

texas

May/June 2013



news

Volume 22, Number 3

**Spring into Summer
Healthy and Fit**



Keep Up the Great Work!

This will be my last message to you as I am retiring after 17 amazing years as chief of the Bureau of Nutrition Services. It is with bitter sweetness that I write my very last *Texas WIC News* column. I want to take this opportunity to give each and every one of you a very heart felt thank you. You have made my time here at WIC a pure joy.

Texas WIC staff, at all levels, is a very committed and compassionate force in the lives of many of our most vulnerable citizens. The work you do to help feed, educate, and motivate our young moms and their kids have been proven time and time again to be successful.

As we move into summer, the longer days and warmer weather lend themselves to varied opportunities to be more active and healthy. In this edition of the *WIC News*, we provide you with the latest information about assessment, management, and prevention of several conditions that will help you refocus your efforts towards promoting and adopting healthy lifestyles.

We begin our issue detailing the *Someday Starts Now* campaign (page 10). With an amazing website full of tools and information, as well as assorted media and outreach activities, the Healthy Texas Babies initiative is using the campaign to bring awareness of

how health before pregnancy for both men and women plays a major role in future pregnancy outcomes including prematurity and infant mortality.

In celebration of *National Physical Fitness and Sports Month* (page 6), we provide you with an article laying out the most recent information regarding exercise and pregnancy. Help your clients understand that the benefits of exercise go beyond improving circulation and weight control.

Learn how to hone your assessment skills in “How Physical Assessments Can make a Difference” (page 4) and “Understanding a Child with Autism” (page 12). These two articles not only help you tailor your visit with clients, but they also give you tips on how to handle certain situations in an effort to safeguard the health, safety, and comfort of your clients and their families.

Your devotion and extraordinary efforts have made Texas WIC the outstanding and unparalleled program that it is. Take pride in knowing that this state is a better place because of you. Keep up the great work!



Editor's note: For more on the accomplishments of Mike Montgomery during his tenure at Texas WIC see page 18.



From the Texas WIC Director
— Mike Montgomery



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If you would like to write an article, please request subject approval and our writer's guidelines prior to writing the article. Keep in mind that each Texas WIC News issue is planned five months in advance. Articles submitted will be considered but not guaranteed for publication.



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How Physical Assessments Can Make a Difference

by Cathy Plyler, R.D., L.D.
Clinical Nutrition Specialist

Performing a physical assessment during certification or the formula approval process is important in determining the nutritional status of the clients we serve. Although the dietary history, anthropometrics, and lab work are useful components of an assessment we sometimes overlook doing a visual assessment. WIC staff are in a unique position to make observations during the time spent obtaining information about participants. While we do not diagnose or perform a medical physical, this article addresses visible conditions that may indicate a health concern.

Some nutrient deficiencies can be detected through careful visual observation. For example, thin hair that breaks easily and is sparse may indicate zinc deficiency, and spooning of the nails is characteristic of chronic iron deficiency. Such observations can point out the need to follow up with a more detailed evaluation.

What observations can you make during a physical assessment?

- A thorough physical assessment should begin with evaluating the skin. Is it dry? Is there evidence of muscle wasting, poor tone, bruising, or edema (swelling in the extremities)? Generalized muscle wasting may indicate a chronic lack of calories; edema suggests a lack of protein. The presence of bruises or wounds that seem to be old and taking a long time to heal may suggest a possible dietary deficiency of protein, zinc, or Vitamin C. These may also indicate physical abuse.
- Signs of dehydration include dry, flaky lips or mouth or eyes that are sunken in. Another consideration would be the child's level of alertness. Is the child lethargic? Does he lack physical stamina?
- During a nutritional assessment, if any of the above physical concerns are present, WIC staff can be instrumental in referring a client to a health care professional for further evaluation.

Cathy Plyler chronicled the following case from one of the local agencies:

A participant from the Lufkin WIC clinic presented a medical request to obtain Neosure for her 7-week-old son with a diagnosis of failure to thrive. Shandolyn Rankin, the certifying authority, noted that the infant had lost 3 ounces since birth. However, since he was not premature, she called the state office for approval.

I received the beeper call from Shandolyn and began to assess the case.

Though there was a recent weight from the doctor's office, we decided to reweigh the baby since he was present in the clinic. The mother undressed her baby to obtain the weight, and he had lost another ounce. Shandolyn relayed the weight to me but also told me she was disturbed by his frail appearance. His skin was dry, and he was lethargic.

We questioned the mother about the amounts of formula the baby consumed and it was around 20 ounces. She also reported he was vomiting sometimes.

Due to the infant's condition and additional weight loss, I advised that we contact the doctor.

Shandolyn's supervisor, Angela Quillin became involved and also expressed concerns about the infant's appearance. She observed that his eyes looked dark and sunken in. I thought perhaps he may be displaying signs of dehydration. We informed the doctor of our concerns.

The doctor felt the infant should be admitted to the emergency room immediately. The mother was visibly shaken but complied. Angela was concerned and she followed the mother to the hospital and stayed with her during the

ER exam. The baby was not dehydrated but it was determined that he was ill. The local doctors felt they were not equipped to diagnose his condition so arrangements were made to transfer him to Texas Children's hospital via ambulance. Angela stayed at the hospital with the baby so the mother could inform her husband and pack a bag for the trip to Houston. She even filled the couple's gas tank so they could travel to the hospital to be with their baby.

The infant was diagnosed with viral meningitis. In infants, this condition is more difficult to diagnose. The symptoms include lethargy, brain swelling, body stiffness, changes to skin color, weak suck, and food refusal.

The infant has completely recovered from his illness. Shandolyn and Angela were able to make a difference for this family and may have aided in saving the infant's life.



Above left to right: Shandolyn Rankin and Angela Quillin, WIC Director.

Careful physical observations during a nutrition assessment can alert you to signs that something isn't right and needs further investigation. Remember you can make a difference in the care of our participants.

Reference

ICAN Infant, Child and Adolescent Nutrition. Practice Roundtable. April 2010. Using Physical Assessment when Assessing Nutritional Status. 2(2):100



PHYSICAL ACTIVITY RECOMMENDATIONS FOR PREGNANT

Whether it is a woman's first or last pregnancy, she may have questions about exercise during this exciting time. As clinic staff working among many pregnant women, you may be asked questions about exercise recommendations. To help address the concerns of participants this article highlights the most up-to-date physical activity recommendations for pregnant women.

Is Exercise Safe During Pregnancy?

Exercise is generally considered safe for most healthy pregnant women and their unborn babies. However, pregnant women should always talk to their health-care provider before starting any exercise program to find out what kinds of exercises are safe for them. The U.S. Department of Health and Human Services recommends the following guidelines for women during pregnancy and the postpartum period:

Healthy women who are not already highly active or doing vigorous-intensity activity should get at least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity per week during pregnancy and the postpartum period. Preferably, this activity should be spread throughout the week.

Pregnant women who habitually engage in vigorous-intensity aerobic activity or are highly active can continue physical activity during pregnancy and the postpartum period, provided that they remain healthy. They should ask their health-care providers about how and when activity should be adjusted over time.

Why Should Pregnant Women Exercise?

Exercise provides many benefits before, during, and after childbirth. The chart below highlights some of those benefits:

Benefits of Exercise During Pregnancy	Benefits of Exercise During and After Childbirth
Helps reduce backaches, constipation, swelling, varicose veins.	Helps prepare the body for birth, speeds recovery.
Some studies have shown that exercise may lower a woman's risk of complications, such as preeclampsia and gestational diabetes.*	Strong muscles and a fit heart can greatly ease labor and delivery.
Improves mood, sleep, and energy.	Helps with breath control when used to manage pain.
Benefits posture, muscle tone, strength, and endurance.	May help with endurance in the event of a long labor.
Increases blood flow, giving skin a healthy glow.	Some studies suggest that exercise may reduce the length of labor.*
May contribute to keeping weight gain within the recommended range.	

* Evidence is not conclusive



WOMEN

by Kelley Reed, R.D., L.D.
Nutrition Education Consultant

Safe Activities

Most doctors agree that walking, swimming, dancing, riding a stationary bicycle, and joining a prenatal aerobics class are all great exercise choices for pregnant women.

Activities to Avoid

Sports such as downhill skiing, gymnastics, bike riding, rock climbing, horseback riding, and other activities with potential for falling and those that have a lot of jerky, bouncing movements should be avoided. Additionally, any activities with the potential of being hit in the belly are considered unsafe, like in hockey, soccer, basketball, and kickboxing. After the first trimester, pregnant women should avoid any exercise that requires lying on the back, since this can limit blood flow to the baby. Additionally, overheating in the first trimester may increase the risk of certain birth defects, so pregnant women should not use hot tubs, saunas, or steam rooms, and they should avoid outdoor activities in hot weather. Exercising at altitudes greater than 6,000 feet should be avoided because it may lower the amount of oxygen that reaches the baby.

When to be Concerned

Pregnant women should stop exercising and contact their doctor immediately if they ex-

perience any of the following during or after a workout:

- Vaginal bleeding
- Dizziness
- Blurred vision
- Trouble breathing
- Headache
- Abdominal pain
- Chest pain
- Muscle weakness
- Pain or swelling in the lower legs
- Contractions
- Leaking amniotic fluid
- The baby stops moving

Tips

Moderate exercise is the key for staying fit during pregnancy. Pregnant women should start each session with a slow warm-up and then finish with a cooling-down period. Beginners or women who are not used to being physically active should start slowly and increase the frequency and intensity of exercise gradually. They need to stay hydrated by drinking at least one 8-ounce glass of water for every half hour of exercise. Overall, women should drink a minimum of eight 8-ounce glasses of water each day.

In Summary

Exercise for pregnant women is generally considered safe and beneficial. However, because there are activities that are not safe for pregnant women to participate in, women should discuss their exercise regimen with their doctor to learn the signs and symptoms that indicate that something could possibly be wrong.

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In Memory of
Hellen Bradley Sullivan

The Trainer
The Traveler
The Legend



by Shirley Ellis, M.S., R.D.
Manager
Nutrition Education Branch

Hellen Bradley Sullivan passed away on March 5, 2013, after a 7 year battle with cancer. Hellen was an RN, IBCLC, whose official WIC title was Breastfeeding Trainer. But to all who knew her she was so much more!

Hellen the Trainer

“Welcome to the Principles of Lactation Management. My name is Hellen Sullivan. That’s Hellen with two Ls. I was the last of 12 children. When my dad found out my mother was pregnant he said ‘Oh hell not another!’”

This introduction is how Hellen Sullivan began her breastfeeding classes. Her wit and sense of humor combined with her vast breastfeeding knowledge was legendary and appreciated by her class attendees. It didn’t matter how many times you went to one of her trainings; you were always engaged and you always learned something new. During her 13 years of breastfeeding education she was involved in the training of over 40,000 health care professionals including physicians, nurses and dietitians as well as WIC staff. She was instrumental in the development and design of many of the Texas WIC breastfeeding classes presented including the Principles of Lactation Management, Lactation Counseling and Problem Solving, and Breastfeeding Management, just to name a few.

Hellen the Traveler

Hellen loved traveling around the state to provide breastfeeding trainings. In 2012 alone she presented 68 training classes at 38 different locations including hospitals, WIC clinics, and other health care facilities. It was not uncommon for her to return from training in Amarillo and head out the next day to provide training in Houston.

Hellen the Humanitarian

In addition to her devotion to breastfeeding, Hellen was deeply involved in her church and community. She was an active member of First United Methodist in Austin and participated in numerous community outreach programs including:

- AIDS Care Team
- Hill Country Ride for AIDS
- Stephen Ministry
- Four Corners Native American Ministries
- Mobil Loaves and Fishes
- Reconciling Team
- Big Bend Women’s Camping Group
- Christmas Eve Brunch for the Homeless

Hellen the Devoted Mother and Adoring “Grammy”

Hellen’s commitment to her community was admirable but paled in comparison to her commitment to her family. She

proudly talked about her daughters Kaki and Keri and loved sharing the joy she felt for her granddaughters Kesleigh and Cortlynn and her grandson, Gaven. She was especially proud of the fact that they supported her favorite team, the Texas A&M Aggies!

Hellen the Legend

Hellen has left a lasting impression on the WIC program at the local, state, and national levels. Her absence is deeply felt by her family, friends, and co-workers. But we will all assure that her memory lives on with the telling and retelling of our favorite "Hellen stories."

On March 7, just two days after she passed away, state WIC director, Mike Montgomery, cut the ribbon at the dedication ceremony for Hellen's Room, the state office lactation room. This room is dedicated to Hellen and all that she has done to support breastfeeding mothers and their infants. We know she would be proud to have her name associated with a relaxing place for new moms to provide the best nutrition for their infants.

Below is the poem which Hellen kept taped to her computer monitor. It is an excerpt from a poem written on the wall of a cave in Germany where Jews hid during World War II. It so wonderfully captures Hellen and what she believed.

*I believe in the sun.
I believe in the sun even when the sun is
not shining.
I believe in love.
I believe in love even when I do not feel
love.
I believe through any trial there is always
a way.*

"It was seeing Hellen's passion and gentle heartedness that made me want to become an IBCLC. She is still the first person I think of calling when I am stumped or if I am second guessing myself."

FANCY JORDY
BREASTFEEDING COORDINATOR, ANGELINA COUNTY
WIC

"Fly away home, beautiful Hellen! Be at peace. Your courageous passion, conviction, good sense, steadfastness, generous spirit, humor, and love have made better, more directed and skilled people of everyone they've graced. "

JULIE STAGG
STATE BREASTFEEDING COORDINATOR



Above: Hellen and a client's baby share a laugh at the Lactation Foundation in Houston. Below left: Hellen helped a mom breastfeed during Hurricane Katrina. Below center: Hellen with two of her grandchildren. Below right: At 2010 NBF Conference.





by Aisling McGuckin, B.S.N., M.S.N., M.P.H.
 Maternal Child Health Nurse Consultant – Office of Title V & Family Health
 Texas Department of State Health Services

Background

Of every 1,000 infants born in Texas every year, approximately six die before their first birthday. One of the leading causes of infant mortality is prematurity, which is higher in Texas than in the United States. The risk of prematurity and death is much higher for African-American babies than for white and Hispanic babies. The Texas Department of State Health Services (DSHS) did an analysis of the areas of highest risk and potential for greatest impact to reduce this risk. The study indicated that the mother’s health before she got pregnant — during the pre-conception period — had the greatest impact on her ability to have a healthy baby. Preconception factors that negatively affect pregnancy include pre-existing diabetes, high blood pressure, and overweight as well as the mother’s exposure to sexually transmitted infections and stress. Inter-conception health, or the mother’s health between pregnancies, is equally important.

Your Someday Starts Now!

Forty-six percent of pregnancies in Texas are not planned. Women who are planning to get pregnant are often in better health or are tak-

ing steps to be healthier — they get exercise, take a daily multivitamin with folic acid, and manage their diets. Women who are not planning to get pregnant think about pregnancy as a far-off idea, something that may happen to them someday, but not today. The Healthy Texas Babies initiative considers those women at greatest risk of having a premature birth and wants to make sure they are aware of steps they can take now to be healthy for themselves, with the benefit of being healthy for their baby if they do become pregnant. The campaign, Someday Starts Now, helps communities rally around women and men of child bearing years to encourage a healthy lifestyle and better awareness of the impact of preconception health on prematurity and infant mortality.

So what’s it all about?

SomedayStartsNow.com is a website stocked with tools for men and women of childbearing age, parents of infants, health care providers, and other stakeholders in community health. For men there is guidance about their health and an actual roadmap to being a dad called

(continued on page 11)

Just Breathe for Better Health

“For breath is life, and if you breathe well you will live long on earth.”

~SANSKRIT PROVERB

Take a deep breath and count to three is key advice for managing your stress, relaxing, and being more productive. Your mental health depends on many things, one of which is your ability to deal with stress in a healthy way. When something stressful happens, your body will use its energy and resources to cope with that stress. This could lead to an increase in illness, poor sleep, headaches, muscle pain, depression, and more.

Take Time and Practice Ways to Relax

Deep breathing feels relaxing because it increases the amount of oxygen that is in your blood. Oxygen supplies energy to your muscles, and this circulation removes waste products from your body's tissues. When you are stressed, your breathing patterns are often disrupted. We tend to either hold our breath or breathe very quickly when we are worried or anxious. Neither of these delivers a lot of oxygen to the blood.

Dr. Benson at Massachusetts General Hospital recommends using a combination of these exercises for managing stress:

- Deep breathing: focus on breathing deeply and slowly. Let go of distracting thoughts or feelings.
- Guided imagery: use mental pictures to help you relax and focus. Think of a relaxing spot, like a quiet stream, a beautiful mountain top, or a sandy beach.
- Regular exercise: find a form of exercise you enjoy. Try to get moderate physical activity for 30 minutes a day at least 5 days a week. If you can't fit all 30 minutes into one session, try breaking it up into 10 minute mini-workouts. Go for a walk, vacuum, work in the yard, or garden.
- Healthy diet: include fruits, vegetables, whole grains, lean proteins, and healthy fats in your meals and snacks. Remember to eat slowly so you can enjoy the taste and smell of your meal. Eating should be an enjoyable experience.
- Self-nurture: set aside time to socialize, relax, connect with others, and pursue other hobbies or interests. Remember that taking care of yourself is an important part of being able to take care of others.



(continued on page WWW — Insert D)

Snack Smart and Share! Try Out a Snack Calendar at Your Clinic

The Bell County WIC Program decided to take control of their snack options in their Temple clinic. Former Nutrition Education Coordinator, Jessi Cano, RD, provides us with a rundown of what LA 31 did to create their snack calendar.

“We were beginning a weight loss challenge in the office, and we were discussing all of the ways we could be successful in our weight loss efforts. We talked about everyone bringing their lunches more frequently, taking advantage of the wellness breaks, and eating healthier snacks. We had a snack drawer in the office from which we could buy candy, chips, sodas, etc., but obviously those things don’t encourage weight loss! So, we created a way to make sure that everyone had a healthy snack available every day.

“Rather than having to remember to bring a snack for yourself every day, we set up a rotation so that a different person was responsible for bringing in the snacks for the clinic employees each day. This created excitement in the office — it was a surprise what would be brought in each day. It also

ensured that each person would be replacing an unhealthy snack with a healthy one at least once a day.

“The only parameters we set were that the snack had to be healthy, preferably 200 calories or less, and that there was enough for each person participating to receive one. We posted calendars for a 3-month time frame, and everyone who wanted to participate signed up for a day or two (depending on how many working days were in the month) to bring something. When it was your day, you would put a note on the front board, such as ‘string cheese in the fridge,’ or hand-deliver everyone’s snack to them at the beginning of the day. Everyone loved it!

“People tried things they wouldn’t normally try, like roasted edamame, dried mango, frozen grapes, etc. Our weight loss challenge was also a big success, in part because of the snack calendar. We found that people were more motivated to exercise during the wellness breaks after eating healthfully during the day. It was fun, and everyone really enjoyed it.”

CONTRIBUTED BY JESSI CANO, R.D.
NUTRITION EDUCATION CONSULTANT

Mind Games



May is “Mental Health Month.” Daily brain teasers help sharpen your mind. Challenge your ability to stay focused: Quickly read out loud the color that each word is printed in—not the word itself. Try it repeatedly to see if you can improve.

BLACK
RED
BLUE
GREEN

BLUE
YELLOW
RED
BLUE

GREEN
RED
YELLOW
BLACK

Share your wellness success stories for a chance to be spotlighted in Texas WIC News and inspire other WIC staff! Contact your State Wellness Coordinators, Debbie Lehman at debbie.lehman@dshs.state.tx.us or 512-341-4517 or Katie Lanier at katie.lanier@dshs.state.tx.us or 512-341-4514.

Published March 2012, Prevention

Read more: <http://www.prevention.com/health/brain-games/games-make-you-think/>



recipe

Healthier Annie's Fruit Salsa and Cinnamon Chips

Source: Allrecipes.com

Ingredients:

- 2 kiwis, peeled and diced
- 2 Golden Delicious apples – peeled, cored, and diced
- 8 ounces raspberries
- 1 pound strawberries
- 3 tablespoons fruit preserves, any flavor
- 10 (10-inch) whole-wheat flour tortillas
- Butter-flavored cooking spray
- ½ cup cinnamon sugar

Preparation:

1. Thoroughly mix kiwis, Golden Delicious apples, raspberries, strawberries, and fruit preserves in a large bowl. Cover and chill in the refrigerator at least 15 minutes.
2. Preheat oven to 350 degrees F (175 degrees C).
3. Coat one side of each whole-wheat tortilla with butter-flavored cooking spray. Cut into wedges and arrange in a single layer on a large baking sheet. Sprinkle wedges with cinnamon sugar. Spray again with cooking spray.
4. Bake in the preheated oven until light brown and crispy, about 8 to 10 minutes. Repeat with any remaining tortilla wedges. Allow to cool approximately 15 minutes. Serve with chilled fruit mixture.

Nutrition Information Per Serving: (Serves 10)

235 calories, 1 gram fat, 0 mg cholesterol, 62 grams carbohydrate, 7 grams protein, 7 grams fiber, 346 mg sodium



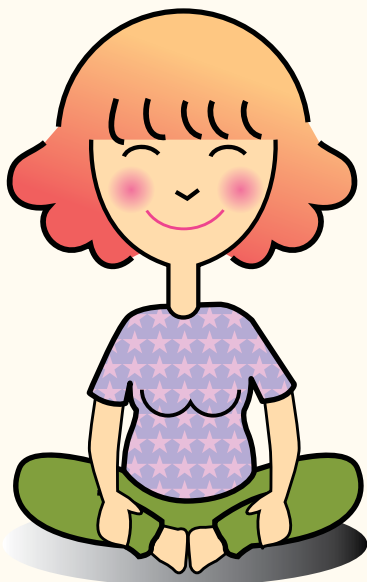
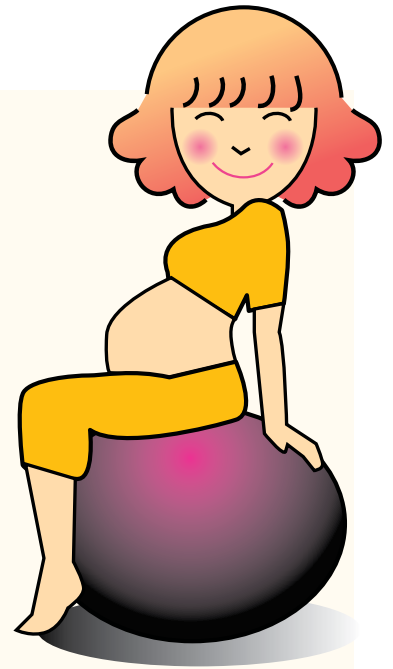
Just Breathe for Better Health

(continued from page WWW — Insert A)

Health Effects of Deep Breathing

Relaxing regularly by using breathing exercises can lead to long-term health benefits. When you practice deep breathing techniques, your heartbeat slows, and your blood can flow more easily throughout your body. Some may even see a long-term decline in blood pressure and lowered levels of blood lactate, which spikes higher during anxiety attacks.

One study found that patients with type 2 diabetes had lower levels of oxidative stress, which makes symptoms of the disease worse, after practicing deep breathing exercises. Another found that when practicing deep breathing exercises, participants were better able to think through stressful experiences clearly, felt less stressed about them, and had fewer negative thoughts altogether.



Try Out This Breathing Awareness Exercise

Try taking some deep breaths when you first start to feel stressed, or practice deep breathing for a few minutes every morning or night. If you are breathing properly, you should use your diaphragm, a thin muscle that separates the chest and abdomen.

Put one hand on your stomach, and one hand on your upper chest.

Inhale: the hand on your stomach should move out.

Exhale: the hand on your chest should stay still.

Practice deep breathing several minutes a day!

CONTRIBUTED BY LAURA KREBS-HOLM
TEXAS STATE UNIVERSITY DIETETIC INTERN

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Someday Starts Now!

(continued from page 10)

“Maps for New Dads.” For women there is a life planning tool, allowing women to think about questions such as “Do I want to have children? If so, how many and how far apart? What do I want to accomplish personally or professionally before I have kids? What kind of relationship do I see myself in while raising my children?” The answers are then fed into a narrative so that the woman can develop a more tangible vision for her future. For parents, there is a birth planning tool, which encourages open communication between parents and their healthcare providers about their preferences during labor and delivery. These are both tools that can be used by other service providers to facilitate planning for the future with their clients. Other tools for those supporting these young families include a poster and accompanying worksheet that highlight some of the key preconception and prenatal health messages of the campaign. Having the posters displayed in the workplace makes it clear to clients that providers are aware of their concerns and open to discussion about them. An accompanying Frequently Asked Questions sheet is a quick way to distribute information about the importance of preconception and inter-conception health.

In addition to the website, there have been a number of media and outreach activities to promote the campaign’s messages. In November a college outreach tour visited 12 historically black colleges and universities across the state, performing a step show and using call-outs and individual interactions with the students to showcase the website and the life

planning tools. There was also a family photo booth set up at the Tamalada Festival in San Antonio so that families could have a seasonal portrait taken and learn about the campaign while their photo was being developed and placed in a branded frame. A robust beauty and barbershop outreach effort visited 300 shops in Dallas-Fort Worth and Houston to sensitize operators to the disproportionate burden of infant mortality in the African American community. Operators were given branded beauty capes and posters to show support of the campaign and were left with a card summarizing key tips for men and women that they could use to initiate or inform discussions in their shops. Someday Starts Now also partnered with the Black Girls RUN! organization, which promotes wellness among African American women. Their members agreed to wear branded T-shirts and share the tips for men and women in their running communities.

How do I use Someday Starts Now?

The Someday Starts Now campaign is intended to help families and community providers who support young men and women before, during, and after pregnancy. Download the birth plan or life planning tools on the site and use them during clinic encounters. Display the provider posters in your workspace to encourage your clients to ask questions, or help them work through the patient worksheet to bring to their next doctor’s appointment, adding questions that are pertinent to the services you provide. Keep the tips for men and women cards handy so you remember to integrate them into your client encounters.

All the printed materials are available to order in limited quantities from the DSHS warehouse. Everything is also available on the website for immediate download, including TV and radio public service announcements, web banners, posters, and other materials. Promotion of Someday Starts Now doesn’t have to be restricted to the workplace — share the messages and materials with friends, families, civic organizations you may participate in, and with businesses you may patronize. The message is simple — healthier men and women make healthier moms and dads who then can have happy, healthy Texas babies!

Sidebar . . . A **Step Show** is a performance by a group of step dancers, who use a call and response format to engage the audience. Stepping is a traditional form of dance in the African American community and is popularly used among sororities and fraternities, step teams, and drill teams. The **call-outs** are the standard messages we developed to be conveyed during the show, which the steppers and the MC shouted out during the performance. Here’s a link to the show at UT Tyler: <http://www.kltv.com/story/20089335/stepping>

Understanding a Child with Autism

by Clare Wolf

Editor/Designer, Texas WIC News

and Paula Kanter, R.D.

Clinic Nutrition Specialist



When Sharon Lemons, MS, RDN, CSP, LD, of Denton State Supported Living Center, first heard her son had autism she was emotionally numb. That was 24 years ago when her oldest son was 5 years old. Very little information was available at that time. She didn't know anything about autism.

She knew her son needed to be evaluated because he exhibited impulsive behavior and didn't pick up speech early.

She recalled that, *"At 12 months he could say 100s of words, but didn't know what they meant. Even Momma and Daddy didn't mean anything to him."*

Sharon was unprepared to deal with a diagnosis of autism. It wasn't until years later when her second child was diagnosed with autism that Sharon began to do a lot of research. She became well educated on autism.

IDL Studio Manager Yolanda BazDresch first noticed a speech deficiency with her son when he was 3 years old — he was not talking and had a very limited vocabulary. When a daycare worker noticed the same symptoms, Yolanda contacted her physician who directed her to have him tested by the school district.

Yolanda recalls, *"One particular [daycare] teacher, who was very caring and whom I trusted, said to me in a very direct way 'there's something wrong because he's not talking!' — and, while that may sound harsh, the message came from the right person and I needed to hear it that way."*

Susan Peace, RD, WIC program coordinator at LA 59 — Barrio Comprehensive Family Health Care Center Inc. — in San Antonio, has three children with autism. Her oldest son, 20, diagnosed with Asperger's, is considered high functioning on the spectrum. On the other hand, Susan's 17 year-old daughter has severe autism with aphasia and

severe sensory issues. Her 15-year-old daughter can't communicate effectively.

"She doesn't seem to comprehend that what she is thinking may be clear to her, but what she is saying isn't clear," Susan adds.

What is Autism Spectrum Disorder?

Autism is an umbrella term for a wide spectrum of disorders referred to as Pervasive Developmental Disorders (PDD) or Autism Spectrum Disorders (ASD). The terms PDD and ASD are used interchangeably. They are a group of neurological disorders that affect a child's ability to interact, communicate, relate, play, imagine, and learn. Signs and symptoms are seen in early childhood.

The term spectrum is important to understanding autism because of the wide range of symptoms and behaviors. Children with ASD may have a striking lack of interest and ability to interact, limited ability to communicate, and exhibit repetitive behaviors. On the other end of the spectrum are children with a high-functioning form of autism who may have unusual social, language, and play skills, as in Asperger Syndrome. The autism spectrum consists of the following disorders: Autistic Disorder or Classic Autism, Rett's Disorder or Rett Syndrome, Childhood Disintegrative Disorder, Asperger's Disorder or Asperger Syndrome, and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS).

Recognizing the Signs of Autism

WIC staff should be conscientious when they suspect a child might have a learning or developmental problem, while at the same time not alarming a parent. Instead they can refer the child to Early Childhood Intervention (ECI). ECI is a federally funded program that identifies children with special needs from birth to 3 years of age. ECI itself does not diagnose autism, however their therapists are trained to

assess and identify signs of autism and can help refer the family to the right place. According to Roxanne Robison, ECI Dietitian, WIC can play a very important role by being aware of the signs of autism.

Potential Signs of Autism:

- **Very limited diet** – the child may only eat three things and have very specific food preferences. When mom says her child does not eat but two or three foods and the child is over a year, ask additional questions to try and determine if this is really true.
- **Food allergies** – the child might have a lot of food allergies.
- **Eye Contact** – the child may not make eye contact. He might seem to be in his own world.
- **Speech Problems** – the child had speech and lost it or speech is not real communication. By age 2, he should be putting two words together in a meaningful way.
- **Sensory Aversion** – the child might be highly sensitive to touch. Sensory aversion can include foods, sounds, and/or textures of objects. An example of an aversion to textures of objects is that some children will not walk on grass or carpet.

When Sharon Lemons, who worked for the ECI Program for several years, was asked what behaviors in addition to limited diet, food allergies, and speech problems might require a referral, she suggested:

1. **Interaction with parent** – a disconnect between parent and child; they just don't seem to be connected like they should be.
2. **Difficulty weighing and measuring** – children with autism are the hardest children to weigh and measure. They do not like to be touched. Laying back on a recumbent board is scary. They do not know or understand what you are trying to do.

Robison cautions staff, “...never say to a parent that you suspect their child has autism, but you could say that ECI may be able to help with their feeding or behavior difficulties.”

Working with a Child with Autism in the WIC Clinic

When you know you are working with a child with autism, Lisa Tate, MS, CCC-SLP,

program director for ECI Speech-Language Pathologist says, “*Parents are the greatest resource for knowing what is best for their children and how they will handle particular situations.*” She suggests letting parents know what needs to happen and asking them how they think it would work best to get that accomplished. For example, “*We will need to weigh and measure your son today, how do you think he will respond to that? Can you suggest anything we should do to help make it a positive experience for him?*”

Sharon Lemons says that to a child with autism, the WIC office is going to be seen as a very hostile place; the crowd and noise can be overwhelming. By the time the child sees the certifying authority he will be wound up. And because he has sensory issues and touching him hurts, try to minimize time on both weighing and measuring.

Cathy Plyler, RD, Clinical Nutrition Specialist with the WIC Program and ECI dietitian, says sensory issues make it difficult for children with autism to attend their WIC appointment. WIC staff should be sensitive to a child with autism during the certification process and talk with the parent to find out when the child may be more receptive to the procedures. Sometimes getting it done immediately may cause less anxiety.

“Children with autism usually dislike changes in routine. In the clinic, I would close the door and make it quiet, if possible. I would not try to over engage the child, but allow them their space. I would also try to make the weighing and measuring process easier, like obtaining a tandem weight. (You would weigh the mother and child together, and then weigh the mother alone. Subtract the mother's weight from the total to obtain the child's weight.) This may help make the visit less traumatic,” Cathy suggests.

Pediasure or similar oral supplements are sometimes prescribed for children who have autism because their diets are very limited, affecting their nutritional status. Children do not need to be underweight to get these supplements. Some of these children do not have a problem with their weight, but they have very restrictive diets due to rigid behaviors and oral aversion.

Limited diet and food allergies, as they relate to children with autism, will be discussed in an upcoming issue of the Texas WIC News.



The Importance of Strong Bones to Prevent

Osteoporosis

by Sandra Brown, M.S., R.D.
Food/Formula Specialist

May is National Osteoporosis Awareness and Prevention Month. A quote taken from the organization's promotional toolkit reads "osteoporosis is considered a pediatric disease with geriatric consequences." Its roots occur early in life. The word "osteoporosis" is made up of two parts, osteo and porous. It literally means "porous bones." It is also called the 'brittle bones' disease. The condition occurs when the body is unable to maintain the balance between new bone formation and bone breakdown. During childhood, adolescence, and early adulthood, more bone is created than is lost. As the body ages, this balance reverses. When more bone is lost than is created, the bones become less dense, sometimes leading to fractures. This breakage is not limited to accidents like falls. It can happen in situations of everyday living such as bending or twisting to pick up dropped objects.

Statistics involving this condition are startling. Over 40 million adults in the United States have

already been diagnosed, or are at risk of developing, osteoporosis. Although more women are affected than men during their lifespan, nearly half of all adults over 75 years of age are impacted. Despite this, 86 percent of all women between the ages of 45 and 75 were not informed about their risk by their health-care provider according to a Gallop poll. The average life expectancy in the United States is at, or approaching, 80 years of age depending on race and gender. With longer lifespans it is an important public health priority to maintain mobility and quality of life in later years. WIC staff have a unique opportunity to begin the education process at a time in the life cycle before bone formation passes its peak. This article will provide more information about the risk factors, prevention strategies, and the role of WIC.

Causes/Risk Factors

Osteoporosis is seen more often in persons with some common characteristics. The following are factors that increase the risk of osteoporosis development:

- Older age especially > 50 years
- Female gender especially after menopause
- Caucasian or Asian, although all races are affected
- Positive family history for the disease
- Smoking
- Heavy alcohol use
- Small framed individuals with low body weight
- Use of steroids, anticonvulsants, or thyroid supplements
- Physical inactivity
- Calcium deficient diet

Symptoms and Diagnosis

This disease is often not diagnosed until after a bone fracture occurs. There are no early symptoms. At risk persons may receive a bone density test for diagnostic purposes or to assist in planning a prevention strategy.

Prevention and Treatment

A bone building diet, good lifestyle choices, and medication when needed help prevent osteoporosis.

Diet

Early, adequate intakes of both vitamin D and calcium, especially prior to age 35, helps build strong bones. Calcium intake should range from 1000 – 1300 mg/day depending on age and breastfeeding status. Vitamin D increases calcium absorption. Recommended intake is 600 IU daily. The best food sources for calcium are dairy products like milk, yogurt, and cheese. Other non-dairy sources include sardines and salmon with bones, leafy greens, and tofu. Milk, ready-to-eat cereal, and orange juice are fortified foods in which Vitamin D is found. Exposure to sunshine may allow some people to partially meet their vitamin D needs by that mechanism. However, the use of sunscreen, the presence of melanin in skin, season of year, cloud cover, and other factors decrease the overall quantity of vitamin D produced this way.

WIC food packages for women and children include milk (or soy milk) and cheese (or tofu). Lactose-free milk is also available. Leafy greens can be purchased with the cash value benefit portion of the food package. Emphasis can be placed on the importance of a diet rich in dairy and dairy alternatives over a lifetime beginning in childhood.

Other Lifestyle Choices

Exercise and the maintenance of a healthy weight have lifelong health benefits and help to prevent the onset of many disease states. Weight bearing exercise in particular positively impacts osteoporosis prevention because it can increase bone density and slow down bone loss. Specific examples of weight bearing activities are listed below along with other lifestyle choices that can lessen the development of osteoporosis.

- For adults: walking, aerobics, climbing and descending stairs, tennis, jogging, and dancing. Any activity that maintains mobility and is performed against gravity helps.
- For children: running, skipping, hopping, and jumping rope.
- In general:
 - Avoid smoking
 - Avoid drinking alcohol in excess

Medications

If prescribed, some medications can help stop or slow bone loss. Examples include: bisphosphonates, estrogens, teriparatide, raloxifene, and calcitonin.

The WIC Connection

The WIC program serves women who are pregnant, breastfeeding, and post-partum, as well as infants and children under the age of 5 years. WIC staff have the opportunity to provide education about this public health issue at a time in the life cycle when it will do the most good. Diet and nutrition are primary focuses during the pregnancy, postpartum, and breastfeeding time periods. Some of the same foods that women are encouraged to eat during this life stage will help postpone or prevent the onset of osteoporosis. Starting children on a calcium and vitamin D rich bone healthy diet early in life could drastically reduce the incidence of this disease decades from now. WIC staff can discuss this during certification appointments and appropriate group classes.

The WIC program has always emphasized the importance of calcium in the diet to grow strong bones. We should make sure moms know that teaching their children good eating habits and the importance of having strong bones will have a lifetime impact on them. Eating behavior and choices made now will impact their health for decades into the future.

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Understanding Food Allergies

by Eaton Wright, BS, NUT
Nutrition Expert

May 12-18 Is Food Allergy Awareness Week

According to the American Academy of Allergy, Asthma & Immunology, eight foods are responsible for the majority of food-allergic reactions — milk, eggs, peanuts, tree nuts, fish, shellfish, wheat, and soy. Look familiar? Many of these foods are available in some, or all, of the WIC food packages. While food allergies are still relatively uncommon (approximately 8 percent of children and 4 percent of adults have a food allergy), it is important for WIC staff to have a basic understanding of what is a food allergy (not to be confused with food intolerance). With this in mind, let's take the quiz.



Quiz:



1. True or False – Food allergy and food intolerance are the same.
2. Which of the following “nuts” is not a tree nut?
 - a. coconut
 - b. pistachio
 - c. almond
 - d. peanut
3. True or False – Most children will outgrow a food allergy.
4. An allergic reaction to peanuts may occur from any of the following except:
 - a. Direct contact
 - b. Inhalation
 - c. Telepathically
 - d. Cross-contact

Answers:



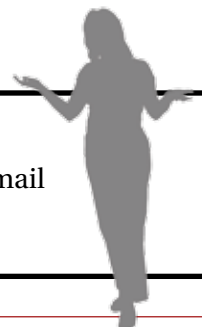
1. False. A food allergy occurs when the immune system reacts to a certain food. The most common form of an immune system reaction occurs when the body makes immunoglobulin E (IgE) antibodies to the food. When IgE antibodies react with the food, histamine is released, causing symptoms such as hives or asthma, which may be life-threatening. Food intolerance, unlike a food allergy, does not involve the immune system and is not life-threatening. For example, lactose intolerance is the inability to digest lactose. Symptoms may include abdominal cramps, bloating, and diarrhea.
2. The answer is d. A peanut is a legume, like adzuki beans, chickpeas, and edamame and is not grown in a tree. Pistachios, almonds, and coconuts are technically tree nuts or drupes — a fruit in which an outer fleshy part surrounds a hardened shell with a seed inside. In 2006, the Food and Drug Administration classified the coconut as a tree nut. However, unlike other tree nuts, coconuts are unlikely to cause an allergic reaction.
3. True and False. It actually depends on the food that one is allergic to. According to the Food Allergy & Anaphylaxis Network, about 85 percent of children who are allergic to milk or eggs will outgrow their food allergy, and almost all children who are allergic to soy or wheat will outgrow their allergy, as well. Allergies to peanuts, tree nuts, fish, or shellfish are generally lifelong allergies; however, studies have shown that approximately 20 percent of children may outgrow their allergy to peanuts, and about 10 percent outgrow their allergy to tree nuts.
4. The answer is c. You read my mind. One cannot have an adverse reaction to a peanut by just thinking about it. The most common cause of peanut allergy is eating peanuts or peanut-containing foods. Direct skin contact with peanuts may also trigger an allergic reaction. Cross-contact is the unintended introduction of peanuts into a food during processing or handling. An allergic reaction may occur if you inhale dust or aerosols containing peanuts, such as that of peanut flour or peanut oil cooking spray.

References

- American Academy of Allergy, Asthma & Immunology at <http://www.aaaai.org>
- Food Allergy & Anaphylaxis Network at <http://www.foodallergy.org>
- Mayo Clinic at <http://www.mayoclinic.com/health/food-allergy>

About the author: Eaton Wright is a certified NUT living in Austin, Texas.

The **Texas WIC Dietetic Internship** application period is open until June 15, 2013. For information, go to <http://www.dshs.state.tx.us/wichd/interns/intern-brochure.shtm> or email the intern director at mary.vaneck@dshs.state.tx.us.



Seventeen
Amazing
Years:
And,
How They
Began!

by Linda Brumble
Manager,
Nutrition Education &
Clinic Services Unit



On April 30, 2013, Mike Montgomery retired leaving a legacy of unequivocal accomplishment that began 17 years earlier, almost to the day.

On April 15, 1996, Mike Montgomery arrived in Austin to spearhead Texas WIC's feasibility investigation of a new food delivery system called Electronic Benefits Transfer (EBT).

"That expected four to six month assignment turned into an unexpected 17 year WIN-WIN-WIN collaboration for Mike, Texas WIC, local agencies, clinics, clients, grocers, and the WIC program nationally," said Mary Alice Winfree, manager, Food Issuance Branch.

Montgomery came to DSHS with extensive experience in WIC, having worked as a management consultant with the City of Dallas Department of Environmental and Health and Human Services local WIC program. Prior to that he served 22 years with the USDA's Food and Nutrition Service, five of those years as regional WIC director for the Southwest Region and 12 years as deputy regional administrator, with 1.5 of those years serving as the acting regional administrator.

Montgomery built the foundations for EBT through extensive coordination and collaboration with WIC grocers, the U.S. Department of Agriculture in Washington and the Regional Branch in Dallas, the Texas Department of Health upper management, and WIC program staff. In 1997, he became the Chief of the Bureau of Nutrition Services, with oversight for the WIC, Farmers' Market, Public Health Nutrition, and EBT programs.

Mike took a brief hiatus from WIC in 1999 to serve as the Children's Health chief and to manage the EPSDT and Children with Special Health Care Needs Programs, as well as the state Dental, Newborn Genetic Screening, and the School Health and Adolescent Health programs.

He returned to WIC in 2001 and oversaw the implementation of EBT in Texas in 2003-2004. EBT became his most significant accomplishment during his tenure as head of the Texas WIC program.

Montgomery guided a two-year long rollout of the hardware and software to all WIC agencies that issued EBT cards, as well as approximately 2,200 grocery stores that accepted them. As one of the first states to use the "chip" technology, Texas WIC set the standard for WIC EBT programs across the country under Montgomery's tutelage.

"... Montgomery's vision and downright refusal to accept that the present status is good enough will be profoundly missed — not just by Texas WIC, but by the national WIC community as well," said John Hannemann, EBT Development Branch Manager.

EBT brought advanced communication technology to WIC. Montgomery and staff were instrumental in negotiating a 10-year

contract with a telecommunication satellite network to handle the large amount of data created by the EBT system. Through advanced technology came the interactive distance learning network (IDL), from which almost 200 clinics receive “live” training from Austin via a closed-circuit television system.

In 2006, Mike supervised staff as they implemented changes in federal law aimed at controlling WIC food costs. Federal rules were changed to mandate that WIC grocers be grouped according to size or type and redemptions, and that averages for each group be compared to redemptions monthly. Then vendors were billed for exceeding averages, resulting in continuing “cost containment” and giving the Texas WIC program the ability to serve more clients with little or no increase in funding.

“...Mike is a visionary that has led the Texas WIC program to the prominence it enjoys today. I have sincerely enjoyed working for Mike these many years,” said Ray Krzesniak, manager, Food Issuance and Redemption Services Unit.

In October 2007 Mike oversaw the inception of Value Enhanced Nutrition Education (VENA). VENA personalized counseling and shifted the focus to make the WIC clinic experience a positive one for all clients. In 2009, Mike and his staff implemented sweeping changes to federal laws mandating WIC food packages. Through his leadership, WIC clients were able to receive fruits and vegetables, breads, rice, and soy products in addition to eggs, milk, cheese, juice, cereal, peanut butter, and beans.

“... I thank him for his unshakable belief that the local agencies and the TALWD voices should be heard. In my opinion, he has earned a permanent spot in the Hall of Fame in Texas Public Health,” said Patti Fitch, manager, Clinic Services Branch.

WIC’s role in encouraging women to breastfeed has always been a priority for Mike. Each year, he’s authorized staff to spend increasingly more time and money on this goal. The Peer Counselor program, which started as a small pilot project in 1991 grew exponentially under Mike’s leadership. Texas WIC now has over 425 peer counselors across the state and Texas Local Agencies receive close to \$9,000,000 in peer

counselor funding. And the results have been striking. About 4 out of 10 WIC moms chose to breastfeed their babies in 1997 but more than eight out of ten WIC moms breastfeed today.

“Mike was always a great believer and supporter of nutrition education and breastfeeding. He challenged us to explore better means for providing the best services to our clients,” said Shirley Ellis, manager, Nutrition Education Branch.

“Mike made my job as a manager easy. He was always there with help and wise counsel when I needed it,” said Linda Brumble, manager, Nutrition Education/Clinic Services Unit.

All of the infrastructure projects that Mike has undertaken have been part of his continuing effort to maximize the federal dollars that Texas WIC receives in order to serve as many of the eligible women, infants, and children in Texas as possible. This has always been his overriding goal. When he became the Chief of the Bureau of Nutrition Services in 1997, the WIC grant was about \$309,000,000 per year. By 2009 the grant had grown to \$646,000,000, and in 2012, as federal belts tighten, it was \$582,000,000. The number of clients served grew from 683,583 per month in 1997 to a high of over 1,000,000 in 2010.

“Mike has directly impacted millions of Texas families through his strong commitment to public service. I will miss his wise and forthright opinions. Mike has been an exemplary role model and a dear friend,” said Mike’s supervisor, Evelyn Delgado, assistant commissioner of Family and Community Health Services.

Mike’s influence will continue to be felt even after he retires. He has secured a contractor to work on writing TXIN, the next operating and data storage system for the WIC program in Texas.



Above: Mike, Karen Clements and Cindy Spinks at a birthday lunch. Below: Mike at the WICNIC in 2009.





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