

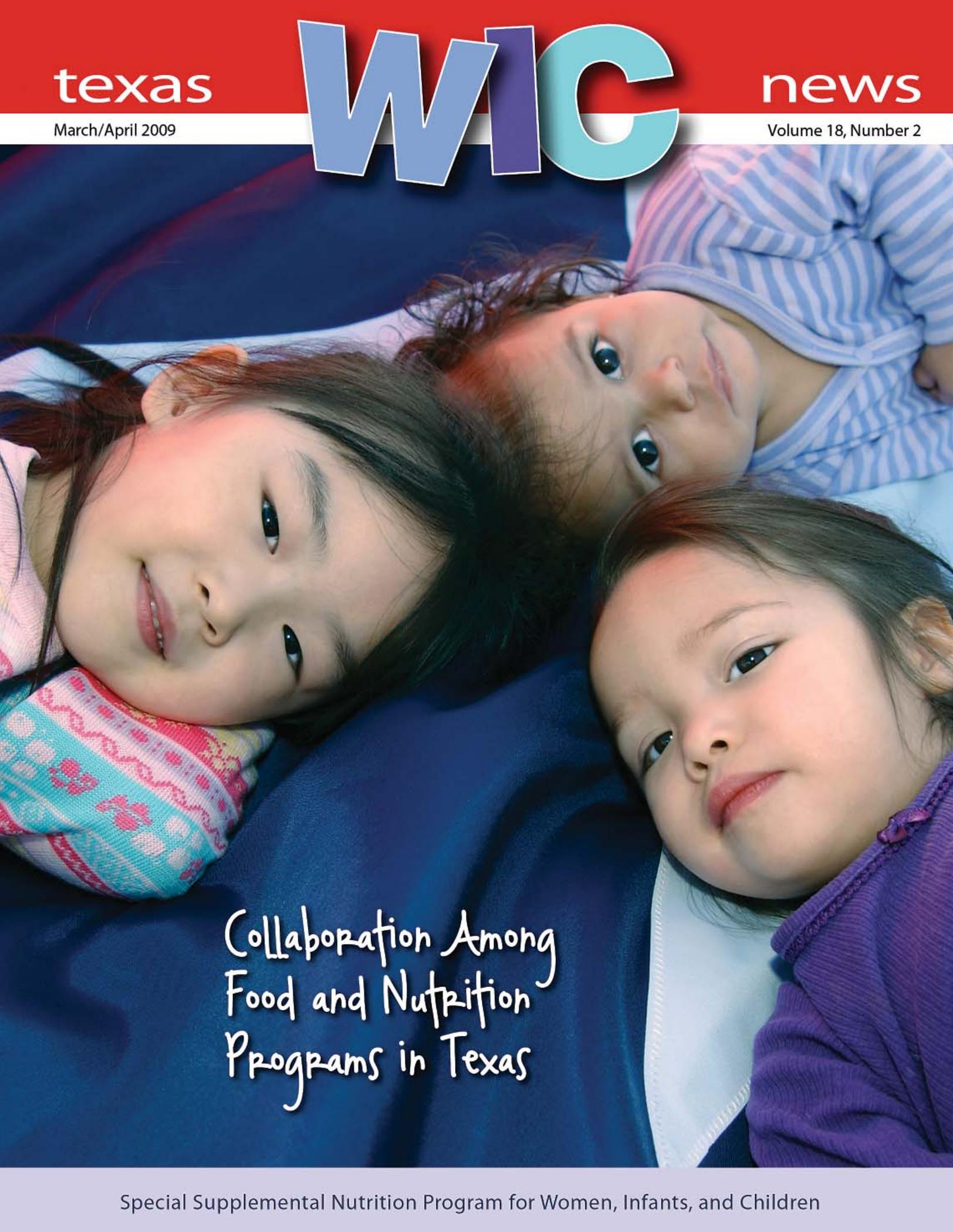
texas

March/April 2009

WIC

news

Volume 18, Number 2

A close-up photograph of three young children lying together on a blue surface. The child on the left is a young girl with dark hair, wearing a colorful patterned shirt. The child in the middle is a young girl with dark hair, wearing a blue and white striped shirt. The child on the right is a young girl with dark hair, wearing a purple shirt. They are all looking towards the camera with slight smiles.

Collaboration Among
Food and Nutrition
Programs in Texas

WIC: A Big Part of the Community

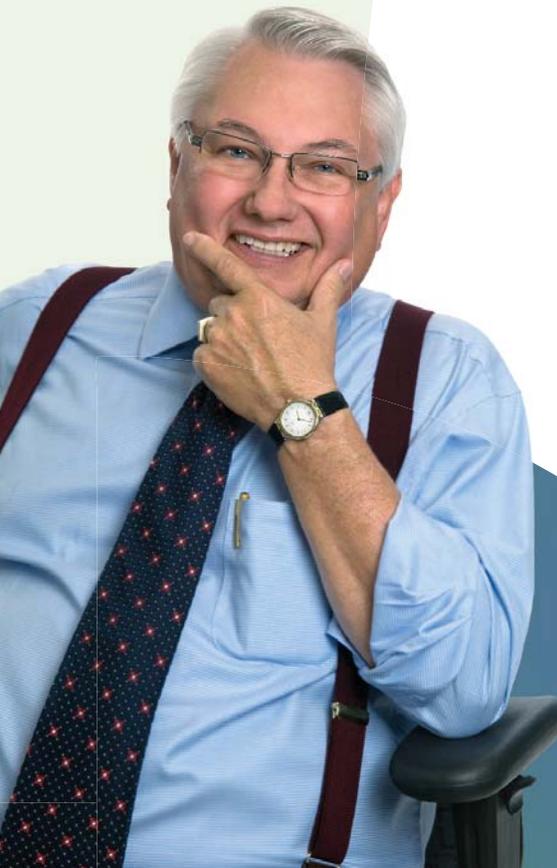
Never cease to be amazed at the creativity, planning, coordination, and just plain hard work that our WIC clinic and state staff exhibit. This issue of Texas WIC News is full of all four.

You will read about the Nutrition Carnivals that Amarillo holds each month, the WIC Wellness Works coordinator in Ft. Bend County WIC who has lost 56 pounds in a year, and the City of Dallas WIC Program which topped 100,000 clients a month in September 2008. You will also read about our coordination with hospitals through our Ten Step program and with other Texas agencies like the Texas Department of Agriculture and the Texas AgriLife Extension Program through our Nutrition Action Plan committee.

Efforts like this make me realize what a big part of the community our WIC Program has become. In April 2009 we will complete our rollout of the EBT cards, which clients can take to their local grocery stores and use for purchasing WIC foods in place of the punch cards we originally used and the vouchers which we have used since 1995. We now work hand-in-hand with our grocers to assure the purchasing process for our clients is easy and transparent.

The WIC food package will change in October to allow WIC participants to buy fruits and vegetables and other healthy food choices. We hope that these changes will influence the buying patterns in the Texas community at large, ultimately resulting in healthier Texans.

WIC has come a long way since its humble beginnings in the mid '70s. Today's world community is much more complicated than in those days when information was limited and came mainly from books and newspapers. Now it comes from television and the Internet. The size of the world community has grown, as the population of the United States has grown from about 203,000,000 in 1970 to over 303,000,000 in 2008. In Texas the WIC Program is now serving more than 950,000 participants a month. And you have done a great job of impacting this larger community by coordinating with other agencies and finding creative ways to outreach to new clients and to help existing clients maneuver in this more complicated arena. WIC staff today deal with an incredible number of issues each day and I applaud your dedication. Thank you for the job you do.



From the Texas WIC Director

- Mike Montgomery



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TEXAS TEN STEP PROGRAM:

Helps Hospitals Help Mothers

by Lindsay Randall
Nutrition Education Consultant

WIC participants are taught the importance of breastfeeding and the health benefits it provides for both mom and her newborn. However, many mothers lose confidence in their ability to breastfeed once they are away from the WIC support system. To encourage breastfeeding and discourage formula supplements after delivery, the Texas Ten Step program was developed in hopes of promoting the same breastfeeding support in birth facilities.

The program's primary purpose is to improve the lives of Texas mothers and their infants by actively promoting breastfeeding. Specifically, the program is designed to help hospitals and birthing centers support breastfeeding mothers before, during, and after delivery, with a goal of having 75 percent of their mothers breastfeeding at discharge.

The Texas Ten Steps, which emphasize breastfeeding support, must be followed by a facility before it is designated as a Texas Ten Step facility.



The Texas Ten Steps

1. Breastfeeding is the preferred method of newborn and infant feeding.
2. Employees who care for mothers, newborns, and infants should receive breastfeeding training within six months of employment, with updates provided regularly.
3. Breastfeeding is presented as the feeding choice for mothers. All mothers will be taught how to breastfeed even if they are separated from their infants.
4. Mothers are encouraged to breastfeed their newborns within one hour of birth (within 30 minutes is ideal).
5. Breastfeeding will be assessed within six hours after birth and at least once per shift.
6. Newborns should be given breastmilk substitutes only if it is medically indicated and ordered by the doctor or requested by the parent.
7. Mothers and newborns should be encouraged to room-in unless separation is medically indicated.
8. Mothers should be encouraged to breastfeed their newborns without restriction. Breastfeeding should take priority over nonemergency events.
9. The use of artificial nipples should be discouraged for the healthy newborn.
10. Breastfeeding mothers should receive support following discharge.

Recently, the SUMA/Orchard Social Marketing, Inc. (SOSM) conducted a study to discover areas in which DSHS can improve and develop better marketing materials to promote the Texas Ten Step program. The

research also helped determine how compliant participating hospitals are with the Ten Step guidelines, as well as the effectiveness of the Texas program.

The results indicate that all Texas Ten Step hospitals encouraged breastfeeding and promoted it as the best infant feeding practice. A little over half of those hospitals issued formula if it was medically necessary or if it was requested by the mom; however, a small percentage of the hospitals only offered formula if it was the doctor's orders. At the Texas Ten Step hospitals, when supplementation was needed, most of the staff used alternate feeding methods with expressed milk that protected breastfeeding.

The study found that at Texas Ten Step facilities, the staff actively educated mothers about the benefits of exclusive breastfeeding. When a mom thought she wanted to supplement with some formula, many participating hospitals discouraged it by explaining the negative effects it can have when trying to establish breastfeeding. Most participating hospitals also promoted rooming in, skin-to-skin contact, and began breastfeeding within the first hour of birth. The study's findings suggest that Texas Ten Step hospitals make an extra effort to help mothers breastfeed as soon as they are physically capable to do so, despite having Caesarian deliveries or other complications. If a mother and baby are separated for medical reasons, a large percentage of the Texas Ten Step hospitals encouraged the mother to try to pump her breast milk. Conversely, the staff of non-participating hospitals were less likely to follow any of these feeding practices nor did they understand the importance of these guidelines.

The research shows the training opportunities offered once a facility is enrolled in the Texas Ten Step program are helpful to the staff. The trainings raise breastfeeding awareness, increase the breastfeeding knowledge of the staff, and promote valuable breastfeeding networks.

The Texas Ten Step program was created to help hospitals and birthing centers support breastfeeding mothers. The Texas Ten Step program offers great support to facilities that are working hard to improve their maternity services. The state of Texas has exceeded the 2010 breastfeeding initiation goal of 75 percent. However, the SOSM research shows that some improvement and further research is still needed. Through continuous research and modifications, the program will continue to evolve and positively impact mothers, infants, and birthing facilities.

To determine what facilities in your area have received the Texas Ten Step designation, please visit our Web site at <http://www.dshs.state.tx.us/wichd/lactate/txfact.shtm> or for more information on breastfeeding trainings please visit <http://www.dshs.state.tx.us/wichd/lactate/courses.shtm>.



Texas Nutrition Action Plan Healthy Habits Study:

Coordinating Prevention Efforts Across Texas

by Amanda Hovis, M.P.H.
Nutrition Education Consultant

One key to turning the obesity epidemic around is coordinating prevention efforts across programs at the federal, state, and local levels. To this end, the U.S. Department of Agriculture (USDA) mandates each state have a Nutrition Action Plan work-group (NAP) that includes representation from all the state-funded USDA programs. Through NAP state teams identify a common nutrition goal and develop a plan for working together across programs to achieve the goal.

The goal of the Texas NAP is to “collaborate across FNS programs and with community groups to communicate consistent messages through multiple channels to reduce the risk of overweight and obesity.”

The Texas NAP includes representation from the following USDA funded programs:

- ❖ WIC
- ❖ Health and Human Services Commission Community Education and Outreach Services (Supplemental Nutrition Assistance Program formerly known as food stamps)
- ❖ Texas Department of Agriculture Food and Nutrition Services (TDA)
 - ◆ Child and Adult Care Food Program (CACFP)
 - ◆ School Meal Programs
- ❖ Texas AgriLife Extension
- ❖ USDA Regional Office

What has Texas NAP accomplished?

Texas NAP has completed the following:
1. a chart of common messages and a list of

- current projects, which are updated annually to look for possible areas of collaboration,
2. distribution of The Adventures of Zobey DVDs, books and magnets to 12,000 CACFP funded day care homes and centers, and
 3. a multifaceted baseline study on *Healthy Eating Habits in Texas* that included
 - twelve focus groups with low-income parents of children under age 10,
 - a phone survey of 1600 low-income families on nutrition and exercise habits, which included a smaller group of high income parents as a comparison,
 - six focus groups with CACFP child care providers,
 - a phone survey of 600 childcare providers, and
 - interviews with NAP state agency personnel, county extension agents, WIC educators, and food bank nutrition educators and food bank directors.

What are some of the key findings from the *Healthy Eating Habits Baseline Study*?

Parents

Findings from the parent focus groups suggest that mostly, parents know what is and what is not healthy for their families. However, they also described the challenges and struggles they face in providing healthy foods to their families. Specifically, they discussed challenges revolving around the following themes:

- preparing multiple meals to satisfy various family members, including picky eaters;
- lack of practical knowledge, including knowledge of healthy foods, knowledge of how to cook them, and access to recipes;
- finding time to cook;
- the cost of healthy foods (as well as the perception that “healthy” foods are more expensive); and
- managing dietary concerns caused by a health crisis such as obesity or diabetes.

A subtheme that emerged from these discussions, as well as from those involving managing children’s tastes and desires, is that mothers need to feel they have the knowledge, power, and security to manage both the health-related and disciplinary aspects of these issues.

The telephone survey found that poverty is the leading indicator of whether parents report that

their children have healthy diets. Respondents with incomes over the federal poverty level (FPL) are substantially more likely to eat fruits and vegetables at every meal and snack than are those with incomes under the FPL; almost twice as likely to have reduced-fat or low-fat milk; and a third more likely to eat wheat bread. However, those under the FPL are more likely to consume juice rather than soda. In fact, the findings are consistent across all available measures of socioeconomic status, including education as well as FPL.

The findings also show a strong trend that children’s dietary habits closely resemble those of their parents. Parents with good eating habits have children with good eating habits, and parents with poor eating habits have children who follow suit. In a related finding, parents who exercise more have a greater tendency than those who exercise less to report nutritious eating habits among their children.

Child-Care Providers

Child-care providers who participated in the focus groups were dedicated to the children in their care, and they expressed negativity about the way parents feed their children. This attitude was corroborated in the telephone survey. In all focus groups, discussions arose spontaneously among child-care providers about the eating habits of the children when they are outside their care. They reported that many parents do not feed their children properly, citing a lack of time to do so. Many children come to school hungry or with “junk food,” such as candy, doughnuts, fast-food, and other non-nutritious foods. They also say parents are often surprised to learn about the vegetables and fruits their children willingly eat in child care.

In line with their frequently expressed mistrust of the nutrition provided by parents, participants in all focus groups requested training and technical assistance in educating parents. In addition to handouts, video presentations, and other giveaways for parents, providers suggested that they need assistance with more delicate issues with parents, such as boundary-setting over what foods may be brought into the center and working with them to properly train their children to eat nutritious foods.

(continued on page 16)

Amarillo Participants Enjoy Monthly Nutrition Carnivals and Cooking Classes



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

“Giving Thanks for Friends and Family” was the theme for the nutrition carnival held in Amarillo last November. “We’ve been holding these carnivals [every month] for sixteen years,” says Margaret Payton, WIC director for Local Agency 100. Thanks to her devoted staff, including an enthusiastic medical doctor and certified chef, WIC clients have the opportunity to participate in nutrition carnivals and cooking classes every month.

During these events, participants receive nutrition education on many topics. “This month we focused on food safety and the value of starting traditions in your family,” Payton says. Ten festively decorated booths displayed lessons for the participants as well as nutritious Thanksgiving recipes and samples to taste. LA 100 provided literature with open discussions on various subjects from storing breastmilk safely, handling leftovers properly, guidelines for roasting a turkey, stress relief during the holidays to the importance of families eating together.

The cooking classes are held by Jay Kirkman, M.C.C.C., N.A.C.E. (Master Certified Culinary Chef, National Association of Catering Executives). Chef Jay, a native of Amarillo, has been in the cooking and entertaining business since the mid 1980s. He attended culinary school in California and now runs his own business in private fine dining. He also writes a monthly column entitled “From the Culinary Expert,” for Amarillo Style magazine. In his column, Chef Jay usually picks one particular food and writes about its history, how it originated, how to prepare it, and its nutritional value. In his business, he not only develops and prepares gourmet recipes for clients, but also enjoys cooking delicious healthy meals for WIC participants.

Production of the nutrition carnivals involves several steps. First, Payton selects nutritious recipes that reflect the monthly theme; at which point several of her staff translates each recipe into Spanish. Next, she develops a cookbook with all the recipes and she assigns a nutrition education topic to each nutritionist to research. Employees are responsible for developing

Opposite page — right: Chef Jay shares a personal experience about food poisoning and stresses the importance of food safety.

written materials and lessons, decorating their displays, and helping prepare samples. “We feed about 1,000 people during the two days of the carnival every month,” says Payton.

The cooking classes have been part of the nutrition carnivals for nine years and are held the second week of every month. Chef Jay holds his classes in a large kitchen fully equipped with an adjustable angled mirror so participants can see him prepare the meal. Payton and Chef Jay work together every month to develop the lesson plans.

November’s lesson focused on how to cook an entire Thanksgiving meal in one hour. “We know that our participants are busy working, sometimes holding two jobs, raising their families on top of that, and we want to show them that it is possible to cook a meal in a short amount of time,” Payton says. The participants were taught how to take prepared foods, add a few other ingredients, and create a meal that looks and tastes homemade. The November class also emphasized how to present food in an appealing and appetizing manner. Recipes used in the classes feature WIC approved foods, and participants are taught how to get the best value for their money at the grocery store. “I like to emphasize not only the nutritional value, but also current trends in food and how not to be an impulse buyer,” Chef Jay says.

Not only does Local Agency 100 have a talented chef, but they also have Gladcy Mathew, M.D., on staff. Mathew currently works as a nutritionist while studying to take her board exams. Once licensed, she plans to practice family medicine and work with pediatrics. She attended medical school in Poland, performed her clinical rotations in Chicago, and moved to Amarillo because of her husband’s work. “I wanted to learn more nutrition, which is why I came to WIC,” she says. “Since first year doctors are required to have a certain amount of classroom time, WIC could partner with teaching hospitals to educate these doctors about WIC and formula approval guidelines.” Mathew is especially impressed with the extensive nutri-

tion education and breastfeeding promotion that WIC provides, and she will definitely refer her patients to receive services.

Margaret’s carnivals are a great example of what creative minds can do to make nutrition education fun. However, hiring a chef at a reasonable cost and seeing most of your caseload in the short period of time the carnival is operational each month might not be feasible for all WIC agencies. Before you make any changes to your nutrition education, you should contact your nutrition education liaison for help and guidance.

It’s apparent that all the hard work Payton and her dedicated staff do for their WIC population pays off. After every event, participants complete a survey and the responses suggest that they are much appreciated. “I get about 700 surveys after every carnival and I read every one of them,” Payton says.



A recipe prepared during November’s carnival.

Festive Bean ‘n’ Pepper Bundles

- 1 pound fresh green beans, trimmed*
- 2 tablespoon chicken broth granules*
- ½ teaspoon garlic powder*
- 3 medium zucchini*
- 2 medium yellow bell peppers, julienned*
- 2 medium sweet red peppers, julienned*
- ¼ cup butter or margarine, melted*

In a large saucepan, combine the beans, chicken broth granules, and garlic powder; cover with water. Bring to a boil. Cook, uncovered, for 8 to 10 minutes or until crisp-tender and then drain.

Cut zucchini into ½-inch slices. Hollow out centers, leaving ¼-inch rings. Thread beans and peppers through squash rings.

Place in a greased 15 x 10 x 1-inch baking pan; drizzle with butter. Cover and bake at 350 degrees F for 15 to 20 minutes or until zucchini is crisp-tender.

Yield: 12 to 15 servings

Families Learn “Better Living for Texans”

by Jenna Anding, Ph.D., R.D., L.D.
Associate Professor and Extension Specialist with Texas AgriLife Extension



Texas AgriLife Extension Service and the Better Living for Texans Program help low-income families stretch their food dollars and prepare healthier meals.

The current economic situation has strained many household budgets in Texas. Current estimates suggest as many as one in seven households across Texas face a challenge of feeding themselves and their families safe and nutritious food, a condition known as “food insecurity.” As a result, individuals and families are using emergency food assistance programs such as food pantries, TANF (temporary assistance for needy families), and the food stamp program. These programs are important in that they improve food security — helping assure children and families have enough food to eat.

Low-income families enrolled in WIC, TANF, food stamps, free and reduced school meals or who reside in high-poverty areas are eligible to participate in food and nutrition education programs offered through the Supplemental Nutrition Assistance Program (SNAP-Ed), formerly known as the Food Stamp program. By participating in this program, WIC and families with limited incomes learn ways to stretch their food dollars or food stamp benefits. They also learn how to plan and prepare meals on a tight budget and how to prepare and store foods safely, so people don’t get sick.

One of the largest SNAP-Ed programs in Texas is offered through the Texas AgriLife Extension Service. Known to many as BLT (Better Living for Texans) the 14-year-old program is offered in more than 200 counties across the state. Meal planning, food safety, and nutrition are topics addressed, along with portion control, tips for controlling pantry pests (so one doesn’t have to throw out food infested by insects), feeding children, gardening, and physical

activity. County Extension Agents partner with local agencies (including DSHS, local housing authorities, and Head Start) and other organizations that reach out to low-income families such as food banks and churches.

BLT classes are often held in small groups and sometimes in one-on-one settings, using a variety of teaching methods. Food demonstrations are a popular feature of BLT classes and present opportunities for participants to demonstrate new skills they learn.

A recent evaluation of the BLT program found participants made meaningful changes in their diet behaviors. Examples of behaviors adopted by participants include eating more whole grains, drinking less soda, and eating more fruits and vegetables. Participants also reported that they were using a shopping list and comparing food prices more often. These and the adoption of other behaviors are helping participants reduce monthly out-of-pocket food expenses.

SNAP-Ed regulations do not allow the BLT program to teach participants financial management, other than food budgeting, or how to control diet-related medical conditions (such as diabetes). However, County Extension Agents are able to address those issues through other programs that welcome all individuals, including those enrolled in BLT.

If your WIC office is interested in partnering with BLT to increase food and nutrition education to WIC clients, simply give your local County Extension Agent (Family & Consumer Sciences) a call (listed under the County Government section of the phone book). You can also access County Extension Offices on-line by clicking on the following link <http://texasextension.tamu.edu/county/>. For more information about BLT/SNAP-Ed, contact Jenna Anding, PhD, RD (j-anding@tamu.edu) or Jon Perrott, BLT program coordinator at (japerrot@ag.tamu.edu).

Milk — For What It's Worth

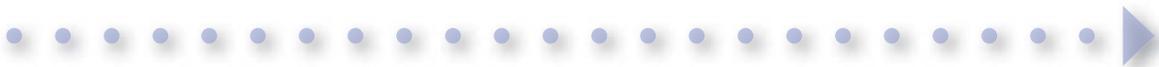
Do you have fond memories of drinking milk when you were a kid? Having it with a peanut butter and jelly sandwich over lunch or with homemade chocolate cookies? Do you think milk is just for kids? Think again. Milk mustaches are for adults, too. This powerhouse drink is an important part of your overall health and well-being, delivering many needed benefits, all in a single 8 oz glass.



What's In It for Me?

For starters, about 89 percent of milk is the essential nutrient water. Milk also offers protein, carbohydrates, water-soluble vitamins and minerals such as calcium, phosphorus, magnesium and potassium. The calcium in milk is in a form the body can easily absorb and use. Phosphorus is important because it helps with calcium absorption and utilization. Milk provides vitamin A and a significant source of riboflavin, which helps to promote healthy skin and eyes. Milk is also fortified with Vitamin D which helps absorb and deposit calcium in bones and teeth.

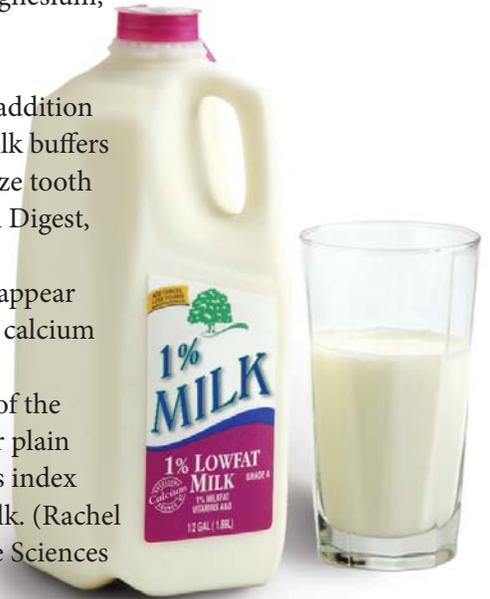
Building strong bones is especially important when you are young; in fact at least 40 percent of bone mass is formed during adolescence. You can continue to build bone until the age of 30. At that point, the goal is to slow the natural bone loss that comes with aging. Drinking milk fortified with vitamin D is one way to do this. Milk has been proven to reduce risk of osteoporosis (National Dairy Council). Getting regular, weight-bearing exercise is another way to stimulate bone formation. Examples of weight-bearing exercises include walking, strength training, dancing, and tennis. These types of activities trigger nerve impulses that activate body chemicals to deposit calcium into bones. It is also important to avoid smoking and excessive alcohol intake as these can interfere with bone health.





Beyond Bone Health, Drinking Milk:

- ◆ Reduces risk of hypertension: three minerals found in milk (calcium, magnesium, and potassium) help to regulate blood pressure (ADA, 2006).
- ◆ May help to reduce the risk of kidney stones (Borghetti et al., 2002).
- ◆ May reduce the risk of tooth decay by acting as a substitute for saliva. In addition to providing moisture which helps clear cavity-promoting substances, milk buffers oral acids, reduces the solubility of tooth enamel, and helps to remineralize tooth enamel (A Protective Effect of Dairy Foods in Oral Health Dairy Council Digest, January/February 2000).
- ◆ May reduce the risk of colon cancer: calcium-rich or low-fat dairy foods appear to offer protection from abnormal cell growth in the colon; more so than calcium supplements (ADA, 2006).
- ◆ May help maintain a healthy weight; a new study released in the Journal of the American Dietetic Association found that children who drink flavored or plain milk consume more nutrients and have a lower or comparable body mass index (BMI – a measure of body fatness) than children who don't drink any milk. (Rachel Johnson, Ph.D., M.P.H., R.D., Dean of the College of Agriculture and Life Sciences and Professor of Nutrition at the University of Vermont).



Nutrients in 8 ounces	% of Daily Value
Calcium (305 mg)	30
Vitamin D (100 IU)	25
Vitamin A (500 IU)	10
Protein (8 g)	16
Potassium (380 mg)	11
Riboflavin (0.4 mg)	26
Vitamin B12 (1.3 mcg)	22
Phosphorous (245 mg)	25
Niacin and niacin equivalents (2 NE)	10

Source: ADA Complete Food and Nutrition Guide 3rd Edition



How much do I need daily?

Age	Amount
Adults and children age 9 years and over	3 cups low-fat or fat-free milk
Children age 2 to 8 years	2 cups low-fat or fat-free milk
Children age 12 to 24 months	1.5 to 2 cups whole milk or milk products
Infants	Breastmilk or formula only, no milk

Why switch to low-fat (1%) or fat-free (skim)?

- ◆ Only the fat and calorie content varies; low-fat and fat-free milk offer the same nutritional benefit as higher fat milk.
- ◆ A cup of whole milk has as much artery-clogging FAT as five strips of bacon! (Wisconsin.gov/WIC)
- ◆ A cup of reduced-fat milk (2%) has as much artery-clogging FAT as three strips of bacon! (Wisconsin.gov/WIC)
- ◆ A cup of fat-free milk (skim) has NO artery-clogging FAT! (Wisconsin.gov/WIC)





Tips to increase milk in the diet:

- ◆ Pour low-fat or fat-free milk over your breakfast cereal.
- ◆ Add low-fat or fat-free milk instead of water to oatmeal and hot cereal.
- ◆ Blend low-fat or fat-free milk with ice and frozen fruit for a smoothie.
- ◆ Have a glass of low-fat or fat-free milk instead of soda.
- ◆ Add low-fat or fat-free milk instead of water to tomato soup.
- ◆ Try flavored low-fat or fat-free milk such as chocolate or strawberry.
- ◆ Try some pudding made with low-fat or fat-free milk.



Tips to switch to low-fat milk:

- ◆ Transition slowly, first with 2% then 1% and finally to fat-free.
- ◆ Starting early (age 24 months) can also help to ease the transition to low-fat milk. A two-year-old child who likes milk will probably be more accepting of low-fat milk than a school-age child.
- ◆ Ask someone to give you a secret taste-test (with your eyes closed) to see if you like the type of milk and can tell what kind it is.
- ◆ Start by using reduced-fat, low-fat, or fat-free milk on cereal.
- ◆ Use low-fat (1%) and fat-free milk in recipes calling for milk.



Wisconsin Department of Health Services <http://dhs.wisconsin.gov/WIC/cards/other/pph40030.pdf>

International Dairy Foods Association <http://www.idfa.org/facts/milk/milkfact/milk5.pdf>

American Dietetic Association Website (eatright.org)

National Dairy Council, Dairy Council Digest, January/February 2001 <http://www.nationaldairycouncil.org/NationalDairyCouncil/Nutrition/reducing/dentalHealth.htm>

National Institute of Health. Milk Matters. <http://www.nichd.nih.gov/milk/prob/critical.cfm>

ADA Complete Food and Nutrition Guide 3rd Edition. Larson Duyff. 2006
Borghi, M.D., Schianchi, M.D., Meschi, M.D., Guerra, Ph.D., Allegri, M.D., Maggiore, M.D., and Novarini, M.D. January 10, 2002. Comparison of Two Diets for the Prevention of Recurrent Stones in Idiopathic Hypercalciuria. *New England Journal of Medicine*. Volume 346:77-84 Number 2

recipe

Salmon Seashell Chowder

Recipe created by Janice Newell Bissex, M.S., R.D. & Liz Weiss, M.S., R.D., authors of *The Moms' Guide to Meal Makeovers*.

Prep Time: 5 min Cook Time: 20 min

Ingredients

- 1½ cups (4 ounces) medium whole-wheat pasta shells
- 2½ cups 1% low-fat milk
- 3 tablespoons all-purpose flour
- 1 teaspoon onion powder
- ¾ teaspoon dried dill
- 1½ cups frozen peas, thawed
- 1 pouch (7 ounces) skinless, boneless pink salmon, flaked
- salt and pepper

Directions: Cook the pasta according to package directions, drain and set aside. In a saucepan, combine the milk, flour, onion powder and dill; whisk until well blended. Add the peas and salmon; place over high heat. Bring the mixture to a simmer, stirring constantly. Reduce heat and continue to simmer and stir gently until the soup thickens slightly, about 2 minutes. Stir in pasta and season with salt and pepper to taste. Heat through and serve.

Nutritional information per serving

- Yield: 4 servings
- Calories: 310
- Total fat: 7g
- Saturated fat: 2g
- Cholesterol: 40mg
- Sodium: 340 mg
- Calcium: 35% daily value
- Protein: 22g
- Carbohydrates: 41g
- Dietary fiber: 4g



Moving Forward in Fort Bend

As a wellness coordinator for WIC Wellness Works (WWW), Mary Diaz is a role model for her colleagues and clients. She has lost 56 pounds in a year and is more than halfway to her goal of losing 105 pounds.

Diaz, lead breastfeeding peer counselor for Fort Bend County WIC, and her colleagues joined the WIC Wellness Works program in January 2008. Looking back she said, “I personally wasn’t experiencing any health problems, but everyone around me was and it was kind of scary. I said to myself, I need to do something — I have children. I need to make a change.”

In conjunction with the wellness program, Diaz participated in a 20-week obesity mini-grant program within her project titled, *Healthy Bodies, Healthy Lives*. Diaz and her colleagues began walking for 30 minutes at lunch. “Walking has helped us lose weight and keep our motivation up,” Diaz said.

Diaz feels pride when talking about the progress she and her colleagues have made. “I think we’re just feeling better overall. ... One lady at our clinic got taken off one of her medications — all by exercising.”

Mandy Nevins, consulting dietitian for Fort Bend credits Diaz’s success to the way she encourages people. “She doesn’t approach it from an ‘I know it all’ stand point; she approaches it from ‘I’ve been there,’” Nevins said. She added, “No matter what’s going on around Mary, she still keeps a positive attitude. She keeps motivation up by focusing on those who are interested in the program. Then others who weren’t as interested in joining the program before or exercising at lunch want to join in.”

While Diaz knows she is a role model for the employees in her project, she also says that their support is what keeps her going.

“They think I do it for them but it’s really for me. They really motivate me and keep me going.”

Diaz and her colleagues use a variety of resources to enrich their wellness activities. “Once a month, we [would] get together to come up with different ways of cooking vegetables. And one month we did a smoothie happy hour every week. We [would] get these ideas from the WIC Wellness packets. They are full of good information.”

Losing weight has been about dedication and education. “Before, I didn’t think about what I ate. I’m now cautious and I think about what’s going into my mouth. I think about choosing foods from different food groups and about portion control. I do plan my lunches, and that helps keep me on track. I usually bring a salad and a protein – a piece of chicken, fish, or turkey, and I eat fruit for snacks,” shared Diaz.

On occasion, Diaz will give into a craving. “Every once in a while, I eat something I know I shouldn’t, but just a little bit. It’s all about portion control. My goal is to stick to 1,500 calories a day.”

Even more impressive than Diaz’s weight loss is how modest she is about her achievements and about the role she has played in helping so many people toward improving their health. Nevins explains, “... Her heart is genuinely into helping people.”

As for herself, Diaz says she’s still on her journey to reaching her goal weight. “I have to keep going.” No doubt, she’ll have many friends to accompany her along the way.



Mary Diaz

Diaz’s 3 Tips for Losing Weight

- ◆ Take one day at a time. Losing weight is a challenge every single day.
- ◆ If you’re going to overeat, it’s better to do that with vegetables.
- ◆ Plan your meals ahead.



“I’ve Got Friends in Low Places”

by Linda Brumble, M.A., B.S.
Unit Manager, NECS

exceptional customer service

One of my favorite country songs is “I’ve Got Friends in Low Places” by Garth Brooks. While probably not intended as a customer service guide, since all of Garth’s friends just “hang out” together at an establishment called the “Oasis,” the philosophy in this song can be quite helpful when you are trying to provide the best customer service possible. Friends in low — and high — places can simplify your attempts to help your customers in many ways ranging from quickly finding someone to clean the bathroom, purchase a new vehicle to transport staff to outlying clinics, or provide information so you can make a quick and accurate referral for a client.

This philosophy includes both external and internal “friends.” The August 27, 2008, *Business Management Blog* reports that “networking is regarded as one of the most basic types of customer service strategy” and recommends that you “reach out ... keep your relationships warm ... and widen your network” to provide more and better services faster. For WIC, this

would include connecting with the nearest Medicaid office, any local medical facilities, doctors, dentists, the community center, the farmers’ markets, and even the churches in the neighborhood.

Let’s not forget those internal contacts. Thom Singer, at *Some Assembly Required*, in June wrote an article about the importance of “networking within your own organization.” He says that “you need to invest the time to get to know the people inside your company with the same gusto that you look to build relationships in the external business community. Those who work with you can be amazing resources.” He says strong relationships yield a “great ROI (return on investment).” Think about your own organization: purchasers, human resources and payroll department, city manager, Health Department director, or even the janitors and the guys who cut the grass and trim the trees. The list of possibilities for making “friends” both externally and internally is endless. And once you make a “friend,” you always have someone to call when

you have a question or need to get something done.

Stephen Covey echoes this sentiment when he encourages you to prioritize time each day to “build relationships.” It’s a big part of his “Habit Three, Put First Things First.” Every minute you spend building a relationship — fostering trust — will ultimately save you time as you will not have to search for things or explain yourself nearly as much.

In your WIC clinic, you work every day to build relationships and provide excellent customer service to your clients, like the one in the photo above, who are your “friends” in the lowest “place” of all — ground level. Think about setting up a program of outreach to find and build relationships with your “other” customers — both external and internal. Call your local Medicaid office and introduce yourself. If you run into your Health Department director in the elevator, wish him a good morning. And don’t forget to say “hi” to the janitor when you see him. You never know when you’ll need someone in a hurry to unclog your bathroom drain.



Enjoy the Cultural Dietary Practices of India

by Elizabeth Bruns, R.D., L.D.
Training Specialist

More now than ever, we are meeting people of different ethnicities — in our clinics, as participants and co-workers, and outside of work, as neighbors and friends. It is both interesting and helpful to understand the cultural practices of various ethnic groups. This article highlights some practices common in India and the Hindu culture.

According to U.S. and India governmental census data, India is one of the most populous countries in the world with about 1100 million people, second only to China. It is also the largest democracy in the world. By comparison, the population of the United States is 305 million. Approximately twenty percent of the world's population lives in India, and 80 percent of Indians are Hindus. What do you know about Indians, their Hindu culture, and their dietary practices?

Common Indian Foods

Hindus and most other Indians consume two to three meals a day. The midday meal is typically the largest meal of the day, and the evening meal is lighter fare. Rice and wheat are staples with every meal, depending on the region. Accompaniments may include:

- rasam or sambhar* – thin soups with or without lentils and vegetables
- dosas* – savory rice pancakes or crepes filled with assorted ingredients like spicy mashed potatoes
- paneer* – cheese that has not been aged, similar to cottage cheese
- coconut* – more common in coastal southern Indian cuisine
- idli* – steamed rice cakes
- dal* – lentils, split peas, black-eyed peas, chickpeas
- vada* – fermented rice and lentils
- mangoes, pomegranates, bananas, apples, apricots, melons* – commonly consumed between meals
- naan, roti, paranthra* – Indian breads

Curry

According to Madhur Jaffrey, author of *An Invitation to Indian Cooking*, “curry” is a catch-all term probably picked up from the British to refer to Indian cuisine in general. Some Indians, primarily when talking to non-Indians, use the term to describe a stew-like entrée or a dish with a sauce; but in their own language, Indians refer to an entrée by its proper or indigenous name. The word “curry” doesn’t translate in Indian languages according to Jaffrey who finds the use of the word degrading to her national cuisine.

What about the spice curry or curry powder? Curry powder is a combination of different spices commonly including tumeric, coriander, cumin, fenugreek, and red pepper. Most Indians do not use these standard curry blends but instead make their own spice mixtures, often freshly grinding each spice themselves.

Chutney and relishes

Chutneys and relishes are popular in India and are often enjoyed with meals. A chutney is more or less a sweet, sour, spicy, or hot (or a combination of sweet, sour, spicy and hot) preserve made from vinegar, sugar, and spices with added fruits and vegetables. A chutney is different but compa-



able to a pesto and is typically used as a condiment. In India, chutney recipes are commonly passed from older to younger generations. There are an unlimited number of chutneys but most Americans are probably familiar with only a few, Major Grey's chutney in particular. The primary ingredients in Major Grey's chutney are mangoes, onions, and raisins.

Fasting, Feasting, and Festivals

Fasting and feasting are widely practiced in India, although expressed differently depending on such factors as region of the country, sect, caste, personal beliefs and values.

Devout Hindus fast regularly as there are many fasting days throughout the year. Gihan El Gindy, R.N., M.S.N., states that "fasting is believed to help reinforce control over one's senses, squelch earthly desires and guide the mind to be poised and at peace." A fast could be a day without food or no food during particular times of the day, such as from dawn to dusk. Or, it could be the avoidance of a particular food or the avoidance of all food with the exception of a particular food. Some may only consume one cooked meal per day, or only "pure" foods (e.g. yogurt, fruits), or liquids.

There are also many festivals throughout the year and celebratory feasts are considered ways to share or redistribute food. For many poor Indians, feasts are the only occasions when they have plenty to eat.

The Holi festival is a celebration of Krishna which takes place around the spring equinox. It is a festival of color and fun, and of course there are special foods to eat. Gujhia is a popular Holi dessert, similar to a fruit-filled empanada. Other Holi delicacies include the first mangoes of the season and samosas, which are deep fried pyramid-shaped pastries with savory fillings.

Diwali celebrates "the darkest night" — victory over evil during the new moon cycle — in November with sweets and treats and lights. It is the night when souls return to earth to find their way, not too different from Halloween or All Souls' night.

Meal Service

In an Indian home, it is common to eat seated on the floor. A clean tablecloth is laid on the ground and serving bowls and utensils are placed on the cloth. Metal service ware is considered sacred and is preferred by

many Indians. Indians commonly use breads such as naan and roti to eat their food with, similar to using a tortilla to eat beans and rice. Knives, forks, and spoons are also used.

It is traditional for the men to eat first and for the women to serve them. More food is added to the service ware for the women as needed.

Meals commonly end with betal leaf or pann, which is an assortment of digestive spices including anise, cloves, and cardamom. At Indian restaurants, you will often find a bowl and spoon with pann, either by the door or the cash register. It's not for all tastes but definitely worth trying.

Taste and Share

Most cities and many towns in Texas have at least one Indian restaurant. An interesting restaurant is Kalachandji Palace and Restaurant in Dallas, Texas. The restaurant is located in a courtyard next to a Hindu temple and community center. Buffet meals allow patrons to taste many of the foods and flavors of India. A few steps away, one can also marvel at the beautiful temple of Krishna.

You may have friends and co-workers from India who would enjoy telling you about Hindu festivals and their favorite foods. Short of traveling to India, share foods and friendship — and learn.

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by Mary Van Eck, M.S., R.D., L.D.
Nutrition Education Branch Manager

Loan Forgiveness for Nutrition Professionals

The recently enacted Higher Education Opportunity Act (HEOA) (Public Law 110-315) creates a new loan forgiveness option for service in areas of national need, including WIC nutrition professionals. This article answers many of the questions WIC nutrition professionals have been asking since the HEOA was signed into law on August 14, 2008.

How do I qualify for loan forgiveness?

To qualify for the new loan forgiveness, eligible borrowers must be

- a licensed, certified, or registered dietician who has completed a degree in a relevant field;
- employed full-time as a dietician in the WIC program; and
- not in default on the loan which they are seeking forgiveness.

What types of loans are eligible for forgiveness under this program?

- Federal Stafford Loans
- Federal Direct Stafford Loans
- Federal Graduate PLUS Loans (Direct & FFEL)
- Federal Consolidation Loans (Direct & FFEL)

Note: Federal PLUS Loans borrowed on behalf of a dependent student and Consolidation Loans that include Parent PLUS loans are NOT eligible.

What is the maximum amount of student loan forgiveness?

The maximum amount is \$2,000 for each school, academic or calendar year of full-time employment in the WIC program, up to 5 years, for a maximum of \$10,000.

Note: Loan forgiveness is based on a first-come, first-served basis and subject to the availability of annual funding from Congress. In addition, it's not available for years worked prior to August 14, 2008.

How do I sign up for this program?

There are currently no details on signing up for the program. It will take some time for the Department of Education to issue regulations to implement the new law. As more details become available, the state agency will notify Texas WIC local agencies.

Good News About The Mediterranean

A study led by University of Michigan Health system found that the fruit and vegetable intakes of female study participants dramatically increased when they were counseled by registered dietitians and provided an individualized food plan from a list of foods common in the Mediterranean diet.

The 69 study participants were divided into two groups – one group received counseling on the Mediterranean diet, and the other group was told to continue their usual diet and did not receive any dietary counseling prior to beginning the study.

Researchers found the group that received counseling reached the goals of the Mediterranean diet within three months and maintained the changes for the six month study period.

Mediterranean diets have been associated with health benefits such as lower risks for heart disease and can-



March is National Nutrition Month

Check out all the ideas and items available for National Nutrition Month in March at <http://www.eatright.org>. There are many interesting and useful educational tools you can order online from their National Nutrition Month catalog and use in your clinics. This year's theme "Eat Right" is also the American Dietetic Association's logo.



Diet Plan

cers. The diet is high in fruits and vegetables and mono-unsaturated fats.

Counseling given the study participants included the following suggested food choices:

- ♥ 8-10 servings (or exchanges) each day of high mono-unsaturated fatty acid (MUFA), such as olive or hazelnut oil, avocado, and macadamia nuts
- ♥ Limits on fats that are low in MUFA, such as corn oil, margarine, tahini, pine nuts, and sesame seeds
- ♥ One or more servings a day of dark green vegetables, such as broccoli, peas, and spinach
- ♥ At least one exchange per day of garlic, onions, and leeks
- ♥ One tablespoon or more per day of green herbs, such as basil, cilantro, peppermint, and sage
- ♥ One or more servings a day of red vegetables, such as tomatoes, tomato sauce, and salsa
- ♥ One or more servings a day of yellow or orange veg-

- etables, such as carrots, red bell peppers, and pumpkin
- ♥ One or more servings a day of other vegetables, such as artichokes, cucumber, green beans, and sugar snap peas
- ♥ One or more servings a day of vitamin C fruits, such as oranges, mangoes, and strawberries
- ♥ One or more servings a day of other fruits, such as apples, bananas, and grapes

Source: Design of a Mediterranean Exchange List Diet Implemented by Telephone Counseling. Dec. 2008. Journal of the American Dietetic Association., Vol. 108 Number 12



FDA Warns Consumers about Tainted Weight Loss Pills

Agency seeks recall of products that pose serious health risks

The U.S. Food and Drug Administration is alerting consumers nationwide not to purchase or consume any of more than 25 different products marketed for weight loss because they contain undeclared, active pharmaceutical ingredients that may put consumers' health at risk.

The tainted weight loss products are

- | | |
|------------------------------------|-----------------------------------|
| <i>Fatloss Slimming</i> | <i>2 Day Diet</i> |
| <i>Japan Lingzhi 24 Hours Diet</i> | <i>5x Imelda Perfect Slimming</i> |
| <i>7 Day Herbal Slim</i> | <i>8 Factor Diet</i> |
| <i>999 Fitness Essence</i> | <i>Extrim Plus</i> |
| <i>Imelda Perfect Slim</i> | <i>Lida DaiDaihua</i> |
| <i>Perfect Slim</i> | <i>Perfect Slim 5x</i> |
| <i>ProSlim Plus</i> | <i>Royal Slimming Formula</i> |
| <i>Slim Express 360</i> | <i>Slimtech</i> |
| <i>Superslim</i> | <i>TripleSlim</i> |
| <i>Venom Hyperdrive 3.0</i> | <i>Miaozi Slim Capsules</i> |
| <i>3x Slimming Power</i> | <i>Phyto Shape</i> |
| <i>3 Day Diet</i> | <i>Slim 3 in 1</i> |
| <i>7 Diet Day/Night Formula</i> | <i>Somotrim</i> |
| <i>GMP</i> | <i>Zhen de Shou</i> |

An FDA analysis found that the undeclared active pharmaceutical ingredients in some of these products include sibutramine (a controlled substance), rimobant (a drug not approved for marketing in the United States), phenytoin (an anti-seizure medication), and

phenolphthalein (a solution used in chemical experiments and a suspected cancer causing agent). Some of the amounts of active pharmaceutical ingredients far exceeded the FDA-recommended levels, putting consumers' health at risk.

These weight loss products, some of which are marketed as "dietary supplements," are promoted and sold on various Web sites and in some retail stores. Some of the products, which claim to be "natural" or to contain only "herbal" ingredients, actually contain potentially harmful ingredients not listed on the product labels or in promotional advertisements. These products have not been approved by the FDA, are illegal and may be potentially harmful to unsuspecting consumers.

The FDA advises consumers who have used any of these products to stop taking them and consult their healthcare professional immediately. The FDA encourages consumers to seek guidance from a healthcare professional before purchasing weight loss products.

"These tainted weight loss products pose a great risk to public health because they contain undeclared ingredients and, in some cases, contain prescription drugs in
(continued on page 16)

FDA Warns Consumers — *continued from page 15*

amounts that greatly exceed their maximum recommended dosages,” said Janet Woodcock, M.D., director, Center for Drug Evaluation and Research, FDA. “Consumers have no way of knowing that these products contain powerful drugs that could cause serious health consequences. Therefore FDA is taking this action to protect the health of the American public.”

The FDA has inspected a number of companies associated with the sale of these illegal products and is currently seeking product recalls. Based on the FDA’s inspections and the companies’ inadequate responses to recall requests, the FDA may take additional enforcement steps, such as issuing warning letters or initiating seizures, injunctions, or criminal charges.

The health risks posed by these products can be serious; for example, sibutramine, which was found in many of the products, can cause high blood pressure, seizures, tachycardia, palpitations, heart attack or stroke. This drug can also interact with other medications that patients may be taking and increase their risk of adverse drug events. The safety of sibutramine has also not been established in pregnant and lactating women, or in children younger than 16 years of age.

Rimonabant, another ingredient found in these products, was evaluated, but not approved by the FDA for marketing in the United States. The drug, which is approved in Europe, has been associated with increased risk of depression and suicidal thoughts and has been linked to five deaths and 720 adverse reactions in Europe over the last two years.

Health care professionals and consumers should report serious adverse events (side effects) or product quality problems to the FDA’s MedWatch Adverse Event Reporting program either online, by regular mail, fax or phone.

Information for consumers can be found at http://www.fda.gov/cder/consumerinfo/weight_loss_products.htm.

WIC Works

Have you been to the WIC Works website recently? It now features a Web-based course, called WIC Learning Online, providing continuing education and resources that can be accessed by any WIC staff member. This self-paced, repeatable, and cost-effective course has been designed to assist in all areas of providing WIC nutrition services. The 18 modules that make up the content for the course are organized into six lessons. The course presents techniques for communicating with WIC participants and connecting with other support organizations. The course will also discuss strategies for making nutrition education and counseling sessions more effective, as well as cover various topics including food safety, breastfeeding promotion, herb and supplement use, and infant health and nutrition. There is also a section on how to complete a value enhanced nutrition assessment that focuses on desired health outcomes using critical thinking skills.

The course takes approximately 6.5 hours.

Texas Nutrition Action Plan

(continued from page 7)

One significant finding suggests that child care centers with partnerships for nutrition education, whether with WIC, AgriLife Extension, or other government organizations, serve more fruits and vegetables than those without such partnerships. This points to the potential positive outcomes of promoting these partnerships by duplicating the state collaborative efforts at the regional or local level. (Look for WIC to be promoting more of these efforts soon.)

To read the full report, visit <http://www.dshs.state.tx.us/wichd/nut/riskreport-nut.shtm>.

What does NAP plan to do during 2009?

In 2009 NAP plans to use the results from the study to develop a media and a multiprogram coordinated education campaign centered on fruits and vegetables, whole grains and low-fat milk. This campaign will have similar messages to the new WIC food packages and will help reinforce the messages in the new WIC food packages. As part of this project TDA is funding two more Zobey DVD programs that will be developed as a cooperative agreement between Texas WIC and the TDA CACFP program.

At the Nutritional Education Breastfeeding Conference there will be several sessions dedicated to partnering with agencies including CACFP providers, extension agents and food banks and a session on the results from the CACFP study.



LOCAL AGENCY 07 —

A Year of Changes

by Darlene Irwin
Local Agency 07

Fiscal Year 2008 brought many changes for the City of Dallas EHS/WIC Program, LA 07, especially in how and where services were provided.

LA 07 expanded counseling and documentation training with the implementation of Value Enhanced Nutrition Assessment (VENA). To provide VENA counseling, 23 nutritionists and two registered dietitians were added and trained along with existing staff. Making LA 07 clinics VENA conducive included creating a family-friendly atmosphere with child-friendly areas.

As VENA became the standard of WIC nutrition care, LA 07 moved forward with preparations for Electronic Benefits Transfer scheduled to rollout in the Fall of 2008. To improve services and clinic flow with EBT implementation, extensive training on how to issue benefits with vouchers began, along with the renovation and relocation of clinics. Renovations included child-friendly play spaces, framed artwork depicting healthy families participating in activities, and wall murals.

Special Care ECI and Career Services honored LA 07 in May 2008 by commissioning a mural for the North Irving WIC Clinic #38. The mural was unveiled at a special event honoring WIC, which included Irving City officials and press coverage. The appearances of LA 07 clinics are beginning to reflect a dedication to families and commitment to healthy behavior change.

State agency training on EBT issuance and EBT policies and procedures and special formula

policies and procedures was held in September 2008. EBT was implemented on October 6, 2008, for LA 07. With the help of state agency staff, LA 07 was able to continue serving the at-risk women, infants, and children in Dallas County. As EBT becomes routine for LA 07 staff, they will begin to focus on training and implementation of the new WIC food packages due in October 2009.

Fiscal year 2008 began with a vision that monthly participation at LA 07 would reach 100,000; on September 30, 2008, that vision became reality. What a year, what teamwork, and what a staff at LA 07.

meet the new **2009** WIC dietetic interns



Christy Waldrop

Christy Waldrop comes to the WIC Dietetic Internship from the Waco-McLennan County Public Health District – WIC Program. A graduate of Texas Women’s University in Denton, Waldrop sees the internship as a way to get a well-rounded information base, to increase her knowledge in dietetics, and to provide more information and services such as high-risk counseling to WIC clients.

When asked what she hopes to learn during her internship, Waldrop responded, “Every-

thing I possibly can learn! I’m thrilled about all of my rotations and looking forward to seeing how dietitians work in all the different settings.”

Jesus Rivera

Jesus Rivera looks forward to learning more “about clinical nutrition—e.g. lab values, nutritional assessment, parenteral and enteral nutrition, and medications.”

A graduate of New Mexico State University in Las Cruces, New Mexico, Rivera joins the

WIC Dietetic internship from the El Paso Department of Public Health WIC Program. When asked why he decided to participate in the internship, Rivera said, “To gain higher knowledge in nutrition and to obtain my RD credentials.”

Ashley Simpson

A graduate of Texas A&M University, WIC Dietetic Intern Ashley Simpson currently works at Tarrant County WIC in Arlington.

With a bachelor of science in nutrition, Simpson decided to participate in the internship to build on her education. She hopes “to gain more knowledge about nutritional care in relation to specific diseases and in different stages of the lifecycle.”

Amy Schenck

Dietetic Intern Amy Schenck is a graduate of Texas State University with a major in BSFCS –nutrition and food, and a minor in business administration. She currently works at the West Garland clinic for Project 7 in Dallas.

When asked why she applied for the Texas WIC Internship Amy said, “ ... I have really enjoyed my first two years working for WIC and hope to further my education in Nutrition in order to better serve the WIC clientele.”

She hopes to gain extensive knowledge from all components of the internship, but most importantly looks forward to becoming more knowledgeable about the many aspects of pediatric nutrition.

Tejal Patel

Tejal Patel sees the WIC internship program as a good platform for strengthening her clinical and food service knowledge and enhancing her professional skills. “The internship program will help me broaden my area of serving the community and to treat higher degree of nutritional disorders,” says Patel.

Patel, who currently works for the City of

Houston, Health Department WIC, Project 26, completed her undergraduate degree at the Maharaja Sayajirao University of Baroda in India.

Kelley Roop

A graduate of Texas State University with a bachelor of science in nutrition and foods, Kelley Roop currently works at the Round Rock WIC 41-03. Roop decided to participate in the WIC dietetic internship to expand her nutrition knowledge base and fulfill her desire to help others achieve and maintain a healthy lifestyle.

“I hope to learn how to provide high-risk counseling to WIC participants in need and to become an effective link in overcoming the childhood obesity epidemic,” says Roop.

Lindsay Berryman

Lindsay Berryman, a graduate of Texas A&M University, currently works in West Dallas.

Since college Berryman has been dreaming about becoming a registered dietitian, and she felt this was the right time to take the next step and apply for a WIC Dietetic Internship.

“I’m excited to be able to do and see first-hand what I’ve been learning about from books all these years,” says Berryman.

Aditi Patel

Aditi Patel became interested in nutrition in high school and decided then to pursue her education in dietetics. Originally from Bombay, India, Patel moved to Toronto, Canada at the age of 13. She attended Palm Beach Community College and went on to receive a bachelor of science in dietetics from Florida International University.

Married and the mother of a baby boy, Patel currently works as a nutritionist at Project 7 in the Dallas County area.

“By receiving advanced training, I hope to assist and care for more challenging clients who are in real need for support,” says Patel.

Back row (left to right): Ashley Simpson, Amy Schenck. Front row (left to right): Kelley Roop, Christy Waldrop, Aditi Patel, Tejal Patel, Jesus Rivera, Lindsay Berryman.

next issue:

Children and Nature



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

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