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Texas

WIC NEWS

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

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Nutrition Education

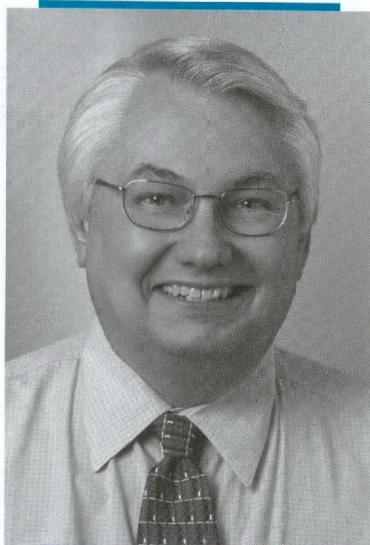
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WIC reauthorization offers opportunities for improving WIC clients' nutritional status

By Mike Montgomery
Texas WIC Director



As of this writing, the U.S. House of Representatives and the US Senate have each authored reauthorization bills that will eventually be combined into a final amendment of the law. The bills reauthorize a number of national nutrition programs, including WIC, and will continue to move through Congress this summer. Both bills include these important WIC-related provisions:

- It allows states to certify a breastfeeding woman for up to one year, or until she stops breastfeeding, whichever is earlier.
- It adds an additional waiver to the “physical presence” requirement for infants less than 8 weeks of age.
- It amends the definition of “nutrition education” to include counseling, classes, and materials on physical activity.
- It authorizes and fund special state projects to evaluate the inclusion of fresh, frozen, or canned fruits and vegetables in the food package.
- It requires USDA to review the food package at least once per decade to see if changes are needed to reflect nutrition science, current public-health concerns, and cultural eating patterns.
- It requires grocers to purchase infant formula from safe and duly licensed distributors, wholesalers, or manufacturers.
- It requires USDA to partner with communities, state and local agencies, employers, health-care professionals, and the private sector to build a supportive breastfeeding environment for women participating in WIC in support of the breastfeeding goals of the Healthy People 2010 initiative.

Several other important provisions in the bills relate to electronic benefits transfer, WIC grocers, contracts for rebates on infant formula, and funds management. Most of these will help — not hinder — us. Some of them are already in effect; Congress modeled their changes in the law after these Texas policies. In short, most of these changes are welcome avenues for progress in our constant work to improve the nutritional status of the women, infants, and children in our state. I will keep you posted as the reauthorization bill moves through Congress.

As many of you know, WIC is not a mandated program or an entitlement like Food Stamps or Medicaid. The program is subject to U.S. Congressional reauthorization every four years. That means our federal grantor agency, the United States Department of Agriculture, periodically has to ask Congress to extend the authority for the program to continue. At the same time, it is an opportunity to request improvements and reforms. According to the USDA Web site on the funding request for 2004–08, “a greater emphasis will be directed towards improving program operations and outcomes in terms of the nutritional status of recipients, particularly to help address America’s problems with overweight and obesity.”

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Texas
WIC NEWS

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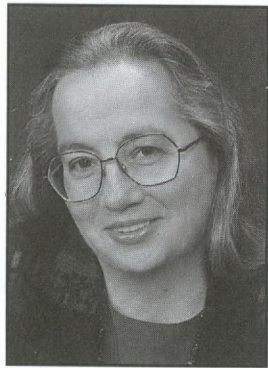
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Local-agency spotlight: LA 100 — the Amarillo WIC nutrition program

By Margaret Payton, M.B.A., R.D., and
Joyce Leatherwood, Texas WIC News publications coordinator

The WIC local agency in Amarillo, directed by Margaret Payton, is a dynamic, creative, innovative, and bustling place known for trendsetting and leadership in nutrition education. Amarillo proves nutrition education can be fun!

One of the agency's unique activities is the nutrition carnival. The monthly carnivals feature a different theme each month. Each of nine booths focuses on a specific nutritional aspect related to the central theme, complete with decorations, recipe demonstrations and discussions, and food samples. Presenting the information is fun and informative, since the staff has designed games, puzzles, storybooks, activities, and discussions that teach the nutritional theme. The carnivals are a hit with clients who report that they retain and use the information learned for months and even years after attending.



The Amarillo agency also conducts cooking classes — loved by participants — that follow a monthly theme. The classes, taught by Alby Peters, M.S., present recipes that include an entrée, vegetable, salad or starch, bread, dessert, and beverage. The class teaches clients to prepare meals that are economical, time saving, tasty, and nutritional. The goal is to boost their confidence to prepare the dishes at home. All recipes are prepared in class, so participants and their children get to taste everything at the end. When their children like the recipes it reinforces their desire to make the dishes at home.

Another innovative practice in Amarillo is visiting the obstetrics floor at the local hospital to begin certifying new mothers and their infants. Staffers collect data, perform heights and weights, give breastfeeding instruction, and make follow up appointments. This process

allows the staff to establish early breastfeeding contact, follow up on breastfeeding issues, and shortens the time required for the follow up clinic appointment. Elizabeth Thipaphay, IBCLC, takes diligent care of the new mothers and babies.

Quality assurance and customer service are vital to the Amarillo WIC program. The local agency instituted a router system in its larger WIC clinics, enabling the agency to monitor each participant's arrival time, waiting time, time served by each staff person, the procedure or process that is completed, and the exit time. The system has been valuable in providing a record of time and procedures for statistical reference quality assurance. WIC staff members Kim Martinez, Jennie Rodriguez, and Shantel Elser maintain accurate documentation for quality-assurance review.

Vendor operations and relations have long been a priority in the Amarillo WIC program; this summer the local agency is piloting a program where it will place a staff person in approved WIC stores to assist participants having trouble with purchases and to answer questions from the store staff. Clients will be given a schedule of when WIC staff will be available and schedules will also be posted at the stores. David Chamberlain, the agency's vendor liaison, is always willing to assist the vendors and participants with issues regarding WIC grocery activity.

Amarillo regards WIC as the community's leading expert on nutrition education and community nutrition. As such, Ms. Payton and staff join in numerous activities, committees, and task forces that allow WIC to contribute meaningfully not just in the clinic, but also in a greater community effort. Staying abreast of current nutrition information, having dedicated staff with a good work ethic, and enjoying the work itself are keys to making Amarillo WIC the innovative success that it has become.

Central-office spotlight: the Nutrition Education, Breastfeeding Promotion, and Outreach section

By Joyce Leatherwood,
Texas WIC News publications coordinator

If you are teaching nutrition in the Texas WIC program, you can thank the Nutrition Education, Breastfeeding Promotion, and Outreach section of the Texas Department of Health for many of the resources you use in your clinic. This team of professionals is the genesis of most of the WIC nutrition education materials created by TDH and distributed to the local agencies. Those educational materials include everything from this newsletter to a coloring book for kids, from videos to posters, from brochures to fact sheets on topics related to breastfeeding, nutrition, parenting, and physical activity.

This busy section, headed by Mary Van Eck, works with WIC local agencies to determine what educational materials WIC clients need. Several factors influence the decision to produce a particular type of material, on a particular topic. Every year the local agencies survey the participants for their feedback. Their comments help shape the coming year's priorities for nutrition education. Other priorities are defined by the USDA, which funds the WIC program, and from TDH.

Section leader Mary Van Eck says, "Our participants' needs drive the materials. We know we need to give them more information about good nutrition, parenting, and breastfeeding. Texas WIC is known for its outstanding nutrition-education and breastfeeding materials."

Staffers who create the materials are either registered dietitians or degreed nutritionists, and most of them have worked in WIC clinics. They are dedicated to their work, because they know that better teaching tools make a better impact. After their initial creation, the materials are usually field-tested where they will be used — in the WIC clinics. This is one of the ways to ensure that the materials are relevant and understandable to the audience.

One staffer, Shellie Shores, relates the story of a visit to a busy clinic, with a waiting room full of squirming,



Top row, left-to-right: Mary Van Eck, Amanda Hovis, Elaine Goodson, Snellie Shores, Delores Preece
Second row, left-to-right: Lynn Wild, Tracy Erickson, Amy Culp
Not pictured: Hilda Tijerina

noisy children and anxious mothers. She says, "It was a situation that was headed for chaos." Then the clinic staff handed out a new children's book, *Beans for Breakfast*, written by former employee Laurie Coker, now retired. Shellie watched as the kids took the books, and even those who were too young to read looked eagerly on as older children and mothers began to read their books. The room grew quiet — chaos was averted.

In addition to the people who actually create the materials and arrange the conferences and trainings, there are also other staffers who support those efforts. Publications coordinator Hilda Tijerina works with the WIC warehouse to make sure materials are printed and distributed as the need arises. Delores Preece, the section's administrative support, is the keeper of the flame for the *WIC Materials Catalog*, among other responsibilities. Outside the section, the Publishing, Promotion, and Media Services Division within WIC edits and designs the publications, coordinates their production, and produces nutrition-education videos.

As they say, it takes a village. But it all starts with the NEBO section, and in the clinics, where moms and dads learn vital information from dedicated professionals.

Children in the classroom — creating an enjoyable environment for learning

By Janice Carpenter, training specialist



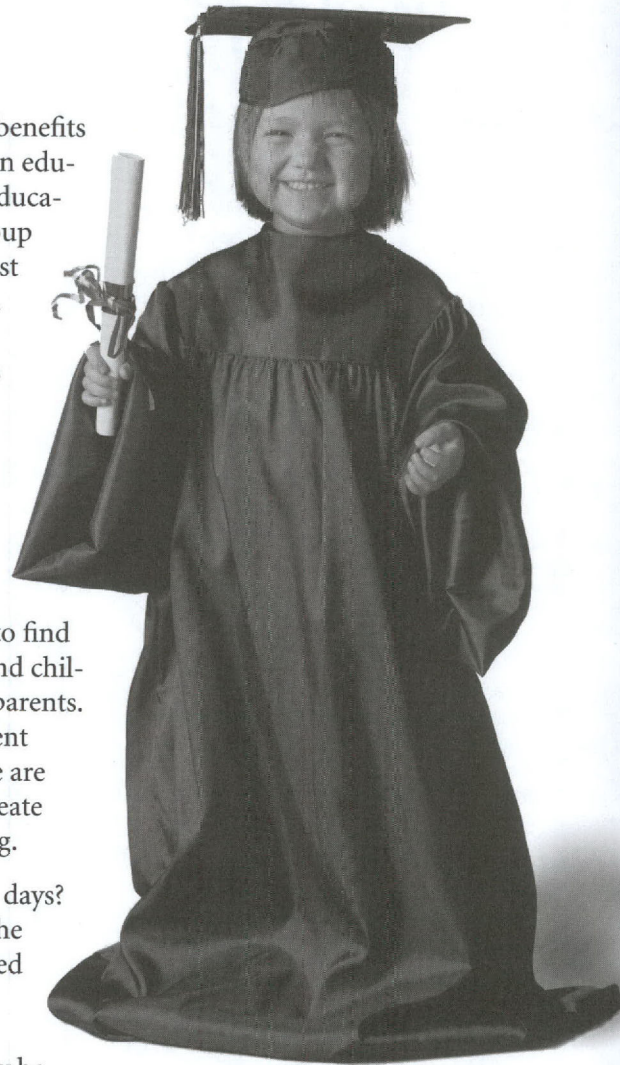
As WIC educators, we must remember that successful teaching requires a positive, orderly environment.



One of the most important benefits for WIC participants is nutrition education. Texas WIC offers such education in varying formats, but group classes allow us to reach the most participants in a timely fashion. One unique challenge for WIC educators is that the classrooms are often filled with infants and children in the audience.

As WIC educators, we must remember that successful teaching requires a positive, orderly environment. To create such an environment, we need to find ways to work with the infants and children who come to classes with parents. Being creative and trying different approaches can ease stress. Here are some strategies that will help create a good environment for learning.

- Remember your school days? As students arrived in the classroom, chatter started and the teacher, if late, often found it difficult to begin the class. It may be a better strategy to let class members remain in the waiting room until the teacher is ready — then he or she can welcome them into the classroom. Also, beginning and ending the class on time helps decrease uneasy waiting for both parents and children.
- Unless a lesson includes children, such as a reading lesson, children may not have anything to hold their attention, so be prepared to keep children busy. Try creating a play area, having



them use the WIC coloring sheets, asking older children if they would like to help pass out handouts, or just interacting with the children by asking their names, ages, or other questions. Some staffers may be concerned that children will color on the walls, but washable crayons are available, along with new products that can easily clean stray marks off walls.

- Classrooms that have colorful bulletin boards and decorations that appeal to children can help keep them busy visually. Flip charts, puppets, decorated hats, aprons, and the like can also help keep children curious. By wearing an apron with pockets, the teacher can also hide props such as stickers, small pictures for coloring, or a variety of other surprises that can then be offered throughout the class time.
- The room arrangement can also help the teacher keep control. Putting the play area in a place where the children can be seen encourages responsible parenting. Creating a walkway behind the chairs where parents can calm children, using tables so children can sit on their parents' laps, placing classroom chairs with the backs toward windows or doors, and covering the windows to decrease distractions can all be useful.
- Staff members who are not teaching can also help keep children calm during class by not cooking food in the break room during class time. The smell of popcorn or other foods with strong aromas can stimulate a child who may be hungry or tired. This does not help the teacher or the parents.
- If a child becomes very unruly, let the parent know that it is OK to leave the room and that everyone understands. Tell the parent to feel free to come back to class when they feel the child is ready. This will allow him or her to take control over the situation without the embarrassment of stopping the class. The students will also be reassured that they can continue to learn without distraction.



Remember, *experience is knowledge* and the best ideas anyone can share are those ideas that work, particularly at staff or nutrition-education meetings. Sometimes the smallest piece of helpful information creates the best learning outcome!



Campaign promotes breastfeeding among African Americans

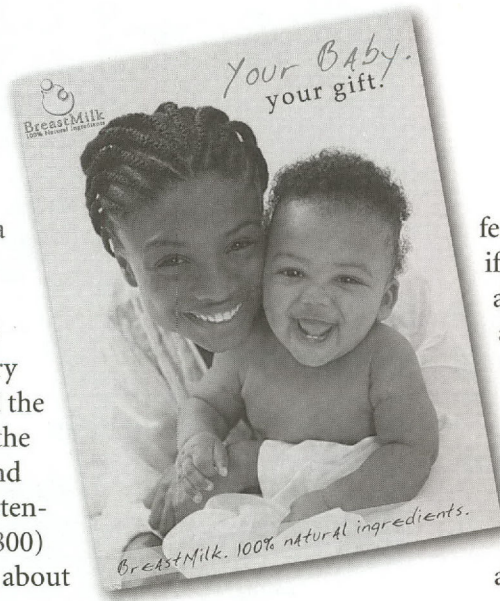
By Tracy Erickson, R.D., L.D., IBCLC

Breastfeeding is a natural extension of pregnancy, and human milk is normal nutrition for infants. Not breastfeeding can have detrimental effects on both the baby's and the mother's health. Currently, breastfeeding rates among African-American women lag behind all other ethnic groups. Increasing those rates could help narrow many of the health disparities that prevail among African Americans, such as overweight and obesity, diabetes, sudden infant death syndrome, and asthma.

To address the low rates of breastfeeding among African-American women, the Texas Department of Health WIC program is currently piloting an educational and advertising campaign to promote breastfeeding to African-American women, their families, and their communities in Jefferson, Orange, and Hardin counties. The campaign began in early January 2004 and runs through September. Components include:

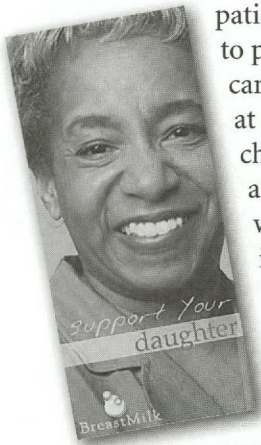
- Breastfeeding-promotion materials targeting African-American families in WIC clinics, including:
 - *Your Baby, Your Gift* — a brochure for the pregnant woman,
 - *Support Your Partner* — a brochure for the father of the baby,
 - *Support Your Daughter* — a brochure for grandparents, and
 - *African American Breastfeeding Promotion Individual Counseling Guidelines*
- Five different radio public-service announcements and one television PSA.
- Outreach for health-care providers. WIC breastfeeding representatives visited over 40 doctors, nurses, midwives, school nurses, and hospitals to inform them about the campaign. Each provider received the following materials:
 - A letter from the Texas Commissioner of Health asking for their participation in the campaign.
 - *Doctors Make the Difference: Incorporating Breastfeeding into Prenatal Care* — a protocol recommended for discussing breastfeeding with expectant mothers.
 - *Steps to a Breastfeeding-Friendly Practice*, a handout that can be used as a written breastfeeding policy and posted in their office.
 - Two campaign posters:
 - *Act Natural: Breastfeed*; and
 - *As a Doctor I Feel Breastfeeding Is the Healthiest Thing You Can Do for Your Baby*.
 - Fifty gift bags for them to hand out to their African-American patients. Each gift bag contains brochures for the mother, partner, and grandparent; a *BreastMilk: 100% Natural Ingredients* baby bib; and a *Ten Reasons to Breastfeed* magnet.
 - An information sheet, *Breastfeeding: A Natural Way to Better Health*, that explains why breastfeeding is important to African-American health and how the community can support breastfeeding.
 - *Breastfeeding Support Pledge Cards* to use at health fairs.

The campaign has a central theme: *Breastmilk: 100% Natural Ingredients*. The jingle plays at the end of every radio and TV spot and the logo appears on all of the materials. The radio and TV spots encourage listeners to call the WIC 1 (800) number to learn more about WIC and breastfeeding.



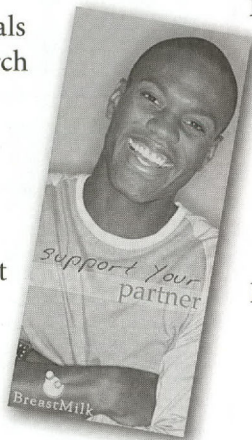
feeding. At the church health fair, visitors were asked if they knew anyone who was pregnant or thinking about getting pregnant. Anyone who said yes received a gift bag to take to a friend or family member. If they wanted to personalize the gift bag, they could have their picture taken in front of the exhibit and fill out a *Breastfeeding Support Pledge Card* promising to support their friend's or family member's efforts to breastfeed. Their picture, printed on-site, and the pledge card were inserted into a campaign envelope and then stuffed into the gift bag.

Using the "it takes a village" approach, the campaign has focused on changing the attitudes of the community, not just African-American WIC participants. Most of the health-care providers visited were thrilled to receive the patient gift bags and posters and happy to participate in the campaign. The campaign components were exhibited at a women's expo in January, and a church health fair in February, and announcements about the campaign were made in several churches in March.



Special materials prepared for church outreach focus specifically on community support.

Breastfeeding: A Natural Way to Better Health is an information sheet that explains why breastfeeding is important to African-American health and how the community can support breast-



Researchers from SUMA/Orchard Social Marketing Group are evaluating the effectiveness of the campaign. Prior to the start of the campaign, the researchers gathered data from 59 African-American WIC participants and 15 health-care providers in Jefferson, Orange, and Hardin counties. The information will be compared to post-test findings to determine changes in knowledge and behavior related to core messages of the campaign. The researchers are also field testing the materials with WIC staff and participants so that the materials can be perfected before the campaign begins statewide.

Continued on next page

African-American women who live in the campaign area are getting the message to breastfeed from many sources: their WIC clinic, their doctor, their baby's doctor, their prenatal classes, their hospital, their church, their television, and their radio. In addition,

the community is getting the message to support breastfeeding. And preliminary results are already showing that the campaign messages are influencing African-American WIC participants to do what's in their nature — *breastfeed!*

Health Challenges	How Breastfeeding Helps
African-American infants are twice as likely to die in their first year as Anglo-American infants.	Breastfeeding reduces the risk of many infectious and chronic illnesses that are common during childhood.
More African-American women die of breast cancer than Anglo-American and Mexican-American women.	Breastfeeding reduces a woman's risk of developing breast cancer.
African-American infants are 2.2 times more likely to die of sudden infant death syndrome than Anglo-American infants.	Infants who are breastfed are less likely to die of SIDS.
The prevalence of diabetes among African Americans is about 70 percent higher than among Anglo Americans.	Breastfed children are less likely to develop diabetes.
Overweight and obesity occur more among African Americans than Anglo Americans. So do many related diseases, including diabetes, hypertension, cancer, and heart disease.	Breastfed children are less likely to become overweight or obese adults.
Among children and young adults, African Americans are more likely than Anglo Americans to be hospitalized, and more likely to die, from asthma.	Breastfed children are less likely to develop asthma.

Braggin' rights

By Jennie Hoilman, outreach coordinator, Project 39

In the Northeast Texas Public Health District WIC Program, Local Agency 39, employees face many challenges with policies and procedures. For starters, employees must be familiar with three different policy books, including Project 39's own local-agency policy book. Shannon O'Quin, Project 39 WIC director, explains: "As a new WIC employee, policies can be very confusing. I remember when I was a new employee with WIC and I did not know what 'LA' and 'SA' were."

At their January 2004 staff meeting, Project 39's WIC employees were challenged to take a local-agency policy quiz. Knowing that adults have many distinct styles of learning, Ms. O'Quin oversaw the creation of a policy quiz resembling the state agency's self-paced training modules.

In November 2003, Ms. O'Quin presented each WIC employee and breastfeeding peer counselors with his or her own sunshine yellow, bound policy book. The pages were so crisp we were almost afraid to open them. I say *almost* since the quiz was scheduled for January 30, 2004, at the monthly staff meeting.

*Congratulations to
all WIC staff who made
a passing score!*

The results:

- In all, 47 full- and part-time staff took the LA policy quiz.
- The average score for all staff was 77 percent.
- The average score for full-time staff was 81 percent.
- Nineteen staff members scored at least 80 percent.

The following staff members have earned bragging rights to a score of 90 percent or higher:

LEA HEARNSBERGER, R.D., L.D., clinic manager, Jefferson

JENNIE HOILMAN, clinic manager, Carthage

LAUREE SOLBERG, clinic manager, Tyler

CHARLOTTE SMITH, certifying authority, Marshall

WALTA BUZBEE, L.V.N., nutrition assistant, Atlanta

ELSA MUÑOZ, nutrition assistant, Marshall

REBECCA CHOICE, nutrition assistant, Tyler

TONJA HAWKINS, nutrition assistant, Atlanta

BETTY DAVIS, breastfeeding peer counselor, Atlanta

RACHELLE VANCE, breastfeeding peer counselor, Marshall

Ms. O'Quin reports: "I am very pleased with the results of this local agency policy quiz. The clinic managers have overheard the WIC staff in their clinics saying, "That is in the policy book.""

Although the development of the 72-question quiz was time consuming, having staff knowledgeable about local policies will help our WIC project stay one of the best at customer service.

Motivational interviewing — How to help people resolve their doubts about making healthy behavior changes

By Lynn Wild, R.D., M.A.
nutrition-education consultant

Why do people change their behaviors? There are many theories, but one thing is certain — it's not because of what they know. If women changed what they do according to what they know is good for them, most would breastfeed their babies, walk briskly for 30 minutes a day, avoid using drugs, eat five to nine servings of vegetables and fruits a day, and never smoke. Period.

But, clearly, even many of us who know enough to teach others about healthy eating and physical activity are *not* walking briskly for 30 minutes or eating five to nine fruits and vegetables daily. Don't get me wrong — many people still don't make the connection between healthy eating, physical activity, and prevention of obesity, diabetes, and a host of other problems. And many people still need to develop skills for economical shopping, food preparation, and cooking in order to make healthy eating part of their daily routines. But, beyond understanding the connections and mastering basic skills, some other fundamental factor must be needed — or many more people would be singing in the choir rather than posing as choir potatoes. Maybe the answer lies in motivational interviewing.

What is motivational interviewing?

Motivational interviewing is a counseling technique that experts apply to interventions for obesity, drug use, diabetes, and other conditions requiring behavior changes. According to Rollnick and Miller, who first described MI, the working assumption is that ambivalence (or inability to decide) is the principal obstacle to overcome in order to trigger changes in behavior. An example of ambivalence is, "I'd like to walk 30 minutes a day, but I would have less time for other things."

MI involves five basic strategies:

1. asking open-ended questions,
2. reflective (active) listening,
3. developing discrepancy,
4. providing personalized feedback, and
5. eliciting self-motivating statements.

Some of the strategies in motivational interviewing are well known to Texas WIC educators. Those trained as certifying authorities over the past few years will recognize the value of asking open-ended questions and using active listening during individual counseling. Lactation consultants who have attended the class “Basics of Lactation Management” understand the pivotal role played by validating, or providing personalized feedback for the woman’s concerns or issues, to reduce barriers to hearing the benefits of breastfeeding. These skills improve communication with WIC participants and help in educating them.



What about the other strategies used in motivational interviewing?

Developing discrepancy helps the client to recognize and compare both the “good” and the “not-so-good” aspects of an unhealthy behavior. For example, “If I stop smoking I will feel better about myself, but I may also put on weight, which will make me feel unhappy and unattractive.” Proponents of MI view this as an important strategy that can help motivate clients toward change.

The final strategy — eliciting and selectively reinforcing the client’s own self-motivational statements — includes facilitating the client’s expressions of problem recognition (“I can tell that my portion sizes lead to gaining weight”), desire and intention to change, and perceived ability to change. The effective use of the first four strategies often prompts clients to make self-motivating statements that suggest change is possible. The five strategies, used together, encourage participants to clarify their perspective and change their behavior.

Evaluation: a strategy for success

A message from the University of Texas evaluation group

Ask most health-care professionals why they do what they do and they will probably tell you some variation of the theme: *I want to make a difference*. You will *not* hear them say it's because they love paperwork and documentation. Since we are a people-helping profession, why are our jobs full of paperwork?

Paradoxically, the best way to know if we are really making a difference is to step back and evaluate, which often means looking at documentation and changes over time. At a time when resources such as time, energy, and money are limited, knowing and applying what works becomes more

important than just cranking out more services. Knowing what works means learning to ask important questions such as:

- *What information is being sought?* Are we trying to show that services have been offered or are we trying to show that some change has occurred as a result of our efforts?
- *Compared to what or whom?* Are we comparing individuals to themselves, to other similar individuals, or even to people not so similar?
- *What is the timing of the assessment?* For example, are the assessment measures timed "too soon to tell" or are they so far into the future that other life events have influenced the outcomes?

Over the past year, the health-promotion research group at the University of Texas, along with WIC staff has been creating a plan for evaluating Texas WIC's nutrition-education program. The overall goal is to help WIC identify effective nutrition-education strategies in order to focus WIC's resources more effectively.

This endeavor began with an attempt to understand WIC itself. Knowing what works starts with capturing the basic information, so we combed through nutrition-education plans for Fiscal Year 2004, risk assessments, lesson plans, and counseling codes. We also examined relevant studies, and best practices and standards such as the USDA Federal Regulations and *Healthy People 2010*. However, the most valuable information came from people who





If these procedures are not already part of a regular routine, consider including them. Sometimes it's all too easy to forget how important staff activities really are. The most important part of what you do is the difference you make in the life of your client. At WIC, you truly have the opportunity to touch the lives of women, infants, children, and their families. While documentation is not glamorous or fun, it helps reveal the valuable results that you achieve.

work in the clinics on a daily basis. In June 2003 and February 2004, we met with the nutrition-education group of Texas Association of Local WIC Directors. We also surveyed and talked to directors and nutrition coordinators in an attempt to understand WIC evaluation practices and needs.

Many evaluations of WIC's effectiveness have already been conducted. These studies tell us that WIC *does* make a difference to the population it serves. Most of these studies have focused on outcomes such as infant birth-weight, breastfeeding, nutrient intake, and growth and development. The next logical step is to separate the effects of nutrition education from the effects of the program as a whole. Documentation is key to gathering this sort of information.

Documentation lets all of us know what is happening as a result of staff efforts. Risk codes, for example, are not only useful for certifying a client, but they can also let us observe trends and determine whether or not clients are improving over time.

We would like to take this opportunity to share some suggestions for easing the transition towards evaluation.

- Be careful and thorough when recording risk codes.
- Make notes in a client's chart about counseling sessions to help assess progress and to help you prepare for the next counseling session. It is much more helpful to the person being counseled if the nutrition information is new and relevant.
- Make a habit of setting goals with clients. Research tells us that clients who set their own goals are more likely to follow through. Plus, if you jot down a client goal in the chart, you can use it to discuss progress at future counseling sessions.



TDH dietetic internship is good news for all concerned

By Sherry Clark, M.P.H., R.D., L.D.
Texas WIC dietetic internship director

Over the last four years, the TDH dietetic internship has successfully graduated 25 interns! That's great news for TDH, for the interns, and for the local WIC agencies that have benefited from their hard work and commitment. Twenty-three of these 25, or 92 percent, are still employed with local WIC agencies and are providing medical nutrition therapy to high-risk clients. Two of the graduates are now WIC Directors. Twenty-three have passed the registration examination and are now registered dietitians.

Initial Accreditation

The internship was granted Initial Accreditation by the Commission on Accreditation for Dietetics Education of the American Dietetic Association in October 2003. CADE conducted a site visit in June 2003 and wrote a commendable report.

Internship Class of 2004

Seven interns began the fifth class in January 2004.

- **Brandey Ackerman** — Brandey lives in Austin and works at the Austin-Travis County Health and Human Services Department. She graduated cum laude from Texas A & M University. She is married to a Canadian, and they have two dogs, but no children. Brandey enjoys mountain biking, road biking, running, and volunteering at the Humane Society.

“Upon completion of the internship and passing the RD exam, I look forward to using my new knowledge to help out participants, especially the high risk clients. I hope to be a supervisor of one of the clinics and have also considered working part-time at a hospital PRN to keep up my clinical skills. I would also be interested

in working at ECI or another special needs program for children, or a children's hospital, particularly in the neonatology section. I am also planning to become a lactation consultant, which would benefit both moms and children.”

- **Andrew Barefoot** — Andrew lives in Denton and has worked at the Tarrant County Health Department for four years. He graduated magna cum laude from Texas Woman's University. He and his wife have an 8-month-old son, Wesley. Andrew's hobbies are playing music, gardening, and baking.

“I believe once I finish the internship and pass the exam, I will be able to play a larger role within the WIC program. My immediate post-internship future will most likely be returning to much of the same pre-internship job with refined counseling skills, better ability to understand and serve high-risk clients, and increased understanding of what WIC means for the health community.”

- **Diane Davidas** — Diane lives in Sugar Land and works for the Fort Bend Family Health Center. She obtained her degree from the University of Houston. Diane has been married for six years and has two boys, ages 2 and 1. Diane likes to shop, scrapbook, run, dance, and eat out.

“What I hope to gain from this internship is the knowledge and confidence to become a strong leader in my community of dietetics. I hope to impact my peers, other leaders, and people of my community with the strength of my skills in dietetics. I wish to provide endless knowledge not just for my clients, but also for my fellow associates.”



Diane Davidas, Noemi Hernandez, Colleen Schecht, Katie Haggerty, Andrew Barefoot, Brandy Ackerman, Sandra Lopez

- **Katie Haggerty** — Katie lives in Fort Worth and has worked for the Tarrant County Health Department for two

years. She is a graduate of Texas Christian University. Katie enjoys spending time with her friends, running, traveling, and watching sports.

“My goal after completing the internship is to better serve my clients locally with the knowledge I obtain from my experience.”

- **Noemi Hernandez** — Noemi works for the Cameron County Health Department and lives in Edinburg. She obtained her degree from the University of Texas at Austin. Her favorite pastimes are watching movies and reading a good thriller. Noemi also enjoys dancing and traveling. She has a 3-year-old Labrador retriever named Buddy and an 8-year-old cat named Cowboy.

“Once I complete the dietetic internship, I hope to apply for a higher position such as NE coordinator or Assistant WIC Director within my local agency if such a position was to become available. After my contract period, I plan to pursue a masters degree in public health or business administration. I also hope to implement a nutrition class at the middle and high school levels as part of a physical-activity class or a health class. I would also like to do private counseling.”

- **Sandra Lopez** — Sandra works for the Cameron County Health Department and lives in Harlingen.

She graduated from Texas A&M University. Sandra is married and has a son.

“With the knowledge and

skills learned through this internship, I feel confident in becoming a future WIC Director and maintaining the excellence of the program.”

- **Colleen Schecht** — Colleen has worked for the Denton County Health Department for two years and lives in Frisco. She graduated from Texas Tech University. Colleen and her husband have three dogs — Austin, Java, and Meyer, and the couple enjoys hiking.

“After this internship I will be able to help my clinic in several ways. First, my increased knowledge in the area of special formulas will help my clinic immensely. Second, I can start a high-risk counseling program. My clinic has so many high-risk clients. Another area I can help is with nutrition education. I would like to develop some of my own lesson plans that cater to the population of my clinic.”

The 2004 class is an extraordinarily gifted class. We hope that all local agency nutritionists look at the internship as an opportunity to enhance their careers and better serve their clients.

Congratulations and thanks are also due to the internship coordinators, Nancy Cise and Tricia Sanders, for being incredible instructors and advisers for the interns.

Nutrition in the news — healthy portions, and so satisfying!

By Amy Culp, R.D., L.D.
nutrition education consultant

Almost daily, nutrition and health make headlines. Here are some of the top stories, along with their bottom-line messages, to assist you as a nutrition and health educator.

Breastfeed today for a healthy weight tomorrow

A recent study of more than 177,000 children confirmed that, the longer Anglo infants from low-income families are breastfed, the less likely it is that they will be overweight as young children. The study looked at families who visited public-health clinics between 1988 and 1992 and found that formula-fed infants, as well as babies breastfed for less than a month, were more likely to develop weight problems by age 4 than infants who breastfed for longer periods.

The authors of the study say there may be many reasons for the correlation. For example, breastfed children may learn to regulate their own eating better than non-breastfed infants. Formula-fed babies might be urged to finish a bottle or may be left wanting more formula, while breastfed infants likely exert more control over when to stop sucking. In addition, breastfed babies adapt more easily to new foods such as vegetables, which could contribute to a more healthful diet overall.

Although nearly one-third of the participants of the study were Hispanic or black, the same correlation was not found in those populations. The authors suggested that behavioral factors might differ among the racial and ethnic groups. For example, Hispanic children bear nearly twice the risk of becoming overweight compared with Anglos, probably because of different patterns of diet and physical activity. Therefore, prolonged breastfeeding may not be enough to overcome these powerful lifestyle factors.

In the study, 14.5 percent of Anglo infants who had never been breastfed became overweight, compared to 7 percent of those breastfed for at least one year.

WIC bottom line: Promote breastfeeding!

Source:

Strawn-Grummer, L.M., and Z. Mei. 2004. Does breastfeeding protect against pediatric overweight? Analysis of longitudinal data from the Centers for Disease Control and Prevention Pediatric Nutrition Surveillance System. *Pediatrics* 113(2):e81–e86.

Children with “adult” problems

Two recent studies on Hispanic children revealed that, if they are overweight and have a family history of diabetes, they might already be moving toward developing heart disease and diabetes.

In one of the studies, 90 percent of the 126 children examined had at least one of the risk factors for diabetes or heart disease, such as abdominal obesity, high blood pressure, low levels of HDL (good cholesterol), and high triglycerides. In the other study, 28 percent of the 150 children in the study had a condition that is a precursor to diabetes. These findings suggest that the screening of children who are overweight or obese may need to begin much earlier, especially if they have family members with a history of disease and they belong to a minority group.

WIC bottom line: Refer parents of overweight or obese children to the high-risk registered dietitian in your local agency and the child’s doctor. In doing so, we can be part of the solution to the childhood-obesity epidemic!

Source:

Cruz, M. L., et al. 2004. The metabolic syndrome in overweight Hispanic youth and the role of insulin sensitivity. *J. Clin. Endocrinology & Metabolism* 89(1): 108–113

Goran, M. I., et al. 2004. Impaired glucose tolerance and reduced beta-cell function in overweight Latino children with a positive family history for type 2 diabetes. *J. Clin. Endocrinology & Metabolism* 89(1): 207–12

Obesity: making kids' lives more complicated

Being overweight or obese can cause many health problems for children — problems that may last a lifetime. However, a study found that kids worry more about how they look than about being in good health. The study in the *Journal of the American Dietetic Association* suggested that overweight and obese youths worry about the effect their weight will have on their appearance and athletic performances. The researchers found that the children were mostly worried about “fitting in” and not being seen as different. Another study at Yale University reported that obese children rate their quality of life as low as do young cancer patients undergoing chemotherapy. The overweight children were less involved in sports, less confident, less popular with peers, and more pessimistic about their lives than kids with a healthy weight.

WIC bottom line: It is important to teach parenting skills that will help children develop a healthy relationship with food. Under federal guidelines, we cannot teach all parenting skills, but we can make a difference by continuing to educate parents on good nutrition and the importance of physical activity, and by teaching parents ways to decrease the influence of advertising on their children's self-image and food choices. Also, remember to refer overweight and obese children and their families to the high-risk registered dietitian in your area for further nutrition counseling.

Source:

Borra, S. T., et al. 2003. Developing health messages: Qualitative studies with children, parents, and teachers help identify communi-

cations opportunities for healthful lifestyles and the prevention of obesity. *J. Am. Diet. Assoc.* 103(6): 721–28

Schwimmer, J. B., et al. 2003. Health-related quality of life of severely obese children and adolescents. *JAMA* 289(14): 1813–19.

Dairy: going beyond strong bones and teeth

A study in the *Journal of the American Dietetic Association* examined the eating habits of children ages 2 to 8. The study found that children who consumed lower amounts of calcium had higher body fat overall. The researchers also noted that children's eating patterns and preferences are established early in life, often by the age of 5. In addition, the more carbonated beverages the children drank, the less calcium they consumed.

WIC bottom line: Parents should be encouraged to help children develop health-promoting habits such as regular intake of calcium-rich foods (skim or low-fat milk after age two, yogurt, cheese, etc.) and restrict the intake of carbonated beverages and other low-nutrient beverages such as fruit “drinks,” fruit “ades,” and tea.

Source:

Skinner, J.D., et al. 2003. Longitudinal calcium intake is negatively related to children's body fat indexes. *J. Am. Diet. Assoc.* 103(12): 626–631.

TV habits start early

A recent study found that, on average, children ages 6 and under spend two hours a day playing video games, using computers, and watching TV and videos. Time spent reading or being read to averages only 49 minutes. Younger children are no exception — nearly two-thirds

of children under age 2 spend a couple of hours a day watching TV. The American Academy of Pediatrics recommends that children under age 2 not watch TV at all. Children who have a screen in their bedroom or who live in “heavy” households (a home where the TV is reported to be on “always” or “most of the time”) are less likely to be able to read by the age of 6. The researchers raised concern that TVs and computers are taking the place of interactive and constructive time for learning (such as reading with a parent).

WIC bottom line: Educate parents about setting a limit on the amount of time children spend in front of a TV or computer screen. For children who are less than 2 years old, no TV is advised; for kids older than 2 years, no more than two hours per day is recommended. Help parents come up with other options, such as reading to their children or with them, art projects, active play (such as a sport), playing a musical instrument, and imaginative play (exploring, dress up, etc.). Encourage parents to keep TVs and computers out of their children's bedrooms.

Source:

Rideout, V. J., et al. 2003. *Zero to six: Electronic media in the lives of infants, toddlers, and preschoolers.* Henry J. Kaiser Family Foundation.

The Texas Department of Health now offers two lessons on decreasing the media's influence on eating habits: “Understanding Super Sized Portions” (video and lesson, stock no. GN-000-15) and “You and Your Children Can Be Media Smart” (self-paced lesson, stock no. SP-000-16).

WIC education innovators

By Amy Culp, R.D., L.D.

nutrition education consultant

Since the focus of this *Texas WIC News* is nutrition education, it is fitting to feature local agencies that have innovative ideas for nutrition education and explore different ways to present the same information! Feel free to use these ideas to spur your creativity. For more information, contact your nutrition-education liaison.

• **LA #1** — Austin Health and Human Services Department / Travis County Health Department

Nutrition/Health Fair Lessons — This local agency sets up “The Fruit & Vegetable Fair,” “The Baby Fair,” and “The Prenatal Fair” in the WIC clinic, with different booths where participants can play and try to win prizes. Participants choose at least two booths from such choices as: “Lily Bets on 5 A Day”; “5 A Day Bingo” (prizes include pot-holders, wooden spoons, anything with pictures of fruits and vegetables); a food demonstration by the Sustainable Food Center, a demonstration of making baby food, and “Working and Breastfeeding.”

• **LA #5** — Driscoll Children’s Hospital

WIC Walker Program — The hospital sponsors a voluntary six-week program on weight loss and exercise encouraging increased walking as a physical activity. Local parks and schools provide walking areas. Participants may choose only the activity portion or to add on a nutrition program: “Healthy Habits for Life — A 6-Week Guide to Food and Fitness.”

Camp WIC — Implemented as a summer camp for families, Camp WIC meets on Fridays for two months. The participants visit two “camp stations” to learn about eating better and moving more. The activities are kid friendly and include prizes. Topics and prizes include:

- “Meet the Vegetable/Fruit,” with 5 A Day reminders from Dole provided as prizes;
- “Let’s Get Our Bodies Moving,” which includes activities such as hopscotch, milk-jug bowling, a beach-ball

- toss and roll, CD dances, and a team relay race, with beach balls or flying discs provided with these activities;
- recipe modification, with measuring spoon and cups;
- recipe demonstration, with recipe cards and a kitchen thermometer as prizes;
- “Fishing for Food Pyramid,” with a magnet, coloring book, and coloring puzzle as prizes; and
- “Story Time: Reading Books to Children,” with bookmarks that encourage eating better and moving more as prizes.

• **LA #12** — Hidalgo County Health Department

Interactive Classes — “Cooking Made Easy” teaches participants how to use recipes and cookbooks, emphasizing recipes that feature WIC foods. Participants receive a cookbook developed by the local agency.

“Jump, Hoop and Band It! Have Fun and Be Fit!” teaches participants the benefits of physical activity along with easy ways to become more active using hula hoops, jump ropes, and Dyna-Bands. Each participant takes one of the exercise items home at the conclusion of class.

• **LA #15** — Montgomery County Health Department

Promoting Exercise for Children — Local Agency 15 developed a lesson about the importance of exercise for children. As staff members pass out vouchers at the end of class, an *Elmosize* video is played, and — almost on cue — the children in the class start doing the exercises along with Elmo!

Reducing Stress in Moms — This class targets moms with a theme of reducing stress through exercise and relaxation. LA 15 purchased inexpensive Therabands and a CD with relaxing music, and created handouts with recipes for facials and skin conditioners. The discussion focuses on the effects of stress on health, the importance of good nutrition, and how exercise can reduce stress. Then, while

relaxing music plays in the background, the instructor demonstrates breathing exercises and how to use the Therabands.

• **LA #20** — South Plains

Internet Nutrition Education — Participants at LA 20 are able to access the LA Web site at <<http://www.gowic.org>> to learn about different nutrition-related topics. The participants then complete an Internet-based activity, bring the paperwork from the activity to the clinic to be reviewed, and then receive their vouchers. Other LAs have begun to implement this form of nutrition education, taking advantage of the South Plains Web site.

• **LA #22** — Waco–McLennan County Public Health District

Grocery-Store Tours — Quarterly, a nutritionist with LA 22 meets participants at a grocery store for a “tour” class. The nutritionist answers questions and emphasizes heart-healthy label reading and heart-healthy snacks for moms and kids.

Farmers’ Market Tours — During the summer, a nutritionist meets participants at a farmers’ market to increase awareness about the market. The nutritionist educates them about the variety of fruits and vegetables available, with an emphasis on proper selection, preparation, recipe ideas, and nutrient content. Ideas and recipes are often exchanged among the participants.

• **LA #54** — Tarrant County Health Department

Successful Facilitated Discussion Program — This discussion forum has been a very successful form of nutrition education because the participants enjoy sharing their experiences, taking an active part in the class, and learning from other participants.

Library Plan — The LA provided libraries in the area with 13 children’s books about nutrition, both in English and in Spanish, to be used exclusively for the LA’s library plan. Participants who choose this form of nutrition education — available to children ages 6 months to 4 years — are given a list of participating libraries. While at the library, the participant asks the librarian for a WIC book and a questionnaire. The parents read the book with their children and answer questions about it while in the library. Then, the librarian stamps the questionnaire, and the participants return to the clinic during a designated time to pick up vouchers. The plan has worked out so well that the LA has added three books for the use of pregnant and breastfeeding women. This has been a win-win opportunity for WIC, the participants, and the libraries.

Giving Participants a Choice — The LA nutrition education coordinator believes that WIC participants show more interest and learn more if they are allowed to choose the type of nutrition education they prefer. Project 54 has five choices, including a library plan, Web lessons, appointments with a breastfeeding peer counselor, attending a nutrition class in the WIC clinic, and reading about breastfeeding, all listed in a notebook in each clinic. If participants choose to attend a class, they then can choose a topic from another list.

• **LA #76** — Outreach Health Services

Cooking Demonstrations — This local agency developed Neighborhood Café classes that were modeled after the Happy Kitchen series from the Sustainable Food Center. Nutritionists present quarterly lessons to the community and WIC participants. Some topics covered include: “Grains: The Foundation of Eating Well,” “Cutting the Fat I (Meat),” “Cutting the Fat II (Dairy),” “Variety with Vegetables,” “A Healthy Celebration” (during the holidays), “Recipe Makeover,” and “Nutrition Facts Label Scavenger Hunt.” Easy-to-assemble, low-cost, healthy, and delicious recipes are presented, and all those who attend are able to participate and taste the goodies!

• Reading Initiative

Many LAs have taken advantage of the WIC Reading Initiative. The state agency provides children's books for participants to take home that teach important nutrition messages in a fun and colorful way. A nutrition lesson and handout are available that highlight the benefits of reading to children, giving tips for selecting children's books. A self-paced take-home lesson (available solely to the LAs participating in the Reading Initiative) gives tips to parents about reading aloud to young children. The SA has gotten a lot of positive feedback from LAs and participants:

LA comments

- * Dee Bash, LA 54: The Reading Initiative went great. The children, parents and clinics loved the books. Thanks so much for getting them for us.
- * Karen Sanders, LA 106: The clients love it! We add our special touch to each book by writing the child's name, given by WIC staff, and the date in it. We then hand the book to the child, rather than the parent, and it makes them feel very special. We've gotten lots of hugs!

Quotes from participants about reading to their children

- * I very much enjoyed being with my daughter. It gives us time to spend with each other.
- * After a busy day, it's comforting and calming to sit and read with my children.
- * I found that reading to my children is fun.

Quotes from participants about the video and lesson "Feed Your Child's Future"

- * It shows that there [are] other things that you can do that help your baby grow [and] develop his brain.
- * ... The parents who aren't sure about how to read to their children can get an idea from the video.
- * ... Reading to your children is important for their future.

For more information
about the Reading Initiative, contact
Shellie Shores, R.D., nutrition-education consultant
at: (512) 458-7111 ext. 3463 or
<shellie.shores@tdh.state.tx.us>.

Training

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

Certification Classes

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

Teaching Group Classes

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

Class Management

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

Professional Development

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

Patient Flow Analysis

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

Nutrition Training

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

Vendor Training

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

Breastfeeding Training

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

Peer-Counselor Training

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

Formula Training

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

Certification Training

New WIC Staff — Austin @ Howard Lane
July 27–29
September 28–30

Formula Policy Training
July 20, 9:00–4:00, Tyler

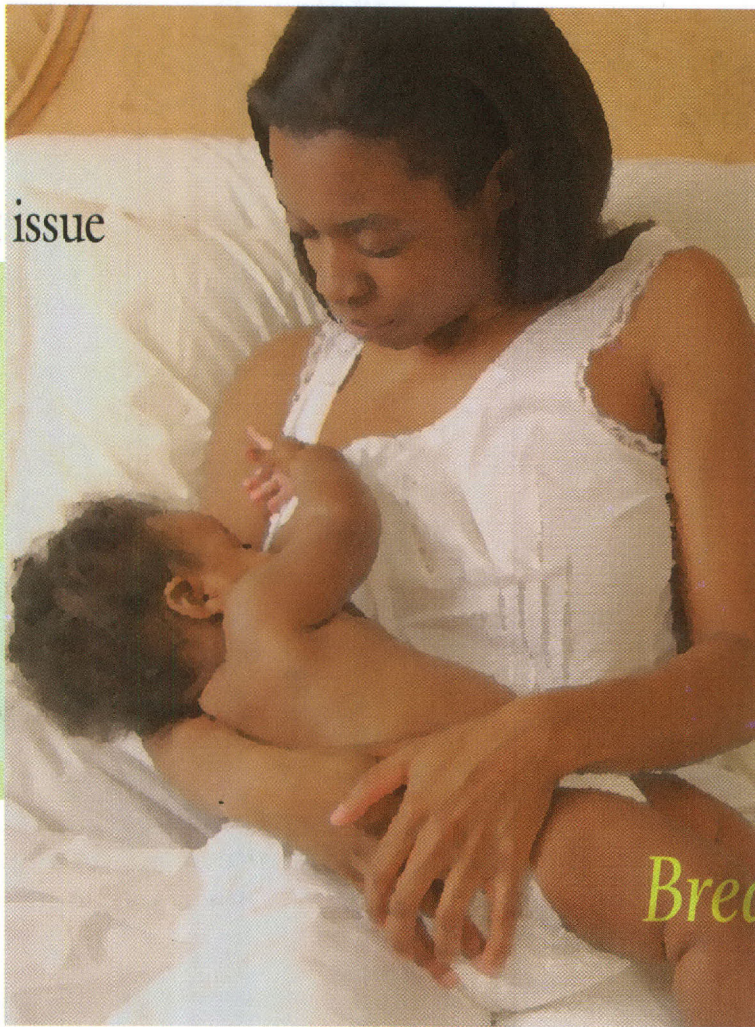
Teaching Series

The Adult Learner
August 10 Austin

Teaching Group Classes
Sept 15 Austin

Creating Skills to Cope and Deal with Difficult Clients and Situations
July 19 Austin

Coming next issue



Breastfeeding

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

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

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