity to advance in my profession and provide a higher quality of nutrition counseling to WIC participants.

Amy Williamson - Local Agency #17 University of Texas Science Center - Houston

I graduated from the University of Texas at Austin. I was born and raised in Katy, Texas and returned there to live after college. I've been working for the University of Texas Health Science Center- Houston for two years. I am single and love traveling, scrap booking, decorating, and mountain biking.

I'm hoping to find my dietetic niche during the internship. In the future, I can see myself as an auditor or quality assurance manager.

Are young children consuming too many soft drinks?

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

Soft drinks are known to contribute non-nutritious, empty calories to the diet

Today there is a lot of controversy regarding soft drink consumption among young children. It isn't uncommon to see children in WIC clinic waiting rooms drinking a canned soft drink, and diet recalls report children consuming these beverages sometimes more frequently than either milk or fruit juice. The consumption of carbonated beverages begins at an early age and continues to increase into adulthood. This trend brings up the question of whether these drinks are replacing more nutritious beverages, such as milk and fruit juice, and what influence this trend will have on the health of our children.

Soft drink consumption by young children

Children are consuming soft drinks at a very early age. A report published by the Center for Science in the Public Interest states that twenty percent of one- and two-year-old children drink soft drinks, and on average consume nearly one cup per day. Soft drinks are known to contribute non-nutritious, empty calories to the diet. Recommendations from the Dietary Guidelines for Americans 2000 state, "choose beverages and foods that moderate your intake of sugars."

Sugars are carbohydrates and a source of energy, or calories. Sugars occur naturally in foods such as milk and fruits, but are also added to other foods during processing or preparation. The number one source of added sugars in the United States is non-diet soft drinks. The major concern regarding consumption of beverages with added sugar is that they may compromise the consumption of more nutritious foods, which may have other health implications.

Some studies have revealed that children and adolescents who consume soft drinks consume lower amounts of milk and fruit juice. Children and adolescents who consume high amounts of soft drinks are more likely to drink less than 8 ounces of milk per day, and less than 4 ounces of fruit juice per day, when compared with non-consumers of soft drinks. Not only is energy consumption, or calories, highest among those who consume large amounts of soft drinks, but the amount of nutrients found in milk and dairy products (riboflavin, vitamin A, calcium, phosphorous, and the ratio of calcium to phosphorus) and fruit juice (vitamin C and folate) are lower in the diets of these children and adolescents.



Calcium

Milk is a primary source of calcium. When soft drinks replace milk in the diets of children, the intake of calcium is likely to be low. Variations in calcium intake early in life are believed to influence the risk of osteoporosis later in life.

Another component related to calcium and osteoporosis is the ratio of calcium to phosphorus. This ratio declines with increased consumption of soft drinks. Several researchers have suggested that a low ratio of calcium to phosphorus in the diet may adversely affect calcium balance and increase risk of bone fracture and osteoporosis.

Caffeine

Many soft drinks contain caffeine. Caffeine increases the excretion of calcium in the urine. Drinking 12 ounces of a caffeine-containing soft drink causes a loss of about 20 milligrams of calcium. This loss, combined with a low intake of calcium-rich food sources may increase the risk of osteoporosis.

Caffeine is also a mildly addictive stimulant drug. After consuming caffeine-containing beverages, children may become restless and fidgety, develop headaches, and have difficulty going to sleep.

Empty calories

The high amount of sugar in soft drinks contributes empty calories to the diet. Obesity is one of the most common health problems in the

United States, and its incidence in children continues to rise. In Texas WIC, more than 22 percent of the children ages 1 through 4 are overweight. One of the major concerns regarding childhood obesity is that these children often become obese adults and face an increased risk for diabetes, cardiovascular disease, and many other chronic health conditions. These children may often experience social and psychological problems related to their overweight status.

Although numerous factors contribute to obesity, there have been many studies conducted to determine a relationship between diet and obesity. It has been suggested that high consumption of soft drinks may contribute to overweight problems. Based on data from the National Health and Nutrition Examination Survey, overweight children were found to receive more calories from soft drinks compared to other youths. A recent study reported 38.9% of preschool age children consume up to 8.9 ounces of soft drinks per day, and 11.7% consume nine or more fluid ounces per day. Although the causes of obesity are multifaceted, soft drinks contribute non-nutritious, or empty calories to the diet. Based on the knowledge that some children are consuming significant amounts of soft drinks, these beverages may in part be responsible for the excess calories that contribute to obesity.

Tooth decay

Soft drinks promote tooth decay because they contain high amounts of sugar. The teeth are bathed in a

high sugar solution over a period of time, which increases the risk of developing dental caries. There is strong evidence linking the frequency of between-meal consumption of soft drinks and tooth decay.

What WIC can do

Because we know that children are consuming carbonated beverages at a very early age, we need to educate the parents and guardians of our WIC children regarding the risks associated with high consumption of soft drinks.

- * Find out if the entire family routinely consumes soft drinks.
- * Encourage the parents and guardians to serve as role models for healthy eating habits for their children by limiting the amount of soft drinks at home.
- * Encourage the family to follow the recommended guidelines provided by the Food Guide Pyramid - especially encourage the consumption of milk and dairy products and vegetables and fruits, including fruit juices.

What we eat is a reflection of our life styles and our beliefs. These are communicated to our children and set up patterns that they will follow for the rest of their lives. We have the chance to help guide our WIC families to a healthier lifestyle through nutrition education, and ultimately to a healthier life.

Nutritional risks associated with pervasive developmental disorders

By Paula Kanter, R.D., L.D.
Clinical Nutrition Specialist
and
Mimi Kaufman, M.P.H., R.D., L.D.
Nutrition Consultant

One of the newest nutrition risk criteria for WIC is feeding problems due to a developmental disability such as pervasive developmental disorder (PDD), which includes autism. Children with PDD may be at nutritional risk because the behaviors associated with these disorders can have an impact on eating, dietary intake, and nutritional status.

Pervasive developmental disorders include a range of neurological disorders such as Asperger's disorder, PDD not otherwise specified (NOS), and autism, which is the

most severe. A child may have an initial diagnosis of PDD with a more specific diagnosis occurring when they are 2 to 4 years old.

Children with PDD may have similar characteristics, such as diminished eye contact and gestures, absent or unusual use of language, and difficulty with social interactions. Other common behaviors, such as increased sensory sensitivity, the need for a routine schedule and a short attention span may have nutritional implications.

Common behaviors	Nutritional Implications
Need for Routine	<p>Difficult with changes in mealtime routine</p> <p>Refusal of food if presented in an unfamiliar dish</p> <p>Restricted intake due to color texture, temperature</p> <p>Limited number of accepted foods and decreased acceptance of foods over time.</p>
Increased sensitivity to: texture taste temperature smell	Restricted intake due to hypersensitivity
Short attention span	Interest in eating is lost after only a few minutes.

Adapted from Autism, Nutrition, and the Picky Eater. *DevelopMental Issues*.2000; 18(4)

Increased sensory sensitivity may be evident as early as infancy, when a baby shows difficulty with transition to table foods. The infant may skip the "soft solids" stage, refusing lumpy foods or foods with soft pieces in them, and begin eating dry, crunchy foods. Dry and crunchy seems to be a preferred texture. Food may also be refused when the way it is presented is changed.

Because children with PDD tend to be extremely picky eaters, they are at risk of vitamin and mineral deficiencies. They may consume a limited range of foods, sometimes as few as five to eight foods, which are usually high in carbohydrates. As a result, these children need a multivitamin with minerals supplementation, although it is sometimes difficult to administer. Increased exposure to new foods may be required by these children, more so than by typically developing children.

Surprisingly, growth seems to be unaffected despite their very limited food intake. In fact, most of these children are average size or large for their age. Poor weight gain may be seen during times of transition, such as weaning from the bottle and introduction to table foods. However, by age 2 to 3 years, intake has generally increased to provide adequate calories and protein, though intake of some other nutrients may be very low due to restricted food preferences. As the child ages, poor weight gain may be seen again during times of transition, such as adjusting to a new school, class, teacher or home. This may occur because the child further restricts dietary intake due to the stress or difficulty in making transitions to new environments. When dietary intervention is indicated, strategies to improve the diet must be individualized.

When a child with the diagnosis of PDD, or autism, comes into your clinic, find out if the family is seeing a pediatric dietitian and/or is in an ECI program and make a referral if they are not. For more information about PDD, contact the Autism Society of America at 1-800-328-8476, ext.150, or www.autism-society.org



Tapes available from Texas Breastfeeding Summit 2000

By Jewell Stremmer, C.L.E.
Peer Counselor Coordinator

This year's Texas Breastfeeding Summit, held in Houston this past October, contained a wealth of information to help WIC staff and peer counselors educate and assist pregnant and breastfeeding mothers. Tapes from the summit are available from the Texas Department of Health Audiovisual Library.

These tapes make wonderful in-services and can be checked out by anyone in Texas. The sessions listed below are available on audio and videocassette. The following are the Audiovisual Library numbers for the videotapes. Contact the AV Library for the audiocassette numbers.

Co-Sleeping, Breastfeeding and SIDS - James McKenna, VC-7222

Psychotherapeutic Drugs and Their Impact on the Breastfed Infant - Tom Hale, VC-7232

Overview of Research on Breastfeeding and Childhood Cancers - Margaret Davis, VC-7231

Never Sleep With Your Baby? Cultural Ideology Masquerading as Science - James McKenna, VC-7230

The High Cost of Not Breastfeeding - Anne Wright, VC-7225

Town Meeting - Poster Presentations, Project Descriptions, Local Task Force Initiatives - VC-7234

Managing Breastfeeding in the Compromised Infant - Susan Landers, VC-7228

Managing Postpartum Depression in a Breastfeeding Mother - Ann Dunnewold, VC-7229

Donor Milk Banking for the 21st Century - Audelio "Sonny" Rivera, VC-7223

Incorporating Breastfeeding into Routine Peri-Partum Care - Pamela Berens, VC-7227

Breastfeeding Promotion Strategies in the Navajo Nation: Including Cultural Factors - VC-7221

Breastfeeding and the Law: Encouraging Employer Support - Rani Garcia, VC-7220

Removing Barriers Using the "Best Start" Strategy - Faun Ryser, VC-7223

Improving Breastfeeding Success with Premature Infants - Nancy Hurst, VC-7226

Flat Nipples: Challenges, Frustrations and Solutions - Mary Walker, VC-7224

Using Nipple Shields - Practicing Guidelines - Linda Zeccola, VC-7235

Contact the Texas Department of Health Audiovisual Library at (512) 458-7260, fax (512) 458-7474, or <http://www.tdh.state.tx.us> to check out these and other breastfeeding education tapes.

Announcing the Texas WIC EBT/ESD pilot project

By Mary Alice Winfree
EBT Planning Division, Bureau of Nutrition Services

For the past four years, the Texas WIC Program has been investigating the feasibility of implementing a WIC Electronic Benefits Transfer/Electronic Services Delivery (EBT/ESD) system. As a result of this investigation, WIC will begin a pilot program of the EBT/ESD system in El Paso during the summer of 2001. The goals for the pilot are to improve food delivery to clients, eliminate the handling of paper vouchers at WIC clinics and at the State, improve the food redemption process for both the grocer and client, improve the payment process to grocers, and provide the ability to expand the system into a Health Passport capability.

Instead of issuing multiple paper vouchers to a family, the El Paso City-County Health Department Local Agency 33 and the Centro de Salud Familiar La Fe Local Agency 28 WIC clinics will issue the food prescription onto an integrated circuit chip smart card, similar to a debit/credit card. The smart card will accommodate up to 10 family members, contain the

VOC information on each certified family member, as well as the infant/child immunization records. At the grocery store, the WIC recipient will be able to purchase a single food item at a time with the smart card, if she so desires, instead of multiple food items as required on a food voucher. A clinic will issue up to three months worth of food benefits onto the smart card and replenish the benefits on the same card during subsequent clinic appointments.

The El Paso pilot will serve over 48,000 WIC clients a month through 26 clinics sites. Approximately 80 grocers in the El Paso area will redeem the WIC EBT/ESD cards. Based upon a favorable evaluation of the pilot, rollout of a statewide system would commence during FY2002 to the remaining 700,000 plus WIC clients, 700 clinic sites, and 2400 grocers.

News to use

By Laurie Coker,
Breastfeeding Promotion Specialist

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

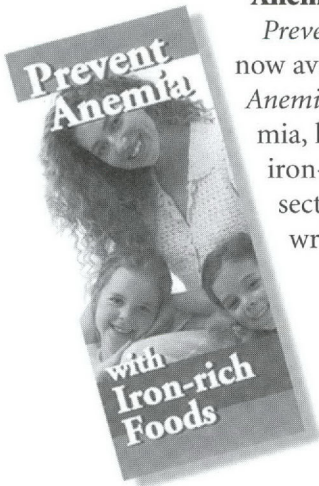
Shellie Shores, R.D.,
Nutrition Education Consultant

Nutrition Education Pamphlets Get Makeovers

WIC local agencies in Texas can order the following updated pamphlets from the TDH Warehouse by faxing form AG-30 to 512-458-7413.

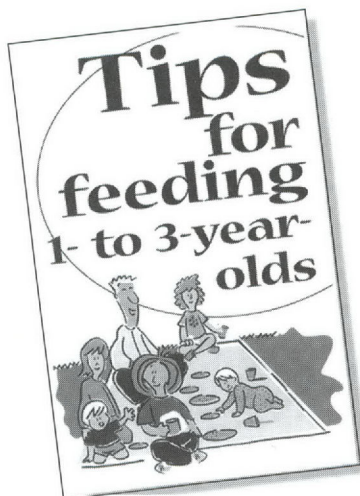
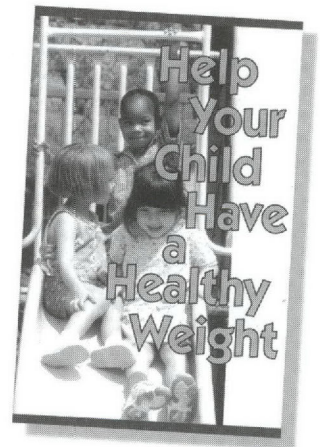
Anemia pamphlet

Prevent Anemia with Iron-rich Foods, Stock no. 13-67(a), is now available. This colorful pamphlet replaces *Are You Anemic?* The new pamphlet features tips on preventing anemia, lists of iron-rich and of vitamin C-rich foods, and an iron-rich chili recipe. In addition, the pamphlet has a small section titled, "What I will do," where participants can write key tips to apply to their lives.



Weight control and children

Help Your Child Have a Healthy Weight, Stock no. 13-75(a) replaces *Watching Your Child's Weight*. The new pamphlet provides parents with practical tips on feeding their children, physical activity, and healthy snacks. An interactive section helps parents set goals to help their children have healthy weights.



Feeding guide for kids 1- to 3-years-old

Tips for Feeding 1- to 3-year-olds, Stock no. 13-196(a), replaces *Healthy Foods for Happy Kids 1 - 2 Years*, Stock no. 1-39(a). This pamphlet features colorful graphics, the new Food Guide Pyramid for Young Children, and a question and answer format that gives parents tips on managing common feeding problems.

Topics covered include:

- ❖ food groups
- ❖ serving sizes
- ❖ feeding picky eaters
- ❖ snack ideas
- ❖ beverage consumption
- ❖ choking
- ❖ weaning

On the back, parents can identify an action they can take to help their children eat healthy foods.

New Breastfeeding Lesson for Children

An important element in promoting breastfeeding as the natural way to feed babies is the education of children. By educating children about the health benefits of species-specific milk, we teach them from an early age that mother's milk is uniquely made to meet their nutritional needs. Through pictures and coloring pages, Lesson CH-000-14, *Something Good for Babies*, helps children understand how mammals feed their babies. Children could also cut and paste pictures of mammals from magazines on the back of their coloring sheets. This lesson was mailed to all local agencies in November. It is also available on the WIC web page <http://www.tdh.state.tx.us/wichd/bf/lesson/bf.htm>.

Folate Status in Women of Childbearing Age

To reduce the incidence of neural tube defects, the U.S. Food and Drug Administration (FDA) in 1996 mandated that all enriched cereal grain products be fortified with folic acid. A recent study from the Centers for Disease Control and Prevention (CDC) compared serum and red

blood cell (RBC) folate concentrations for childbearing-aged women who participated in the 1999 National Health and Nutrition Examination Survey (NHANES 1999) to childbearing-aged women who participated in the Third National Health and Nutrition Examination Survey (NHANES III, 1988-1994). Mean RBC folate concentrations for all women aged 15-44 years increased from 181 ng/ml to 315 ng/ml. Preliminary conclusions suggest that the increase in the blood folate levels in women of childbearing age could be the result of the fortification of enriched cereal grain products, and educational efforts.

WIC is in a perfect position to educate women of childbearing age about the importance of folic acid. WIC should encourage all women of childbearing age to take a vitamin supplement containing 400 mcg of folic acid every day. It is estimated that if all women in this age group consumed 400 mcg of folic acid daily, the number of pregnancies affected by NTDs would be reduced by half.

Teaching Tools for Pregnant and Parenting Teens

Teens have needs and expectations different from older pregnant and parenting women. The University of New Hampshire Cooperative Extension recently released the updated *Great Beginnings* curriculum kit designed for pregnant adolescents and teen parents. The lesson would work well for WIC classes conducted in high schools, or segments of lessons could be used in the WIC clinic.

The kit includes:

- ❖ instructor's materials
- ❖ a research report on the impact of the curriculum
- ❖ reproducible recipes
- ❖ 12 month-by-month, reproducible newsletters about infant development
- ❖ a Dollars and Sense monthly budget planner and tracker
- ❖ 10 lessons

Lessons use food activities, group participation, and action planning to teach about nutrition and pregnancy, the young family, meal planning, grocery shopping, food economics, eating out, and money management.

For more information about the curriculum call Lynn Silverman, nutrition education consultant at (512) 458-7111 ext. 3543, or Mary Van Eck, nutrition education coordinator at (512) 458-7111 ext. 3484.

Web Works

For those who access the Internet, you have a great resource at the Texas Department of Health's Adolescent Health web page. Designed for teens, parents and professionals, this web page offers a wealth of practical information and referral resources. The web address is: <http://www.tdh.state.tx.us/adolescent/default.htm>.

What is gestational diabetes?

By Patti Fitch, R.D.
Clinical Nutrition Coordinator

Pregnant women who have never had diabetes, but who have high blood sugar levels during pregnancy, have gestational diabetes mellitus (GDM). It occurs in about two to five percent of all pregnancies. Gestational diabetes is usually detected after the 24th week of pregnancy and may include symptoms like fatigue or nausea, frequent urination, unusual thirst, weight loss, blurred vision, frequent infections and slow healing of wounds or sores. However, some women may not show any symptoms at all. Women who have had gestational diabetes are at increased risk for later developing type 2 diabetes. In some studies, nearly 40 percent of women with a history of gestational diabetes eventually developed type 2 diabetes.

How does gestational diabetes affect the baby?

Gestational diabetes affects the mother in late pregnancy. The baby has already been formed, so it does not cause the kinds of birth defects sometimes seen in babies whose mothers had diabetes before pregnancy. In the woman with gestational diabetes, the pancreas is working overtime to make insulin, but the insulin does not lower the mother's blood sugar levels. The insulin does not cross the placenta to the baby, but sugar and other

nutrients from the mother's blood do. So extra blood sugar goes through the placenta, giving the baby high blood sugar levels. This causes the baby's pancreas to make extra insulin to absorb the excess amounts of blood sugar.

This can lead to macrosomia, or a "big" baby. Macrosomia develops because extra blood sugar and insulin cause the baby to make extra fat. Babies with macrosomia face health problems of their own, including damage to their shoulders during birth due to their size. At birth, babies are still producing high levels of insulin, but they are cut off from the high blood sugar levels coming from their mothers. This causes their blood sugar levels to drop. Babies born to women with gestational diabetes are at risk for obesity during childhood and becoming adults who are at risk for type 2 diabetes.

Risk factors

The American Diabetes Association says that pregnant woman who:

- ◆ are 25 years or older
- ◆ were overweight before they became pregnant
- ◆ have a family history of diabetes
- ◆ are Hispanic, African American, Native American, Asian American, or a Pacific Islander
- ◆ have a history of GDM in a previous pregnancy

should be screened for gestational diabetes between the 24th and 28th weeks of pregnancy. By then, the placenta has begun to make the hormones that lead to insulin resistance.

Screening test

The screening test consists of drinking a sugar solution made up of 50 grams of glucose, followed by a blood sugar test one hour later. If the one-hour blood sugar is greater than 140, a three-hour oral glucose tolerance test (OGTT) is done. If the one-hour test is greater than 185, most doctors skip the OGTT and proceed to treat the gestational diabetes.

Treating gestational diabetes

As with any type of diabetes, the primary therapy is medical nutrition therapy. Every woman with GDM should have a referral to a registered dietitian (R.D.) within 48 hours of diagnosis and should be seen within one week of referral. An individualized meal plan will help control blood sugar and promote optimal nutrition during pregnancy. The nutrition therapy is primarily a carbohydrate-controlled, consistent meal plan that provides adequate nutrition with appropriate weight gain, normoglycemia, and the absence of ketonuria.

What WIC can do

Make sure that women with GDM have been given a diet prescription by either a registered dietitian or their physician, and that they have a good understanding of how to follow it. Diet and meal planning recommendations for GDM are somewhat different than for other types of diabetes. The diet for one cannot be substituted for the other.

Refer to Fact Sheet #12, Gestational Diabetes, for more information about the dietary recommendations for GDM.

Time to consider applying for the Dietetic Internship Program!

It's that time of year again! We will be mailing out applications for the Texas Department of Health Dietetic Internship soon. Are you interested? Do you have any questions about applying for the TDH Dietetic Internship?

If so, mail, fax, or e-mail your questions to:

Sherry Clark, M.P.H., R.D., L.D.
TDH Dietetic Internship Director
Texas Department of Health
Bureau of Nutrition Services
1100 West 49th Street
Austin, Texas 78756
Phone (512) 458-7111 ext. 2142
Fax (512) 458-7446
sherry.clark@tdh.state.tx.us

Applications for the TDH Dietetic Internship will be Available May 1, 2001. Check it out on our website: tdh.state.tx.us/wichd/nut/intern-intro.htm

Santa Fe Community College offers nutrition education classes on-line

Interested in continuing or starting your college education?

Santa Fe Community College offers college nutrition credit in an on-line format. Check their website at www2.sante-fe.cc.nm.us/twic for more information. Courses currently offered, depending on the semester, are Introductory Nutrition, Life-Cycle Nutrition, and Community Nutrition. The course fees are WIC reimbursable expense.

You will need:

- ◆ Your WIC director's approval.
- ◆ Access to a computer with e-mail and Internet.
- ◆ Willingness to spend at least six hours per week devoted to each class.

Summer semester, beginning May 14, 2001, will include the class, Community Nutrition. Check the web address for more information or call Mary Van Eck, nutrition education coordinator, at (512) 458-7111, ext. 3484.

**Coming in the
March / April Issue:**

Promoting Prenatal Care

For information about subscriptions to *Texas WIC News*, e-mail doug.jumper@tdh.state.tx.us, or call (512) 406-0700 ext.238.



WIC, Bureau of Nutrition Services
Texas Department of Health
1100 W. 49th St.
Austin, TX 78755

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