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WIC

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Mealtime  
Is Family Time

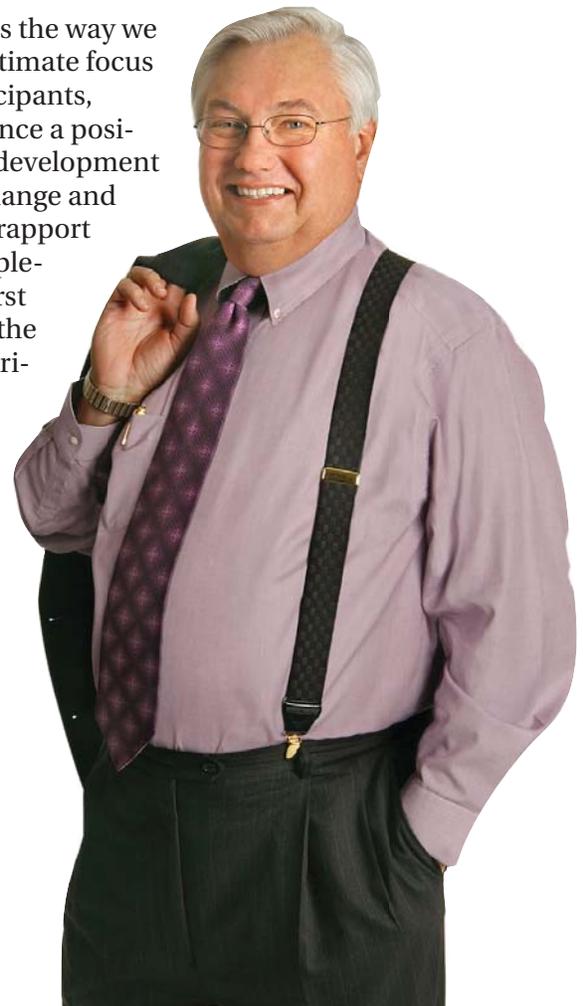
# Taking the VENA Leap in Your Clinics

►► Congratulations to all clinics and staff in Texas who have successfully implemented the new forms, risk codes, assessment and counseling brought about by the VENA initiative. As you know VENA is a federal nutrition program developed by the Food and Nutrition Services and National WIC Association to enhance and strengthen client and nutrition services in WIC.

VENA is one of the most important changes in WIC to come along in the last 20 years, and the Texas WIC program has been the nation's leader in training almost 2500 local agency staff on VENA principles. This has been a huge undertaking! We appreciate all your cooperation, support and attendance at the regional and IDL trainings. And, we especially appreciate you for taking the VENA leap in your clinics.

As you know, VENA fundamentally changes the way we interact with WIC participants. With the ultimate focus on positive health outcomes for WIC participants, VENA aims to make the WIC clinic experience a positive one for all our clients. Important skill development in customer service, cultural sensitivity, change and stress management, critical thinking, and rapport building are the cornerstones of VENA implementation in every WIC clinic. From the first phone call to the last good-bye, you know the importance of making WIC a positive experience for our Texas participants.

You will see much more of VENA in the years to come. Counseling and teaching competencies will be at the forefront of VENA during the next year. As we move forward with this process we know that every WIC client will have a positive experience with WIC, and will leave the clinic with an improved focus on positive health outcomes for her and her family.



*From the Texas WIC Director - Mike Montgomery*



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# Management and Prevention of Overweight and Obese Children

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

**Child**hood obesity is one of the most challenging health issues we face today. In response to this ever increasing problem the American Medical Association, in collaboration with the Department of Health and Human Services' Health Resources and Services Administration and the Centers for Disease Control and Prevention, assembled the Expert Committee on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity. The committee, consisting of representatives from fifteen health professional organizations including medicine, nutrition, mental health, epidemiology and psychology, was charged with the task of developing recommendations for the care of overweight and obese children.

The Expert Committee began meeting in early 2005 to study scientific data on the assessment, prevention and treatment of overweight and obese children. In early June 2007, the committee released twenty-two recommendations for the management and prevention of obesity. The recommendations are divided into three areas: assessment, treatment and prevention.



## Assessment recommendations include:

- Annual assessment of weight status including height, weight and body mass index.
- Qualitative assessment of dietary patterns for anticipatory guidance, including:
  - self-efficacy and readiness to change;
  - identifying dietary practices and targeting change regarding:
    - eating outside the home at restaurants or fast-food establishments,
    - excessive consumption of sweetened drinks, and
    - consumption of excessive portion sizes.

Additional diet issues to consider include:

- excessive consumption of 100 percent fruit juice,
- breakfast consumption (frequency and quality),
- excessive consumption of foods that are high in energy density,
- low consumption of fruits and vegetables, and
- meal frequency and snacking patterns (including quality).
- Annual assessment of physical activity levels and sedentary behaviors.



**Treatment** recommendations include involving all family members and caregivers in the process. Treatment is approached in stages based on the child's age, BMI, any related comorbidities (family history of obesity, diabetes, heart disease), weight status of parents, and progress in treatment.

**Prevention** recommendations address specific habits and eating behaviors, dietary intake, and physical activity. One of the most important behaviors to encourage is to have family meals in which parents and children eat together. But it is critical to be sure the parents are concerned about the weight status of their overweight or obese child and engage in healthy eating practices their child can model. Other recommendations include eating breakfast daily and limiting eating out at restaurants, especially fast-food restaurants. Portion sizes should also be appropriate for the child's age. Consumption of sugar-sweetened drinks should be limited, while the intake of more fruits and vegetables should be encouraged. Finally, physical activity is important in achieving and maintaining a healthy weight; limiting television and screen time to one to two hours a day is recommended.

Additional recommendations from the Expert Committee include actively engaging families, especially those with parental obesity or maternal diabetes. Parenting style is a major influence in the growth and health of children. An authoritative parenting style, one that is demanding but responsive to the child, is more successful than a restrictive style in which the parent provides heavy monitoring and

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# Look Who's Cooking!

by Elaine Goodson, M.A., R.D.  
Nutrition Education Consultant

**U.S.** Department of Agriculture recently did a study to evaluate basic assumptions used in designing the Thrifty Food Plan, a plan established in 1975 that is the basis for the monthly allocations used in the Food Stamp Program. The Thrifty Food Plan assumed there was a nonworking adult in the household who made meals from scratch. The recent USDA study shows that currently many low income working families don't prepare meals from scratch due to limitations on time as well as money. To meet the needs of families in 2007 the study found that more healthy convenience foods should be included in the food basket of the Thrifty Food Plan.

USDA looked at how current family resources affect food preparation decisions. The resources examined were time, work status, income and family size. Many of their findings will be useful in counseling WIC clients.

First of all, women do spend more time\* cooking than men. And low income women spend more time cooking than women with an income over 130 percent of poverty. Low income men spend less time cooking than anyone, and in fact, the higher a man's income the more time he spends cooking. Still the time men spend cooking each day does not equal the time women spend doing that activity.

Even when a low income woman's household income rises, the time spent cooking does not change a lot. It is only for higher income women that an increase in household income leads to less time spent cooking.

\*Time cooking in the study included:

- Food and drink preparation
- Serving
- Food and kitchen clean up
- Storing food and drinks





Another important factor in time spent cooking is how much women work outside the home. The more women work, the less they cook. But low income working women still spend more time cooking than women with higher incomes who work an equal amount.

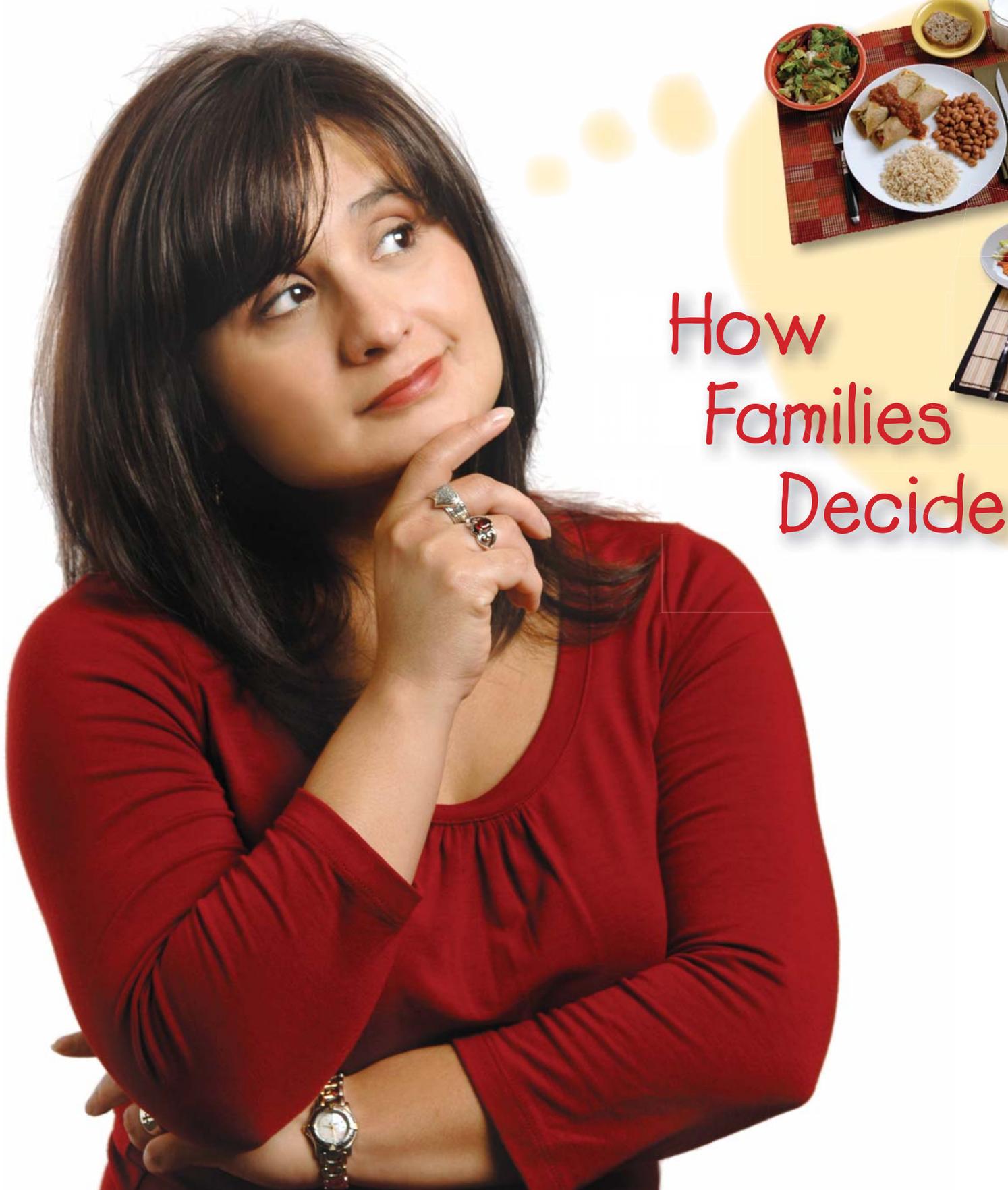
Household size is important. Single working women spend around 15 minutes less per day cooking than their peers who have a husband or partner. Having children also increases the time women spend cooking.

There are other factors that change cooking time. Low income women who are more educated spend less time in the kitchen than less educated women with a similar income. Working Asian American women spend more time cooking than their Anglo peers. And among low income women who work full time, Hispanic and Asian women spend more time preparing food.

*What does this mean for WIC? You can give families healthy, quick, economical recipes and meal ideas. Try having a recipe of the month or set up a recipe exchange in your clinic. Give working women ideas on snacks and lunches they can take to their job. Promote food preparation as a family activity and a way to spend time together.*



From The Clinic To The Table —

A woman with dark hair and bangs, wearing a red long-sleeved top, is shown in a thoughtful pose with her hand to her chin. In the background, there is a plate of food including rice, beans, and vegetables, along with a glass of milk and a small bowl of bread. The text 'How Families Decide' is written in red to the right of the woman.

# How Families Decide



non-WIC families and the higher income families.

UTNE asked respondents how often they compare prices before buying food and how often they check the nutrition facts on the food labels. Respondents of all three groups compared prices significantly more often than they checked the nutrition facts. While the higher-income group was most likely to look at nutrition facts, WIC clients were more likely to pay attention to nutrition labels than other low-income respondents. WIC clients compared prices of food more frequently than both the higher and low-income respondents. Also, WIC households reported that they are often concerned about having enough food to feed their families, more so than other low-income families.

### **What's For Dinner?**

To find out what motivates parents in selecting the food they serve their preschoolers, UTNE asked respondents what they fed their children for the main meal the previous day. In deciding what to feed their children, respondents rated the importance of each of five motivators: availability, cost, convenience, nutritional content, and child preference. For all three survey groups, children's food preference was the biggest motivator determining what they fed their children. In other words, parents serve foods that they know their children will like. Perhaps this is not surprising to any of us who have spent a meal with a disgruntled toddler. What may surprise you is that when making serving decisions parents were least motivated by the nutritional content of the food.

This study asked a series of questions related to the parents' confidence in their ability to shop

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# What To Serve

by The University of Texas Nutrition Education Team

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**At WIC** certifications and group class sessions, clients are often advised about foods that are healthy for their families. Yet, there are many steps between a WIC visit and the family meal. So, how well do WIC's messages stay with clients outside the WIC setting, with so many other competing influences? What do clients think about when they shop for food, plan and prepare meals, and finally put the food on the table?

The University of Texas at Austin Nutrition Education team (UTNE) looked at these issues in a recent study of how caregivers feed pre-

schoolers. In 2006, 721 Texas families with at least one child between the ages of 1 and 5 responded to a telephone survey. The survey was offered in both English and Spanish. Three groups were interviewed: WIC families, low-income non-WIC families, and higher-income families.

### **At The Store**

On average, Texas families shop for food twice a week. There was no difference between groups in the number of times they shopped; however, WIC households reported spending less money out of pocket per week on food (not counting WIC vouchers and other food assistance) than the low-income

## How Families Decide

(continued from page 9)

for, prepare, and serve fruits and vegetables for their children. Respondents who scored high levels of confidence for these actions also reported that their children ate more fruits and vegetables and fewer sweets. In fact, this confidence was the strongest predictor of how many fruits and vegetables children ate. Interestingly, parents' knowledge about the recommended number of servings of fruits and vegetables was not related to the number of servings of fruits and vegetable children ate. Think about this with your own experience. You probably know that you should eat healthy foods and exercise. Do you always do this? Probably not. Confidence to prepare and provide healthy foods seems to be a miss-

ing link between knowing what to do and doing it.

## Implications

So, what does all of this mean to WIC? You probably want the messages you provide to WIC families to translate into healthy choices at the dinner table.

Since parents are interested in serving foods their children like, here are some ways to help encourage healthy eating:

- » Help parents learn how to prepare meals with more kid-appeal. How can they make healthy foods appear more appealing to their kids?
- » Remember that you can market your message to kids themselves. Create or continue to use materials that increase children's desire to eat healthy foods.

- » Research tells us that children may need to be exposed to a food multiple times before developing a taste for it. So, encourage parents not to give up on the spinach and broccoli just yet.

Apart from providing parents with knowledge about healthy diets, how can WIC help encourage families to provide and eat healthy foods?

- » Try to build parents' confidence through activities that use experience, modeling, skill building, and positive reinforcement. For instance, allow parents to role-play a typical dinner and practice building skills to provide healthy meals.
- » Build skills for reading and understanding nutrition labels.
- » When educating parents keep in mind that they are often concerned about having

enough food to feed their families. Perhaps discuss strategies for buying healthy foods on a limited budget (such as buying produce that's in season).

WIC is doing a great job. WIC clients spend only a small portion of their time at the WIC clinic. To make the most of that time, it is useful to know what types of messages are likely to have the biggest impact. Hopefully some of these ideas will help bridge any gaps that may exist between the clients' time at the clinic and the way they eat at home.



## Learning Optimism:

# Positive Thinking is Good for You!

### Is the glass half full, or half empty?

People who are optimistic tend to see the glass as half full, and pessimists see the glass as half empty. Looking at it in a broader context, optimists generally believe people and events are good, and that most situations will work out for the best in the end. Pessimists, on the other hand, generally believe the opposite.

Researchers have found that optimism contributes to good health and a greater sense of happiness, while pessimism contributes to illness and depression. Amid holiday stress, our minds easily wander into negative “bah-humbug” thinking—leaving people feeling tired, drained, and—well, negative. Unfortunately, when people have a cycle of negative thinking, negative things tend to happen.

The difference between optimists and pessimists, according to leading optimism researcher Martin Seligman, is how they explain



setbacks to themselves. He refers to this as our “explanatory style” or, the way we explain the world through our personal viewpoint.

Optimists tend to view setbacks, for example, not getting a promotion, as temporary. An optimist might say, “It’s okay—I’m sure I’ll get the promotion at another time.” Optimists also view

setbacks as limited to particular situations, “We have a new supervisor. I bet she’s been too busy to review my performance.” Optimists think of setbacks as being only partly their fault, “I haven’t been staying on top of everything at work as well as I usually do, but we’ve had an extra busy month.”

In contrast, a pessimist in the same situation might view not getting a promotion as something permanent, “I’ll never get promoted.” They see the setbacks as far reaching, “I’ll be in this same position forever.” And they take full responsibility for the problem, “I just don’t have what it takes to be successful.”

Of course, no one is always optimistic or always pessimistic. Most people fall somewhere in between.

Fortunately, we all have the ability to change our explanatory style, and create positive thoughts that lead to positive action.

*See Building Optimism Tips on page 4.*





**H**oliday social gatherings and food indulgences are plentiful. Maintain your weight and good nutrition by including vegetables and fresh fruits at all your parties. When everyone else is bringing high-calorie and high-fat foods, consider providing a low-fat yogurt dip with fruit and veggies, or a delicious veggie side dish. Try these tasty options.

## SWEET & CREAMY PUMPKIN DIP

*Per Serving: 70 Calories, 2 grams Total Fat.*

- 1 package (8 oz) 1/3 less fat cream cheese
- 1 cup powdered sugar
- 1 15 ounce can of pumpkin
- 1 tablespoon pumpkin pie spice
- 1/2 teaspoon ground ginger
- 1 teaspoon orange zest

Beat cream cheese and sugar in large bowl on medium speed until smooth. Add pumpkin and remaining ingredients. Refrigerate 30 minutes or until serving. Serve with celery, apple, and pear slices.

## “CREAMED” SPINACH

*Per serving: 71 Calories, 1 g Total Fat.*

- 2/3 cup low-fat (1%) cottage cheese
- 1/4 cup low-fat (1%) milk
- 1 tablespoon grated Parmesan cheese
- 1/2 garlic clove, minced
- 1/4 teaspoon salt
- 1/8 teaspoon freshly ground pepper
- 2 10-ounce bags triple-washed spinach, steamed until tender, then chopped

1. In a food processor or blender, combine cottage cheese, milk, Parmesan, garlic, salt, and pepper; puree. Add one-fourth of spinach; puree until smooth.
2. In large nonstick skillet, combine remaining spinach with cottage cheese mixture. Cook, stirring occasionally, until heated through, about 5 minutes.





## On the Road Again: Far South on the Highway to Health

**A**t the Far South clinic in Austin, personal wellness is all about teamwork.

Recently, staff at the clinic completed two group efforts: the WIC Wellness Works *Highway to Health* exercise challenge, and the *Texas Roundup Family Mile*. Clinic employees felt they couldn't have done either without the support of their team. "This is our third year in the wellness program," said nutritionist and wellness program coordinator Mary Gallegos, "and we really have fun together. I think we're motivated to improve our health because we're competitive with each other... in a fun way!"

But that competition doesn't stop the team from enthusiastically supporting each other, "We try to be excited for each other when we're successful," shared Belinda Rico.

Organized activities like *Highway to Health* allow the team to work together on their goals, "We use each other as motivation," said nutritionist Jane Koshy. "When you see your coworkers moving ahead on the map you think, 'Hey, if they can do it with seven kids at home, I can do it too!'"

Beyond the spirit of competition, the staff was motivated to monitor and improve their health: "I couldn't wait to get to work to move my pin on the exercise tracking chart!" "We drank water all day because we wanted to stay hydrated during exercise!" "I ate salads every day!"



From left to right: Mary Gallegos, Jane Koshy, Robin Dennis (supervisor), Lorena Vega, Nidia Guerrero, Belinda Rico, and Graciela Rico (seated).

Belinda had additional challenges during *Highway to Health*, "I had a lot of stress – everything from moving, to losing a family member, to getting in a car accident – but the program kept me moving and gave my mind something positive to focus on." Belinda, who loves to dance, and has lost 20 pounds since January. She said that regular physical activity made her success possible.

The Far South team took the *Highway to Health* challenge one big step further by using it as a training tool for a community walk, the *Texas Roundup*, at the Texas State Capitol. Not only did the staff train

for and participate in the walk, but their families did too. Lorena Vega had all four of her children, including her five-year-old, join the *Family Mile*.

Clinic supervisor Robin Dennis, who walked the 3-mile race, said that the walk provided a nice opportunity to spend quality time with her coworkers. Mary added that it was also a great opportunity for her to get to know her colleagues' families.

So what's next for this active clinic? They're preparing to start the *Highway to Health Challenge* all over again!



## Learning to be Optimistic

### When a setback happens:

- Assume it won't last long.
- Place boundaries around it (try to keep it limited to that situation).
- Don't place the blame for it squarely on yourself.

### In addition to these three powerful tips, there are many more helpful strategies for building optimism:

- **Exercise increases optimism.** Go for a long walk and look at the holiday lights!
- **Practice awareness.** When you have a negative thought, replace it with a positive one. In time, positive responses will come naturally.
- **Avoid negativity.** You may need to minimize contact with people in your life who are very negative. Pessimism can be contagious.
- **Look for a good role model.** Find someone who inspires you. It's likely that this person gives off positive energy, and that being around them will increase yours.
- **Get support.** Tell your friends and family about your healthy habits. It helps to have an encouraging network.

- **Have a plan.** Making a plan to exercise or eat healthy lunches with a friend can mean the difference of sticking with your goals or feeling negative and discouraged. If you've planned an activity, you'll likely stick with it.
- **Give yourself credit.** When something positive happens in your life, recognize your strengths and think of how they can create other positive things in your life.



- **Cut yourself some slack.** If you lose an important file at work, ask yourself, have you had an especially tiring week? Have you been overloaded? Just because you make a mistake doesn't mean you have a personal flaw.
- **Take a deep breath.** Sometimes, just taking a deep breath is enough to "clean out" negative thoughts and feelings. Better yet, take several deep breaths!
- **Be grateful.** Pausing to realize all that you have to be thankful for is a great "reality check" when feeling pessimistic. We all have gifts in our lives that extend well beyond the holiday season, and it really helps to remember them.
- **Grow.** Remember that just about any "failure" can be a learning experience, and an important step toward your own personal growth... and success!

## New Recommendations

*(continued from page 5)*

is controlling of the child's behavior. If we want to make an impact on the obesity problem we need to educate and empower our WIC families to model healthy diets including portion sizes, to participate in physical activity, and to limit the amount of television time and sedentary activities.

## Opportunities for WIC

Previous recommendations that addressed the obesity problem included frequent healthcare visits, continuous weight monitoring, and reinforcement. Although these practices are important, they do not guarantee success. Obesity is a personal issue and individuals should be treated with sensitivity and respect. The counselor needs to establish rapport with the child and their family and focus on behaviors rather than targeting blame on anyone in particular. Families of overweight children should understand that obesity is a chronic health problem, but it can be treated and behaviors can be changed.

In October 2007, WIC implemented Value Enhanced Nutrition Assessment (VENA), a new approach to how we assess and counsel our participants. When assessing diet, WIC focuses more on behaviors rather than on how much and what foods are consumed. Therefore it is important to determine how the family feels about healthy eating, if they have any concerns about providing a healthy diet for their child, or if they need more time to develop an appreciation of the importance of a healthy diet and physical activity in preventing obesity and other health related issues.

Families who are not ready to make and support changes in eating behaviors and physical activity may express a lack of concern about

the child's weight or believe it is their fate and cannot be changed, or they may not be interested in modifying their eating practices or physical activity. If a family isn't concerned about the weight of their child and is not willing to make changes, discussing weight issues may do more harm than good.

Adoption of the VENA concepts facilitates the recommendations outlined by the Expert Committee. With the changing focus of VENA, WIC staff begins the conversation to find out what is important



to our families. Motivational interviewing and assessing readiness to change helps to focus where each family is in relation to their views and beliefs about issues such as obesity or the risk of becoming overweight. Involvement of the entire family is critical to the success of fighting obesity. Children depend on the values and concerns of their parents and caregivers. WIC needs to connect with families and help them to provide an environment that will ensure healthy foods and eating practices and a physically active lifestyle to guarantee a healthy future for all our children.



# Is Your Clinic VENA-ready?



by Patti Fitch, R.D.  
Branch Manager, Clinical Services Branch



**VENA** is here! By now you should have noticed a difference as you practice your newly enhanced VENA skills at your clinic. For example, everyone should seem happier and friendlier, and participants should be thrilled with the changes. But, if you haven't noticed a difference yet, keep reading to find out how your clinic can achieve the full benefits of VENA.

During training we discussed the WIC experience as being “value enhanced.” We know how valuable WIC is to our participants. With VENA, we add personalized, goal-oriented service — we add the VENA touch — and that’s WIC value, enhanced. That means the WIC experience is a positive one. We stop talking “at” the applicants, and start talking “with” them. We listen to what they have to say and respond accordingly. We don’t treat the participants like numbers. We “value” each one.

### How was their first contact?

VENA begins with the applicant’s first contact. It may be in person, a call to the clinic, or a call to a call center. That first contact is our opportunity to show the applicant how much we appreciate her for seeking out our services. Greet her warmly, with a “how can I best help you” manner. Let her know that she has made a healthy choice for herself and her family.

The first impression is important to the WIC experience. VENA sets the standard for how the applicant is treated from the start.

### How are participants treated on arrival?

Sit in the front lobby of your clinic, or a location where you can see the front desk, and watch what happens. When participants walk through the front door, someone at the front desk should automatically greet them and welcome them into the clinic with a smile. Courtesy includes prompt attention. When an applicant or participant needs something, it’s important that someone at the front desk helps them in a timely manner.

### Is the waiting area child friendly?

Many clinics arrange their waiting areas to accommodate small children. If your clinic doesn’t have toys, books or other children’s playthings, check with your director about getting some. Keeping children distracted helps keep the noise level down, and that makes parents more relaxed.

### Do participants feel their information is treated confidentially?

A VENA clinic values privacy. If you need to discuss something with a participant in the front waiting area, do it quietly and with respect for their confidentiality. Your clinic should have a private place to take an



*“Many clinics arrange their waiting areas to accommodate small children . . . Keeping children distracted helps keep the noise level down, and that makes parents more relaxed.”*



applicant to get basic information. If you don't have them in place, make policies about what not to discuss in front of others.

**What happens after initial screening?**

After the initial screening, provide the participant with information on what happens next, instead of simply telling them to wait until someone comes to get them. Make sure the staff which gets income, residency and identification, tells the certifying authority of other relevant information such as the baby is not feeling well, or is hungry, or the mother has another appointment. Show each participant that their time is valued.

**Does the CA's office have toys or items to occupy children?**

Parents who are trying to keep their child out of forbidden areas or from grabbing items off the desk, cannot be expected to focus on conversation. An occupied child means a more attentive and engaged parent. Making it easier for participants to concentrate makes their counseling session more valuable.

**Does the participant have the opportunity to interact with the certifying authority?**

Offer the participant the opportunity to tell the CA what she is most interested in learning or getting help with during this visit. The

participant needs to feel WIC hears her and recognizes her as the “authority” on her own family. VENA teaches us to encourage participants to set personal goals to improve their family's health.

**Did the participant enjoy the WIC experience?**

End each encounter on a positive note. Thank the participant for coming and praise her for choosing WIC to ensure her family's healthy future. When the participant leaves with a positive feeling (“Wow, they do care about me and the well-being of my family” or “Wow, WIC is interested in what matters to me”) you'll know your newly enhanced VENA skills are working.

**Are you and the participant getting the most out of the VENA experience?**

To be most effective, the VENA philosophy needs to permeate the entire WIC experience. Enhancing the value of nutrition assessment involves all staff and the participant. The assessment begins with the first contact and evolves from there. The applicant provides us with only as much information as she is willing to reveal. If WIC treats her with dignity and respect from the first call, she will more than likely become a willing partner to improve her family's health.

# what WIC staff should know about *Autism*

by Roxanne Robison, R.D., L.D.  
CSHCN Nutrition Consultant

**According** to statistics from the Centers for Disease Control and Prevention (CDC), autism is diagnosed more often than cerebral palsy, fetal alcohol syndrome or Down syndrome, making it a disorder of major public health concern. Educational institutions are challenged by the number of new cases being referred for special educational services. Researchers continue to debate if the increase is because of a genuine increase in cases or if the increase is because of greater recognition of the symptoms of autism, making diagnoses more common, especially of the milder forms.

## **What is Autism**

Autism is one of a group of developmental disorders known collectively as the autism spectrum disorders (ASDs), also known as pervasive developmental disorders (PDDs). Other disorders in this group include Asperger syndrome and pervasive developmental

disorder not otherwise specified (PDD-NOS). Two other disorders – Rett syndrome and child disintegrative disorder, also have features of autism, and are sometimes included in this group. Asperger syndrome and PDD-NOS are milder forms of autism, which may later be classified as classic autism as more symptoms appear. The term, “autism” may be used to refer to the classical form or to any of the disorders in the spectrum.

Classic autism is about four times more common in males than in females. Many have some degree of mental retardation ranging from mild to severe. Researchers cannot point to a single cause of autism and suspect there are multiple causes, just like there are multiple causes of cancer.

Symptoms of autism typically show up before the child’s third birthday, with most parents noticing differences in their child by age 18 months. Children who have autism, show

deficits in social interaction, communication skills and/or have restricted interests and activities. The first symptom parents report most often is in language development. The child may be rigid in accepting new foods with different tastes and textures, for example. They may also have certain rituals about the way food is presented or they may insist that their toys are lined up the same way every time. The child may not point to objects. At nine months of age, a typical child will look at an object when the caregiver says “Look at the (object)” and points to it. At one year of age, a typically developing child will try to get an object that is out of their reach by pointing, verbalizing and making eye contact with their caregiver in an attempt to get their caregiver to bring it to them. Children with autism may not have the ability to do either. Often, children with autism are mistakenly thought to have hearing loss because they may not respond — even to their own name.

### How is Autism Diagnosed?

Currently, there is no laboratory test that can be used to diagnose autism. Diagnosis is based on the child’s behavior and must be distinguished from other disorders, including mental retardation caused by several other conditions.

Developmental screening during “well child” checkups by the child’s doctor is usually the first stage of diagnosis. If autism is suspected, the child may be referred for a comprehensive evaluation by a developmental pediatrician or a team of specialists. The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), published by the American Psychiatric Association, lists the symptoms used to diagnose autism. For a closer look at these criteria go to: <http://ani.autistics.org/dsm4-autism.html>

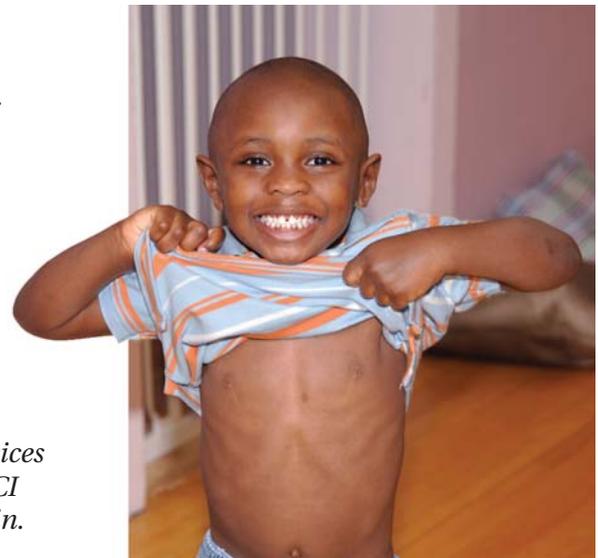
### How is Autism Treated?

There is no cure for autism. Right now, the main research-based treatment for autism is intensive teaching of skills often called behavioral intervention. It is important to begin this intervention as early as possible for the child to reach his or her full potential. To help parents, physicians and others who have contact with young children, the

CDC’s National Center on Birth Defects and Developmental Disabilities has developed a campaign called, Learn the Signs. Act Early. It can be viewed online at: [www.cdc.gov/ncbddd/autism/actearly/autism.html](http://www.cdc.gov/ncbddd/autism/actearly/autism.html).

### What WIC Staff Need to Know

Because WIC staff has contact with young children during the critical time when autism should ideally be diagnosed, recognizing red flags is important. The following list of possible indicators of autism spectrum disorders may be helpful. With the new VENA concept of interviewing parents, he or she may express that their greatest concern is with their child’s lack of words or other red flag. If you recognize, or if a parent expresses concern about, any of these behaviors, refer the child to their doctor or to the local Early Childhood Intervention Clinic for further evaluation.



*Kome receives behavioral intervention services at Easter Seals ECI program in Austin.*

### Possible Indicators of Autism Spectrum Disorders

- Does not babble, point, or make meaningful gestures by one year of age
- Does not speak one word by 16 months
- Does not combine two words by two years
- Does not respond to his or her name
- Loses language or social skills at any age
- Demonstrates poor eye contact
- Does not seem to know how to play with toys
- Excessively lines up toys or other objects



*cooking with  
herbs  
instead of fat*

by  
Tamara LaFollette, R.D., WIC Quality Assurance Coordinator, Tarrant County Health Department;  
Dee Bash, WIC Nutrition Education Coordinator, Tarrant County Health Department; and  
Amanda Hovis, M.P.H., Nutrition Education Consultant, State Office

**Have** you ever added the herb fresh lemon balm to lemonade to give it a new twist? Or finely chopped basil and oregano to canned pasta sauce to make it your own? These are just a few of the tips WIC participants learn in Tarrant County's new facilitated discussion class and Obesity Prevention Project, *Cooking With Herbs Instead of Fat*.

According to Tamara LaFollette and Dee Bash, *Cooking With Herbs Instead of Fat* was one of the more difficult class outlines to write. The research stage took a significant amount of time. "We realized that if nutritionists had to spend weeks researching the topic, our clients might be as limited in their knowledge. Information on herbs and spices is plentiful, but we wanted to provide the participants with easy and concise information. Several local agency staff reviewed our resources and produced materials for class handouts." Their

hard work developing the class and training the WIC staff to teach it paid off. The result — a class based on the participants' experiences using herbs and spices.

The *Cooking With Herbs Instead of Fat* discussion class is being taught throughout LA 54. At the Resource Connection clinic site (located in southeast Fort Worth), besides the regular class, participants also receive a measuring spoon, a cookbook and three potted herbs made possible through the obesity prevention mini-grant. Jim Nelson, Carol Lally, and Pat Higgins, master gardeners of Tarrant County, graciously volunteered their time to pot the herbs and do presentations in the Resource Connections discussion groups every Thursday.

Why did Tarrant County want to give fresh herbs to participants? According to Dee and

Tamara, “We thought it might add a sensory learning opportunity if the clients could see and smell herbs growing. We also felt that visual reminders of live herbs in their home would encourage participants to use herbs and spices to flavor their cooking.”

How does the class work? When clients arrive at the Resource Connection site for their discussion group, they are unaware that they are taking part in the obesity grant version of the group. The participants are given a pre-survey to complete before class. They then enter the aroma filled classroom. Fresh herbs, dried herbs and spices, plus a food sample are sitting on a table in the classroom. During the introduction to the discussion topic, food samples are given out. The recipes come from the cookbook the participants take home. As an icebreaker clients are asked to name foods commonly eaten at their homes. Then participants discuss how they use herbs and what kinds of herbs they use. As participants mention specific herbs the staff passes around clear plastic bags or jars for all the participants to see and smell. The class instructor discusses the difference between herbs and spices and the use of fats. Participants learn how herbs and spices can replace some or all the fat, enhancing the flavors of most low fat dishes. Participants discuss specific ways to decrease the fat in recipes by using herbs and spices. For the evaluation, the participant reviews the herbs and their uses in specific foods.

Near the end of the class the master gardener joins the discussion group. The participants are told how to plant, maintain and enjoy fresh herbs and vegetables. Clients receive a starter packet that contains: a healthy eating cookbook, measuring spoons, *Guide to Herbs and Spices*, *MyPyramid* handouts, and information on container gardening with an emphasis on vegetables and herbs. All materials on gardening are from the local office of the Texas Cooperative Extension Service and the Sustainable Food Pantry in Austin. Participants are asked to complete a post-survey before picking up their vouchers. A three-month follow up survey is placed in

the participants chart with a note in the computer to complete on return appointment in three months. After receiving their vouchers, the participants are encouraged to choose three potted herbs and saucers. A variety of herbs are available for the clients. The master gardener answers questions and explains care. We also mention that gardening is an excellent exercise that children can enjoy with their parents. Many of the children help participants pick out the herbs and sample the foods. The clients enjoy the class and the tools to help them add more herbs and spices to their meals. Early evaluation data shows that clients are excited about trying to reduce fat by adding herbs. Here are a few of their comments:

*“This gives us another cool thing to do during cooking time.”*

*“Thank you! I really enjoyed this class. I learned a lot about how to season foods.”*

If your agency is interested in doing an obesity prevention project please contact your NE liaison or Amanda Hovis — [amanda.hovis@dshs.state.tx.us](mailto:amanda.hovis@dshs.state.tx.us) or (512) 458-7111 ext 3411. Applications for obesity prevention projects are being accepted on a rolling deadline until December 14, 2007.



Dee Bash (left) and Tamara LaFollette with their poster at the Obesity Prevention Summit in Austin.

## Reap the Benefits of Whole Grains

by Tiffany Brown, R.D., L.D.  
Clinical Nutrition Specialist

▶▶ The 2005 Dietary Guidelines for Americans recommends consuming at least three servings of whole grains a day. On average, most of us eat only one serving of whole grains each day, and almost half of Americans eat no whole grains at all! Studies have shown that by substituting whole grains in place of refined grains, we may lower the risk of many chronic diseases, including diabetes, coronary heart disease, high blood pressure, obesity and certain types of cancer.

### What exactly is a whole grain?

All grains start out whole. If, after processing, all three parts of the original grain are still present (the starchy endosperm, the fiber-rich bran, and the germ) in their original proportions, then the product still qualifies



### 100% Whole Grain Stamp

For products where ALL of the grain is whole grain.  
Contains at least 16g whole grain per serving.  
*16g = a full MyPyramid serving*

as a whole grain. Examples of whole grains include whole-wheat flour, bulgur (cracked wheat), oats, cornmeal, barley and brown rice.

Milled, or refined, grains have been through a process that removes the bran and the germ producing a finer texture with less fiber and a longer shelf life. Some examples of refined grain products are white flour, white bread and white rice. Most refined grains are *enriched* by adding back certain B vitamins and iron that were lost during processing. Since fiber and other nutrients are not added back to enriched grains, whole grains are still the healthier choice, and they contain more protein.

### How do you know if a product is mostly whole grain or not?

First, check the package label. Some, but not all, whole grain products now show a whole grain stamp. Also, products that say “100 percent whole wheat” are sure bets.



### Whole Grain Stamp

For products offering a half-serving or more of whole grain.  
Contains at least 8g whole grain per serving.  
*8g = ½ a MyPyramid serving*

Second, check the list of ingredients. In whole wheat products, the first ingredient should be listed as whole wheat, which likely indicates a predominantly whole grain product. If enriched wheat flour is the first ingredient listed, the grain has been refined.

Some foods will have added fiber (for example extra bran) without having much, if any, whole grain at all. Both fiber and whole grains have been shown to have health benefits, however, high fiber is not always equivalent to whole grain.

### **What's a serving? How can I get three whole grain servings a day?**

According to the USDA, 16 grams or more of whole grain ingredients counts as a full serving. The Dietary Guidelines define a serving of whole grain as 1 slice of 100 percent whole grain bread, a cup of 100 percent whole grain cereal or ½ cup of 100 percent whole grain hot cereal, cooked brown rice or cooked whole grain pasta.

To help clients get the recommended three servings, try sharing these ideas with them:

- Substitute half of the white flour with whole wheat flour in your recipes.
- Add ½ cup of cooked bulgur, wild rice or barley to bread stuffing.
- Try a whole grain salad like tabbouleh, made with bulgur.
- Buy whole grain pasta.
- Stir oats into yogurt.
- Look for cereals made with grains like kamut, kasha (buckwheat) or spelt.

### **WIC Bottom Line**

The USDA is proposing that WIC food packages include whole grain breads and cereals. If the proposed regulations become final, many of the current cereals on the program would need to be replaced by cereals which meet a certain

whole grain level. Other whole grain foods may also be included, such as corn or whole wheat tortillas, whole wheat bread and brown rice. Although the final rule has not been published, it is certain that WIC staff and clients will be adjusting to new and healthier foods.

### **Cereals on the FY 2008 (effective October 1) approved foods list that are made with whole grains:**

- Honey & Oat Blenders
- Honey & Oat Blenders with Almonds
- Mom's Best Naturals Toasty O's
- Scooters
- Frosted Mini Spooners
- Maple & Brown Sugar Mini Spooners
- Strawberry Cream Mini Spooners
- Lifetime
- Para Su Familia Raisin Bran
- Cheerios
- Kix
- Dora the Explorer
- Honey Bunches of Oats with Vanilla Clusters



next issue:

## Fresh Nutrition from the Garden



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## PERIODICALS

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