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WIC

news

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Focusing on
WIC Kids

Making Healthy Choices this Summer

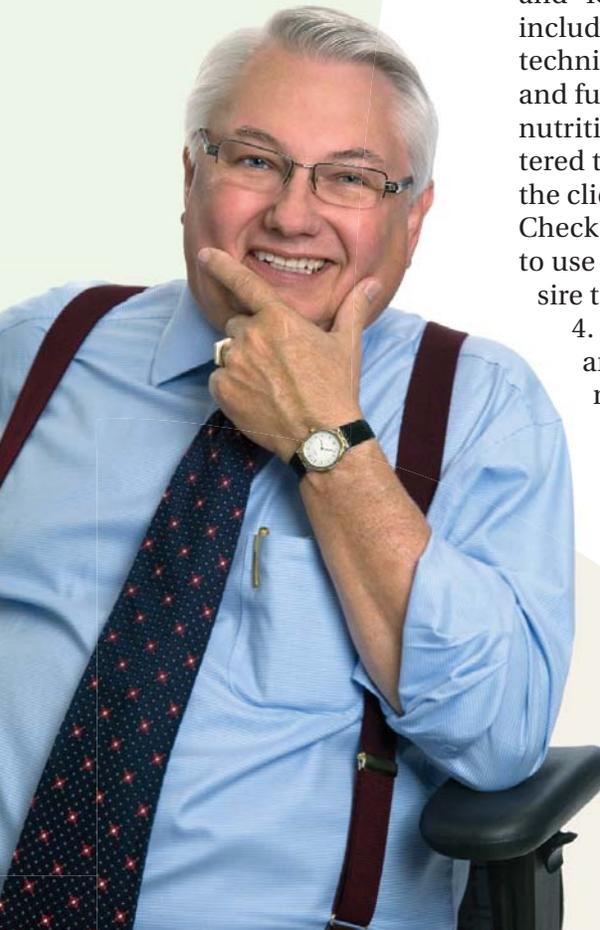
As the school year ends and summer begins, many parents — including our WIC participants — are looking for ways to keep their children entertained and healthy during the hot Texas summer months. For WIC staff, summertime often means more preschool-age children in the clinic, which provides a great opportunity to involve them in counseling and class sessions. While historically enrollment goes up during May and June, WIC is still struggling to keep our preschoolers on the program until their 5th birthday. This issue highlights creative ways to make the WIC process engaging for the whole family with kid-friendly education, family-friendly convenience, innovative obesity prevention programs, and nutrition information for all ages.

“A Closer Look at Snacks” on page 6 and “Kids in the Kitchen” on page 14 include ideas for snacks and cooking techniques that are healthy, simple and fun for the whole family. Making nutrition education more client-centered takes on a new meaning when the clients are under the age of five! Check out some suggestions on how to use kids’ energy and natural desire to learn in your classes on page 4. We’ve also included research articles on the new vitamin D recommendations and formula prebiotics and probiotics to help you counsel your WIC clients of all ages.

Studies continue to tell us that the most effective way to affect healthy behavior change is to make being healthy easy. Getting WIC services can be a challenge for some families during the summer, especially if WIC moms need to bring their children to appointments. On page 18, see how LA 77 makes the WIC process easier for all involved with their new “Drive-Thru Clinic” in Huntsville!

The hot temperatures ahead can lead to more time inside, making it hard to stay active. While nutrition services are at the core of the WIC program, several articles emphasize the important role daily physical activity plays in improving the health of our WIC families. “Let’s Move! Website: Check it out” on page 8 breaks down the First Lady’s “Let’s Move” campaign. The Project M.O.V.E. article on page 16 shows how LA 11 is using an obesity prevention mini grant to focus on childhood obesity. The WIC Wellness Works insert highlights how WIC staff continue to be inspiring role models for us all when it comes to making healthy lifestyle changes.

You’ll find plenty of exciting information and guidance on how to encourage WIC families to make healthy choices this summer. Thank you for taking the time and energy to make WIC warm and welcoming for family members of all ages, year round.



From the Texas WIC Director
— Mike Montgomery



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Getting Kids Involved:

How to create great child-focused classes

by Jennifer Loyo, Ph.D. and
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Nutrition Education Group

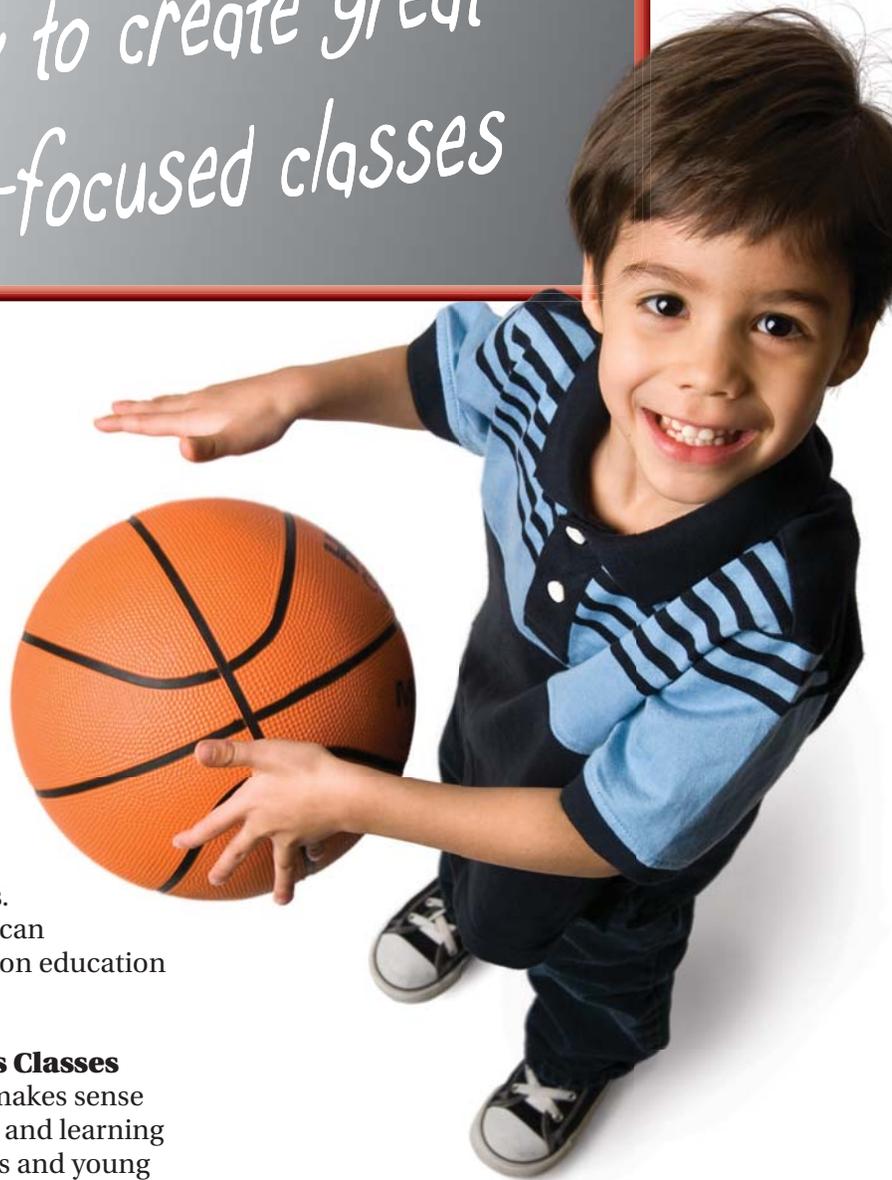
Young children love to learn. They learn by experiencing and doing. Children especially love doing what is right for their bodies, and as nutrition educators you can guide them toward healthy activities. In last year's May/June WIC News article, we discussed how to take small steps to be more kid-centered in classes. This article will focus on how you can create a preschool-friendly nutrition education class.

About Children and Children's Classes

In WIC, children are clients, so it makes sense to create classes for them. Playing and learning are completely natural for toddlers and young children. Young learners are eager to explore and learn from their environments. When designing a class keep in mind that allowing kids to touch, smell, taste, hear and test things for themselves increases their learning potential. Give them opportunities to ask questions, use their imaginations, and practice both their fine and large motor skills. Creating classes for children should be fun for you and your staff. Be creative and use your imagination. It's like preparing for a celebration of learning.

Classroom Setup

Classroom setup is a key consideration when



creating child-focused classes because the environment must be engaging to the young learner. Remember the feeling of excitement you got at birthday parties when you were young? That is the feeling you should try to create for your child-focused classes. Look for attractive props and kid-friendly activities to help invigorate learning.

For example:

- If you have windows in the room, put fun decals or soap paintings on them (changing the images with the seasons).

- Have “mini” furniture to help children feel included in the lesson and a carpeted area so everyone can safely get down on the floor and be active.
- Put out important objects for the class so that the kids can start playing with them right away (put away any other distracting objects).

Getting Started

Since children love to move and seem to be on the go all the time, it is best to start the class by releasing some of their energy. Remember the “wiggelator” in *Zobey? Kids* are asked to get up and wiggle in order to charge *Zobey’s wiggelator* time machine that will take them to fabulous places. When you plan your class, create “starters” that can get the wiggles out and help your WIC mini-clients focus (don’t forget to get the parents involved).

For example:

- Start by dancing to a song.
- Try doing a little head, shoulders, knees and toes.
- Play a short game, such as hot tomato (instead of potato) so they play with new vegetables.

The Message

Your child-focused message should be crystal clear and presented in multiple ways throughout the lesson. Messages should be tailored to the child and reinforced by the parents and other family members. In your lesson make sure to encourage the child to talk about the things they learn at WIC with their family (such as grandparents, siblings and other relatives).

For example, if your message is about brushing your teeth at least twice a day:

- Try using fake teeth and prompts to tell a story that involves both parents and children brushing.
- Have an actual in-class exercise where children teach their parents about what toothpaste to use, the color of the tooth brush, the taste of the toothpaste, and how to brush their teeth correctly. Then invite the parents to continue the tooth brushing practice at home.

Types of Activities

Young children love to play, dance, sing, jump, color, draw, listen to stories and explore. Your

child-focused class (and the embedded messages in each class) should be simple, clear and presented to them in formats that include natural activities that kids adore. Young children have very short attention spans, so you should plan to have three to five short activities that incorporate your message. Make it a habit when designing these classes to have activities that are fun, short and simple.

For example, if you are planning a class to encourage young children to eat more fruits and vegetables you might consider:

- Singing a song, such as “I love to eat apples and bananas.”
- Reading a story, such as “Grandpa’s Garden Lunch” by Judith Caseley or “Growing Vegetable Soup” by Lois Elhert.
- Coloring a fruit while talking about how fun they are to eat.
- Having a taste test memory game where they taste a fruit and try to match it to its image.

Wrapping It Up

Preschoolers and young children love to participate; plus the older they get the more opinions they have. Close the lesson by asking them what they liked best. This will give you insight into their world and you will learn what they enjoyed most as well as provide ideas for your next class. Have fun with your participants and try getting the last little bit of energy out of them.

For example:

- Toward the end of your session ask them how much they enjoyed the class. After they respond you can say something like: “I can’t hear you” and let them really shout it out again. Remember, repetition is the best way to engrain learning.
- If that exercise isn’t noisy enough for you, you can say something like, “I want to hear how much fun you had today,” and have the kids yell, “WIC helps me grow” or some other great relevant phrase.

Our smallest clients are our most important, and are most excited about learning. Children are “sponges” with information, and are eager to learn and impress others with their knowledge. WIC child-focused classes can tap into this excitement with great nutrition messages that they will keep forever.

a closer LOOK at SNACKS



by Jessica Coll, R.D.
Nutrition Education Consultant

Chips, cookies, sodas, cakes, crackers... Are there any healthy snack choices at the grocery store? The answer is *yes*. Let's take a look at how today's preschoolers are eating, and explore some healthy snack ideas that WIC staff can share with WIC families.

How Are Preschoolers Eating?

Parents face an overwhelming array of snack choices at the grocery store. With so many choices available, it's not surprising that kids are snacking much more than they used to. Interestingly enough, a recent study by Pier-nas showed that children from 2- to 6-years-old consumed 182 calories more from snacks in 2006 than they did in 1977. Preschoolers' nutrient needs are high, relative to their calorie requirements. That means that there is little room in their diets to eat low-nutrient, high

calorie foods (like chips and cake) without exceeding energy needs. Basically, parents need to make wise snack choices for their children. Healthy snacks are important for “small-tummied” preschoolers and an integral part of meeting nutrient needs.

Evidence from the 2008 Feeding Infants and Toddlers Study (FITS) discussed in the December 2010 Supplement issue of the *Journal of the American Dietetic Association* suggests that parents of many young preschoolers across the United States are following recommendations to avoid whole milk, limit consumption of fruit juice, and offer whole-grain breakfast cereals. The WIC counseling sessions and classes on these topics surely have contributed to these efforts. Great job WIC staff! However, FITS also found that a large percentage of children do not consume a single fruit or vegetable in a day. In fact, almost one third of preschoolers did not eat any vegetable and about one quarter did not eat a single fruit. Another finding of concern is that about 85 percent of preschoolers consume some type of sweetened beverage, dessert, or sweet or salty snack daily.

The bottom line: preschoolers eat too many sugary and salty snack items and too little fruits and vegetables.

Healthy Snack Ideas

The key is to focus on fruits and vegetables while slowing down the consumption of dessert-type items, sweetened beverages and salty snacks. As educators, our role is to give very specific guidance to help parents identify high-calorie foods and replace them with more nutritious foods. Encourage parents as they make small changes.

Below are some healthy snack ideas for WIC families to enjoy:

- **Colorful nachos** – Top whole-grain tortilla chips with green and red peppers, beans, salsa and low-fat shredded cheese.
- **Refreshing summer smoothie** – Blend ½ cup low-fat yogurt, 1 cup low-fat or fat-free milk with 1 cup frozen fruit. Sprinkle with cinnamon for a delicious summer refreshment.
- **Frozen banana** – Cut a banana in half and put each half on a popsicle stick. Roll the halves in yogurt and then coat with whole-grain cereal and freeze. Perfect for hot Texas weather.
- **Yogurt parfait** – Layer fruit, like strawberries and blueberries, and low-fat yogurt in a transparent glass. Top with whole-grain cereal.
- **Trail mix** – Combine whole-grain cereal, dried fruit, such as raisins and papaya, and nuts, such as almonds and peanuts. Place in a sandwich bag for a nutritious to-go snack. (Keep in mind that these items are choking hazards for children under the age of four.)
- **Snack kabobs** – Cut up cubes of low-fat cheese and place them with sliced grapes or strawberries on mini pretzel sticks.

For more snack ideas, try ordering the “Gift For Food” handout (Stock no. 13-06-12900) online at <http://www.dshs.state.tx.us/wichd/WICCatalog/contents.shtm>. You can use this handout to prompt discussion during an individual counseling session and to offer parents additional snack ideas.

Preschoolers are full of energy and love snack time. With so many choices at the grocery store, parents may ask for guidance in choosing snacks wisely. So when you see a 2-year-old come into the clinic eating cheesy-like-chip-substances, ask open-ended questions and get a dialog going. It may provide a good opportunity to offer your advice.

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LET'S MOVE! Website: *Check It Out!*

by Elizabeth Bruns, R.D., L.D.
Nutrition Training Specialist, Clinic Services



First Lady Michelle Obama is spearheading an anti-obesity initiative, the *Let's Move!* campaign, to improve the health and wellness of America's youth and to reduce obesity-related medical conditions. According to the Centers for Disease Control and Prevention, about one third of American children and adolescents are obese or overweight. That's about 25 million kids. Government data indicates that the United States spends about \$147 billion annually on weight-related medical expenses.

The *Let's Move!* campaign:

- Promotes health through good nutrition and exercise from the start.
- Empowers parents to make informed decisions regarding their children's health and wellness.
- Provides healthy foods in schools.
- Promotes physical activity.
- Provides access to affordable healthy food.

You can access the *Let's Move!* website at www.letsmove.gov. The *Let's Move!* website provides important information for families and professionals on nutrition, health, and fitness. There are five pages indexed at the top of the *Home* page. The page, *Learn the Facts*, states the case against obesity and reasons to support better nutrition and more physical activity for everyone, starting in youth and through-

out a lifetime. *Eat Healthy* is also indexed at the top of the *Let's Move! Home* page.

Eat Healthy

As of February 2011, parents can access a lot of information and tools for making healthy decisions related to their children's wellness on the *Eat Healthy* web page. On this page there are links to www.DietaryGuidelines.gov and www.MyPyramid.gov. The *Dietary Guidelines* site provides important information on what Americans should and should not be eating. The *My Pyramid* site has information on how to plan meals and track foods eaten and activity performed. In addition to linking to the *My Pyramid* site, one can click on the *Let's Cook* link to access more meal plans and recipes.

Healthy Schools

From the *Eat Healthy* page, parents and school officials can access the *Healthy Schools* page, which includes information about the Healthier U.S. Schools Challenge Program. This program sets standards for food quality, nutrition education, and physical activity. Schools meeting the standards are recognized.

LET'S MOVE! Healthier Schools supports reauthorization of the Child Nutrition Act, specifically the National School Breakfast Program and the National School Lunch Program. Eleven million children participate in the School Breakfast Program and 31 million participate in the School Lunch Program. (The Child Nutrition Act is the legislation that also



authorizes the Women, Infants, and Children Special Nutrition Program, or WIC. You'll notice the WIC program is referred to throughout the *Let's Move!* site.)

Since so many children consume a significant portion of their daily caloric intake from school feeding programs, it is imperative that food at school be healthy and nutritious. According to information on the *Healthy Schools* page, major school food suppliers have agreed to meet the Institute of Medicine's recommendations within five years to decrease the amount of sugar, fat, and salt in school meals. They have also agreed to increase the amount of whole grains and double the amount of fresh produce they serve within ten years.

Physical Activity

Kids need 60 minutes of active play or exercise each and every day. On the *Get Active* page, indexed at the top of the *Let's Move! Home* page, one can access information and ideas to get children moving at school, after school, and at home. There are links for planning a walk to school event, a tool for finding safe bike routes, and suggestions for being active as a family and for reducing screen time. Check out *Let's Move Outside*, accessed from the *Get Active* page. This page provides links to find forests, parks, federal lands, trails and water close to where one lives. It lists a number of organized programs such as the *Let's Go Outside* campaign by the Fish and Wildlife Service and also ideas for other outdoor activities.

Access to Affordable Healthy Food

Ever heard of a food desert? That's desert, not dessert. A food desert is a low-income rural or urban neighborhood that is more than one mile from a grocery store. Access to affordable and nutritious food is limited in a food desert. Many people don't have transportation and may rely on convenience stores for their grocery needs. Convenience stores aren't generally known for their affordable and nutritious foods. Instead, they tend to carry "convenience" foods and what we often refer to as "junk food."

A proposed budget of \$400 million is earmarked for the Healthy Food Financing Initiative, a collaboration of the U.S. Departments of Treasury, Agriculture, and Health and Human Services to provide innovative financing to bring grocery stores to underserved areas and help places such as con-

venience stores and bodegas carry healthier food options. The goal is to eliminate food deserts across the country within seven years.

The *Take Action* page, indexed at the top of the *Home* page, provides links to sites that have suggestions for bringing farmer's markets and farm stands, and school and community-based food and nutrition programs to food deserts. There is also a page with suggestions for starting a community garden.

Let's Move! WIC

WIC staff know that good nutrition and physical activity are key to health. Many Texas WIC local agency and state office staff participate in WIC Wellness Works, a work-based program for WIC staff that promotes good nutrition and physical activity. If you aren't familiar with WIC Wellness Works, read the article, "Take a Stand," in this issue of the *Texas WIC News*. WIC staff know that one of the best ways to teach is by example, and those participating in WIC Wellness are doing just that.

WIC supports the approach of *Let's Move!* by providing nutrition education classes and individual counseling on both good nutrition and physical activity to women and children, and by encouraging participants to involve the whole family in healthy meals and active play or exercise.

The hope for the *Let's Move!* campaign is that it will be as successful in improving the health and fitness of America's youth as the anti-smoking campaign that began in the 1980s was in reducing the number of Americans who smoke cigarettes.

Texas WIC fully supports the *Let's Move!* campaign. Let's Move!

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Prebiotics and Probiotics: *Newest Additions to Infant and Toddler Formula*

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

As knowledge continues to unfold about the amazing beneficial properties of breastmilk, formula manufacturers try to reproduce those qualities in their products. Recently, U.S. formula manufacturers have started adding prebiotics and probiotics to some of their infant and toddler formulas. This article will define and compare prebiotics and probiotics and help the reader understand the rationale for these most recent additions to select formulas.

milk receive a complex mix of prebiotics and probiotics, which are transferred to the baby through this milk. These substances act to promote the growth of and establish the predominance of so called “beneficial bacteria” in the intestines early in life.

What are “Beneficial Bacteria”?

Bifidobacteria makes up 90 percent of intestinal bacteria in the majority of breastfed infants, whereas formula-fed infants’ intestines contain more enterobacter strains and there is not typically a predominance of any one strain. Bifidobacteria and other so called, “beneficial bacteria”, serve many health-protective functions. First, they ferment carbohydrates in the colon to produce short chain fatty acids, such as acetic, butyric and lactic acids. These acids make the gut environment more acidic, which then inhibits the growth of potentially harmful bacteria, such as Clostridia difcili and Eschericia coli. This is thought to be one of the reasons why breastfed infants experience fewer bouts of diarrhea and other types of infections than do formula-fed infants. Secondly, they line the intestinal wall, acting as a barrier to help prevent disease-causing bacteria and potential allergens from entering the body. Other beneficial effects include the enhancement of mineral absorption and the synthesis of vitamins, such as vitamin K and folic acid.

What are Prebiotics?

Prebiotics are carbohydrates that are resistant to digestion by stomach acid

(Continued on page 11)

Prebiotics



Probiotics



Background

Soon after a baby is born, the intestines are “colonized” with bacteria. The types of bacteria that are first established in the gut are determined by two major factors. The first depends on how the baby was born, whether by C-section or vaginally.

The second factor is the baby’s diet. Babies who are born vaginally and who are breastfed tend to have intestines that are colonized with greater amounts of health-protecting bacteria, such as bifidobacteria and lactobacilli than the intestines of babies born by Cesarean section or are formula-fed. Babies who are fed human

Take a Stand!

Are you sitting down right now? Or, more importantly, are you standing up? The evidence continues to grow: sitting can be harmful to your health. Not only that, but excessive sitting might even be detrimental for those individuals who meet the recommended exercise guidelines. There's been a lot of recent research on the health effects of sitting (some of it conflicting), but what does it really tell us and what does it mean for you?

Although it's been a high interest subject lately, research on sitting actually began back in the early 1950s. The earliest studies focused on occupational (work) activity found that bus drivers and mailroom sorters (those who mostly sat during their work hours) had a higher incidence of cardiovascular disease than bus conductors and postal workers who had more active jobs. Since that time, most "sitting" research has focused on sitting during leisure time activities rather than work activities. Results from these studies have highlighted that leisure time spent sitting, specifically sitting during television viewing and sitting in automobiles, is linked to an increased risk of premature death. In a study tracking more than 120,000 adults, researchers found those who sat more than six hours a day during their leisure time were significantly more likely to die in a 14-year period than those who sat less than three hours. This association was found to be stronger in women than in men. Additionally, time spent sitting, especially when watching television, is linked to greater food consumption and increased weight gain. Studies of both adults and children have shown that reducing the time spent sitting leads to a lower risk of type 2 diabetes and obesity.

Does this mean that regular exercise is not as important as we have been told over the years? Not at all, the Centers for Disease Control and Prevention still recommend 150 minutes of moderate physical activity or 75 minutes of vigorous activity plus two or more days of muscle strengthening exercise each week. Lack of physical activity is not the same as too much sitting. "We used to think that just exercising was the answer. Exercising is still very important, but in addition we are learning that too much sitting may be in itself a problem," said Dr. Nevill Owen at a meeting at the Stanford Center on Longevity in July 2010. Based on what is currently known, how can we use this information in our own lives? Evidence definitely suggests that excessive sitting during our leisure time is linked to increased risk of disease as well as an increase in mortality. This should lead us to reevaluate how we spend our leisure time or at least what we do during this time. Does it mean we

(continued on WIC Wellness Works - Insert D)



“I Can Do This”

Lisa Davis, with Local Agency 7 in Dallas, is a full-time WIC employee and a single mother with three children aged six and under. So how has she managed to find the time and energy to exercise and eat more healthfully, allowing her to trim down four dress sizes in less than a year? Creativity and determination!

After going through a difficult life change that triggered weight gain, Lisa woke up one day with a breakthrough thought, “I can do this. I can get my confidence back.”

Lisa then began exercising five days a week. During WIC Wellness Works’ Walk the World with WIC program, she realized “If I don’t have time at home to exercise, at least I have some time at work.” Walk the World inspired Lisa to take the stairs at work. Not only did she walk all four flights up to her clinic – but she did it with hand weights. Lisa explained, “I keep 12-pound dumbbells



Lisa after she dropped four dress sizes and fit back into her "pre-pregnancy" clothes.

at work in my desk. On my break and at the beginning and end of the day, I’ll walk the stairs holding my weights.”

Lisa’s enthusiasm and dedication has inspired her coworkers. “They saw me walking the stairs and joined in. They’d come by and say, ‘Can I borrow your weights?’” That interest and support has helped Lisa too. “We keep each other motivated,” she said.

Another way Lisa stays motivated is to switch up her routine. She plays on a soccer team, goes rollerblading, runs at a nearby park, takes spin classes, and exercises with different fitness videos. “I try a variety of activities so I don’t get burned out,” Lisa explained. Having a range of choices also helps her on extra busy days. “Even if I have only 30 minutes, I’ll walk the



Lisa before she began exercising five days a week. She had gained weight with the birth of her three children.

treadmill, walk the stairs, or do some sit-ups.” Fitting in those 30 minutes pays off throughout her day. “I used to be tired all the time. Exercise gives me energy. It relaxes my mind and lets my frustration out.”

Lisa’s diet plays an equal part in meeting her health goals. It wasn’t easy at first. Lisa struggled with a lack of time and, she shared, she wasn’t “big on vegetables,” but she found inventive ways of preparing and enjoying healthier food. “I started playing with a lot of different seasonings and learned how to cook vegetables in ways I like. Every week, I tried new vegetables and seasoned them differently. I also tried adding vegetables to things I wouldn’t normally add them to – like adding spinach to quiche.”

In experimenting, Lisa found that healthier alternatives to her favorite dishes were just as enjoyable. “Instead of eating fried catfish, I baked tilapia. Instead of fried chicken, I grilled chicken breasts.” Still, Lisa admitted, “Dieting is not easy.” To feel satisfied, she said, “I drink at least five bottles of water a day. I snack on apples or grapefruit, sugar-free pudding, or popsicles.”

The key to Lisa’s success lies in her creativity and determination. She finds multiple ways of moving, preparing and enjoying food, and fitting healthy behavior into her life. All that diversity keeps things interesting and offers Lisa the flexibility she needs. Lisa is living proof that even the busiest among us can improve our lives if we creatively find what works for us and if we don’t give up on our goals.

recipe

Fish Tacos

Here is a simple summer dish that you can serve with a side of black beans and sliced watermelon for dessert. This quick and easy meal is the perfect way to end a hot summer day.

Preparation Time: 30 minutes

Number of Servings: 6

Ingredients:

½ cup nonfat sour cream
¼ cup fat-free mayonnaise
½ cup chopped fresh cilantro
½ package low sodium taco seasoning, divided
1 pound (4 total) cod or white fish fillets, cut into one-inch pieces
1 tablespoon olive oil
2 tablespoons lemon juice
2 cups shredded red and green cabbage
2 cups diced tomato
12 six-inch warmed corn tortillas
Lime wedges for serving

Directions:

In a small bowl, combine sour cream, mayonnaise, cilantro, and 2 tablespoons seasoning mix and set aside. In medium bowl, combine cod, vegetable oil, lemon juice, and remaining seasoning mix. Place fish into large skillet. Cook, stirring constantly, over medium-high heat for four to five minutes or until cod flakes easily when tested with a fork. Fill warm tortillas with fish mixture. Top with cabbage, tomato, sour cream mixture, lime wedges, and taco sauce.

Nutrition Facts

Calories 270 Calories from Fat 50

Total Fat 7g

Saturated Fat 0g

Trans Fat 0g

Cholesterol 35mg

Sodium 400mg

Total Carbohydrate 37g

Dietary Fiber 4g

Sugars 5g

Protein 16g

Take a Stand!

(continued from WIC Wellness Works - Insert A)

shouldn't sit and read a book for several hours? Definitely not, but it appears that it is important to take breaks by standing and moving around at regular intervals (standing at least once every hour).

What does this mean for those of us who work in offices and sit for long periods during the day? Efforts are underway to study occupational "sitting" more stringently, however it's never too early to "take a stand" and use every opportunity to add a variety of physical activity into your day. As an added bonus, standing burns 50 calories more per hour than sitting! Consider the suggestions below or come up with your own in order to incorporate more "standing" time during your day.

Take a Stand at Work and at Home!

Finding Ways to Stand At Work

- ✿ March in place while talking on the phone.
- ✿ Stand up every 30 minutes and stretch.
- ✿ Walk messages around the office instead of calling or e-mailing.
- ✿ Take a 5-10 minute walk outside during a break or at lunch.
- ✿ Stand up for one or more agenda items during a meeting.
- ✿ Stand while filing papers.
- ✿ Set a timer on your desk to remind yourself to stand up once or twice an hour.

Finding Ways to Stand At Home

- ✿ Stand up and march in place during commercials while watching TV.
- ✿ Stand up when talking on the phone.
- ✿ Walk to the TV to change the channels.
- ✿ Set a timer to go off every 30 or 60 minutes - stand up and stretch when it goes off.
- ✿ When taking a long trip in your car, stop regularly so you can get out and stretch.
- ✿ Create a work area (like a high kitchen counter/bar), where you can comfortably stand and work at a computer or do paperwork.



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Prebiotics and Probiotics

(continued from page 10)

and enzymes, and pass intact to the lower gastrointestinal tract. Once there, these carbohydrates serve as food for a select group of naturally occurring beneficial bacteria, such as bifidobacteria.

Breastmilk contains a complex mix of prebiotics called human milk oligosaccharides (HMOs). In fact, HMOs are the largest component of breastmilk with over 100 having been identified so far. HMOs cannot be reproduced because they are dynamic substances, which differ based on the genetics of the mother and her stage of lactation. For example, colostrum contains greater amounts and different varieties of HMOs than transitional or mature human milk. Although it is impossible to fully replicate HMOs, formula manufacturers have produced some oligosaccharides that have been shown to increase levels of bifidobacteria and produce stools that are more like stools of the breastfed baby. Prebiotics may prove to be beneficial in reducing common infections and allergic disease, but randomized controlled studies are still needed to prove their efficacy, according to a clinical review by the American Academy of Pediatrics (*Pediatrics*. Vol. 126 No. 6 December 2010, pp. 1217-1231).

Examples of prebiotics added to formula include galactooligosaccharides (GOS), polydextrose (PDX), lactulose, inulin, and fructooligosaccharides (FOS). These prebiotics may be able to impart some, but not all of the health benefits of HMOs and enhancing the growth of beneficial bacteria is dependent on the bacteria being present in the first place. Examples of formula that contain prebiotics are the infant formulas, Similac Advance Early Shield™ (GOS) and Enfamil Premium™ (GOS and PDX), and the toddler formula, Enfagrow Premium™ (GOS and PDX).

What are Probiotics?

Probiotics are live bacteria that, in some part, are thought to be passed to the infant through breastmilk. Early evidence shows that certain cells in human milk can transport bacterial components derived from the mother's intestines through breastmilk to her baby. Probiotics are another new addition to some

powdered infant formulas. Unlike prebiotics, which encourage the growth of bacteria already present in the gut, probiotics are the actual live bacteria. When added to formula, the idea is to produce an intestinal microflora more like that of the breastfed infant and for the infant to gain similar health benefits. Once powdered formula is reconstituted with water, these live bacteria start to grow. Unlike formula with probiotics, which may contain only one strain of bacteria, breastmilk contains various strains and amounts of bifidobacteria. Bifidobacteria lactis (Bifidus BL) and lactobacillus rhamnosus (LGG) are examples of bacteria that are currently added to select formulas. The health benefits of probiotics depend on the strain used to fortify the formula and the desired health benefit. For example, some beneficial bacteria have been shown to decrease the incidence of rotavirus, a common cause of diarrhea in infants. Examples of formulas containing probiotics are Gerber Good Start Protect PLUS™ (Bifidus BL), Nutramigen with Enflora LGG (lactobacillus rhamnosus GG) and Gerber Good Start 2 Protect PLUS™ (Bifidus BL).

The Future of Formula

The addition of prebiotics and probiotics to formulas for premature infants is currently being studied. Preliminary results show that establishing a healthy gut microflora in these babies may protect against necrotizing enterocolitis (NEC). However, the amount of probiotics to use and the mix of which species of bacteria to use is still under debate. Prebiotics and probiotics may prove to be beneficial in reducing common infections and allergic disease, but randomized controlled studies are still needed to prove their efficacy.

The Clinical Report, "Probiotics and Prebiotics in Pediatrics," from the American Academy of Pediatrics was recently published, (*Pediatrics*. Vol. 126 No. 6. December 2010. pp. 1217-1231) and may be reviewed for more information.

Formula is a long way from the gold standard of breastmilk, which is a dynamic and complex, living source of nourishment for babies. One thing is certain — we will continue to see changes and additions to formulas as new information emerges and technology advances.

The Vitamin D Debate

by Tonia Swartz, R.D., L.D.
Clinical Nutrition Specialist

Vitamin D recommendations and the health benefits associated with vitamin D continue to be a deeply debated topic. The public is inundated with conflicting information. To help address this, the Institute of Medicine (IOM) formed a committee of experts to review evidence on the potential benefits vitamin D may have on health outcomes (such as with cancer, diabetes, heart disease) and update the Dietary Reference Intake (DRI) recommendations. The IOM released their findings in November 2010. In brief, the IOM based their recommendations and conclusions on a review of “more than one thousand studies and reports” as well as testimony provided by scientists.



IOM Recommendations

	Old	New
Infants - birth to 6 months	200 IU (AI)* /day	400 IU (AI)* /day
Infants - 6 to 12 months	200 IU (AI)* /day	400 IU (AI)* /day
Children - 1 to 19 years	400 IU/day	600 IU/day
Adults	400 IU/day	600 IU/day
19 to 50 years, pregnant/ lactating	400 IU/day	600 IU/day

*AI-Adequate Intake

The Tolerable Upper Level Intake recommendation for vitamin D increased from 2,000 IU a day to 4,000 IU a day for those 9 years of age and older.

The new recommendations for infants now fall in line with the American Academy of Pediatrics (AAP) recommendations, which were changed November 2008. The AAP recom-

mends 400 IU/day of vitamin D beginning in the first few days of life. The IOM also concluded that North Americans are receiving enough vitamin D and that evidence supports vitamin D's role in bone health, but does not support that higher levels of vitamin D provide greater health benefits in other areas of health. Herein lies the debate.

Topic of Debate

There has not been a show of overwhelming support from the expert community for the IOM's findings or new DRI recommendations. While some applaud the increase in the recommended amount as a positive step forward, others feel that the new DRIs are still too conservative. To understand a little about the debate, it may help to understand how the early recommendations were first established.

Vitamin D was named in 1921 by Elmer McCollum who discovered it by testing modified cod-liver oil, and so named because it was the fourth vitamin to be named. Early vitamin D recommendations were based on an approxi-

mation of the amount of vitamin D contained in a teaspoon of cod-liver oil that was effective and safe in preventing rickets in infants and children. The early adult recommendation was based on half of that infant dose.

Fast forward to the new DRIs of which some research experts have pointed out are grossly inadequate. For example, when you compare the recommended amount of vitamin D for an infant to the amount recommended for a pregnant woman, there is little difference. Experts argue that research has shown there is an increasing number of vitamin D deficient pregnant and breastfeeding women and they feel the IOM ignored the data supporting the need for additional vitamin D for these women. When compared with the 10,000 IU of vitamin D₃ that the body generates with just 10 to 15 minutes of peak sun exposure, the IOM's recommendation of 600 IU for adults falls drastically short of our own production capacity of vitamin D, which could arguably be considered safe and adequate.

Opposing experts also feel the DRI amounts are based on disease prevention and not optimal health. For their part, the IOM report states that not knowing the amount of vitamin D that was consumed in the diet and because the amount of sun exposure varies from person to person, making a recommendation is complicated. In making the DRI they assumed minimal sun exposure.

There is also disagreement within the community of vitamin D researchers as to what is considered a "normal" vitamin D blood level. Some experts believe 35 ng/ml is an optimal level, while other believe 50 ng/ml is the optimal level. The IOM states that greater than 20 ng/ml is the average blood level needed to support good bone health. The issue may in part be due to the fact that not all laboratories use the same cut-off point in determining what level is considered deficient. The IOM concludes that deficiency may be over-reported because of this.

Another element of the debate includes claims from some in the expert community that the IOM consulted with 14 vitamin D experts, but

did not include their expert testimony in the final report. Consulting experts included Dr. Robert Heaney, one of the leading experts on vitamin D and Dr. Walter Willett of Harvard, a world renowned expert in nutrition.

At WIC

How can we help our participants sort through all the information? Explain to participants who have concerns that research is an ongoing process and that Texas WIC will follow the IOM and AAP recommendations as "best practice" guidelines. As always, participants should follow their doctor's recommendations. Vitamin D will continue to be in the headlines, so don't miss the opportunity to monitor the debate as it continues.

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KIDS IN THE KITCHEN



by Erica Harris, M.S., R.D., L.D.
Nutrition Education Consultant
&
Meghan Coffey
Nutrition Education Consultant

In addition to being fun, getting kids into the kitchen is a fantastic way to set the foundation for lifelong healthy habits. When children help with age-appropriate tasks in the kitchen they are more likely to gain an appreciation for food, and more likely to enjoy the foods they create. This article will discuss “why” and “how” WIC staff can empower WIC parents to get into the kitchen with their kids.

Why Get into the Kitchen with Kids?

One of the most important things parents can do to instill healthy habits in their children is to prepare nutritious foods. According to 2008 data from the Feeding Infants and Toddlers Study (FITS), french fries were the most commonly consumed vegetable by children aged 2 and 3 years in the United States. It's clear that parents need encouragement to expand the selection of nutritious foods served, and WIC is perfectly poised to provide support. Now that WIC food packages include a variety of fresh fruits, vegetables, and whole grains, it's more important than ever for WIC staff to help WIC families develop the skills and confidence to enjoy cooking these foods.



Encouraging young children to try new foods can be challenging, but the more parents create positive experiences relating to food, the more likely children will be to accept a variety of new foods. When talking with parents, WIC staff can remind them that involving kids in preparing meals can be a fun bonding experience for the whole family. Involving children in picking out new recipes to try or setting the table includes them in quality family time instead of TV or computer time. Decorating aprons or hats that the children can wear may get them excited about special time in the kitchen.

Helping with food preparation is also a good way for children to gain a sense of responsibility, practice teamwork, and reinforce learning of other basic skills. Parents can teach children new words by reading the ingredients in a recipe. Counting the number of eggs in a recipe or the minutes on a timer is a great way to practice basic math skills. Emphasizing the importance of hand washing teaches food safety, and exploring where fruits and vegetables come from helps children appreciate the science of how plants grow.

How to Get into the Kitchen with Kids?

When it comes to kids in the kitchen, simple is best. Encourage parents to involve their children early with age-appropriate tasks, and build up to more complex tasks over time.



Below are a few age-appropriate tasks for preschoolers.*

Age (years)	Kitchen Activities
2	<ul style="list-style-type: none"> Wipe tables Place things in trash Help read a cookbook by turning pages Make "faces" out of pieces of fruits and vegetables Rinse vegetables or fruits
Everything that a 2-year-old can do, plus:	
3	<ul style="list-style-type: none"> Add ingredients Squeeze citrus fruits Stir pancake batter Name and count foods
Everything that a 3-year-old can do, plus:	
4	<ul style="list-style-type: none"> Peel eggs and some fruits, such as oranges and bananas Set the table Crack eggs Help measure dry ingredients Help make sandwiches and tossed salads
Everything that a 4-year-old can do, plus:	
5	<ul style="list-style-type: none"> Measure liquids Cut soft fruits with a dull knife Use an egg beater

*Source: USDA MyPyramid for Preschoolers

When working with WIC families, remember that no one strategy is perfect for everyone. Listen to clients and help them find what works for them.

Here are a few easy and fun ideas that the whole family can enjoy together.

- * **"Build your own" pizza or taco night:** Set out whole wheat pizza dough, or corn or whole-wheat tortillas, and a variety of healthy toppings. Then let the kids build their special individual plate. They love picking out their own toppings!
- * **Super salads:** Let children help choose their favorite vegetables or fruits to mix into the family salad. Let them wash the produce and help prepare it.
- * **Parfait snacks:** Set out low-fat yogurt, fresh fruit, and cereal. Let children layer the ingredients to create their own colorful parfait for snack or dessert. Or blend the ingredients up with ice for individual smoothies.
- * **Container gardens:** Plant vegetables or herbs in pots to create a small container garden. Let children help with the planting and watering. They will love to see what grows in their garden. They will also enjoy planning fun ways to use their creations.

WIC Staff's Role

WIC staff can help increase clients' confidence in the kitchen by being positive role models and providing a variety of nutrition education opportunities. Individual counseling and group education at WIC are great avenues for staff to listen to clients, learn how they prepare food with their families, and build more interest and enthusiasm for healthy cooking. Some local agencies have facilitated cooking demonstrations and added taste tests of healthy foods to nutrition education classes, and others have even created container gardens at their clinics. You can also check out the new client-centered lesson "Cooking with WIC Foods" and consider adding it to your nutrition education plan next year. Getting into the kitchen is a healthy habit for everyone, especially the kids!

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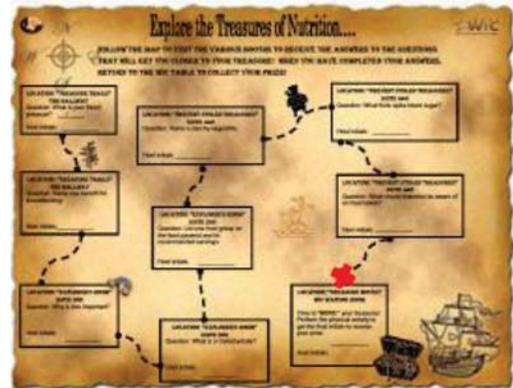
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Local Agency 11 Ignites Project M.O.V.E. into Action!

Submitted by Krystle L. Griffin
WIC Health Educator, LA 11

Local Agency 11, Galveston County WIC, has launched “Project M.O.V.E.” (Motivating Others Via Education) with a goal of decreasing the incidence and prevalence of obesity among WIC participants. Childhood obesity is a consistently growing problem in our county. Working together as a team we plan to reach this goal by raising awareness and educating our parents.

Of the events planned for Project M.O.V.E., the celebration of National Nutrition Month in March 2011 was one of the largest activities scheduled. LA 11’s health educator, Krystle Griffin, worked diligently with WIC director, Tiffany Rice, and local agency site managers and volunteer staff to plan the event. WIC clients “Explored the Treasures of Nutrition” by participating in a scavenger hunt for hidden treasures, held in three rooms at the Texas City location. The rooms housed interactive booths featuring such activities as nutrition and taste testing, nutrition and diabetes assessment, and physical activity with fun fitness videos. The participants used a map to guide them through their journey. The map featured questions



tion necessary. Our client’s discovered recipes for cutting the sugars and fats in meals, food label reading, downsizing portions tips, and how to select leaner meats.

The celebration also included a cooking demonstration with a chef, taste-testing challenges, diabetes assessments, as well as some fun salsa moves with selected staff hosting Zumba on DVD. The event was education with a twist, as our families met the challenge and explored nutrition the non-traditional way.

A pilot obesity workshop for WIC families titled “Weigh your Options, and Know your Facts” is another planned Project M.O.V.E. event. This workshop was created and is being put together by LA 11’s site manager and nutritionist, Brittany Mack, and health educator, Krystle Griffin. They are working with state agency nutrition and breastfeeding education liaison, Tracy Erickson, to form client-centered lesson plans. Participants who partake in this workshop will earn class credit. The workshop has two focal points. The first focal point is designed to dispel misconceptions of underweight, overweight, and obesity. Many take for granted that our participants know what these terms mean, and in fact many of them don’t. This workshop helps clients have a clear understanding of the differences of these terms, as well as the risk factors for each. The second focal point concentrates on making small dietary changes. In our efforts to control



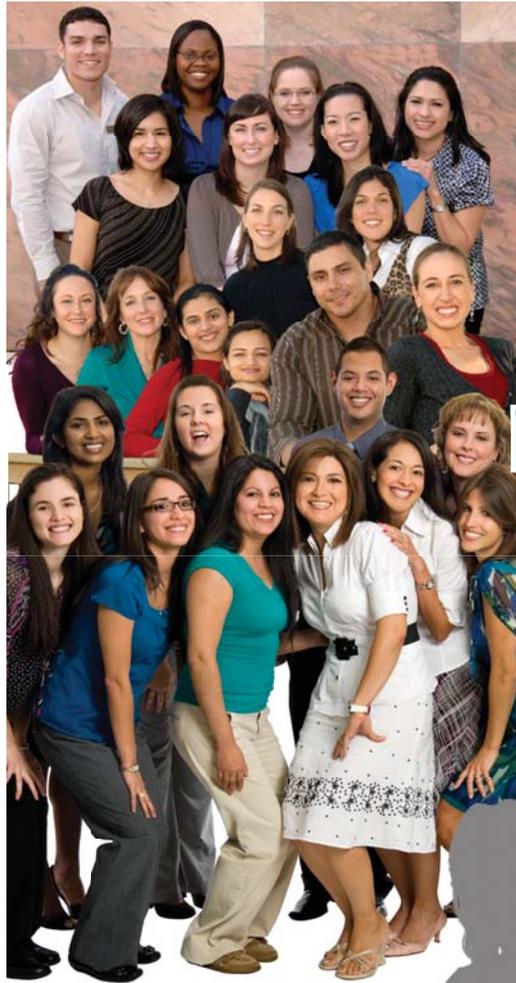
from various booths in each room. In order to answer the questions on the map, participants had to embark on the scavenger hunt; and by visiting the booths, gained the nutrition educa-

obesity, we encourage small changes rather than no change at all. Clients will learn ways to help their families live a healthy lifestyle through small nutritional changes. There are interactive activities planned. "Weight Gain is Reality" has participants trying on a fat vest to see the difference in gaining 5 to 20 pounds. Clients can also "blue print" their health by completing a family tree of chronic diseases to show their risk for contracting certain illnesses and how weight gain affects the likelihood of contracting those diseases. Depending on its success, the workshop is likely to rotate through all three clinics in our agency.

Working to decrease obesity is not new to LA11. For two years staff here have co-hosted Family Healthy Camp along with Galveston County AgriLife Extension. The second year participation growth exceeded the reservation space. During the four week camp, clients are able to bring their families to the Galveston County AgriLife Extension location to participate in hands-on food prep and cooking that is held once each week for two hours. Families learn different techniques and tricks for creating great tasting meals with less fat and sugar. Many of the participants who have attended the camp claim their children are eating more vegetables and helping in the kitchen more. The families are paying closer attention to food labels and preparing smaller portions. Word of the camp has spread rapidly, and families are calling to sign up for this fun, yummy, and free educational program.

Local Agency 11's Project M.O.V.E includes many other events including "Project M.O.V.E. in the Schools" where our health educator performs outreach with our WIC teen moms in the local Galveston County high schools by providing nutrition education and fun-filled activities. We want to stop childhood obesity before it starts, so our goals for Project M.O.V.E in the schools is to educate our teen moms on healthy nutritional habits for themselves and their babies.

We are consistently MOVING towards changing the status of obesity in our county. The obesity grant allows Project M.O.V.E. to exist. We are grateful for that and will utilize every effort to ensure the message of obesity awareness is spoken.



Could
You
Be the
Next WIC
Dietetic
Intern?

Texas WIC
Dietetic
Internship
Application
Deadline Is
June 15, 2011.

Refer to <http://www.dshs.state.tx.us/wichd/interns/intern-brochure.shtm> for more information and the application documents.

Contact Mary.vaneck@dshs.state.tx.us with questions.



Drive-Thru WIC Brings Good

Customer Service to the Huntsville Clinic

by Lisa Rankine, R.D.
Clinic Services Program Coordinator

*“...it helps me not
have to get my baby
out if it is cold or
raining, or if she is
just sleeping.”*



The University of Texas Medical Branch at Galveston Regional WIC Program implemented a pilot project in their Huntsville WIC Clinic that provides services through a drive-thru window. Patti Fitch, Clinic Services Branch manager at the state office, requested volunteers to pilot a drive-thru WIC, and Merry Jo Hopkins, WIC director at Local Agency 77, jumped at the chance.

The drive-thru provides a quick and easy way for the participants to receive their education and food benefits. For this to happen, the participant completes an online Texas WIC nutrition education module, brings their certificate of completion to the WIC drive-thru and has their EBT card loaded. The clinic staff then print the shopping list, hand it to the participant to sign, and schedule the next appointment. The clinic's copy of the shopping list is returned to the staff through the window, and the participant takes her copy of the shopping list and her EBT card and is done. The whole process currently takes approximately 4.5 to 5 minutes a car.

Promotion of the Drive-Thru

The promotion of the drive-thru began in July 2010 with the distribution of flyers to clients in the clinic. The Huntsville Clinic noted that a good percentage of their participants were already completing their nutrition education online at Texaswic.org, and that providing drive-thru services would be an added bonus. In addition, the building already had a drive-thru window because it was previously a bank building. The drive-thru services were first offered in October 2010 without immediate success. The numbers were low and as a result, the clinic sent out a mass mailing to their clients and put up banners to promote the drive-thru.

Technical Difficulties

Having the drive-thru already available saved the agency many renovation costs, although the speakers



were old and in need of repair, and a few renovations were needed before it could be used. The awning was repaired and poles were given a fresh coat of paint. The window at the drive-thru was replaced with a sliding glass window. Two speakers with viewing screens were added and placed in strategic locations so that if a staff member was not at the window when someone pulled up, they could be seen and spoken to from the back of the clinic. Merry Jo focuses on good customer service, and her staff are always quick to acknowledge a client as soon as possible.

Implementation

During the initial implementation, the drive-thru was only open on certain days, but it has now been made available during all clinic hours. This clinic has about 2,000 participants. They have not reached the point of cancelling any classes and replacing the time with certifications appointments because the need hasn't occurred. Any participant needing a change in benefits, formula exchange, food package change is asked to come inside the clinic and not use the drive-thru to keep the wait time short.

Results of the Pilot Drive-Thru Services

Month	On-Line NE Lesson	Drive-Thru	Average Service Time
September	72	6	8 minutes
October	66	17	4.5 minutes
November	98	28	4.5 minutes
December	97	48	4.5 minutes

Client Response

Clients who have used the drive-thru have been very pleased with their experience. One client said, "I love the fact that I did not have to unload the kids to get my WIC. Thanks, this is great!"

Other comments include:

- ▶ "The drive-thru is very convenient and fast, makes it so much easier..."
- ▶ "Wonderful service! So fast and effective! And the rest of the girls were very friendly."
- ▶ "Whose idea is this? This is awesome! Someone needs to bring you some cookies."
- ▶ "I like using the drive-thru because it helps me not have to get my baby out if it is cold or raining, or if she is just sleeping. Thank you."

A Work in Progress

Staff at the Huntsville Clinic continue to promote the drive-thru service in the clinic, during nutrition education classes and via flyers. Staff feel that once the word spreads about how great the drive-thru service is, the number of participants using it will continue to increase.

Staff is already thinking of the next drive-thru clinic site. Information for the article was provided by Dorothy Thomas, nutrition education coordinator and Lisa Greathouse, consulting registered dietitian. Penelope Meyers is the site supervisor of the Huntsville WIC Clinic. In addition to the Huntsville WIC staff, other staff throughout the agency were instrumental in helping to implement this pilot project.



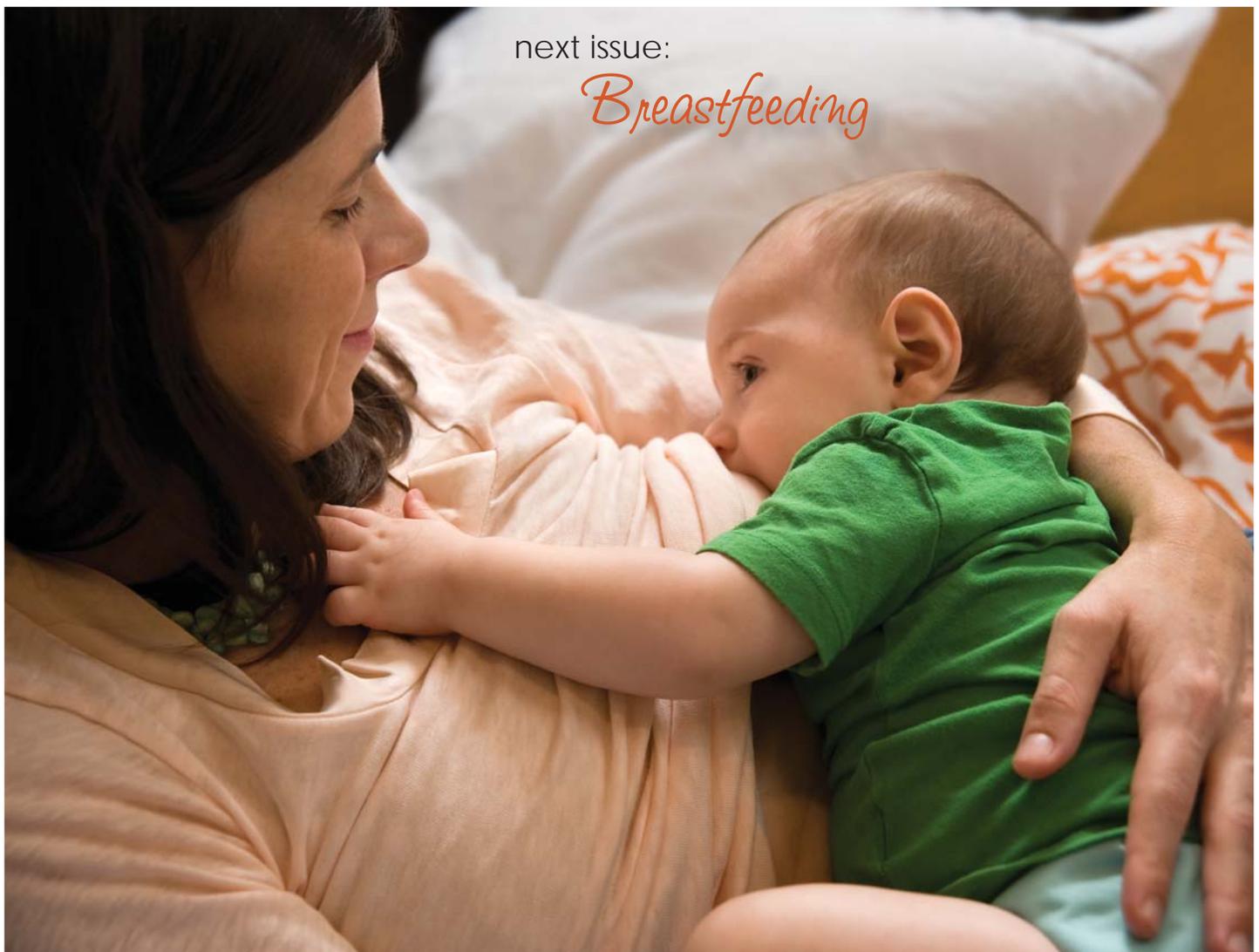
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