

texas

WIC news

November/December 2013 • Volume 22, Number 6



Celebrating
2013

WIC Style

Celebrating 2013 with a New Director

I am very excited to be writing to you as the new director of Texas WIC. I feel very fortunate to be in this position and am happy to have the opportunity to wrap up this year in the *Texas WIC News*, while getting geared up for our future together.

I would first like to tell you that it is an honor and a pleasure to have joined Texas WIC. While this position offers new and exciting challenges for me, I feel that my background and experiences have led me here. Prior to coming to WIC, I worked in various nutrition programs including the National School Lunch and Breakfast Programs, summer feeding, and the Child and Adult Care Food Program. Additionally, I have worked in obesity prevention and coordinated statewide community-based initiatives for nutrition, physical activity, and breastfeeding.

I have always felt a deep connection to WIC's mission and vision, especially when it comes to breastfeeding. I am a dedicated supporter of breastfeeding, and as a mother of two (Opal, 4 years old and Pearl, 2 years old), I was fortunate to be a milk donor. I'm delighted to now serve on the Board of Directors at the Mothers' Milk Bank at Austin. There is no doubt that I look forward to working alongside you to improve breastfeeding rates and support our breastfeeding mothers.

This year-end installment of the *Texas WIC News* provides everything from new recipes for you and your clients to try, to getting state and agency updates, while tackling nutrition issues that our clients face; you are sure to be entertained and informed.

I cannot express how grateful I am to be able to work with such an amazing group of people who share my passion for improving the health and future of Texas mothers and children. I am in awe of what you have accomplished thus far and I can't wait to see what the future holds for us.

From the Texas WIC Director

- Lindsay Rodgers



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Recipes WIC Style



We reached out to our Texas WIC agencies and state staff to ask them to give us their easiest, tastiest, WIC friendly recipes. What we got back was a wonderful array of appetizers, entrees, side dishes, desserts, and even dog treats! Share these with your clients and make them for yourself — they're healthy, quick, cheap, and delicious!

Turkey Tostadas

SUBMITTED BY TERESA RIVERA
NUTRITIONIST, LOCAL AGENCY 17, CLINIC 18

Serves 8

Ingredients:

- 1 14-ounce can petite diced tomatoes, preferably with jalapeños
- 1 medium onion, thinly sliced
- 3 cups shredded cooked turkey, or WIC canned black beans
- 8 corn tortillas
- Canola or olive oil cooking spray
- 1 avocado, pitted
- ¼ cup prepared salsa or (pico de gallo)
- 2 tablespoons reduced-fat sour cream
- 2 tablespoons chopped fresh cilantro
- 1 cup shredded romaine lettuce
- ½ cup shredded WIC cheddar cheese

Directions:

1. Position racks in the upper and lower thirds of the oven; preheat to 375°F.
2. Bring tomatoes and their juice to a boil in a medium saucepan over medium heat. Add onion and cook, stirring occasionally, until the onion is soft and most of the liquid has evaporated, 15 to 20 minutes. Add turkey (or black beans) and cook until heated through, 1 to 2 minutes.
3. Meanwhile, coat tortillas on both sides with cooking spray. Divide the tortillas between 2 large baking sheets. Bake, turning once, until crisped and lightly brown, about 10 minutes.
4. Mash avocado in a bowl. Stir in salsa, sour cream, and cilantro until combined.
5. To assemble tostadas, spread each crisped tortilla with some of the avocado mixture. Top with the turkey (or black beans) mixture, lettuce, and cheese.

Creamy Tofu Banana Pudding

SUBMITTED BY SANDRA BICKLEY, CA/SUPERVISOR
LOCAL AGENCY 003 CAMERON COUNTY WIC

Serves 4-5

Ingredients:

- 1 pound (16 ounces) soft, silken or regular tofu, cut into cubes
- ¼ cup apple juice (or orange juice)
- 1½ tablespoons honey (or 1 tablespoon sugar)
- 3 bananas, cut into pieces
- Extra banana or other fruit for garnish (use as topping or for layering with pudding)

Directions:

1. Blend tofu, juice, honey, and 3 bananas until creamy.
2. Spoon into individual bowls or glasses, layering or topping with a few thin slices of banana or other fruit.
3. Refrigerate for 20 minutes, or serve right away.

Recipe variations:

Substitute for 1 of the 3 bananas ½ cup of one of the following fruits, and blend with the other ingredients:
*sliced strawberries, mango, papaya or pineapple chunks
Garnish or layer the pudding with slices of any of the above fruits.



Saucy Vegetable Tofu

SUBMITTED BY STEPHANIE SAWYER
REGISTERED DIETITIAN/SITE MANAGER, LOCAL AGENCY 10

Serves 6

Ingredients:

- 8 ounces uncooked whole wheat spiral pasta
- 1 large onion, coarsely chopped
- 1 large green or sweet red pepper, coarsely chopped
- 1 medium zucchini, halved lengthwise and sliced
- 1 tablespoon olive oil
- 1 package (16 ounces) firm tofu, drained and cut into ½ inch cubes
- 2 cups meatless spaghetti sauce or 1 can Italian style tomatoes

Directions:

1. Cook pasta according to package direction. Meanwhile, in a large skillet, sauté the onion, pepper, and zucchini in oil until crisp-tender.
2. Stir in tofu and spaghetti sauce; heat through. Simmer the tofu in the sauce for about 5 minutes to let the flavor soak in.
3. Drain pasta; serve with tofu mixture.



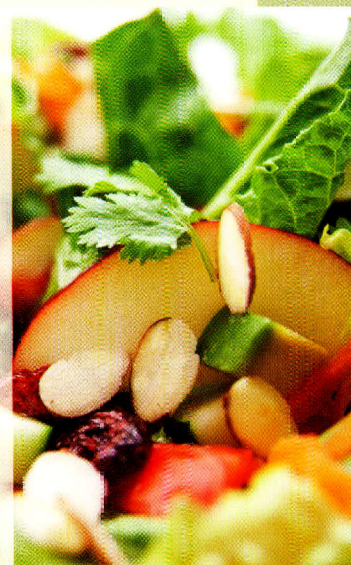
Columbian Salad

SUBMITTED BY REINA CARDONA
COMMUNITY SERVICE WORKER, LOCAL AGENCY 07

Serves 4

Ingredients:

- ½ head of romaine lettuce
- 2 carrots (shaved)
- 1 avocado
- 1 cucumber
- 3 sprigs of cilantro
- 1 red apple
- 1 large tomato
- ½ cup dried cranberries
- 2 lemons
- 1 – 2 tablespoons olive oil
- Salt to taste
- Pepper to taste
- ½ cup chopped almonds



Directions:

1. Wash and chop all vegetables and the apple into small pieces.
2. Mix together and top with almonds and cranberries.
3. Squeeze the lemon juice over the mix.
4. Add salt, pepper and olive oil to taste.
5. Garnish with cilantro and enjoy.



Cowboy Caviar

SUBMITTED BY KELLEY REED, R.D.
NUTRITION EDUCATION CONSULTANT

Serves 10

Ingredients:

- 1 cup frozen black-eyed peas thawed
- 1 15-ounce can black beans, rinsed and drained
- 1 cup frozen corn kernels thawed
- ½ cup chopped green onion
- ½ cup chopped bell pepper
- 1 diced jalapeño pepper
- 1 14-ounce can diced no-salt added tomatoes, drained
- 1 tablespoon vinegar

Directions:

1. Combine all ingredients in a medium-sized mixing bowl. Cover and refrigerate until ready to serve.
2. Serve 'caviar' with an assortment of raw veggies and baked chips.

Pumpkin Peanut Butter Biscuits

SUBMITTED BY TIFFANY BROWN, R.D., L.D.
WIC CERTIFICATION SPECIALIST COORDINATOR

Ingredients:

- 2 ½ cups whole wheat or barley flour
- 2 eggs
- 1 cup canned pumpkin
- 3 tablespoons peanut butter
- ½ teaspoon cinnamon

Directions:

1. Preheat oven to 350 degrees.
2. Stir dry ingredients in medium bowl.
3. In separate bowl, whisk together eggs, pumpkin, and peanut butter.
4. Add egg mixture to flour mixture and knead thoroughly. Dough should be dry and stiff; add small amounts of water as needed to make it workable. (If dough is too sticky, add small amounts of flour.)
5. Roll dough into half-inch thickness and cut into half-inch pieces, using knife or cookie cutters.
6. Bake about 45 - 60 minutes. Treats may be slightly tender, but your pooch will LOVE them!



Green Pea Salad

SUBMITTED BY LIZ BRUNS, R.D., L.D.
NUTRITION TRAINING SPECIALIST

Serves 7-8

Ingredients:

- 16 – 20 ounces frozen green peas
- 1 cup grated cheddar cheese
- ½ cup chopped spring onions
- ½ cup mayonnaise
- ½ cup plain yogurt
- 1 tablespoon lemon juice
- ½ teaspoon salt
- ½ teaspoon cayenne pepper or other red pepper spice
- 1– 2 tablespoons milk, optional

Directions:

1. In a mixing bowl, combine the peas, grated cheese, and chopped onions.
2. In a separate bowl, combine the remaining ingredients. Stir well. If necessary, add 1 – 2 tablespoons of milk to make the dressing a desired consistency.
3. Pour the dressing over the peas and cheese. Mix well.

Baked Cauliflower

SUBMITTED BY SARAH DRENNAN, C.L.C.
WIC NUTRITIONIST, LOCAL AGENCY 27

Serves 4-6

Ingredients:

- 1 medium onion, chopped
- 4 tablespoons butter, divided
- 1 garlic clove, minced
- 1 16-ounce package frozen cauliflower, thawed
- ½ teaspoon salt
- ⅛ teaspoon pepper
- ⅛ teaspoon ground nutmeg
- ¼ cup dry bread crumbs
- ¼ cup shredded cheddar cheese



Directions:

1. In a large skillet, sauté onion in 2 tablespoons of butter and oil until onion is tender. Add garlic; cook 1 minute longer. Stir in cauliflower, salt, pepper and nutmeg; sauté for 2 minutes.
2. Transfer to a greased 1-quart baking dish. Melt remaining butter; toss with bread crumbs. Sprinkle over cauliflower mixture.
3. Cover and bake at 350 degrees for 15 minutes. Uncover; bake for 10 minutes or until heated through. Sprinkle with cheese; bake 3-5 minutes longer or until cheese is melted.



Black Bean Dip

SUBMITTED BY JENNIE PRITCHETT, R.D., L.D.
LOCAL AGENCY 69

Makes about 1½ cups

Ingredients:

1 19-ounce or 15-ounce can black beans, rinsed
½ cup prepared salsa, hot or mild
2 tablespoons fresh lime juice
2 tablespoons chopped fresh cilantro
¼ teaspoon ground cumin
Salt & freshly ground pepper, to taste

Directions:

1. Combine black beans, salsa, lime juice, cilantro and cumin in a food processor. Process until smooth.
2. Season with salt and pepper.

Tips & Notes:

Make Ahead Tip: Cover and refrigerate for up to 2 days.

Simple Whole Roast Chicken

SUBMITTED BY KAYLENE THOMPSON, R.D., L.D.
NUTRITION EDUCATION CONSULTANT

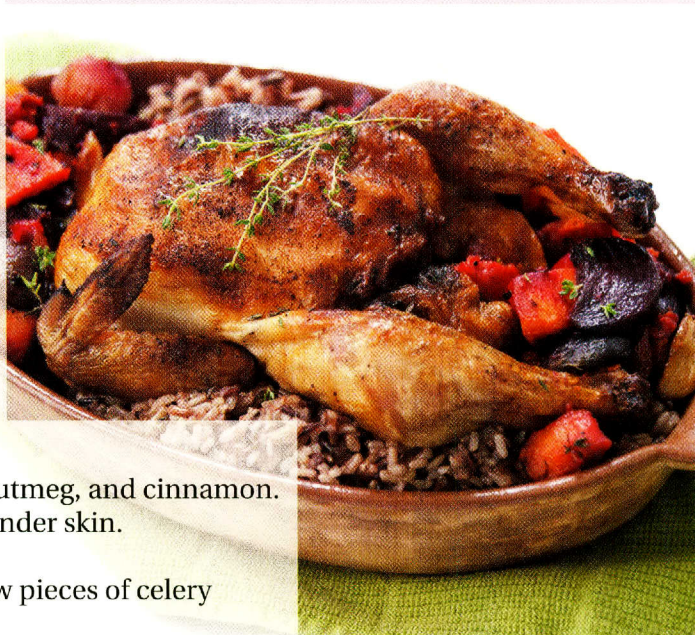
Serves 6

Ingredients:

2 teaspoons salt
2 teaspoons white sugar
¼ teaspoon ground cloves
¼ teaspoon ground allspice
¼ teaspoon ground nutmeg
¼ teaspoon ground cinnamon
1 (4-5 pound) whole chicken
4-5 cloves garlic, crushed (can use a few
teaspoons of minced garlic instead)
2 celery stalks, broken into chunks with hands
¼ onion (yellow or white) roughly chopped
4 large carrots, peeled and cut into 3 inch pieces
1 cup water

Directions:

1. In a bowl, mix the salt, sugar, cloves, allspice, nutmeg, and cinnamon. Rub chicken with dry mixture on outside and under skin.
2. Preheat oven to 500 degrees.
3. Stuff the chicken cavity with the garlic and a few pieces of celery stalks and chopped onion.
4. Place the chicken, breast side down, in a roasting pan or glass baking dish. Roasting breast side down might sound strange, but this is key to this recipe!
5. Add 1 cup of water to bottom of pan (or enough to make ~ ½ inch).
6. Put carrots, remaining celery stalks, and onion pieces around the chicken in the bottom of the pan.
7. Roast 15 minutes in the preheated oven at 500 degrees. Reduce heat to 450 degrees, and continue roasting 15 minutes. Baste chicken with pan drippings, reduce heat to 425 degrees, and continue roasting 30 minutes, to an internal temperature of 180 degrees. Let stand 20 minutes before serving.
8. Once chicken is removed from oven, take celery stalks and onion from pan and discard. Keep roasted carrots and eat them plain or mix with another veggie. Use drippings from the pan and add cornstarch or flour to make gravy, if desired. Serve gravy over chicken and/or mashed potatoes.



Counseling for the Family with Prediabetic Children

by Brittney Miller, R.D., L.D.
Dietetic and Nutrition Specialist

Diabetes Epidemic?

Diabetes affects over 25.8 million children and adults in the United States (8.3% of the population). With rapidly increasing rates in overweight and obesity, type 2 diabetes is increasing nationwide. Considering how severely the obesity epidemic is affecting the child and adolescent populations, it is not surprising that many children are diagnosed with what used to be called "adult-onset" diabetes.

As Registered Dietitians (RD), we frequently encounter childhood obesity in the WIC clinic. An estimated 79 million people in the United States are considered prediabetic, including some toddlers and young children, whom may have only been obese one or two years. Individuals who are prediabetic have blood glucose levels that are higher than normal, but not yet high enough to diagnose with diabetes. Prediabetes, also referred to as "borderline diabetes," is often

asymptomatic, but carries high risk of heart disease, type 2 diabetes, and stroke. This is alarming when you consider some 3 and 4 year olds are facing these serious health concerns. Without intervention, these children have a very high risk of being diagnosed with type 2 diabetes within 10 years. However, if treated early and aggressively, prediabetes can be virtually

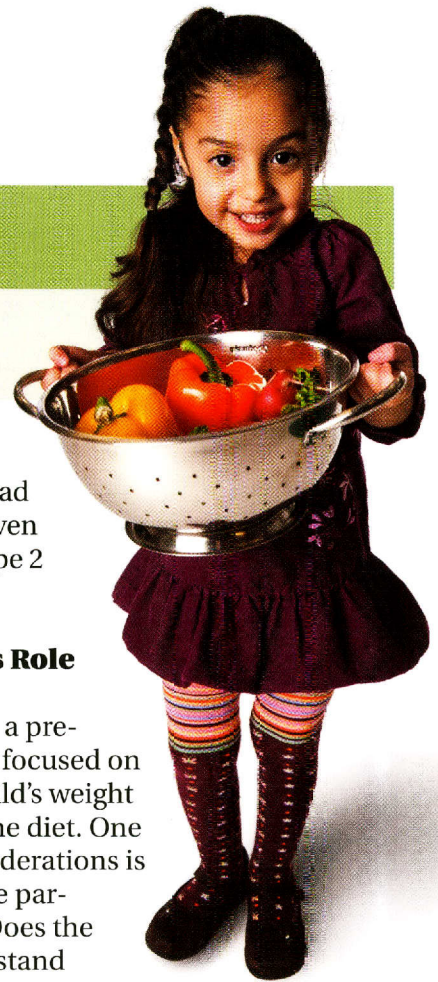
halted. Effective treatment can lead to the delay or even prevention of type 2 diabetes.

The Dietitian's Role

Intervention for a prediabetic child is focused on reducing the child's weight by controlling the diet. One of the first considerations is to determine the parents' mindset. Does the caregiver understand the diagnosis? Do they believe the child is overweight and at risk for diabetes? Are they willing to make changes? Set up a high risk appointment for the child if your agency has a high risk program; otherwise, offer one-on-one counseling sessions. Counseling should be centered around the parents' understanding of the health concern, discussing lifestyle changes the family is able and willing to make, and healthier eating accompanied by increased physical activity.

Diet Recommendations

- Cut back or eliminate high-sugar beverages such as juices, punches, sodas, and sports drinks. Emphasize that added sugars are contributing to the child's risk for developing type 2 diabetes, and refined sugars should be replaced with high fiber and whole grain foods. Encourage clients to use WIC benefits to buy high fiber fruits and vegetables.
- Demonstrate the difference between 100% whole grains, like those provided by WIC, and refined grains such as white rice, bread, and flour tortillas.



- Resources like www.ChooseMyPlate.gov may come in handy when teaching families simple ways to cut back on portions and increase fruits and vegetables. Teach appropriate portions using easy to understand methods; avoid overwhelming parents with ounces and measured serving sizes.
- Let caregivers know that children should be allowed to decide how much they eat (of what is served on the plate). Discourage force-feeding, which includes requiring that the child finish everything on his plate.
- Children should be offered regular meals and snacks, spaced throughout the day — this helps regulate blood glucose levels. Meal-skipping should be avoided if possible.
- Stress that the whole family eat the same nutritious foods to encourage healthy feeding practices, and not single out the child with prediabetes. Help parents understand the importance of family meal time at home.
- Encourage increasing home cooked meals a few times per week. If they cook often, determine what kind of foods they like to cook and offer recipes that meet their level of expertise. Cooking at home is a great way to offer a variety of healthier foods; parents have complete control over meals if they are cooking and serving the food. Plus, it can offer a sense of pride that they are providing for their family.

Physical Activity

Teach the importance of exercise for everyone in the family — focus on the benefits of physical activity and provide easy ideas to add exercise for their individual needs.

- Encourage the family to increase physical activity to 30-60 (or more!) minutes per day on most days, which helps reduce excess weight and aid in the reduction of risk for diabetes.
- Sweating is a good indicator that the child is being active enough during play-time; just remember to counsel on adequate water intake. In Texas heat, it may be best to offer several indoor activity options, also.
- Suggest that children play several times per day and limit sitting around to less than 60 minutes at a time.
- Recommend limiting television and video games to less than 2 hours per day.
- Talk to parents about setting examples and being active with their children. Promote

active lifestyles for the whole family and give tips for different activities in your area.

Referrals and Resources

Refer participants to their physicians should they have any questions that are out of the scope of the WIC RD. Provide adequate resources and referrals to help parents meal plan, learn portion sizes, choose healthy recipes, and pick fun and enticing physical activities. Work with the family to find solutions that will fit their lifestyle and schedule. Set realistic, SMART goals, and follow up often. Start with small goals and work up to larger ones with each success. Remember high risk appointments are not limited to 3-month increments. If you feel the family needs or wants more immediate follow-up to assist and motivate them, schedule visits closer together.

Summary

Diabetes (type 1 & 2) affects about 1 in every 400 children, with the rate of type 2 diabetes increasing each year. The RDs at WIC can help fight this growing epidemic by encouraging clients to adopt healthier eating habits, increase exercise, and focus on the family feeding dynamic. RDs at WIC should provide adequate referrals and resources so that WIC participants receive all the help they need. At WIC, we have a unique opportunity to serve as a resource to enable families to make changes that can instill healthier eating habits and lifestyles.

References

- Centers for Disease Control and Prevention: National Diabetes Fact Sheet — www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf
- American Diabetes Association — www.diabetes.org/diabetes-basics/diabetes-statistics/
- Centers for Disease Control and Prevention — www.cdc.gov/diabetes/prevention/prediabetes.htm
- United States Department of Agriculture: Choose My Plate — www.choosemyplate.gov
- National Institute of Diabetes and Digestive and Kidney Diseases — http://diabetes.niddk.nih.gov/dm/pubs/prediabetes_ES/
- National Diabetes Education Program — www.ndep.nih.gov/publications/PublicationDetail.aspx?PubId=154

Go Purple for Premies!

by Kimberly Petrilli, M.S.P.H., M.S.W.
Director of Program Services
Austin Division, March of Dimes

The March of Dimes is proud of our continued partnership with Texas WIC. For the past two years, the March of Dimes has partnered with WIC to improve the health of pregnant women across the state by providing education on premature birth and promoting the importance of a full-term birth. The March of Dimes works to improve the health of babies by preventing birth defects, premature birth, and infant mortality. Together we are working to ensure that every baby is born full-term and healthy.

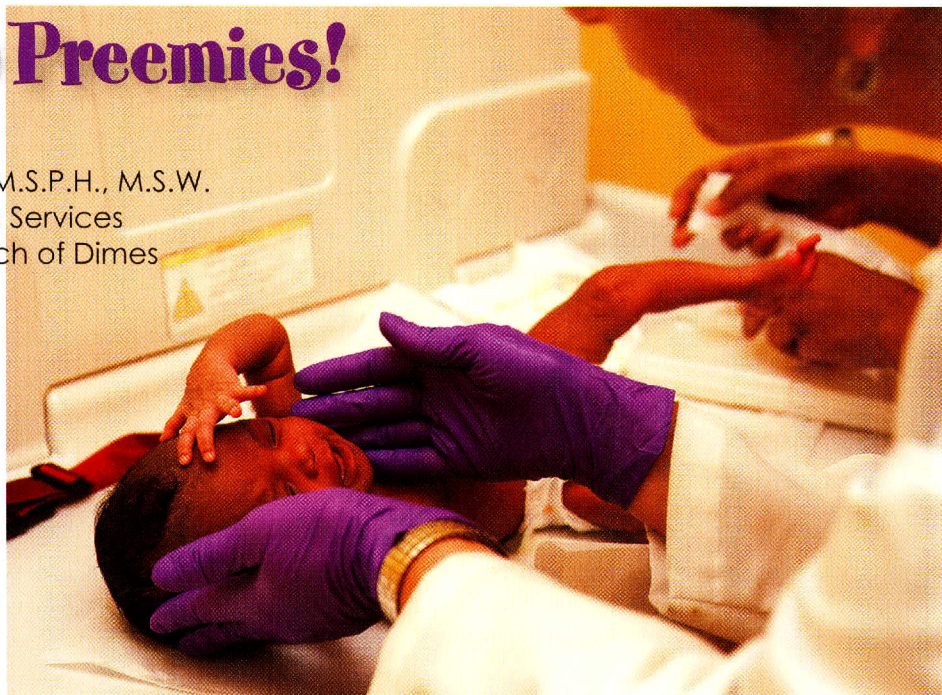
Prematurity Awareness Month

Each November, the March of Dimes celebrates Prematurity Awareness Month and World Prematurity Day (November 17). Through the state, March of Dimes staff work closely with community partners to promote awareness of the seriousness of premature birth and the impact it has on our communities and the families we serve.

This year we are encouraging our partners to *Go Purple for Premies!* *Go Purple for Premies* is a new effort by the Texas March of Dimes Chapter to raise the awareness of prematurity in our community. Participation in *Go Purple for Premies* is easy and your efforts can be supported by local March of Dimes staff.

Get Involved

As part of Prematurity Awareness Month we are asking our WIC partners to *Go Purple for Pree-*



mies to help bring attention to this important issue. *Go Purple for Premies* is easy. Below are a few suggestions on how you and your clinic can get involved during the month of November.

- Designate a day where all staff wear purple and use the day to bring attention to the issue of premature birth.
- Post *Go Purple for Premies* posters and materials in your clinic to promote awareness among WIC clients.
- Use November as an opportunity for staff education (class, lunch & learn, bulletin board, etc.) on issues of prematurity. Education topics could include: breastfeeding a preemie, recognizing the signs and symptoms of preterm labor, identifying high-risk pregnancies, etc.

To get involved in Prematurity Awareness Month activities or to host your own *Go Purple for Premies* event, reach out to your local March of Dimes staff person for assistance. For more information on the March of Dimes, please visit the March of Dimes Texas Chapter website at: www.marchofdimes.com/texas or contact Kim Petrilli, Director of Program Services Austin Division at kpetrilli@marchofdimes.com

Smart Tips for Healthier Eating at Holiday Gatherings

CONTRIBUTED BY AMY FRICK
TEXAS STATE UNIVERSITY DIETETIC INTERN

Are you getting ready to eat, drink, and be merry this holiday season? You deserve to treat yourself for working hard this year to reach your healthy diet and lifestyle goals, but thinking about holiday parties may bring some anxiety. Don't worry! You can still enjoy this time with your family and friends without undoing your good habits. To survive the holiday gatherings without overindulging, follow these helpful strategies.

Eat a Snack Before Dinner

It's tempting to save your appetite for an evening event by eating less during the day. But if you show up starving, you're likely to overcompensate and eat more than you normally would. So before you go, make sure to eat a healthy snack, like a handful of nuts or some low fat cheese with whole grain crackers. If you'll be eating a snack at the event, put it on a plate. Standing around the food can encourage grazing and lead to overeating.

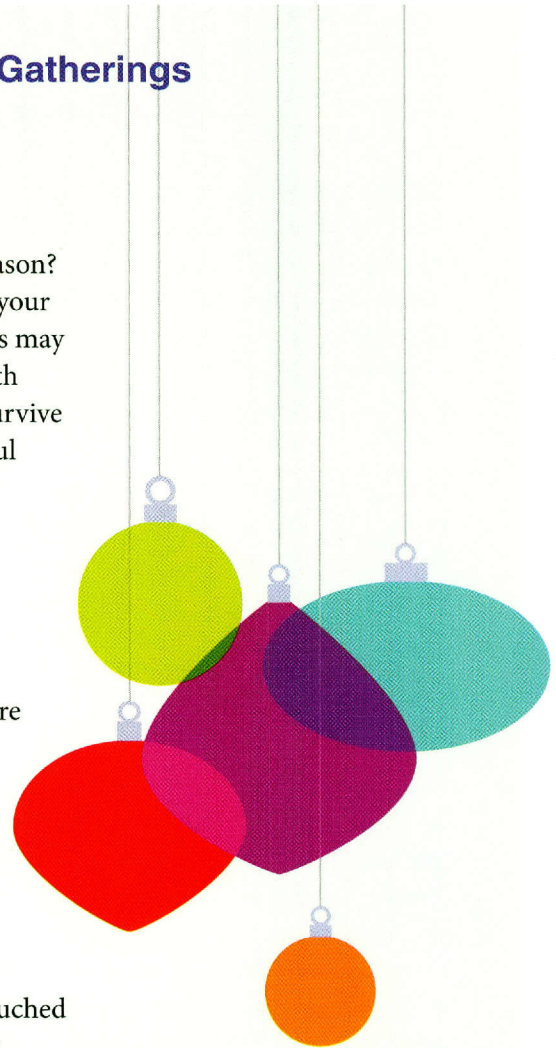
Wait Your Turn in Line

Avoid getting in line for the buffet right when it opens. The untouched elegance of the foods will fade, and this will discourage you from choosing foods solely because they look good. Also, waiting towards the end ensures that you don't finish your plate before the other guests, which will help you refrain from going back for seconds.

Make Only One Plate of Food

Make only one plate of food without stacking. There will be plenty of rich comfort foods available, but use the good habits you developed this year and fill your plate with mostly fruits, vegetables, whole grains, and lean protein. Go ahead and indulge in one or two of your favorite holiday foods, but stick to a small portion. For dessert, pick only one

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Lower Your BMI for a Healthier You — An Employee Wellness Program at Cameron County WIC

CONTRIBUTED BY CHRISTINE LISTER
NE COORDINATOR FOR CAMERON COUNTY WIC PROGRAM

In the past, our agency made use of the Obesity Prevention Mini Grant funding for projects that involved our WIC participants. However, with the rise in obesity and obesity-related diseases, we realized that a project for our WIC staff was just as vital. If WIC staff can change their lifestyles, then they are likely to pass it on to WIC participants.

Our agency was awarded funding, and we began “Lower Your BMI for a Healthier You” on February 1, 2012. Our goal for the project was to lower staff BMIs by increasing physical activity and making healthier food choices. The program was voluntary; however, 110 out of 136 employees chose to participate.

During the 6-month program, information about healthy eating and physical activity (e.g. MyPlate, understanding different types of physical activity, Zumba, smart cooking, and stress reduction) was provided to each participating employee. Recipes, activities, and information related to these topics were distributed weekly. We found that providing small incentive items helped keep staff motivated. Some incentives included activity and food tracker

journals, calorie counter jump ropes, insulated lunch totes, and resistance bands.

When the program concluded, the results were presented at a staff meeting. Each employee who participated received a framed certificate. WIC staff lost a combined total of 254 pounds (average BMI dropped from 30.4 to 28.3 kg/m²). Sixty-one percent of WIC staff were able to identify better food choices at the end of the program. Sixty-seven percent of WIC staff learned how to incorporate physical activity in their daily lifestyle, and 51 percent of WIC staff were able to continue with physical activity and healthy food choices throughout the program.

Overall, staff reported enjoying this project because it was easy to do, and the motivation among the staff helped to keep everyone focused. Our agency had such great success with this project, we were approved this year to continue the project. Currently our employees are participating in “Lower Your BMI for a Healthier You” — Part 2.

Share your wellness success stories for a chance to be spotlighted in Texas WIC News and inspire other WIC staff! Contact your State Wellness Coordinator, Debbie Lehman, at Debbie.Lehman@dshs.state.tx.us or 1-512-341-4517 or Katie Lanier at Katie.Lanier@dshs.state.tx.us or 1-512-341-4514.



recipe

Pumpkin Pie Cake

CookingLight.com

Serves: 16



Ingredients

Cake:

- Cooking spray
- 2 tablespoons all-purpose flour
- 1 cup granulated sugar
- ½ cup packed brown sugar
- ¼ cup canola oil
- ½ cup egg substitute
- 2 large eggs
- 1 15-ounce can unsweetened pumpkin
- 2 cups all-purpose flour (about 9 ounces)
- 1 teaspoon baking powder
- 1 teaspoon baking soda
- 2 teaspoons pumpkin-pie spice
- ½ teaspoon salt

Frosting:

- 2 tablespoons butter, softened
- 1 8-ounce package ⅓ less fat cream cheese
- 3 cups powdered sugar
- 2 teaspoons fresh orange juice
- ¼ cup chopped pecans, toasted
- Orange slices (optional)

Preparation:

1. Preheat oven to 350°.
2. To prepare cake, coat two (8-inch) round cake pans with cooking spray. Dust pans evenly with 2 tablespoons flour.
3. Combine 1 cup granulated sugar, brown sugar, and oil in a large bowl; beat with a mixer at medium speed 2 minutes or until well blended. Add egg substitute and eggs; beat until well blended. Add pumpkin, beating until blended.

4. Lightly spoon 2 cups flour into dry measuring cups; level with a knife. Combine flour, baking powder, and next 3 ingredients (through salt) in a medium bowl. Gradually add flour mixture to pumpkin mixture, beating just until blended. Spoon batter into prepared pans. Bake at 350° for 30 minutes or until a wooden pick inserted in center comes out clean. Cool in pans 10 minutes on a wire rack. Remove cake from pans; cool completely on wire rack.
5. To prepare frosting, beat butter and cream cheese at medium speed until creamy. Gradually add powdered sugar, beating until blended (do not overbeat). Add juice, stirring until blended.
6. Place 1 cake layer on a serving plate. Spread 1 cup frosting over layer, and top with remaining cake layer. Spread remaining frosting over top of cake. Sprinkle with pecans, and garnish with orange slices, if desired.

LIZ RHOADES, COOKING LIGHT
NOVEMBER 2005

Nutrition Information Per Serving:

318 calories; 11g fat (4g saturated fat , 4g monounsaturated fat); 40mg cholesterol; 52g carbohydrates; 5g protein; 1g fiber; 284mg sodium

Smart Tips for Healthier Eating

(continued from page WWW — Insert A)

item and enjoy it slowly. When you put all your foods on one plate, this gives you a realistic view of everything you're eating, which helps you eat less.

Limit Your Drinks

Alcoholic beverages can add up fast. If you choose to drink, limit yourself to only one or two and avoid those high in added calories, like eggnog or crème liquor. Remember you can still have all the fun, without all the alcohol, by mixing club soda with fresh mint and cranberry or citrus. This crisp and refreshing beverage will certainly liven you up!

Help Out with Cleaning Up

After you've finished your plate, give closure to your mealtime by helping with the clean-up. Not only will it keep you from returning to the buffet table, but light activity after you eat boosts your metabolism and aids in digestion. It's a

great way to give back to your host, too!

By being mindful and using these simple strategies, holiday parties don't have to center around food. Instead, you can shift your attention away from holiday treats and toward the real reason for the season: spending time with family and friends. You CAN survive the holidays without compromising your healthy habits!

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Mind Games



Cross Train Your Brain

Did you know that exposing your brain to novelty (new things) is a key factor for promoting and maintaining brain health? This can occur even when novel experiences happen later in life. This means we need to stay both mentally active (by remaining curious and involved, committed to lifelong learning, reading, writing, working on puzzles, attending plays or lectures, playing games, gardening, or doing memory exercises), as well as socially active (by engaging in social and leisure activities through volunteering, traveling, or joining social clubs) to boost our brain health.

(Source: *Institute for Natural Resources (2013). Food, Mood, & Cognition*)



TXIN Interviews with LA 42 Staff

Local staff are excited and curious about what the Texas Integrated Network (TXIN) will do for the WIC program and how it will affect the participants, clinic flow, customer service, and clinic staff. At LA #42, in Georgetown, the hot topic was TXIN.

WIC Director Tina Horkey, R.D., L.D, discussed how she sees the final project benefiting the clinic. "Overall the streamlining of everything including forms, food packages, benefits, and issuance will improve the communication... with the state, participants, and clinic staff ... significantly improving services in the WIC clinics."

Horkey started with the WIC program over 25 years ago. She will be engaged as part of the Texas Association of Local WIC Directors (TALWD) TXIN Committee for the design and requirements validations sessions.

Irma Gutierrez, R.D., L.D., talks about how the new system will save time. "When issuing special formulas, the information will be readily available and updated electronically which will save time and steps for clinic staff and participants."

Gutierrez, a team lead and WIC certification specialist (WCS) preceptor, began her work with WIC over 18 years ago. She looks forward to using TXIN.

Juanita Duron, sees TXIN as a great benefit for the clinic. "We would greatly benefit from having everything in one system. By having a computer on each desk and accessing the statewide database it will decrease clinic wait time and increase WIC participation across the state."

Duron, a customer service representative and WCS, has been with the WIC program for more than nine years determining eligibility and nutrition counseling.

Yolanda Salazar, suggested a wish list for TXIN. "One of the many useful tools to include in

TXIN could be:

- A comments section in the appointment screens before issuance.
- Temporary foster parents of foster kids are removed from the system at or before 6 months.
- Access to referrals for clients electronically instead of taking the time to call and find out about specific services.
- Transfers to be processed faster and easier for clients in less than seven days.
- Replacing EBT cards in less amount of time."

Salazar, WCS, breastfeeding peer counselor (BFPC), has six years of WIC experience counseling breastfeeding mothers, certifying clients, determining eligibility, and nutritional counseling.

Stay tuned as we address the comments and suggestions in the next "TXIN Talk" article. Until then, excitement and curiosity will continue to travel across the state!

We would like to thank all local agencies for completing the Texas Intergrated Network (TXIN) Stakeholder Awareness Survey. We value your opinions and appreciate your participation.

The survey results will assist the state agency to effectively communicate information regarding TXIN to local agency staff. Responses from your staff are vital to the success of this project.



Left to right: Yolanda Salazar, Tina Horkey, Lillian Pacha, Debbie Vargas, Juanita Duron.

WIC Partnering with Hospitals:

The Texas Breastfeeding Learning Collaborative Experience

by Tracy Erickson, R.D., I.B.C.L.C., R.L.C.
WIC Breastfeeding Coordinator

The Texas Ten Step Star Achiever Breastfeeding Learning Collaborative is going strong in north Texas. Whew. That's a mouthful. Let's just call it the Texas Breastfeeding Learning Collaborative – or TBLC for short. The TBLC is a quality improvement project designed to engage groups of hospitals and community partners in working together to make improvements in maternity care practices. More specifically, it is designed to assist hospitals in fully adopting the Ten Steps to Successful Breastfeeding required for Baby Friendly designation — the gold standard for maternity care. There are currently 20 north Texas hospitals engaged in the TBLC, and it is required each hospital team include a WIC representative.

WIC is everywhere hospitals are and WIC currently serves 61 percent of all babies born in Texas! It's obvious why WIC must partner with hospitals. Partnering helps ensure good continuity of care from prenatal — to the hospital — then back out into the community again.

Step 3: Inform all pregnant women about the benefits and management of breastfeeding.

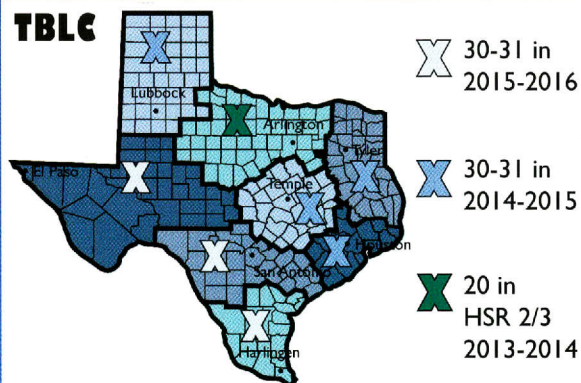
Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

WIC representation on each team is important for assisting hospitals with steps 3 and 10. WIC employees are prenatal breastfeeding experts familiar with the education resources available from WIC for Texas Ten Step and Baby Friendly hospitals. Collaboration with WIC and the availability of WIC resources helps address a common barrier to breastfeeding — inconsistency of breastfeeding information from various health-care providers.

WIC is also a bridge to the community and can help hospitals build a strong protocol for step 10. Hospital teams striving for Baby Friendly designation are required to have continuity of care workgroups that include community partners, like WIC. WIC employees are familiar with their community partners — their referral sources — and can help hospitals build their teams. WIC can also work with hospitals to help close gaps in services, such as getting breast pumps to moms who need them the day they are discharged.

TBLC has given me hope that we can improve breastfeeding at a level which previously seemed impossible. On the TBLC team, I have gained a better understanding of the birthing experience and how it sets the stage for successful breastfeeding so I am better able to support the breastfeeding efforts of WIC moms. We are all learning from each other, which ultimately strengthens the support of breastfeeding! As part of the TBLC team, I am a bridge to WIC & the community. Our teamwork will help moms to breastfeed longer based on a good, strong birth experience and tools for the postpartum.

LAYNE WALKER
ASSISTANT BREASTFEEDING
COORDINATOR
TARRANT COUNTY WIC



Making a Difference in Breastfeeding — *One Agency's Story*

by Kristina Arrieta, M.P.H., I.B.C.L.C.
Peer Counselor Coordinator

Can you imagine being a new mother about to be discharged from the hospital with your breasts so engorged that you are using diapers as nursing pads? You are in pain, and to make matters worse, you have no idea how you are going to get through this. One agency tells how WIC peer counselors teamed with the hospital to identify problems and get new WIC mothers the breastfeeding support needed. That agency is LA #54 in Tarrant County.

The Tarrant County WIC Peer Counseling Program keeps an open line of communication with hospitals to help mothers meet their breastfeeding goals. Peer Counselor LaTasha Booker states, "Working directly with the hospital helps to eliminate possible communication issues. We don't understand all of the procedures on the hospital level and they don't have a working knowledge of the WIC procedures, but by working together we are able to diffuse the unknown and eliminate some miscommunication."

Step Ten in Unicef's Ten Steps to Successful Breastfeeding states that hospitals should "foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic." With more than half of infants in Texas being born to WIC, our breastfeeding support programs are a large part of this referral system.

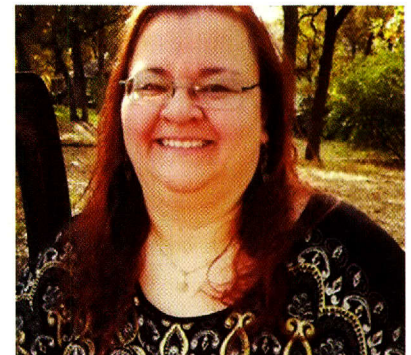
In Tarrant County, Booker says, "Nurses call as soon as a need is identified, before the mom leaves the hospital. This allows me to help my client right away, which keeps her breastfeeding. I appreciate all of the hospital staff that work with us to keep our mission going."

Rebecca Law, a nurse at Texas Health Resources stated, "We are fortunate to have a partnership with the local WIC clinics in Tarrant County and the surrounding areas. We often see mothers who are in need of breast pumps in a hurry

because of medical need or their baby is in the NICU. We are able to call the warm line and get them set up with someone quickly. The peer counselors are wonderful and understand the urgency when we call. Because we are a transfer hospital we get mothers from a far distance that stay in town while their baby is in the NICU. Our local WIC office helps them get pumps because it is often a month or so before they make it back to their home. Having a team that understands the importance of breastfeeding and working with these moms is a great help. We are happy to collaborate with them."

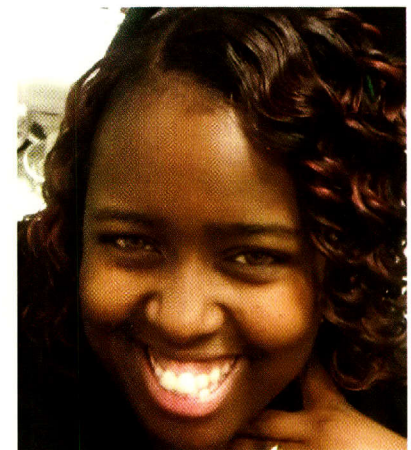
This is the benefit of collaborating with your community partners. After hours access to breastfeeding support allows our breastfeeding clients to get the help they need when they are about to give up. It gives them an option when they feel as though they just can't continue.

Now imagine you are a new mother, engorged and about to be discharged; however, your nurse knows the number of someone who can help you after discharge. She knows a place where you can get a breast pump at no charge. The nurses at your hospital are aware of the breastfeeding help that the WIC office can provide. This collaboration helps increase breastfeeding duration and exclusivity in Texas, and this is the comfort and support that we want every mom to experience.



Above: Kim Dieterich, PC for LA #54, employed 19 years. Took IBCLC exam in 2010.

Below: LaTasha Booker, PC, employed 14 years with LA #54, works in local FWISD teaching young teen moms about breastfeeding.



WIC Local Agencies Lead the Way to Mother-Friendly

Two Texas cities had special cause to celebrate National Breastfeeding Month August 2013. Both municipalities were recently designated as Texas Mother-Friendly Worksites thanks to leadership from WIC staff in Austin and in Hidalgo County.

Austin/Travis County Health and Human Services WIC staff, including Donna Sundstrom and Angela Fritsch, participated in the DSHS Texas Mother-Friendly Worksite Policy Initiative from 2010-2011 to implement a comprehensive worksite lactation support program across the health department. Staff built on these successes by providing technical assistance to the City's Healthy Places Healthy People Initiative, which includes promotion of Mother-Friendly Worksites to employers city-wide. The City of Austin modeled the program by becoming the second municipality in Texas to be recognized as a Texas Mother-Friendly Worksite in April 2013.

City of Edinburg joined Austin and the City of San Antonio as a Mother-Friendly municipality this July. Hidalgo County WIC's Norma Longoria approached the City Manager and worked with the City's Human Resource Director and other champions to develop the City's Mother-Friendly policy and achieve the designation. The effort was part of a grant award from the Department of State Health Services (DSHS) Nutrition, Physical Activity, and Obesity Program to increase the support for breastfeeding. The grant included a policy change requirement to establish at least one Mother-Friendly Worksite in Hidalgo County. The city's worksites were a logical target for maximum symbolic impact.

Both WIC programs gain satisfaction from these high-profile accomplishments that model breastfeeding support in their communities. Their efforts have created momentum for other employers across the state to support their breastfeeding employees; and many others — including other city and county governments are sure to follow the example. Thanks in large part to the leadership of WIC breastfeeding outreach activities, the number of Texas Mother-Friendly Worksites have increased by almost 587 percent since 2010 (from 233 to >1,600).

Resources:

- Texas Mother-Friendly Worksite Program: www.TexasMother-Friendly.org
- City of Austin's Healthy Places, Health People Initiative: <http://www.healthyplaceshealthypeople.org/workplaces/>



Left to right: Council member J.R. Betancourt; Mayor Pro Tem Elias Longoria Jr.; Norma Longoria, director HIDCO WIC program; Diana Cardona, HIDCO WIC program breastfeeding coordinator; Mayor Richard H. Garcia.

International Board Certified Lactation Recognition

Congratulations to LA #17 (University of Texas Health Science Center in Houston) for receiving the IBCLC Care Award, an award given to hospital-based facilities and community based agencies that staff International Board Certified Lactation Consultants (IBCLC) as part of the care team serving new families. To apply for this award, facilities must have an IBCLC on staff, a professional lactation support program available five to seven days a week, evidence of a completed breastfeeding or lactation consultant promotion/support project, and breastfeeding training for staff within the last two years. LA 17 was one of 24 international recipients of this award. Great job, LA 17 — keep up the fantastic work!



Zuniga Named Emerging Dietetic Leader



Norma Zuñiga, Health Program Manager/ WIC Director for Metro Health's WIC Program, was named the "Emerging Dietetic Leader" by the South Texas Academy of Nutrition and Dietetics and subsequently nominated and presented the state award by the Texas Academy of Nutrition and Dietetics (AND). The purpose of the Emerging Dietetic Leader Award is to recognize the competence and activities of dietitians who have made distinctive contributions early in their dietetics careers to AND. Additionally, these dietitians must have demonstrated concern for the promotion of optimal health and nutritional status of the population and have demonstrated leadership in the community or employment. Norma was recognized and received her award at the Texas Academy of Nutrition and Dietetics Annual Food and Nutrition Conference held in Austin on April 12, 2013.

Dee Bash



Dee Bash, who worked for WIC for 21 years, was known as a trailblazer and forerunner when it came to special projects and client-centered nutrition education. Dee often presented ideas of creative nutrition, facilitated discussion, and designed and implemented obesity prevention classes. She earned the Tarrant County Public Health Project of the Year Award in 2004 for her work on the WIC Library Project. Her dedication to the WIC program both on a local and state level is unparalleled. She retired from WIC February 28, 2013, and plans to travel, participate in 1940s Living History Groups, swing dance with her husband of 42 years, spend time with her three grandchildren, and continue her devotion to walking and practicing yoga.

Mary Adams



Mary Adams began working as a nurse for WIC in 1987 when the Hardin County WIC program (LA #63) started operating in the city of Kountze, Texas. Just 3 short years later, she became the

director of the program. Adams' love and dedication to the program was obvious during both her tenure as nurse and director. She is also a member of the Kountze City Counsel. Her retirement years will be spent enjoying her three grown sons and nine grandchildren as they attend after school activities including football, basketball, and baseball.

Donnie Kinard



Donnie Kinard, administrative assistant at LA #31, retired April 30, 2013, after 20 years working for WIC. Kinard, known as the "Income Guru" for LA 31, saw pretty much any and everything. Definitely a "go getter," she was extremely friendly and

always helpful to clients and staff, not to mention quick in whatever she did. During her retirement she definitely will not be sitting still. She plans to work in her yard, finish up some projects, and spend time with her two grandchildren.

Sharon Saenz



Sharon Saenz retired from LA #36 at the end of July, after 20 years of dedicated service. Saenz, a model employee and co-worker, provided superb service to WIC families. A friendly and compassionate person, Saenz knows how to get down to business and work hard. In retirement, Saenz plans to enjoy a well-deserved rest.

Bernadine Chavez



Bernadine "Bernie" Chavez, a community service worker at the Mesquite, TX clinic, retired from LA #07 on May 7, 2013, with 19 years of WIC service. Chavez is enjoying relaxing at home in Mesquite.

Selena Martinez



Selena Martinez, WIC area coordinator from LA #01, retired January 2013. Martinez, who managed six WIC clinics, started as a temporary nutritionist 23 years ago. Instrumental in overseeing both the traveling team and opening WIC clinics in rural areas, she ensured WIC services were provided no matter the challenges. In retirement, she plans to spend time with her grandson, practice and teach yoga, garden, and travel.

Anita Cordill



Anita Cordill, RD, retired after 12 years with LA #07. Cordill managed five clinics in the East Dallas County neighborhood and counseled participant referrals. She currently lives in Rockwall, Texas, and enjoys spending time with her 5-year old granddaughter.

Julie McClellan



Julie McClellan, administrative assistant from LA #01, retired January 25, 2013, after many years with Austin WIC. McClellan had a special talent for thoroughly explaining things to the WIC clients. She plans to visit and spend time with her parents and other family members in Kentucky.

Julia Dixon



Julia Dixon, public health nutritionist, retired on June 11, 2013, with more than 21 years of WIC

service. She worked as clinic supervisor in Oak Cliff clinic for much of her tenure at LA #07. She is currently enjoying the freedom of retirement.

Mary Leinneweber

Mary Leinneweber, eligibility clerk at LA #69 (Community Council of South Central Texas), retired May 31, 2013. During her 23 years at WIC, Leinneweber was a very dedicated employee who always had a smile on her face. Now that she is home, she enjoys spending time with her family, working in her flower gardens, and giving her puppy, Pookey, lots of love and attention.



Juanita Garza



Juanita Garza, a senior community service worker, retired January 8, 2013, with 23 years of WIC service. Garza worked in numerous clinics throughout LA #07 and taught countless

nutrition education classes. She moved to a beach house in Galveston upon retirement.

Margie Harper



Margie Harper, office assistant, retired on July 23, 2013, after 20 years of WIC service with LA #07. Harper began her career with WIC as a clerk at several WIC clinic sites before moving to the administration office in 1999. Margie plans to stay busy with church and family in retirement.

Mary Jo Light



Mary Jo Light's long career with WIC (Austin Travis County Health Department) started in 1974 as a nutritionist. She became director in 1981. In 1983 she became project director of Home Health Aide Training Grant, and then she worked as Austin Travis County Health Department clinical coordinator at the Rosewood-Zaragoza Health Clinic from 1986 to 1995. She served as clinic manager at the South Austin Medical Clinic from 1995 to 2000. She supervised at Dove Springs from 2000 till she retired in January 2013. Light provided leadership and mentoring for many nutritionists in WIC. Knowledgeable and well liked, she successfully provided guidance and leadership to operations in a variety of health systems. In retirement, she enjoys spending time with her family.

Saying "Goodbye" to a WIC Innovative Learning Experience

by Yolanda BazDresch
IDL Studio Manager

Some wondered, "How will it work?!" Skeptics said, "It'll never work!" and WIC training staff simply jumped in and gave their best shot.

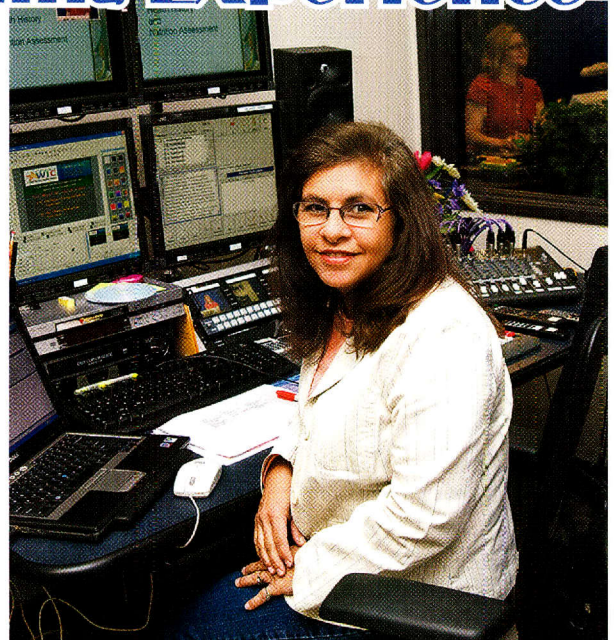
In 2004, the Nutrition Education and Training Section (as it was known then), began using a private, state-wide communication network which connected to every local agency. Through the Interactive Distance Learning (IDL) network, state WIC staff could provide training for Texas WIC staff located as close as Round Rock to as far away as El Paso and Marfa, without ever leaving the IDL studio in Austin, Texas.

The first class on IDL, titled *Latch-on and Positioning Using Asymmetrical Latch*, aired on January 7, 2004. Soon *Income Screening, Counseling Skills* and *The Food Guide Pyramid/Dietary Guidelines* classes followed. But then, just as we got used to the usual behind-the-desk, talking-head delivery, in came the WIC Wellness Program. The WIC Wellness team brought a challenge to IDL by producing monthly WIC Wellness Works lunch breaks. This creative and energetic group pushed the limits of the tiny IDL studio with their exercise breaks, food and product demonstrations, and relevant lifestyle topics all delivered in a tight, fast-paced fifteen minutes.

Now, nearly 10 years later (equivalent to decades in tech-years), the IDL signal is fading. During the past decade, in addition to countless classes on *Income Screening, Formula Approval, Weighing and Measuring Techniques, Nutrition Education* and *Breastfeeding Support*, the WIC program experienced significant changes, and IDL brought them to your clinic.

Traveling down memory lane, here are other WIC rites of passage brought to you by IDL:

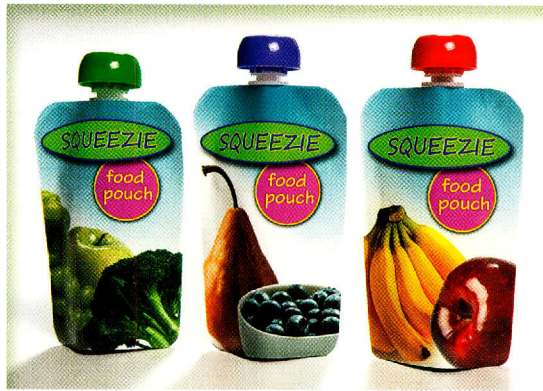
- Training local WIC staff on how to transition from using paper vouchers for WIC benefits, to using the WIC's Electronic Benefits Transfer system.
- USDA's Food Pyramid got a make-over, was revised again, and subsequently replaced



- with MyPlate. IDL kept you up-to-date.
- WIC's Nutrition Education model was re-vamped and we embraced a new philosophy we now know as Value Enhanced Nutrition Education. VENA became the talk on IDL.
- A long talked-about change became a reality when fruits and vegetables were introduced into the WIC Food Packages. We had introductions, updates, and reviews of food packages on IDL.
- The Swine Flu outbreak of 2009 brought the Nutrition and Breastfeeding Conference to a screeching halt, and IDL came to the rescue! We were able to still provide all the content from the conference to local agency staff by bringing the presenters into the local clinics via IDL.
- WIC celebrated serving 1 million participants in 2010 with a special segment of "Lunch with Linda," which continues to be the best-attended monthly IDL session.

A lot has changed at WIC in the last 10 years, and IDL was there making sure you knew about it. We can, and should, remember the IDL experience like a great rollercoaster ride, with its typical thrills and ups and downs. We did figure out how to make it work. And, as the IDL signal fades to black, this time it's for good. No need to reboot anymore!

Fruities, Grabbers, and Squeezies, Oh My!



by Cristina Garcia, R.D., L.D.
Clinic Training Specialist

Erica Harris, M.S., R.D., L.D.
Nutrition Education Consultant

Food pouches, a new trend in food packaging containing pureed foods for babies and toddlers, have become popular over the last few years. However, their arrival has not come without some concern.

As one dietitian mom expressed, “The pouches seemed convenient and at first I was excited to buy them for my 6-month-old daughter. However, I later saw older infants eating the purees straight from the pouch and became concerned about a host of child feeding issues.”

This article will provide an overview of what these products are and recommendations for how to answer questions about them.

What are they? Food pouches are a new way of packaging baby food.

What’s in them? They contain thinly pureed fruit/vegetable combinations and blends that are predominantly sweet with fruit.

Why do parents like them? They are convenient, trendy, shatter-proof, and appeal to the on-the-go lifestyle.

Where do I find them? They are sold at grocery stores, drug stores, other retail stores, and even some fast food restaurants.

What should I say when parents ask about them? It’s important to promote healthy child feeding practices. Below are some issues to consider.

- Many food pouches contain combinations of foods instead of single ingredients so they may not be ideal for first foods.
- If parents use pouches they should pour the thin puree from the pouch into a bowl the same as they would with baby food in a

jar. When infants suck purees directly from pouches they do not use the same fine oral motor skills as they do when feeding from a spoon.

- Eating foods from pouches may disconnect children from the sights, sounds, and smells of real food. Emphasize family mealtimes and not letting the convenience of food pouches encourage on-the-go grazing.
- As infants and toddlers get older, they gradually adapt to eating a variety of textures and flavors. Because pouches contain purees, the latticework of fiber in the foods is broken down. It is important for toddlers to also learn to eat small, soft pieces of vegetables and fruits which have more fiber.
- Sucking on food pouches can provide prolonged exposure to sugar on the teeth similar to walking around with a bottle. The hard plastic spout on pouches can also potentially cause injury during a fall.
- Clever marketing can be misleading. For example, the front of a food package may advertise broccoli, peas, and pears, but the ingredient list may indicate pears as the first ingredient. Parents may mistakenly think their child is getting mostly vegetables.
- While food pouch packaging is made of BPA-free material, it’s not recyclable. Pouches never biodegrade and only the plastic caps are recyclable.

Overall, pouches can be a convenient option but it’s important for parents to become educated about their pros and cons. WIC staff can consider visiting local stores to become familiar with new products in the baby aisle, snack aisle, and other “grab and go” sections. Healthy habits start early, and WIC staff can play an important role in educating parents about healthy child feeding practices.



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