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September/October 2009

# WIC

news

Volume 18, Number 5

**SPECIAL ISSUE:**

The New

# WIC

Food Packages



Special Supplemental Nutrition Program for Women, Infants, and Children

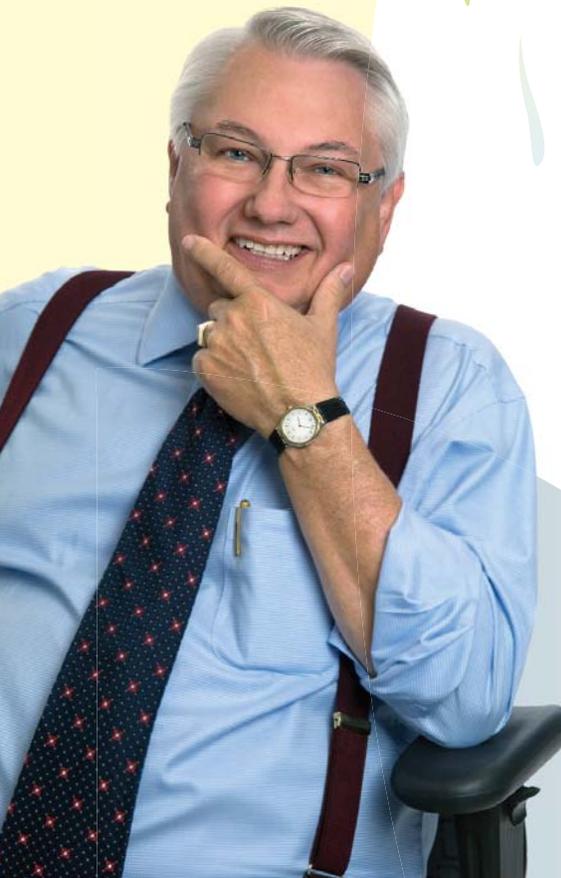
# Now Serving ... One Million Plus!

In May 2009 the WIC program reached another milestone. Thanks to all the hard work by local agency staff, participation for the State of Texas exceeded 1,000,000 clients. This was accomplished on top of all the work and dedication given to statewide implementation of the EBT system and preparing for the New Food Rules. I would like to stop and say congratulations for everyone's hard work and dedication! We would not have been able to reach this milestone without all of you at the clinic sites.

The WIC program began in 1973, and by 1990 was serving 200,000 participants per month. In 1993 we reached the half million milestone by serving 511,123. We grew to 759,926 in 2000 until reaching the million participant mark in 2009. Statewide participation for the month of May 2009 was 1,000,652.

In order to continue to serve our growing number of clients, a Clinic Efficiency committee has been formed to find ways to improve the WIC process and relieve crowded clinics. The committee consists of both state agency and local agency staff. Because we realize that our best ideas will come from staff out in the field, a survey was developed and posted to solicit your suggestions. Results are currently being reviewed for effectiveness and possibility of implementation. You can read about this in our upcoming editions of the WIC News.

Thanks again for everything you do to support the health of our most vulnerable Texans! Speaking for all of us here at the Department of State Health Services, we salute you!



From the Texas WIC Director  
— Mike Montgomery



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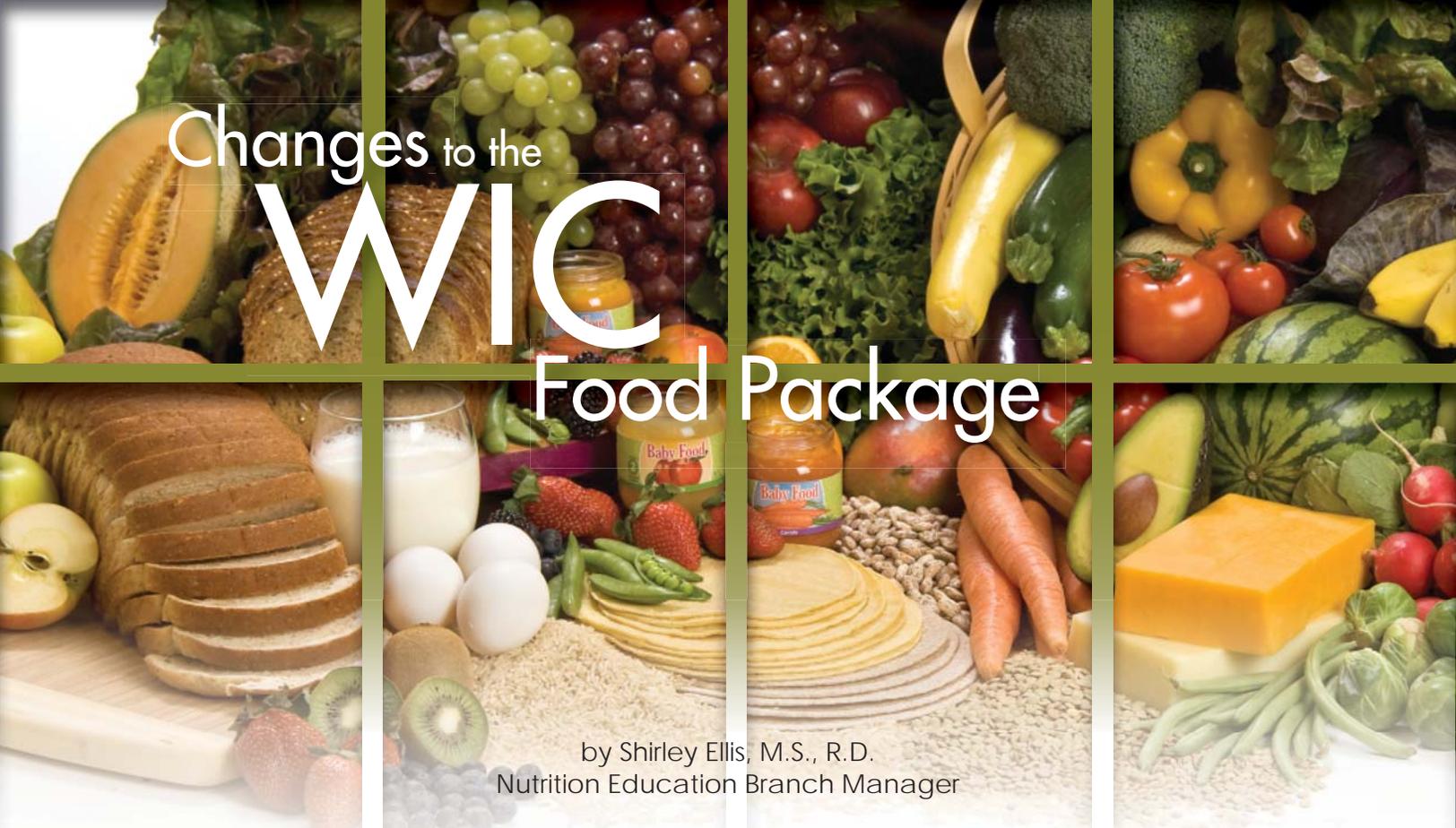


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# Changes to the WIC Food Package

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

It's an exciting time to be part of Texas WIC! On October 1, 2009, we will see the first major modification to the WIC food package to occur in 30 years. These changes will align the food package with the 2005 Dietary Guidelines for Americans and recommendations for infant feeding by the American Academy of Pediatrics. This new updated food package will include fruits and vegetables as well as whole grains, offering our participants a wider array of nutrients, phytochemicals and antioxidants, and other compounds that may have beneficial long-term effects on health. The revisions also provide additional benefits and incentives for the breastfeeding dyad, further supporting the long-term health of our participants.

### Why the need to change?

Over the years, the Food and Nutrition Service division of the U.S. Department of Agriculture received numerous requests for revisions to the WIC food packages to better reflect recommended nutrition practices. Changes have occurred in the major health and nutrition risks faced by WIC's target population. No longer is the absence of "key nutrients" the major dietary health risk. Instead, diets now lack whole grains and fruits and vegetables. Overweight and obesity are reaching epidemic proportion in the state and nation. And although breastfeeding initiation rates are high, women are not continuing to breastfeed long-term. These are rea-

sons why the Institute of Medicine was commissioned by USDA to evaluate the WIC food packages. USDA charged the IOM with reviewing the nutritional needs of the WIC population, and recommending cost-neutral changes to the food packages. The IOM published their recommendations in a report entitled *WIC Food Packages: Time for a Change*. The report provided a sound scientific basis for developing a new set of food packages. Based on those recommendations, in December 2007 USDA published an interim final rule mandating a change to the WIC food packages.

Texas WIC reviewed the requirements of the interim rule and conducted research to decide what foods would be offered to Texas WIC participants. The research included shopping trips to determine how easy or difficult it will be for participants to locate the items, surveying and conducting focus groups with the participants, and meeting with advocacy groups, grocers and manufacturers. After careful deliberation the decisions on what would be offered in the Texas WIC Food Package were made.

### New Foods

One of the biggest changes to the food package is the addition of foods that previously had not been on the program. For the first time ever, participants will be provided fresh and frozen fruits and vegetables. Through

nutrition education in the form of individual counseling, classes and web lessons, participants will be educated on selecting a variety of nutrient dense fruits and vegetables, which is one of the key recommendations of the 2005 Dietary Guidelines. Be sure and read Anita Ramos' article, "Fruits and Vegetables" on page 6 for guidance on the allowable fruits and vegetables.

Another component of the Dietary Guidelines is the recommendation to choose a variety of grains, especially whole grains daily. WIC is helping participants to meet this recommendation by the additions of whole grains in the form of whole wheat bread, brown rice, oatmeal, whole wheat tortillas and soft corn tortillas. The "Whole Lot of Grains" article by Tonia Swartz on page 7 covers the requirements of the whole grains.

Based on recommendations by the American Academy of Pediatrics, many changes are occurring in the infant food package. One of the most noteworthy changes is the complete elimination of juice during the first year and the addition of baby food fruits and vegetables. These complementary foods as well as infant cereal will be delayed until the infant is six months of age. Infants who are exclusively breastfed will receive more baby fruits and vegetables and will receive baby meats. For those infants who receive formula, the amount received each month may vary and will be based on the infants' age. "Formula for Change: You Don't Have To Be A Rocket Scientist" on page 18 by Cathy Plyler provides an overview of the formula changes.

The requirements for the food packages for participants with special dietary needs will also be changing. Find out more about these changes in Roxanne Robison's article, "New Food Rules Impact Participants with Special Needs" on page 16.

WIC has always been a strong supporter of breast-feeding. The new food rules offer the opportunity to provide even greater benefits to both the women who choose to exclusively breastfeed as well as their infants. Exclusively breastfeeding mothers receive the highest amount of cash value for fruits and vegetables and more quantities of certain of other foods. In addition, they receive tuna and salmon.

Women and children will now be able to purchase soy milk and tofu as a substitute for milk. Medical documentation is required for children to receive these items. This is to ensure that the health-care provider is aware that milk is being replaced by other foods. Elizabeth Bruns' article "Soyfoods" on page 12 provides the details on both soy milk and tofu.

## **Other Changes**

In addition to new foods there have been several changes to current foods on the program starting with milk. Only fat free, 1% or 2% milk will be provided for women and children older than 2 years of age. Tiffany Brown's article "Make the MOOOve to Low-fat or Fat-free Milk" on page 8 covers information on the changes and challenges your nutritional knowledge with a matching game.

Other current foods affected by the changes include cheese, eggs and juice. One of the requirements of the new food packages is that they be cost neutral. This was achieved by decreasing the amount of milk, cheese, eggs and juice received by women and children and eliminating juice from the infant food package. Not only did this change occur for cost neutrality but also as a means for decreasing the amount of saturated fat, cholesterol and sugar in the food packages. These changes will provide WIC clients with a food package that is lower in saturated fat, total fat and cholesterol and better aligns the WIC food package with the 2005 Dietary Guidelines for Americans.

The exciting changes to the food package will also have an impact on the many outside partners that the Texas WIC program is fortunate to collaborate with and share referral information. In order to ensure that the various groups are aware of the revisions, an informational package detailing the changes and providing a sample of the participant education information has been sent to many medical groups, health-care centers, food banks, Head Start programs as well as other professional organizations. To prepare the vendors, the WIC Food Issuance and Redemption Services unit conducted numerous regional trainings throughout the state providing an overview of the changes. You can learn about some of the issues that vendors will be facing in Patti Fitch's article "WIC Vendors Face Many Issues in Preparation for the New Food Rules" on page 22 .

Both <http://www.TexasWIC.org> and the Texas WIC website at <http://www.dshs.state.tx.us/wichd/default.shtm> have been updated to include information on the changes to the WIC food package including information specifically for health-care providers.

We at Texas WIC are excited about being a part of this historic change. The cooperation we have received from local agency staff and vendors as well as other outside partners is appreciated, and it will have a positive effect on the long-term health of our participants.



## Fruits and Vegetables

Fruits and vegetables are one of nature's artistic palettes displaying incredible colors such as green spinach, orange sweet potatoes, purple plums, yellow corn, and black beans. Fruits and vegetables also contain vitamins and minerals. The nutrients most commonly found in fruits and vegetables — fiber, folate, potassium and vitamins A and C — nourish our bodies and help protect us from chronic diseases.

Fruits and vegetables are being added to the participants' WIC food packages. This addition makes the food packages more consistent with the Dietary Guidelines for Americans and hopefully encourages the participants to increase their fruit and vegetable consumption.

The dollar value of the fruits and vegetables varies based on the participant's category. Children will receive \$6 per month. Women who are pregnant, partially breastfeeding, or are within 6 months postpartum will receive \$8 per month. Women who are exclusively breastfeeding their baby, women who are pregnant with more than one fetus, and women who are breastfeeding their twins, triplets, etc. and only using less than half of a formula package will receive \$10. A woman

who is exclusively breastfeeding multiple infants born from the same pregnancy will get \$15. The dollar amount for the family will be aggregated and the total will be reflected on the shopping list.

Participants may choose any variety of fresh fruits and vegetables, except for white potatoes, herbs and spices. Organic produce is allowed. The fruits and vegetables must be a single item, such as tomatoes or lettuce or carrots, and not mixed or combined in a package. The produce may be cut or whole and packaged or in bulk. Participants will have access to the "Cost Chart for Fresh Produce," a tool adapted from New York WIC that will help them know how much they are spending when selecting fresh produce.

Participants may choose from any variety of frozen fruits, vegetables (excluding white potatoes), beans, peas and legumes; as long as it is a single item in the package. Frozen fruits may not have added sugar, and frozen vegetables cannot have added sugars, fats, oil, sauce or breading. Participants will become proficient label readers.

At check out, the participant may encounter a problem if the total

price of her selected fruits and vegetables is over the dollar amount on her card. The system will not run the total over the maximum amount available and then let her pay the difference. She will have to reduce her selection to stay within the dollars available. She may have to remove a whole bag of items, or maybe just a piece or two; but the total value cannot exceed her allotted dollars. Once the WIC transaction is complete, she can purchase additional items and pay for them separately.

The 6- to 11-month-old infant food packages include fruits and vegetables in the form of baby food. Juice has been eliminated from their package and replaced with containers of fruits and vegetables for variety and texture. Formula has also been reduced for this age group, partially to promote the consumption of fruits and vegetables. Infants will no longer receive infant cereal at four months. At six months they receive cereal and 32 four-ounce jars of fruits and vegetables. Totally breastfed infants receive a total of 64 four-ounce jars of the fruits and vegetables, as well as 31 jars of infant meat. The totally breastfeeding package will hopefully serve as an incentive to encourage moms to continue breastfeeding by adding convenience and monetary

value to the package. These approved foods are usually designated as a “2nd” foods or “stage 2.”

The addition of fruits and vegetables will not eliminate or reduce the Farmer’s Market benefit. At this point in time, vouchers will continue to be used for redemption. Options about alternative methods for providing these benefits are being reviewed and analyzed.

We feel sure these changes will have a positive impact on the WIC families that we serve. Expanding their options and choices is a wonderful opportunity for them to put into practice the messages we have been telling them over the years. — BY ANITA RAMOS, R.D., TRAINING SPECIALIST



## Whole Lot of Grains

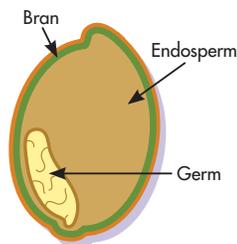
The 2005 Dietary Guidelines for Americans recommends that at least half of the grains we eat per day should be from whole grains. In support of these recommendations, WIC has added whole grains to the new food packages.

### Who gets Whole Grains?

Children <2 years old	2 pounds
Children 2+ years old	2 pounds
Pregnant/Mostly Breastfeeding Women	1 pound
Exclusively Breastfeeding Women	1 pound
Pregnant with Multiples/Mostly Breastfeeding Multiples	1 pound
Exclusively Breastfeeding Multiples	1 ½ pounds

### What is a Whole Grain?

Whole grains are comprised of three parts: the bran, germ and endosperm. For a food product to be classified as a whole grain, all three parts of the grain need to remain intact after the milling process. If one or more of the 3-parts are missing, then the grain is either classified as being either refined or enriched and does not have the same nutritional value as a whole grain.



The more nutritious parts of the grain are the bran and germ. The bran is the outer portion and is rich in fiber and B-vitamins. The germ is the seed portion and is

rich in Vitamin E, B-vitamins and antioxidants. The endosperm is the middle part of the grain and contains carbohydrates and proteins.

Examples of whole grains included in the new WIC food packages include brown rice, oatmeal, whole wheat bread, whole grain cereals, and whole wheat and corn tortillas.

### Purchasing Whole Grains

Whole grains are widely available in grocery stores across the state. Eligible brands will be the stores’ least expensive brands and are identified as eligible by the pink WIC sticker. Whole wheat breads and whole wheat or corn tortillas must be purchased in 16-ounce (one pound) package sizes. Of special note, corn, although a whole grain, is also a vegetable and may be purchased as part of the fruit and vegetable benefit.

### Identifying Whole grains

The best way to identify a whole grain is to read the food label. The key word is “whole” and should be listed as the first ingredient. For example, when buying bread, look for whole wheat or whole grain as the first ingredient. Ingredients like multi-grain, bran or wheat flour generally are not considered whole grain.

Some whole grain products are more easily identified with a black and gold stamp to certify they provide at a minimum at least half the required daily serving of whole grains. —BY TONIA SWARTZ, R.D., L.D., CLINICAL NUTRITION SPECIALIST

## Make the MOOOve to Low-Fat or Fat-Free Milk

*Dairy foods contribute a variety of essential nutrients to the American diet. Milk is one of the most nutrient-rich beverages that we can enjoy and has been part of the WIC food package since the program's inception. The new WIC food package will require that most women and children over the age of 2 receive fat-reduced milk only.*



### Why are we changing?

WIC is moving to lower fat milk to be consistent with the Dietary Guidelines for Americans. By choosing low-fat or skim milk instead of whole, our clients may consume less saturated and total fat in their diets. The amount of milk that WIC provides will be reduced and now will be within the range of the recommended number of daily servings. These dietary practices may help reduce blood cholesterol levels, decrease risks for heart disease and stroke, and help our participants achieve and maintain a healthy weight.

Milk Terminology	Definition
Whole milk	3.25% milk fat
Fat-reduced milk	Refers to all varieties with 2% or less milk fat
Reduced-fat milk	2% milk fat
Low-fat milk	1% milk fat
Nonfat	Skim or fat-free milk (zero milk fat)

### Who is eligible for low-fat milk?

Women and children who are 2 to 5 years of age will automatically receive fat-reduced milk in their food package. However, if they have a condition that requires an increased need for calories, such as underweight or failure to thrive, whole milk may be

an option. In this case, the participant must present medical documentation not only for whole milk, but also for a nutritional supplement. In other words, the physician must prescribe both whole milk and a nutritional supplement, such as Ensure, for the participant. In accordance with USDA regulations, WIC will not authorize reduced-fat milk for children who are under 2 years of age at this time.

### Is whole milk more nutritious than skim milk?

Absolutely not! Low-fat and skim milk are good or excellent sources of nine essential nutrients including: calcium, potassium, phosphorous, protein, vitamins A, D, B12, riboflavin and niacin. The main difference between whole milk and skim milk is the fat content. Take a look at the chart on the top of the next page.

One cup of milk provides 30 percent of the daily value (DV) for calcium. Low-fat and skim milk have the same amount of protein and calcium as the whole and reduced-fat versions. In fact, skim milk actually has a little more calcium than whole milk since calcium is not contained in the fat portion of milk. Notice that whole milk also has more than twice the amount of saturated fat as low-fat milk.

Growing evidence shows that adequate dairy food intake can play an important role in reducing the risks of several chronic diseases such as obesity, osteoporosis and hypertension. By encouraging the consumption of



## Milk Comparisons

Per 8 ounce cup

	Whole Milk (3.25%)	Reduced-Fat Milk (2%)	Low-Fat Milk (1%)	Nonfat Milk (Skim)
Calories:	150	120	100	85
Fat:	8 grams	5 grams	2 grams	0 grams
Saturated Fat:	5 grams	3 grams	2 grams	0 grams
Protein:	8 grams	8 grams	8 grams	8 grams
Calcium:	30% DV	30% DV	30% DV	30% DV

nutrient-rich foods in appropriate amounts along with low-fat dairy products, WIC can continue to improve the overall quality of participants' diets and potentially reduce the burden of chronic disease.

as 8 grams of protein — benefits that go well beyond building and maintaining healthy bones.

—BY TIFFANY BROWN, R.D., L.D., TRAINING SPECIALIST

### Benefits for Bones and Beyond!

One 8-ounce serving of milk provides good or excellent sources of several vitamins and minerals as well

#### References:

Dietary Guidelines for Americans, 2005  
 USDA National Nutrient Data Base  
 National Dairy Council

Test your knowledge and match each nutrient below with the correct description.

Draw a line from the nutrients below to the statement on the right that best describes it:

- Calcium
- Vitamin D
- Protein
- Potassium
- Vitamin A
- Vitamin B<sub>12</sub>
- Riboflavin
- Niacin
- Phosphorus

Regulates the body's fluid balance and helps maintain normal blood pressure.

Also known as vitamin B<sub>2</sub>; helps convert food into energy.

Helps regulate cell growth and maintains the integrity of the immune system.

Plays an important role in nerve function, muscle contraction and blood clotting.

Important for the normal function of many enzymes in the body, and is involved in the metabolism of sugars and fatty acids.

Milk is one of the few dietary sources of this nutrient.

Helps build red blood cells that carry oxygen from the lungs to working muscles.

Helps strengthen bones and generates energy in your body's cells.

Serves as a source of energy during high-powered endurance exercise.

## Answers

Answers:  
 Calcium — Plays an important role in nerve function, muscle contraction and blood clotting.  
 Vitamin D — Milk is one of the few dietary sources of this nutrient.  
 Protein — Serves as a source of energy during high-powered endurance exercise.  
 Potassium — Regulates the body's fluid balance and helps maintain normal blood pressure.  
 Vitamin A — Helps regulate cell growth and maintains the integrity of the immune system.  
 Vitamin B<sub>12</sub> — Helps build red blood cells that carry oxygen from the lungs to working muscles.  
 Riboflavin — Also known as vitamin B<sub>2</sub>; helps convert food into energy.  
 Niacin — Important for the normal function of many enzymes in the body, and is involved in the metabolism of sugars and fatty acids.  
 Phosphorus — Helps strengthen bones and generates energy in your body's cells.

## Juice

The new food rules will have a major impact on the issuance of juice in the WIC Program. On October 1, 2009, infants of any age will no longer receive juice. They will be getting all those fruity nutrients from jarred infant fruits and vegetables.

The juice allotment for children and women will be cut in half since they will be getting fresh and frozen fruits and vegetables. Calcium fortified juices are added this year as an added bonus for nutrients.

### Old Food Package Details

Infants whose benefits were issued prior to October and who receive the current package will be able to purchase only the 46-ounce juice after October 1, 2009. Although their shopping lists will read 46 ounce and 12 ounce – 2 cans, they will not be able to purchase the 12-ounce frozen juice. When they return to the clinic for their next appointment after October 1, their infant benefits will not include juice at all.

### New Food Package Details

The new food rules provide different amounts of juice for women and children, causing different size containers to be approved for each. Women's food packages will include two or three 11.5-12-ounce frozen concentrate containers and 48-ounce fluid juice containers (not the 46 ounce that we currently have). Children's food packages will allow two 16-ounce frozen concentrate containers and 64-ounce fluid juice containers, including the 64-ounce refrigerated orange juice in cartons or plastic.

The different sizes maximize the amount of juice allowed. Children will get 128 ounces and women will get

144 ounces, as opposed to the 288 ounces each currently gets. Postpartum women will now get 96 ounces.

Just in case you're not confused enough, picture this scenario: a mom, whose baby had his WIC benefits issued before October 2009, will go shopping for 46-ounce cans of juice. Her two year old is recertified in October. The mom is now pregnant again and wants to be certified for WIC. Her EBT card is likely to have

- 46 ounce and 11.5-12 ounce – 2 containers\*
- 64 ounce and 16 ounce – 2 containers\*
- 48 ounce and 11.5-12 ounce – 3 containers\*

*\*Still least expensive brand.*

### How fun is that?

If you think our moms are going to go crazy, think about the poor stores having to figure out how to stock for this. Many juice manufacturers will make a variety of juices available to our participants in the appropriate size containers. Each store must then designate a least expensive brand in each size and kind.

Just remember: children will get the 64 fluid ounce juice containers and the 16-ounce frozen, and moms will be able to purchase the 48-ounce fluid containers and the 11.5-12-ounce containers. —BY PATTI L. FITCH, R.D., CLINIC SERVICES BRANCH MANAGER

## Kosher

On April 1, 2009, Texas WIC added kosher food packages. In May, one month after implementation, 42 kosher packages were issued. The kosher packages were developed in collaboration with Agudath Israel of Texas, an Orthodox Jewish grassroots advocacy organization. We prepared the packages to meet the needs of participants with special dietary requirements. Due to religious dietary laws, Orthodox Jews only consume products that are certified kosher. Other religious groups whose dietary laws are similar to those of Jews, such as Muslims and Seventh Day Adventists, often turn to kosher products when food prepared according to their own religious code is not available.

What is kosher? Kosher refers to the Jewish dietary laws that identifies which foods may be consumed and how



they are handled, processed, cooked. Cows, goats and sheep are some animals that can be kosher. Milk and other dairy products are only kosher when produced from a kosher animal. Shellfish and pork products are examples of non-kosher foods.

In the United States, regulations require that milk labeled as cow's milk contain 100% cows' milk. Many kosher observant Jews will consume "conventional" cow's milk because it is produced by a kosher animal. However, most kosher observant Jews will not eat "conventional" cheese because cheese contains more ingredients that may not be kosher and requires a greater level of supervision during preparation. There are a significant number of Orthodox Jews who abide by very stringent kosher rules requiring the processing of milk or any dairy products to be supervised by a rabbi. Milk that is processed in this way is referred to as Cholov Yisroel (Hebrew for "milk supervised by a Jew").

The Lamers brand of kosher milk approved for WIC is Cholov Yisroel. Lamers is the predominate brand of kosher milk in the Texas market. The approved brands of cheese are kosher certified, but may not necessarily be Cholov Yisroel. The kosher milk and cheese are not prevalent in Texas grocery stores that have contracts with WIC, and may be difficult to locate - even in large metropolitan cities. Many stores that do carry kosher cheese only sell it in 8 ounce packages or packages that are larger than 2 pounds. This lack of packaging options exacerbates the problem of availability.

Most of the Jewish communities in Texas are located in Dallas, Fort Worth, Houston, Austin, and San Antonio. For participants in other parts of the state, the kosher food package may not be an option because of limited or no kosher food availability. In these situations, if the participant can drink "conventional" milk, WIC staff should offer one of the new standard food packages, "Milk/No Cheese." This way, the participant receives the full milk allowance in the food package.

—BY PAULA KANTER, R.D., CLINICAL NUTRITION SPECIALIST

## Soyfoods

The soybean is an amazing plant. Many food items are derived from this one legume including soy milk and a multitude of foods made from soy milk, like soy cream and creamer, soy cheese, soy yogurt, and soy ice cream. Soyfoods also include soy sauce, soy oil, soy flour, soy sprouts, soy nuts, and soy nut butter. There's edamame, miso, tempeh, tofu, and TVP (textured vegetable pro-



tein). WIC welcomes two soyfoods to the selection of WIC-approved foods — soy milk and tofu.

### Who Gets WIC Soyfoods

Women and children participants who are vegan or who report allergies or sensitivities to cows' milk, such as lactose intolerance, can be issued food packages with soy milk. Prescriptions are required to issue soyfoods to children. Cultural preference alone is not a valid reason for issuance.

### Soy Milk

You can find soy milk at grocery stores in the dairy case next to cows' milk. 8th Continent Original plain soy milk will be the only approved brand and type of fortified soy milk in Texas when the New Food Rules go into effect on October 1. The authorized container size will be the half-gallon.

Lactose and casein-free soy milk is a good milk alternative for vegan participants and for participants with lactose intolerance or milk protein allergy or sensitivity. Soy milk is made by soaking finely ground soybeans in water and then straining to remove particles. It is high in protein and B-vitamins. WIC-approved fortified soy milk is nutritionally equivalent to fortified cows' milk. See the table below.

Nutrients	Soy Milk 1 cup	1% Low-fat Cows' Milk 1 cup	Tofu ½ cup
Calories	80	100	95
Protein, gm	8	8	10
Calcium, mg	276	300	225
Vitamin A, IU	500	500	NA
Vitamin D, IU	100	100	NA

(Soyfoods continued on page 12)

## Soyfoods

(continued from page 11)

### Tofu

Tofu, also known as bean curd and “soy cheese,” can be used as a meat substitute. When mashed or blended, tofu is a substitute for yogurt, sour cream, cream cheese, boiled eggs, and a number of other ingredients.

Texas WIC participants will be able to purchase refrigerated Azumaya Silken Tofu and Banyon Firm, Medium, and Soft Tofu. The tofu must be calcium-set and plain (no added flavors, fats, sugar, or salt). The authorized package size is one pound.

Tofu is made by curdling soy milk, adding a coagulant, and pressing the curds into blocks. The coagulant can be a substance such as calcium sulfate (a calcium salt), magnesium chloride, or nigari (a seaweed extract and/or seawater minus the water and sodium). The coagulant determines whether tofu is “calcium-set” or not.

Available in refrigerated and shelf stable packages, tofu has a long shelf life, but it is perishable. Once a package is opened, the product should be used in 2 to 3 days. To store tofu that has been opened, cover it with water in a sealed container and refrigerate. The water should be drained and replaced daily.

You can find several forms of tofu such as silken, soft, firm, extra-firm. The softer the tofu, the higher the water content and the lower the fat, iron, and calcium.

### Soyfoods Food Packages

Tofu is a cheese substitute in Texas WIC food packages. Most participants will receive cheese or tofu (not both), the exception being women who are exclusively breastfeeding. In most food package categories, there is a choice of tofu or cheese with packages that provide soy milk. — BY ELIZABETH BRUNS, R.D., L.D., NUTRITION TRAINING SPECIALIST

## Shopping List

New food packages bring change to the Shopping List. The changes include:

- Foods in different container or package sizes
  - Milk in quarts
  - Juice for children in 64-ounce fluid and 16-ounce frozen
  - Juice for women in 48-ounce and 12-ounce frozen

- New abbreviations for food item units of measure
  - Juice and formulas are changing from “can” to “ctnr” (container)
  - Baby foods unit of measure will be “ctnr”
- The cash value for fruits and vegetables will appear as \$ value (e.g., \$ 6.00 Value).

Just as participants are able to choose a combination of frozen and fluid juice, they will be able to choose a combination of other foods in the new food packages. For instance, beans and peanut butter will be listed on the same line on the Shopping list. Depending on the quantity on the Shopping List, the participant can choose to buy just beans or a combination of beans or peanut butter. The same is true for other foods like whole grains and canned tuna and salmon for exclusively breastfeeding women.

Keep in mind that WIC participants who return to the clinic in October with benefits in hand will have Shopping Lists that show old food package items for October and the new food package items for November, December, and January. Below is an example of what a Shopping List might look like in October. The visible reduction in the quantity of milk, cheese, juice and eggs is likely to cause anxiety for WIC participants who have received benefits for some time, so it's very important to point out the addition of new foods, like bread, tortillas, rice or oatmeal and fruits and vegetable, on the Shopping List. —BY PAULA KANTER, R.D., CLINICAL NUTRITION SPECIALIST

**Texas WIC Shopping List**  
Next Appointment: December 20, 2009

PARENT / GUARDIAN: Alexandra X  
DATE: October 05, 2009  
TIME: 9:04 AM  
CLINIC ID: 001-01  
SMART CARD PAN: 5077 1720 9727 024  
FID: 00000012345-6

To report a Lost or Stolen card, call: 800-942-3678  
For questions about benefits, call your clinic: XXX-XXX-XXXX  
If the card does not work in the store, take it back to the clinic.

BENEFITS ISSUED FOR THE MONTHS OF:

SHOPPING LIST ITEMS:	Oct	Nov	Dec	Jan
MILK/BUTTERMILK SKIM 1% OR 2%	9.00 GAL	7.50 GAL	7.50 GAL	7.50 GAL
WHOLE MILK ONLY	4.50 GAL	3.00 GAL	3.00 GAL	3.00 GAL
CHEESE	6.00 LB	3.00 LB	3.00 LB	3.00 LB
EGGS-A OR AA LARGE/MED/SMALL	6.00 DOZEN	3.00 DOZEN	3.00 DOZEN	3.00 DOZEN
JUICE 48 FL OZ & 12 OZ FRZ	14.00 CAN			
CEREAL	108.00 OUNCE	108.00 OUNCE	108.00 OUNCE	108.00 OUNCE
DRY BEANS 1 LB PKG	1.00 LB	1.00 LB	1.00 LB	1.00 LB
PEANUT BUTTER 18 OZ	2.00 JAR			
EVAP MILK LOWFAT/FATFREE 12 OZ	4.00 CAN			
MILK SKIM 1% OR 2%		2.00 QT	2.00 QT	2.00 QT
WHOLE MILK ONLY		1.00 QT	1.00 QT	1.00 QT
JUICE 64 OZ &/OR 16 OZ FRZ		4.00 CTNR	4.00 CTNR	4.00 CTNR
JUICE 48 OZ &/OR 12 OZ FRZ		3.00 CTNR	3.00 CTNR	3.00 CTNR
DRY BEANS OR PEANUT BUTTER		3.00 LB/JAR	3.00 LB/JAR	3.00 LB/JAR
BREAD/TORTILLAS/RICE/OATMEAL		5.00 LB	5.00 LB	5.00 LB
FRUITS &/OR VEGETABLES		\$20.00 VALUE	\$20.00 VALUE	\$20.00 VALUE

Recipient Signature  
.....

For Staff Use Only  
WICCAT/PR/FOOD PKG  
ACTUAL ISSUANCE:  
FDT2SP: 10/1/2009 11/1/2009 12/1/2009  
ISSUE TIME: 9:04 AM 9:04 AM 9:04 AM  
ISSUE DATE: 10/2/2009 10/2/2009 10/2/2009

CLIENT  
Alexandra X (Sample Pregnant Woman) P/1488 P/1488 P/1488  
123456789101  
Irma X (Sample 1 Yr old Child) C/1483 C/1483 C/1483  
123456789102  
Brent X (Sample 2 Yr old Child) C/1485 C/1485 C/1485

## Welcoming the New Food Package

**Fresh fruits and vegetables, nutritious whole grain food, and low-fat milk** sure sound healthy and good for you, but that doesn't mean we head straight for them at meal time. Consider the new food package. Although a majority of Texas WIC participants will likely feel positive about the changes offered in it, there will still be some negative response to particular aspects of it. In a WIC study conducted in May 2008, nearly half of those polled reported that they disliked the reduction in cheese and a third disliked the reduction in juice.



Often, a negative response to change involves concerns about unknowns. In the case of the new food package, unknowns for clients might be, "What if the dishes I make with less cheese don't taste as good and my family doesn't like them?" and "What if my children get fewer vitamins because they're not drinking as much juice?"

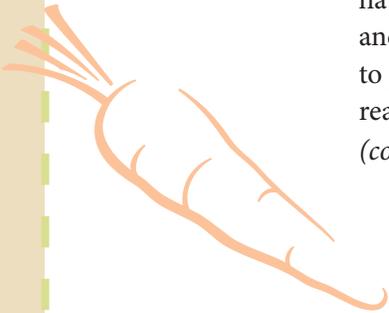
When a significant change takes place in our lives, in this case a lifestyle change, most of us have similar feelings about it: concern, anxiety, and a loss of control. What differs from person to person is how we react to that change. We can react in either a reactive or proactive way.

*(continued on WIC Wellness Works - 2)*



### Here's a reactive and proactive take on the new food package:

<b>Reactive:</b>	<i>"Fruits and vegetables spoil so fast and then I feel like I've wasted money when I throw them out."</i>
<b>Proactive:</b>	<i>"I think I'll look up which fruits and vegetables freeze well and buy more of those, that way I'll have ingredients already washed and cut up when I need them."</i>





## Welcoming the New Food Package

*(Continued from page WIC Wellness Works 1)*

Being proactive means that we actively plan for change; we're open-minded about new ways of doing things. A proactive response generally means that we view change as an opportunity, a possibility for something better to occur in our lives. Being proactive means responding to change as it's happening, and trying to effectively plan for it so that you feel more in control during the transition.

Being reactive means that we let change happen and then we respond or adapt to it. Having a reactive response generally means that we view the change as a loss or threat, or maybe just a big inconvenience.

Being reactive also means that we tend to deal with the change after it has taken place, and not during the transition. A reactive response usually involves feelings of struggle and resistance toward the change, so the process often takes longer and seems more difficult.

*(Continued on next page)*



## recipe

### TOFU DIP

Recipe from "Let's Cook with Fruits and Vegetables"

#### Ingredients

- 1 14-ounce package silken tofu, rinsed and drained
- 1 1-ounce packet ranch dressing seasoning mix

**Procedure:** In a blender, combine tofu and seasoning mix. Puree until smooth. Refrigerate overnight to allow flavors to blend.

#### Nutritional Information:

*Yield: 6 servings; Calories: 140; Fat: 2g; Protein: 3g; Calcium: 115mg; Iron: 0mg; Vitamin A (RE): 47 mg*

In her own words:

*"Making this dip took away my fear of handling tofu. I use it as a dip and a salad dressing, and I enjoy having it because I know I'm eating a salad dressing (or dip) that is good for me. The tofu dressing provides nutrition. My husband, David, likes it. We use it as a dip with veggies and pita chips and we put it on fish tacos and salads. I sneak it on friends and kids. I serve it to kids to use as a dip for their veggies and if they happen not to like the taste or are not sure about it (I don't tell them what it is) they just eat the veggies. What could be better?" — Yolanda BazDresch, IDL Studio manager, state WIC office*



## Helping clients be proactive

How can you help your clients have a proactive response to the new food package?

1. **Look for opportunity:** Help clients understand that there are two ways of viewing this situation – as an opportunity or as a loss. If they can look at the new food package as a chance for them and their family to gain immediate health benefits, a way to try new and different foods that they might really enjoy, and as a way to create lifelong healthy habits, then this can be a great personal opportunity. Alternately, viewing it as a loss, “*I won’t have the foods I love*” or “*My children won’t eat what I cook*” will close the door on that positive opportunity.
2. **Stay positive:** Encourage clients to think positive thoughts about the new food package. Connecting to tip one above, viewing the new food package as an opportunity and not a loss is the first step in thinking positive thoughts about the change. Staying positive also means that clients are more likely to embrace the change early on and not get stuck in resistance.
3. **Empathize:** Let clients know that it’s okay to feel frustrated about this. Personalize this information by sharing your own stories with them about your experiences with the new food package foods. Reassure them that the transition will take time and will involve some trial and error in testing foods with themselves and their families. Remind clients to be understanding with their family members as they try new foods that might not immediately be popular, and to try not to take any negative responses personally.
4. **Keep perspective:** Ask clients to try to keep perspective during the transition. For instance, if you have a client that prepares

a meal using whole grain spaghetti and her children won’t eat it, ask her to remember that this is a new taste for them and it may take several tries before they like it. Encourage her to mix whole wheat pasta with white pasta the next time she makes it, and over time, she can decrease the amount of white pasta. Remind her that, although there might be some temporary inconveniences along the way, committing to the changes in the new food package will improve her family’s nutrition and health for the long term. Above all, ask clients not to expect immediate positive results, but instead to feel good about both the small steps and big steps toward positive change for themselves and their families.

*Although it may take more energy up front and sometimes a leap of faith in trying new things, those who respond proactively to change will end up feeling more in control of their lives and more resilient during times of transition. Instead of resisting the new food package, you can help your clients enjoy the opportunity to learn about and try new foods with their families.*



## A Couch Potato's Story

By Cynthia Hernandez, Midland WIC

I was a self-described couch potato. With two children and a husband, I thought I was doing a good thing by taking care of their every need. I forgot that my needs were just as important. When I was a breastfeeding peer counselor, I would tell my moms that they should take care of themselves because "If momma ain't happy, ain't nobody happy." Well, as so often is the case, I was not practicing what I preached.

WIC Wellness Works kept coming up at work. We started off by doing the walking DVDs. These were motivating me to move. Virginia May, our WIC Wellness coordinator, never judges us for not doing our workouts, but she is there to give us motivation. She makes sure we have the latest updates and quietly tries to get us to adopt healthier habits. I have high blood pressure and am overweight. I have always had trouble being motivated about working out and these factors alone should've been enough motivation. I've never been a treadmill kind of gal. I was looking for something a little more interesting.

Last November my director, Judy Harden, told me that the local YMCA provides our WIC program a discount to join. She had recently joined and was a regular at their water aerobics class. She said that it was a lot of fun and that I should try it. I decided to give the YMCA a try. I started off by going to the water aerobics class two to three times a week. Then I started going to a Body Pump class once a week. For a few weeks, I alternated water aerobics and Body Pump. Then I found Zumba. I instantly fell in love. I hadn't been dancing in years, much less hip hop and



*Cynthia Hernandez working out.*

salsa dancing. The class was so much fun. At first I couldn't keep up with all the steps and was so winded, but I was hooked. I felt pumped up and ready to conquer the world after my workouts. I had never experienced this feeling before.

Now I alternate Body Pump and Zumba three to four times a week. I've tried Pilates a few times and would like to work yoga into my routine. They also offer Body Combat, which doesn't work into my schedule for now. My goal when working out before was to lose weight; now I do it because

it makes me feel good. I am less stressed and am more positive. I haven't lost very much weight, but I feel better in my clothes. I've gone down a couple of sizes in my pants. I feel stronger and more confident. Another bonus is that my family has started going to the YMCA to work out as well. We have decided as a family to work it into our schedules. My 16-year-old daughter walks to the YMCA after school, and she and her friend work out for a couple of hours three to four times a week. My husband goes several times a week. My 10-year-old son is in sports, so he keeps fit that way.

I struggled with putting myself first, but after awhile my family started seeing changes in me. They were willing to help out to accommodate my workout schedule. I think that was the determining factor for me in deciding to continue with this. It just is natural for us to go work out and then come home and do homework, make dinner, etc. I have had a few setbacks, but I don't let it ever cross my mind to quit working out. It's part of my life now.

# REPORT BY CENTERS FOR DISEASE CONTROL AND PREVENTION SUMMARIZES TRENDS IN PREVALENCE OF OBESITY AND UNDERWEIGHT

By Lisa Rankine, R.D.  
Clinical Nutrition Specialist

In 2007, data collected from eight million children (from birth to age five) who were enrolled in federally funded programs serving low-income children such as WIC, was compiled by the Centers for Disease Control and Prevention into the *Pediatric Nutrition Surveillance 2007 Report*. The CDC report summarizes trends in prevalence of obesity, underweight, low- and high-birthweight, anemia, short stature and proportion of children breastfed between the years of 1998 and 2007. The children measured in the report were 42 percent Hispanic, 32 percent non-Hispanic whites, 20 percent non-Hispanic blacks, 3 percent Asian or Pacific Islander, 1 percent American Indian or Alaska Native, and 2 percent were unspecified races.

**Worsening Trends:** One of the main findings is that the prevalence of obesity has increased among children between the ages of two and five by 2.7 percent since 1998. The highest obesity rates were observed among American Indians or Alaska Natives (19.5 percent) and Hispanic children (18.2 percent). There were only three states that reported a prevalence of obesity below 11 percent: Colorado, Pennsylvania and Hawaii.

**Improving Trends:** There were some improvements observed in other areas. The percentage of infants ever breastfed went from 47.8 percent in 1998 to 59.8 percent in 2007, a 12 percent increase. Hispanics had the highest prevalence of breastfeeding initiation at 72.4 percent. Also, the prevalence of infants born with a high-birthweight (>4,000 g) decreased by more than 2 percent. A decrease in the prevalence of underweight (low weight-for-length/BMI-for age) in children from birth to age five was observed; it went from 5.9 percent in 1998 to 4.5 percent in 2007.

The prevalence of short stature among children from birth to age five remained stable (from 6.0 percent in 1998 to 6.2 percent in 2007). There was a slight increase (0.5 percent) in the prevalence of anemia. Also the prevalence of low-birthweight infants (<2500g) remained stable but is still high.

Texas WIC is helping to improve the health of Texas children. The number of children ever breastfed is well above the national average at 68.5 percent. Texas ranks better (or lower) than the national average in the number of babies born of low-birthweight which is 8.9 percent in Texas and is 9.1 percent nationally. Also, children born of high-birthweight is 6.4 percent nationally and 5.8 percent in Texas.

The number of obese children between the ages two and five enrolled in federal programs is 15.9 percent in Texas, whereas the national average is 14.9 percent. The number of anemic children is 19.6 percent, and the national average is 15 percent.

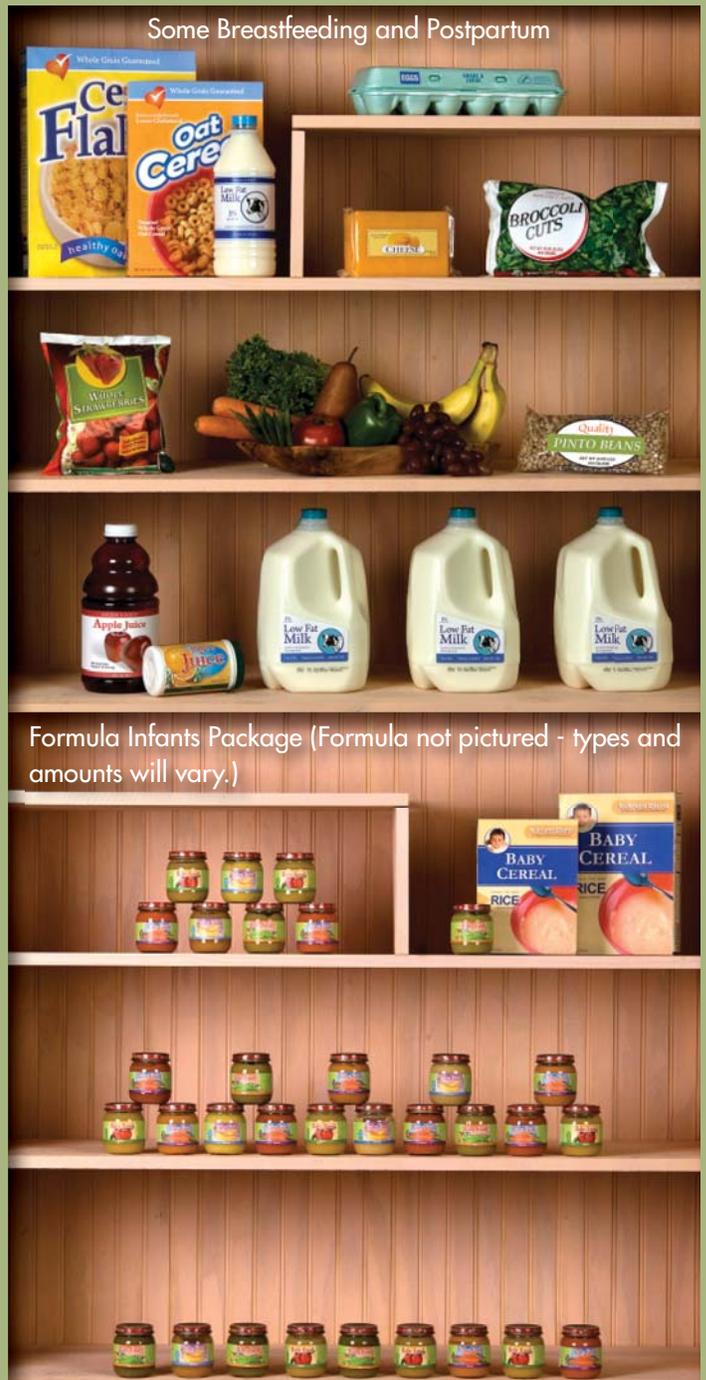
**Recommendations:** The CDC made a number of recommendations in order to help bring these trends down further. To prevent low birthweight, it is important for WIC to promote outreach activities and preconception nutrition care to identify pregnancy early and to help initiate early prenatal care. Adequate dietary iron intake and screening should be promoted. It is also important for public health programs and medical systems to promote and support breastfeeding interventions, physical activity, and consumption of fruits and vegetables and to reduce the consumption of sugar-sweetened beverages, high energy dense foods and number of hours per day of television viewing.





Exclusively Breastfeeding; Mostly Breastfeeding Multiples; and Pregnant with Multiples

Exclusively Breastfeeding Infants



Some Breastfeeding and Postpartum

Formula Infants Package (Formula not pictured - types and amounts will vary.)

## New Food Packages Offer More Options

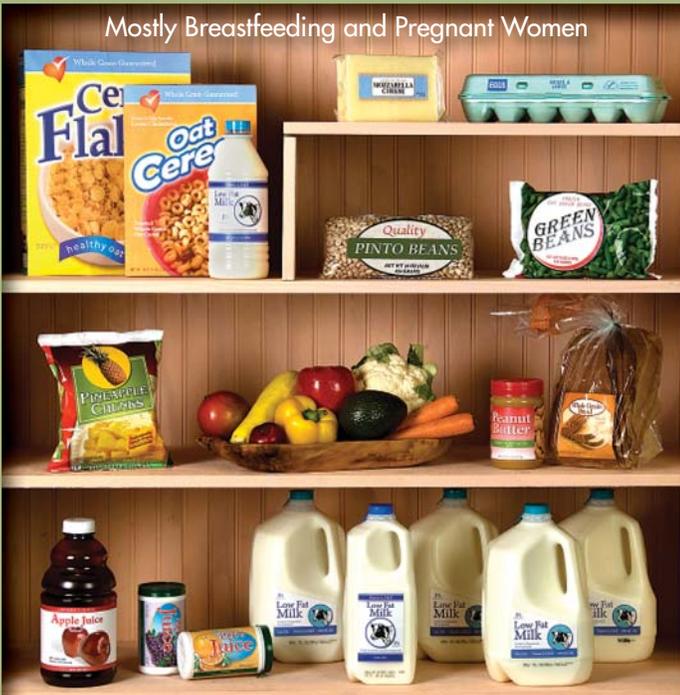
Out with the old and in with the new! Along with all of the changes in the WIC foods, the food packages have changed and several food package options will be deleted.

The new standard food package for women and children provides all fresh milk and one pound of cheese (except “Exclusively Breastfeeding” women who get two pounds of cheese). As part of the new standard food packages, we will be including a quart as a new size for

milk. Most of the participants will receive one quart of milk as a separate line item on the Shopping List. For example, if four people in the family have the standard package for their category (e.g. pregnant woman and three children), their shopping list will show four quarts of milk. Our system will not aggregate the quarts into gallons. They will have to be purchased as quarts.

There is also an option for all milk and no cheese for those participants not wanting cheese. This particular

Mostly Breastfeeding and Pregnant Women



Food package options deleted:	New food package options:
<ul style="list-style-type: none"> <li>▪ Fresh milk and evaporated milk for women</li> <li>▪ More juice for children</li> <li>▪ 16 ounces infant cereal for infants</li> <li>▪ Reduced milk for children</li> <li>▪ Homeless food packages with fresh milk</li> <li>▪ Less milk/more cheese</li> </ul>	<ul style="list-style-type: none"> <li>▪ Special dietary needs with formula and all supplemental foods (depending on physicians' prescriptions)</li> <li>▪ All fresh milk, no cheese</li> <li>▪ Soy milk and cheese</li> <li>▪ Soy milk and tofu</li> <li>▪ All whole evaporated milk for 1-year-old children</li> <li>▪ Gluten-free cereal</li> </ul>

by Paula Kanter, R.D.  
Clinical Nutrition Specialist

package can also be used for participants who follow kosher dietary laws but do consume conventional cows' milk, and do not want non-kosher cheese and cannot purchase kosher cheese in the area they live.

Some exciting news about the new food packages is that clinic staff no longer have to ask the rote question "would you like beans or peanut butter?" It will only be required for the No Refrigeration or Cooking Facilities, when participants do have to specify beans or peanut

butter. Choosing beans or peanut butter will occur at the store, not at the clinic.

There are major changes to the special dietary needs food packages. The old food package only allowed formula, cereal and juice. The new regulations allow WIC to issue formula and all supplemental foods allowed for the participant category depending on the physician's prescription.

For participants with lactose intolerance or milk allergy, the new food packages provide soy milk as a new alternative. Participants can choose a soy milk package with cheese or one with tofu. The soy milk packages can be provided to women upon request; however for children, a prescription is required.

In addition to new packages, new categories for participants have been defined.

**New categories for women:**

- **Mostly Breastfeeding** – Woman up to one year postpartum whose infant receives a partial formula package.
- **Some Breastfeeding** – Woman who up to one year postpartum and breastfeeds at least one time per day. Her infant receives a formula package package. After six months she no longer receives a food package.
- **Pregnant with Multiple Fetuses** – Pregnant woman with two or more fetuses.
- **Mostly Breastfeeding Multiple Infants** – A "Mostly Breastfeeding" woman who is breastfeeding multiple infants from the same pregnancy.
- **Exclusively Breastfeeding Multiple Infants** – A woman who is exclusively breastfeeding multiple infants from the same pregnancy.

The Exclusively Breastfeeding and Postpartum categories remain the same. For the Exclusively Breastfeeding Multiple Infants mom, her package includes additional food items such as eight ounce packages of cheese and six ounce frozen juice. Her package also provides 24 ounces of whole grain. The whole grains that come in 24 ounces are the breads, so her whole grain will be one package of 20 to 24 ounces of bread.

**New for infants:**

- **Mostly Breastfeeding** – Infant who receives a partial formula package.

Make sure you use the WIC Food Package Code and Description Guide, effective October 1, 2009, to help you choose the right package in consultation with the WIC participant or parent or guardian.



# New Food Rules Impact Participants with Special Needs

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

**S**ome major changes are on the horizon for participants who have special health-care needs when the new food rules take effect in October. Certifying authorities should watch for new and revised classes on formula approval and policy changes. This article summarizes what is new.

## **More Coordination with the Medicaid Program**

One of the major changes mandated by USDA is that Medicaid be the first payor of exempt formula for WIC participants who also qualify for Medicaid.

For local WIC agency staff, this change may not even be noticeable, other than having to enter the participant's Medicaid number into the computer. The Medicaid Program will be billed afterwards for the formula that WIC issues. The maximum amount of formula that WIC will issue to a participant will not change, even though Medicaid, unlike WIC, does not have set limits on the amount that can be provided to their participants. The participant should be directed to Medicaid when more formula is needed than what WIC can provide.

## **What is an Exempt Formula?**

An exempt formula is one that is designed for a medical condition, such as prematurity or a metabolic disorder. Manufacturers are not required to give a rebate on exempt formula. Exempt versus nonexempt formula should not be confused with contract versus noncontract formula, such as Similac Advance versus Enfamil Lipil, for example. Neosure Advance and EnfaCare Lipil are two examples of exempt infant formula, which are designed to meet the specific needs of premature infants.

Whether a formula is classified as exempt or nonexempt will determine how much of that formula WIC can issue, in some cases. For example, the amount of formula that an infant is issued depends on the age of the infant. At 6 months, when baby foods are issued, formula-fed infants have a reduction in formula from 29 to 20 ounces per day, on average, at this time. Infants who require exempt formula, such as Neosure Advance, and who are not developmentally ready to take baby foods can continue to receive the higher amount for formula in lieu of receiving baby foods, if the baby's health-care provider provides a written request.

This does not apply to infants who are receiving non-exempt formula. If, for example, a premature baby is on a nonexempt formula, such as Enfamil A.R. Lipil, the baby would not be eligible for the higher amount of formula, even with a medical request.

## **Additional Benefits Provided to Special Needs Women and Children**

Women and children who require exempt formula will now be able to receive any or all of the food package benefits allotted to their category in addition to the formula they will receive. The amount of formula is similar to what is currently issued – about 910 ounces per month. The health-care provider who requests the formula will also need to indicate the foods that the participant should or should not be issued on the medical request form. For example, the health-care provider could request Pediasure for a toddler and all the other foods, but indicate that he doesn't want milk to be included.

## Two New Reasons for Issuance of Ready-to-Use Formula

WIC has had the ability to issue ready-to-use formula when the caretaker is unable to properly prepare formula from a powder or liquid concentrate, due to a physical or mental disability or when there is an unsafe or unsanitary water supply. In addition to these reasons, starting in October, WIC will be allowed to issue ready-to-use when:

1. a ready-to-feed form better accommodates the participant's condition, and/or
2. it improves the participant's compliance with consuming the prescribed formula.

An example of the first reason is when a premature, medically fragile baby is coming home on 24-hour continuous tube feedings, and the doctor does not want powdered Neosure because of the higher risk of infection. Neosure ready-to-use is requested and can be approved.

Let's look at an example of the second reason. A mother requests ready-to-use Alimentum because her baby did well on it in the hospital. Now he is refusing to take the powdered form and he is not gaining weight as well as he did in the hospital. Ready-to-use is allowable in this case, as determined by the CA, and medical documentation is not required.

These reasons for ready-to-use formula apply only to exempt infant formula that includes Neosure Advance, EnfaCare Lipil, Pregestimil, and Alimentum.

## Soy Packages for Special Needs

Health-care providers will be able to choose from soy infant formula, soy follow-up toddler formula, and soy milk for children who are allergic to cows' milk or follow a vegan diet or who are lactose intolerant. Since there are wide variations in the nutrient composition of these beverages, it will be important for the CA to become familiar with these differences. The table on page 16 shows a comparison of selected nutrients in various soy beverages.

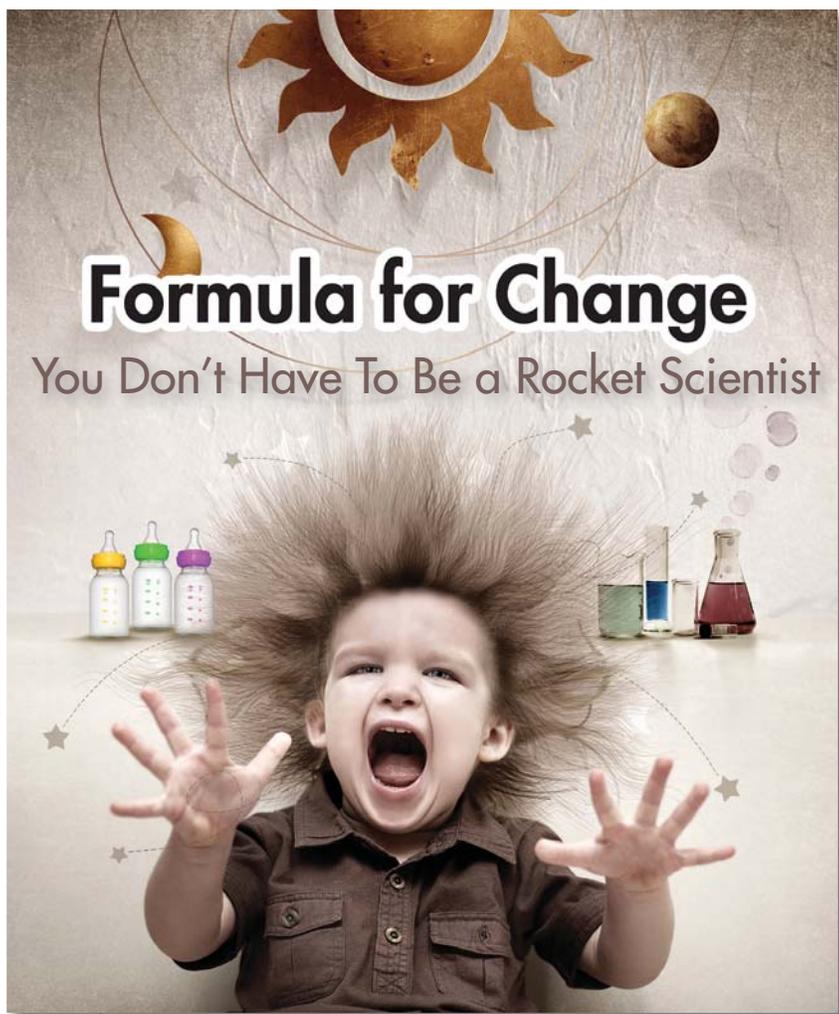
Along with the choice of soy beverage, the health-care provider will also need to indicate which foods the participant may be issued on the request form.

At this time, WIC will not allow soy for children simply because they prefer the taste of soy or because of cultural preference. Women, however, will be able to choose soy for taste or cultural preference.

## Gluten-Free Cereal

Corn Chex and Rice Chex are two Texas WIC-approved, gluten-free cereals. Because of the box sizes, these cereals are only available for women and children who have a documented medical need. Participants who have Celiac disease or who are otherwise gluten-intolerant would qualify. A gluten-free and casein-free diet has become popular with parents who want to try it for their child who has been diagnosed with autism. If the health-care provider writes a request, then these cereals can be issued for that reason, as well. Other foods not allowed by the participant's category would also need to be indicated by their health-care provider.

Comparison of Selected Nutrients in Soy Infant Formula, Soy Follow up Formula, Soy Milk and Soy Child Formula per 8 ounces	Similac Isomil Advance	8 <sup>th</sup> Continent Soymilk Original	Similac Go & Grow Soy DHA/ARA	Enfagrow Soy*	Bright Beginnings Soy Drink
Calories	160	80	160	160	237
Ounces	8	8	8	8	8
Protein, g	3.92	8	3.92	5.28	7.1
% calories from protein	10%	40%	10%	13%	12%
Carbohydrate, g	16.48	7	16.5	18.88	26
% calories from carbohydrate	41%	35%	41%	47%	43.8%
Fat, g	8.74	2.5	8.74	7.04	11.8
% calories from fat	49%	25%	49%	40%	44.8%
Calcium, mgs	168	300	240	310	230
Phosphorus, mgs	120	250	160	210	214
Vitamin A, IUs	480	500	480	480	610
Vitamin D, IUs	96	100	96	96	120
Magnesium, mgs	12	24	12	17.6	47
Sodium, mgs	70	95	70	58	90
Potassium, mgs	172	360	173	192	370
Riboflavin, mgs	144	5	144	144	0.5
Vitamin B12, mcgs	0.72	1.20	0.72	0.48	1.4
Vitamin C, mgs	14.4	0	19	19.2	24
*Previously named Enfamil Next Step Prosoabee Lipil	Vitamin E, IUs	2.4	2.4	1.44	5.4
	Iron, mgs.	2.88	3.2	3.2	3.3
	Zinc, mgs	1.2	0	1.2	1.92



# Formula for Change

You Don't Have To Be a Rocket Scientist

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

## Infant Formula and Food Packages

Currently, infants receive 31 cans of liquid concentrate or 9 cans of powdered formula each month from birth through eleven months of age. At four months of age cereal is provided, and juice is added at six months. With the implementation of the new food rules beginning October 1, amounts of formula provided will vary and will depend on the age of the infant. Infants, birth through three months of age, will receive the same amount of formula that is currently provided. However, at four to five months of age, the amount of formula will increase to 34 cans of concentrate or 10 cans of powder. The amount of formula will decrease from six through eleven months of age when solids are introduced. The infant will then receive 24 cans of concentrate or 7 cans of powdered formula. These amounts are based on the benefits provided with the contract milk-based and soy formulas. Other brands or types of formulas and alternative can sizes will result in different amounts being issued. The updated Formula Maximum Quantity Table will provide information regarding amounts that are issued for each formula. The Formula Maximum Quantity Table can be accessed at <http://www.dshs.state.tx.us/wichd/nut/foods-nut.shtm>.

*Changes to the new food rules are also impacting how formula benefits are provided. One of the major changes is that formula is now issued by reconstituted amounts instead of by measured weight such as ounces or grams per container. In addition, formula amounts will vary according to the age of the infant. With all the new calculations, it may seem that you have to be a “rocket scientist” to figure out how much formula each participant will receive per month! Let’s review the changes to the formula and food packages to help clarify the new food rules.*

### Infant Food and Formula Packages

Food	Current	New – Formula Fed
Formula	<b><u>0-11 months</u></b> 31 cans CON 9 cans PWD	<b><u>0-3 months</u></b> 31 cans CON 9 cans PWD
		<b><u>4-5 months</u></b> 34 cans CON 10 cans PWD
		<b><u>6-11 months</u></b> 24 cans CON 7 cans PWD
Infant Cereal	<b><u>4-11 months</u></b> 16-24 ounces	<b><u>6-11 months</u></b> 24 ounces
Baby Food Fruits and Veggies	NONE	<b><u>6-11 months</u></b> 64 jars for Exclusively Breastfed 32 jars for Formula Fed
Baby Food Meat	NONE	<b><u>6-11 months</u></b> 31 jars for Exclusively Breastfed
Juice	<b><u>6-11 months</u></b> 96 ounces	NONE

For the first time in WIC history, baby food fruits and vegetables will be provided for infants over six months of age. Infant cereal will now be provided at this time instead of at four months of age. Juices will no longer be provided in the infant food packages. Formula-fed infants will receive 32 four-ounce containers of single ingredient fruits and vegetables each month and exclusively breastfed infants will receive 64 four-ounce containers.

Another major change to the infant food packages will be the issuance of baby food meat for the exclusively breastfed infant. Pure meat packed in water or gravy is allowed, but any type of mixed meat dinners will not be allowed. Formula-fed infants will not be issued meat. Exclusively breastfed infants will be issued 31 two and a half-ounce jars of meat each month along with 64 four-ounce containers of baby food fruits and vegetables.

What about infants who may not be ready to consume baby foods at six months of age due to a disability or a developmental delay? It will be possible for these infants to continue to get the higher amount of formula issued at 4 to 5 months of age instead of being issued baby food at 6 months of age. This will require medical documentation from their health-care provider.

The higher quantity of formula after 6 months of age will only be available to infants who are issued an exempt formula. An example would be a premature infant, unable to consume solids, over six months of age who is on EnfaCare or Neosure. An infant on a nonexempt formula such as Similac Early Shield or Enfamil Lipil would not be able to receive the higher amount of formula even with a medical request.

An exempt formula is one that is represented and labeled for use by a person with a specific medical or dietary condition. These specific medical conditions include but are not limited to prematurity, diabetes, inborn errors of metabolism, or severe food allergies. Examples of exempt infant formulas are Neosure, Enfacare, Alimentum, and Neocate.

Nonexempt formulas are standard milk-based or soy formulas suitable for use in generally healthy full-term infants. Examples of nonexempt formulas are Similac Advance Early Shield, Enfamil Lipil, Enfamil AR Lipil, Isomil and Prosoabee Lipil.

## Women and Children Formula and Food Packages

The formula quantities for children over age one year and women remain the same at 910 reconstituted ounces per month or less. However, one of the big changes for this age group is that now the full provision of the food package may be provided in addition to the formula. Previously, the food package was limited to only juice and cereal when formula was prescribed. Health-care providers will be required to authorize or limit foods allowed as well as formula requested. WIC staff will not be able to issue foods unless it is indicated on the formula request form.

## Texas Medical Request for Formula/Food

A standardized form has been developed that will allow for the efficient communication of requests for formula and foods. All Local Agencies will be required to use the state designed form for the request of medical formula and foods. Locally designed forms will not be able to be used after the implementation of the new food rules beginning October 1. The form will have a section that will allow the physician to choose foods to be allowed or omitted. For example, the physician may check one of the boxes as listed below:

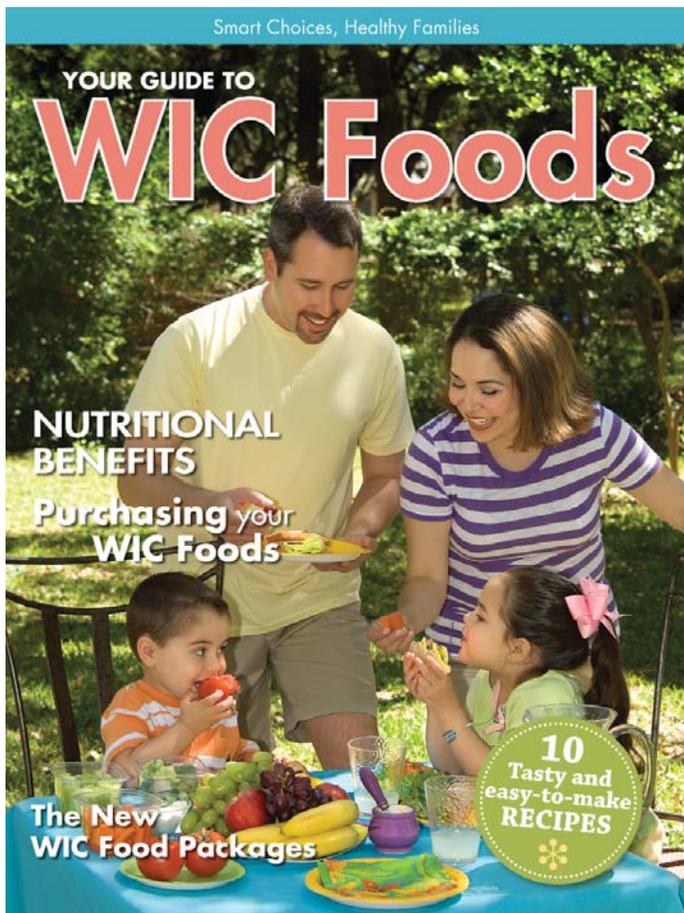
<b>Check below if age-appropriate supplemental foods should not be provided:</b> <input type="checkbox"/> No supplemental foods allowed. Provide formula only. <input type="checkbox"/> Modified* — Check the foods listed below that need to be omitted from the participant's food package for medical reasons.		<b>Special Instructions/Comments</b>	
<b>*Modified WIC Supplemental Foods to Omit</b>			
<b>Infants (6–11 months)</b> <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant food	<b>Children (1–5 Years) and Women</b> <input type="checkbox"/> Milk <input type="checkbox"/> Cheese	<input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter	<input type="checkbox"/> Cereal <input type="checkbox"/> Whole grain
		<input type="checkbox"/> Juice <input type="checkbox"/> Fruits/Vegetables	<input type="checkbox"/> Beans

The New Formula Request form will be available to health-care providers on line at [www.TexasWIC.org](http://www.TexasWIC.org).

This is an exciting time to be involved with the WIC program. Although many things are changing, some things are still the same. WIC continues to emphasize the importance of breastfeeding but is able to provide formula when breastfeeding is not exclusive. And you don't need to be a rocket scientist to figure it all out. Training and support are available from state WIC staff.

# PREPARING PARTICIPANTS FOR THE NEW FOOD

## 3 Tools For Successful Change



By Shellie Shores, R.D.  
Nutrition Education Coordinator

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

Ann Sullivan, M.S., R.D.  
Nutrition Education Contractor

Paula Kanter, R.D.  
Clinical Nutrition Specialist

### 1 Your Guide to WIC Foods

“Your Guide to WIC Foods” is a full-color brochure designed to provide WIC families with a comprehensive overview of the new WIC foods. It includes 16 pages of information plus an inside pocket to help participants keep other important information in one place. Staff may find it helpful to highlight particular sections of the brochure to tailor nutrition education to specific participant needs.

A new group lesson and web lesson based on the content of “Your Guide to WIC Foods” are also available beginning in October. Provide this brochure to all WIC families during these classes, at certification appointments, or however else local agencies find useful.

Brochure sections include:

- **WIC Food Packages** – A full-page chart with details on specific foods included in food packages for each participant category
- **Purchasing Your WIC Foods** – Important information on how to select WIC foods at the store
- **Selecting and Purchasing Fruits and Vegetables** – Tips for getting the most out of the new cash-value benefits for fruits and vegetables
- **Nutritional Benefits** – Highlights on why the new WIC foods are smart choices for healthy families
- **Recipes** – Ten easy-to-make recipes featuring the new WIC foods

### 2 “Smart Choices, Healthy Families” Take-home DVD

This 6-part, take-home video series is designed to be an “everything-you-need-know” resource for WIC participants and their families. Letty Reyes, the host of the program, covers a different WIC topic in each video. WIC staff should watch the video themselves so they can answer questions and point out the titles that are most relevant to a participant and her family. Give all participants a copy at their first appointment after October 1, 2009. Then in January, continue giving the DVD to new WIC participants only.

# PACKAGES –

- **“Shopping for WIC-Approved Foods”** – Letty discusses all aspects of shopping for WIC foods, including the WIC Shopping List, the WIC-approved foods, and checking out using the WIC EBT card. This video replaces the previous titles: “Let’s Take a Tour of WIC-Approved Foods” and “Introducing the New WIC Lone Star Smart Card.”
- **“Shop Smart and Save”** – Shopping expert Anna Lee takes Letty and viewers on a fact-filled tour through the grocery store, sharing tips for choosing healthy foods while sticking to a budget.
- **“Cooking with WIC Foods”** – Chef Raul joins Letty in her kitchen as they make some of his favorite recipes using WIC foods.
- **“Baby’s First Bites”** – Letty and her guests discuss the basics of starting solid foods while watching footage of infants of various ages during mealtimes.
- **“Great Tips for Feeding Kids”** – Letty talks with an expert on child nutrition about healthy foods for kids and offers tips for feeding picky eaters.
- **“WIC Food Package Information for Pregnant Women”** (for pregnant WIC participants) – A WIC nutritionist shows Letty and viewers the new food packages that are available for new mothers and their infants, and they discuss the advantages of exclusive breastfeeding.

**Infants** – Families with an exclusively breastfed infant will need a copy of this brochure; does not have to be provided until the baby is close to six months of age.

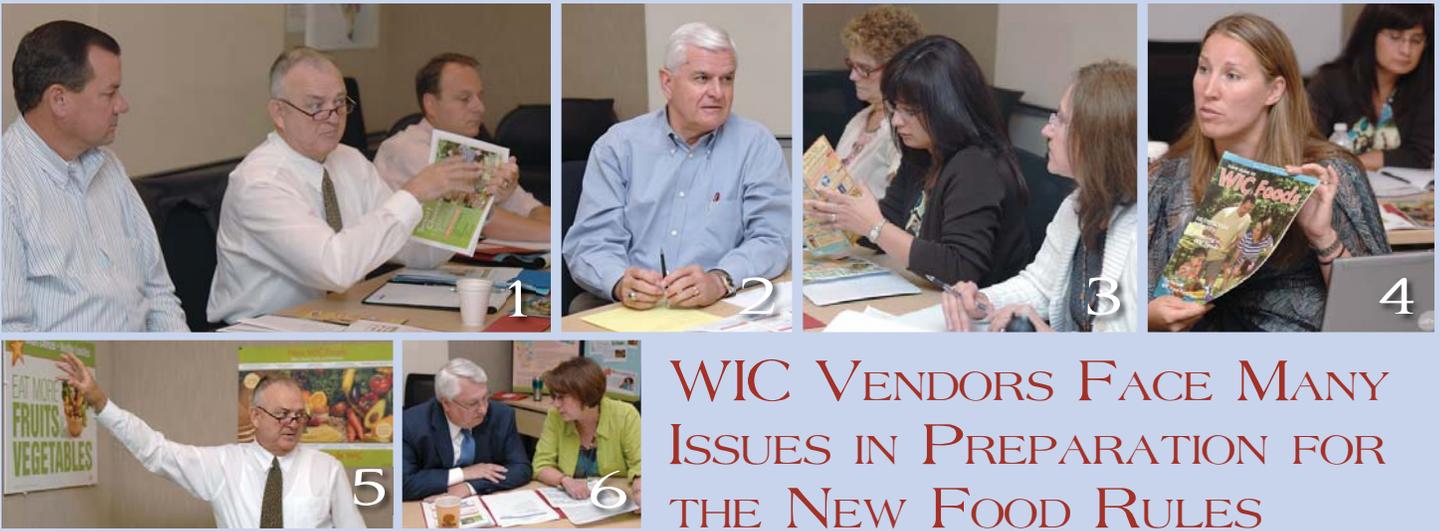
- **Texas WIC Shopping Guide for Formula-Fed Infants** – Provide this infant flyer at the first visit for fully formula-fed and mostly breastfed infants.
- **Texas WIC Approved Foods poster** – This poster displays all the approved foods on the Shopping Guides listed above (available in English only).
- **Texas WIC Shopping Guide for Limited Storage or Refrigeration** – This insert is for participants who receive the No Refrigeration or Cooking Facilities food package.



## 3 Texas WIC Shopping Guides

The approved foods brochure and infant insert have been renamed the “Shopping Guides.” They have a new look that coordinates with other materials related to the changes to the new foods.

- **Texas WIC Shopping Guide** – Give one copy to each WIC family. Information includes the approved foods, package sizes, and specifics about what is not allowed.
- **Texas WIC Fruit and Vegetable Shopping Guide** – This insert provides specifics of allowable fruits and vegetables and beans. Give one copy to each WIC family.
- **Texas WIC Shopping Guide for Exclusively Breastfed**



## WIC VENDORS FACE MANY ISSUES IN PREPARATION FOR THE NEW FOOD RULES

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

**T**he Texas WIC program has been fortunate to work closely with our grocers in planning for the implementation of the new food rules. State office staff met numerous times with the vendors in an attempt to hear the concerns and address the issues that the stores are going to face.

And they are faced with incredible issues. Effective October 1, 2009, whole milk will no longer be generally available for women and children who are 2 to 5 years of age. Overnight, stores will have to adjust their whole milk and reduced-fat milk stock to accommodate the fluctuating demand. Some statistics show that about 75 percent of our participants currently buy whole milk. For a store that does substantial WIC business, this change will have a significant impact on ordering and stocking requirements.

The juice issue, with all of the different sizes and requirements for participants, as listed on page 10 of this issue, will also present problems in stocking and labeling. The fruits and vegetables probably won't present an issue for stocking for stores; however it could present some problems at the checkout counter. Remember to thoroughly discuss produce purchases with your participants. Fruit and vegetable purchases cannot go over the WIC benefit amount on the card. This is a very important training issue for clients.

Whole grains such as corn tortillas and whole-wheat bread will be designated Least Expensive Brand items and will require the shelves be labeled with our pink WIC au-

thorized shelf sticker, as will other items like juices, milk, beans, and cheese. In addition to the pink WIC authorized shelf stickers currently being used, we are developing other optional materials to assist stores in transitioning to the new food packages. Our goal is to present WIC to our communities as a good place to watch for not only good nutrition advice, but also cost-saving purchasing ideas. We hope our signage used by the stores will help market WIC in that manner.

One issue that has stores struggling currently is that WIC moms feeding their babies formula are still going into stores on the first day of the month and purchasing all of their monthly allotment at one time. This causes the stores significant stocking issues. Clinics can help by continuing to tell your moms to buy a few cans of formula at a time. It's easier to carry, and it will help the store shelf stay stocked. We recommend you emphasize this concept to new moms, especially since they have to bring cans back to the clinic if their baby doesn't do well on the original formula.

Stores may encounter the same type of stocking problem with baby food as they do with formula. We know that for many moms, purchasing baby food and formula reflects security concerns. They feel that they need to get all they can while it is available. Please continue to encourage them to spread their shopping out throughout the month. Working with our grocers and trying to encourage our participants to do the same is an essential part of making the transition to the new WIC foods successfully.

*Above photos: 1. Left to right: Jim Callahan, HEB; Joe Williams, Vice President, Texas Retailers Association; and Jason Cooper, Brookshire Grocery Company. 2. Gary Huddleston, Kroger. 3. Left to right: Linda Brumble, Clinic Services/ Nutrition Education Unit Manager, Irma Choate, Graphic Designer, and Paula Kanter, Nutritionist. 4. In front: Amanda Hovis, Nutritionist, and Irma Choate. 5. Joe Williams. 6. Mike Montgomery, Texas State WIC Director and Mary Alice Winfree, Food Issuance and Redemption Services Branch Manager.*



## Hello everybody!

by Eaton Wright, BS, NUT  
Nutrition Expert

Eaton here with round two of Test Your Texas WIC New Food Package IQ. I know I said it last October, but now I really mean it, the new WIC food package is almost here and it's going to be spectacular. Now on with the quiz...



### Quiz:

1. True or False. Children will move to lower fat milk when they turn 2 years old.
2. Which of the following is not a whole grain?
  - a. whole-wheat bread
  - b. corn or whole-wheat tortillas
  - c. chocolate glazed doughnut
  - d. brown rice
  - e. oatmeal
3. True or False. Women need a prescription to get soy milk with WIC.
4. All of the following forms of fruits and vegetables may be purchased with WIC except:
  - a. fresh pineapple
  - b. fresh broccoli
  - c. candied corn
  - d. frozen strawberries
5. True or False. WIC will provide baby food fruits and vegetables for infants.

### Answers:

1. The answer is True. Children from 12 to 24 months old will only receive whole milk. Once children reach 2 years old they will move to 2%, 1% or skim milk.
2. The answer is C. While delectable, the only hole in this grain is the one in middle. However, participants may choose from whole-wheat bread, corn tortillas, brown rice or oatmeal.
3. The answer is false. Women on the WIC program do not need a prescription, but children do need a prescription to receive soy milk or tofu. I'll remain soylent on the topic of tofu — too many of my co-workers eat the stuff.
4. C is for candied corn or canned corn. Neither of which (nor any other canned fruit or vegetable) is allowed on the WIC program. Now fresh or frozen corn (or any other single-item fruit or vegetable) is A-OK.
5. The answer is true. Starting at six months, all infants on the WIC program will receive baby food fruits and vegetables. Breastfed infants will also get baby food meat.

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





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## PERIODICALS

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