

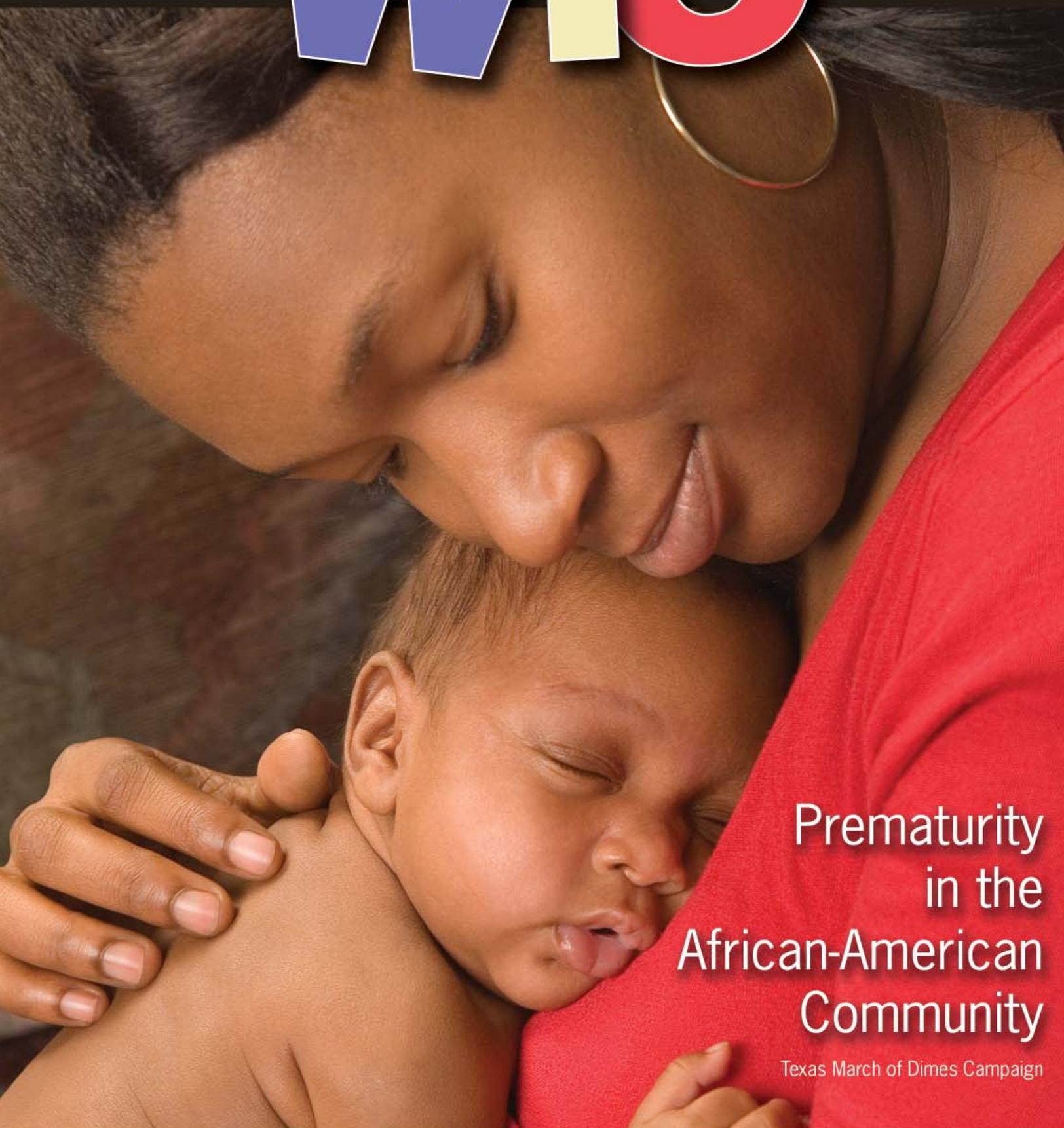
texas

WIC

news

May/June 2006

Volume 15, Number 3



Prematurity
in the
African-American
Community

Texas March of Dimes Campaign

Special Supplemental Nutrition Program for Women, Infants, and Children

More Than 61,000 EBT Participants and the Expansion Continues

We've successfully expanded the use of our electronic benefit transfer (EBT) WIC card into two additional WIC agencies with great results. Terry Reese, director of the Grayson County Health Department WIC Program, led her staff through the start-up in October 2005, and she hasn't looked back yet!

On January 30, 2006, the expansion continued at Collin County Health Care Services with WIC supervisor Denise Wolf and assistant WIC supervisor Barbara Beal guiding the process. The Collin County WIC Program's administrative office, located in McKinney, underwent renovations to ease the transition of issuing benefits on WIC vouchers to writing benefits to the EBT card. The design of the building, after the renovations were completed, accommodated the card issuance process nicely.

We are currently providing WIC benefits on the EBT card to more than 61,000 participants at four local agencies in four Texas counties — the two original agencies in El Paso and the agencies in Grayson and Collin counties. As of March 3, 2006, 159 grocery stores were certified to accept EBT cards.

On March 20-24, representatives from 29 other states, USDA and several grocery stores attended a National EBT Users Group Meeting in El Paso and saw EBT in action. Attendees visited Projects

#28 and #33 and watched as EBT cards were loaded with benefits and issued to clients. Participants also shopped with EBT cards in 25 to 30 WIC-authorized grocery stores in the area.

The EBT rollout continues next into 34 counties in west Texas (area 3 on the map distributed at the State Meeting in June, 2005) with four local agencies — Texas Tech University Health Sciences Center/Odessa, DSHS Public Health Regions 9/10, Abilene Public Health Department, and San Angelo-Tom Green County Health Department. The expansion, planned to begin June 2006, will immediately be followed by a move into the Texas Panhandle (area 4) with six local agencies in 68 counties.

None of this EBT rollout would have been possible without the help of the entire WIC community statewide, in particular those agencies ready and willing to implement EBT and the Texas WIC EBT steering committee for their unwavering belief in this project. I greatly appreciate the initiative, imagination, and drive shown by agencies that have already or will soon roll out EBT. The dedication shown by the steering committee's continual attendance to the numerous meetings and their focused attention to the details has been incredible. I'd like to express my sincere thanks to everyone involved. We could not have come this far without all of you.

The best is yet to come. Next year will see big changes. We hope to continue receiving positive feedback from even more participants who love the flexibility of the WIC EBT card!



From the Texas WIC Director - Mike Montgomery

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Preventing Premature Births:



I Want My Nine Months

by David Smith, M.D.
Chancellor, Texas Tech
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Prematurity Campaign

LaToya L. Lewis, M.P.H.
Director of Prematurity Initiatives
March of Dimes Texas Chapter

Introduction

In 2003, the March of Dimes launched a multimillion-dollar, multiyear campaign to address the increasing rate of premature birth. The campaign includes:

- 1) funding research to find the causes of premature birth;
- 2) educating families about the warning signs of premature labor and what can be done to prevent it;

- 3) expanding access to health care coverage so that more women can get prenatal care; and
- 4) helping health care providers learn ways to help reduce the risk of early delivery.

Background

One of the most common, serious and costly problems facing American families today is premature birth. Prematurity/low

birth weight is the leading cause of death in the first month of life. Prematurity also leads to 100,000 new cases per year of serious, often life-long disabilities such as mental retardation, chronic lung disease, vision impairments and hearing problems.

Between 1993 and 2003, the rate of infants born preterm in the United States increased nearly 12 percent to 499,008. In Texas, more than

52,000 babies are born preterm each year, accounting for over 10 percent of the U.S. total. In 2003, hospital charges for all infants totaled \$36.7 billion. Nearly half of that — \$18.1 billion — was for babies with a diagnosis of prematurity or low birthweight. This means that nearly half of the total charges for infant hospital stays in 2003 were for babies who were born too soon or too small.

Texas Chapter volunteers and staff have identified two priorities for the Texas Prematurity Campaign:

- 1) interventions for African-American families and
- 2) preconception care.

Disparity Among African-American Women

African-American women are nearly twice as likely to deliver prematurely as Caucasian women. Prematurity/low birth weight is the leading cause of death for African-American infants, accounting for over 20 percent of all African-American infant deaths, compared to 13 percent of all white infant deaths. More than 7,500 babies born to African-American women in Texas are born too soon each year.

African-American women are more likely than Caucasian women to have inadequate access to early prenatal health care and information, both of which are necessary to ensure the greatest chance of healthy birth outcomes. In fact, almost 20 percent of African-American women receive inadequate prenatal care, and many of those receive late or no prenatal care. (Source: March of Dimes Peristats www.marchofdimes.com/peristats)

In 2005, the Texas Chapter of March of Dimes embarked upon a new innovative project: *Save*

Our Babies: Prematurity in the African-American Community. This African-American outreach program will focus on reducing the disparity in preterm birth rates of African-American babies and helping African-American families to have healthier babies. This will be accomplished through collaboration with the African-American faith community and community-based health organizations. Through a combination of education and advocacy for improved access to health care, the March of Dimes seeks to improve the health of African-American babies by raising awareness of the problem of prematurity and by reducing the incidence of premature births.

Preconception Care

Did You Know?

- Most perinatal risk factors can be identified in the preconception period.
- Each year, hundreds of thousands of women give birth without the benefit of preconception interventions.
- At least 12 sentinel indicators for

preconception care —evidence-based and in existing guidelines — are available for public health surveillance.

- Preconception care is based on, but is more focused and specific than, routine well-woman health care.

What Is the Challenge?

While past achievements in public health and medical care have greatly improved pregnancy outcomes, we can do more to assure optimal health for mothers and infants. Prevention strategies before conception can further improve pregnancy outcomes.

The American College of Obstetricians and Gynecologists
(Continued on page 19)

“...almost
20 percent of
African-American
women receive
inadequate
prenatal care...”



Know your

FAT

facts.....



"...most fish are low in saturated fatty acids and contain a...type of polyunsaturated fatty acid (omega-3)..."



"Monounsaturated fats come from plants and include canola, olive, and peanut oils."



"Saturated fat...is found mostly in foods from animals and some plants..."

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

Although some fat is needed for good health, high levels of fat in the diet are linked to increased blood cholesterol levels and a greater risk for heart disease. Learn these fat facts to help you and your WIC families choose healthier foods.

Cholesterol is a fat-like substance found in the bloodstream and all your body's cells. It is an important part of a healthy body and is used to make cell membranes and hormones. But if your cholesterol level is too high, you may have a higher risk of heart disease and stroke.

Because cholesterol and other fats can't dissolve in the blood, they are transported to and from your cells by fat carriers called lipoproteins. Low-density lipoprotein or LDL is known as the "bad" cholesterol. Too much LDL cholesterol can clog your arteries and lead to a higher risk of heart disease. High-density lipoprotein or HDL is known as the "good" cholesterol, because it carries cholesterol away from your arteries. High levels of HDL reduce your risk of heart disease.

Although your body makes some cholesterol, you also get cholesterol from consuming foods such as meats, poultry, fish, eggs, butter,

cheese and whole milk. Foods from plants — like fruits, vegetables and cereals — don't contain cholesterol.

Saturated fat, the main dietary cause of high blood cholesterol, is found mostly in foods from animals and some plants, like coconut oil, palm oil and palm kernel oil, and cocoa butter.

Trans-fatty acids are found in small amounts in animal products such as beef, pork, lamb and butterfat. They are also formed during the process of hydrogenation; consequently margarine, shortening, cooking oils and the foods made from them are a major source of TFA in the American diet. TFA raise total blood cholesterol levels leading to a higher risk of heart disease. In order to lower your intake of TFA, you should use unhydrogenated oil such as canola or olive oil, soft margarines instead of stick margarine or butter, and lower your intake of commercially fried foods and commercial baked goods which are more likely to be prepared using hydrogenated fats.

Polyunsaturated fats, PUFAs, are found primarily in oils from plants, and are thought to help lower your risk of heart disease when used **in place** of

saturated fats. Safflower, sesame, and sunflower seeds are all good sources of PUFAs as are corn, soybeans, many nuts and seeds, and the oils made from them. The fats in most fish are low in saturated fatty acids and contain a certain type of polyunsaturated fatty acid (omega-3) that appears to decrease the risk of heart disease.

Monounsaturated fats, MUFAs, come from plants and include canola, olive, and peanut oils. Avocados are also high in MUFAs. As with PUFAs they are thought to lower blood cholesterol levels when used in place of saturated fats.

Total Fat

The U.S. Department of Agriculture and the Department of Health and Human Services recommend that fat make up no more than 35 percent of your daily calories. For example, if you consume 1,800 calories a day, you should consume no more than 70 grams of fat a day. (To figure: Multiply 1,800 by 0.35 to get 630 calories, and divide that number by 9, the number of calories per gram of fat, to get 70 grams of total fat.) Keep in mind, however, that this is an upper limit and that most fat calories should come from monounsaturated and polyunsaturated sources.

What's so special about



soybeans?

First used in China and later developed to a greater extent by the Japanese, soy foods are becoming increasingly popular in the United States.

Soybeans, which are high in protein and fat, are very low in carbohydrate.

- The protein in soy is remarkable in that it is a non-animal source of a complete protein, i.e. soybeans contain all essential amino acids needed for growth and maintenance.
- The fat in soybeans is unsaturated and is a good source of omega-3 and omega-6 fatty acids. However, some soy foods are defatted and therefore not a good source of the essential fatty acids.

- Less than ten percent of the calories are from carbohydrates, making soybeans a naturally low-carb food. About half the carbohydrate is in the form of fiber, but this is removed in some soy products such as soy milk and tofu.

Most soy foods are good sources of vitamins, especially the B-vitamins, folate and vitamin K. Soybeans and some soy foods are good sources of minerals such as iron and calcium. Tofu precipitated with calcium and soy milk fortified with calcium are good calcium sources.

Soy for beginners

For most people, the easiest way to begin eating soy or to increase

soy intake is to start with fourth generation soy foods. Fourth generation is a term used for foods that are soy “knock-offs” of typical western foods, such as veggie burgers and veggie dogs. There are also fourth generation soy cheeses, yogurts, sour cream, cream cheese, and soy nut butters.

First generation soy foods are those that have been traditionally used in Asian cuisine, including dried and green soybeans, tofu, tempeh, miso, sprouts, and soy milk.

Using soy milk in place of cows' milk is another way to begin eating soy. For some, it is best to gradually transition to soy milk. Start using soy milk combined with cows' milk at a low ratio, like two ounces soy to six ounces cows' milk. Over

time, increase the ratio of soy milk to cows' milk. This gradual transition will allow taste buds to adjust to the new flavor. Soy milk is available in many forms such as regular and low fat, and a variety of flavors including plain and vanilla. Be aware of how you use the different types of soy milk. For example, vanilla soy milk is great with cereal, but not so great in mushroom soup!

Miso and tempeh are available in most urban supermarkets. Miso is a rich, salty flavoring agent made by fermenting soybeans and grains. Miso soup is a dinner in ten minutes; it's so easy!

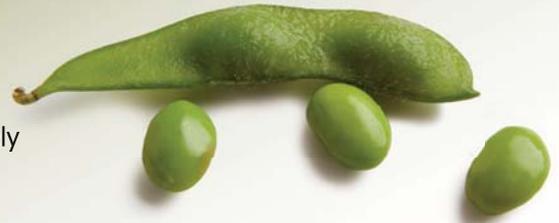
Tempeh is another fermented soy product with a meaty texture and a nutty flavor. It's also a fast meal — slice and fry or slice and bake. Don't let the term "fermented" turn you off. You've probably tried soy sauce before. Soy sauce is a fermented soy product, and probably the most widely used condiment in the world.

Of interest, second generation soy foods are those that are made with soy flour as the primary ingredient, and third generation are basically textured soy (vegetable) protein.

The following recipes will help you get started using soy. Be aware that soy products vary greatly. If you try one veggie burger brand and you don't like it, try another brand. If you find that you don't like veggie burgers, try soy chicken or breakfast patties.

Miso Soup

- 1 tsp oil
- 2 cloves garlic, minced finely
- ½ cup onion, chopped
- 1 tsp ginger root, grated
- ½ cup carrots, sliced thin
- 1 cup mushrooms, sliced thin
- 2 Tbsp miso (try light/mild/barley)
- 1 Tbsp sherry (optional)
- 4 cups water
- 1-2 green onions, sliced thin



Heat oil in pan. Sauté garlic and onion till soft. Add ginger root, carrots, and mushrooms. Add water and heat. Remove about 1/3-1/2 cup of soup. Dissolve miso into removed soup. Add dissolved miso back to pan. Add sherry. Reheat. Allow to simmer but do not boil. Top soup with sliced green onions when serving.

Barbeque Tempeh

- 16 oz package tempeh
- 1 large onion, sliced thin
- 2 cups barbeque sauce

Cut tempeh into slices about 1/3 inch thick. Place sliced tempeh and onion in baking pan. Marinate tempeh and onion in barbeque sauce for at least 1 hour in refrigerator. Tempeh is now ready to grill outside, or bake, covered, at 350 degrees for 30-40 minutes.

References:

Recipes modified from Soyfoods Cookbook at <http://www.soyfoods.com/recipes>. Accessed December 23, 2005.

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Local Agency **Spotlight**

WIC's Fit Kids Fair

by Chris Castellano,
WIC Nutritionist

El Centro del Barrio WIC held its first Fit Kids Fair to help shed light on the epidemic of childhood obesity. Participants were encouraged to visit three stations, each with information on inexpensive activities they could do with their children: games for both indoors and outdoors, dancing to music with the Wiggles and Barney, and Ballet Folklórico. Nutritionists provided information on healthy eating for a healthy weight which included recipes for delicious and simple-to-prepare snacks. There were also presentations from Family Fitness Unlimited and San Antonio Parks

and Recreation. Children were able to get their pictures taken with the San Antonio Spurs Coyote. El Centro del Barrio's first WIC's FIT Kids Fair was a huge success.

NEW Clinic opens in Mesquite!

by Shannon O'Quin, R.D., L.D.,
I.B.C.L.C.

On September 15, 2005 a new clinic opened in Mesquite, Texas – Site 39. The City of Dallas WIC program enthusiastically opened its new clinic before telephones were even installed. And to the staff's surprise, the first WIC participant, Emprisso Fincher, arrived at approximately 9am.

By word of mouth the new Mesquite clinic scheduled 90 appointments during the first three days — even without telephones! Within three months, the clinic averaged a monthly participation of more than a 1,000!

The Texas WIC program in Dallas has mushroomed since its inception in 1974, with so many participants the staff is constantly working to meet their goals. Now, the new Mesquite clinic will help them reach their goals faster.

Current staff at the new City of Dallas Mesquite WIC clinic includes: R.D. supervisor, Ana Torres; site supervisor, Alli Borrego; and Community Service Workers, Delia Marquez, Linda Williams, and Marion Perry.

Local Agencies!

Send us your stories. What has worked for you, what hasn't? Did you have a health fair this year? How are you planning to celebrate World Breastfeeding Month in August? Send your agency's story to Sherry Clark, Texas WIC News, Department of State Health Services, 1100 W. 49th Street, Austin, TX 78756, or e-mail to WICNewsEditor@dshs.state.tx.us.

Letter from Lori Bordelon

To Whom It May Concern:

I simply want to encourage those who work so hard here at the WIC program, as I have seen the fruits of your labor first hand. I am now pregnant with my fourth child and it has been two and a half years since I had been in a WIC office. I was so impressed to see so many women in the waiting room breastfeeding. It is so hard in today's society of comfort to see women truly happy and obviously at ease breastfeeding their children. I firmly believe all of the posters, classes, and counselors are having a great impact on women. In particular Ms. Mary Sistelo seems to be very passionate about encouraging and supporting mothers milk for babies. I found her advice very informative and genuinely supportive. Thank you all for caring and supporting the mothers of America!

*Sincerely,
Lori Bordelon*

Two ways to obtain a Texas birth certificate:

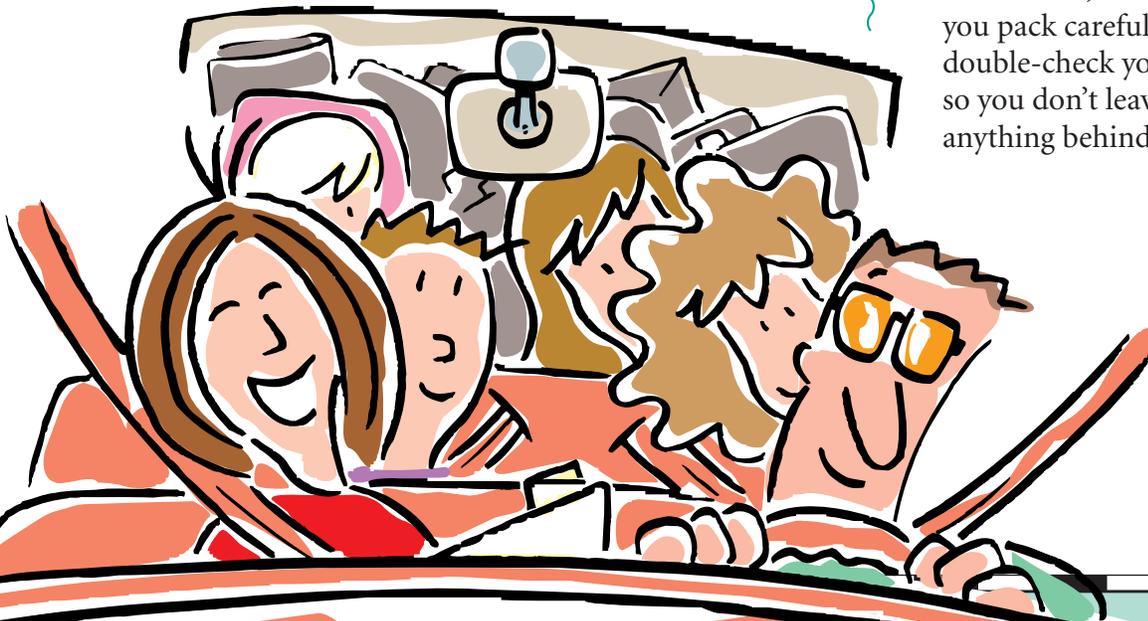
- Call 1 (888) 963-7111
- Visit www.texasonline.state.tx.us.



Top Ten Tips for Low-Stress Travel

Many of us look forward to a vacation, only to find that after the trip we're still stressed - needing a vacation from our vacation! Below are tips to help reduce travel stress.

- 1. Plan early.** About a week before your trip, write down what you need to pack, what errands you need to get done before leaving, and a brief schedule of travel activities.
- 2. Don't overdo it in the sun.** Wear sunscreen, hats, and avoid being outside during the hottest parts of the day.
- 3. Have what you need.** Take maps of your destination, phone numbers of people back home, prescription medication, general supplies like sunscreen and travel snacks, and so on.
- 4. Don't overload your schedule.** You don't need to see and do everything while on vacation. Children tire quickly and can become irritable and uncooperative. Recognize when you and your travel companions need a break – and take one.
- 5. Take necessary health and safety precautions.** Be cautious of what you eat and drink when in a foreign location. Follow local safety recommendations.
- 6. Keep the kids happy.** Make sure to include activities that your children will enjoy, otherwise you will likely be dragging them from place to place.
- 7. Eat and drink in moderation.** Indulging here and there is okay, but try to maintain your normal eating habits so that you don't get sick or return home with unwanted pounds.
- 8. Stay on your budget.** Set a budget before you leave for your trip and stick to it. You don't want to come home from a great vacation to a stack of bills.
- 9. Accept the unexpected (be flexible).** Vacations are full of surprises. Go with the flow instead of being frustrated or disappointed.
- 10. When you leave** your destination, make sure you pack carefully and double-check your room so you don't leave anything behind.





Four Fruit Salad

Ingredients:

- 1 cup seedless grapes
- 1 cup orange segments
- 1 large apple, cut into slices
- 1 large pear, cut into slices

Directions:

Toss all ingredients together.

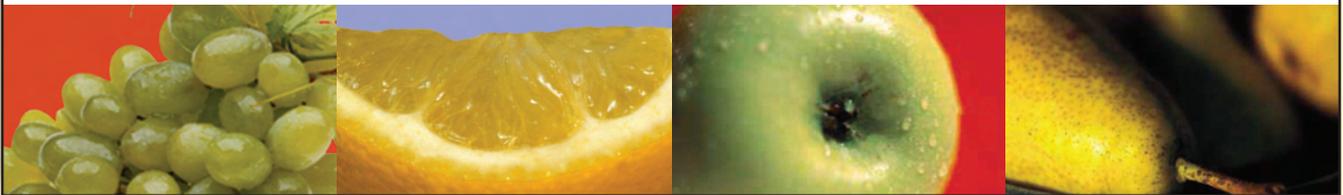
Serving Suggestions:

1. Serve on lettuce-lined plate with a scoop of low-fat cottage cheese and light dressing.
2. Serve in glass dish with a scoop of sherbet on top.
3. Serve in bowl topped with yogurt.

Number of servings: 6

Number of 5 A Day servings: 1

Source: California Table Grape Commission



Sensation Five Star Fruit Salad

Ingredients:

- 1 sweet (fresh, frozen or canned) pineapple, peeled, cored, diced into small cubes
- 1 mango, peeled and sliced into thick strips (the pit is almond-shaped and sticks to the fruit so just cut around it)
- 3 green Anjou pears, cored and diced into small cubes (leave the peel on for color and fiber)
- 1 large ruby red grapefruit, segmented,* skin removed
- seeds of 1 pomegranate (optional)
- 5 limes
- 3 tablespoons honey

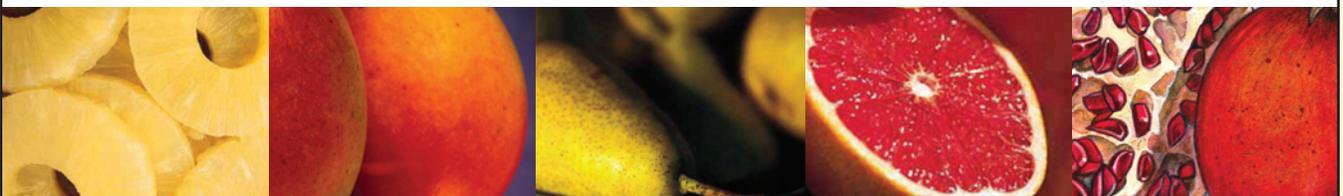
Directions:

Combine all fruit, or layer in a clear bowl, and dress with the following ingredients whisked together: juice of 5 limes and 3 tbsp honey.

*To segment a citrus fruit, use a small, sharp knife to cut off each end. Carefully cut down each side until all skin and white pith is removed. Remove the orange flesh from each segment. Discard the white remains.

Number of servings: 6

Number of 5 A Day servings: 2





How the Wellness Program Changed My Life

My name is Vanessa Vasquez and I'm 23 years old. I work for Outreach Health Services as a Breastfeeding Peer Counselor for the Waxahachie WIC clinic and I have been here three years. A couple of years ago marked the beginning of my life changing experience. I was never a heavy-set person, but after two pregnancies, I found my weight was at its highest and I wasn't happy with myself. Diabetes runs in my family, big time. I worried about getting diabetes, but I never did anything about it. One day, my co-workers and I were introduced to a program that involved wellness, stress management, Five A Day, physical activity, etc. My first thought was '... sounds fun,' but I didn't know where to start. I began by changing what I ate, whole milk to 2% milk, more fruits, canola oil instead of vegetable oil, baking not frying, small things, a little at a time. In the beginning, my husband was against change; he said he would never change from whole milk. I stuck with it and began taking walks around the block. I even got my 3 year old son into it. I still wasn't happy. I felt there was more I could do."

Before



After

Soon afterwards, Vanessa entered a contest responding to questions about WIC Wellness Works and won a gift certificate to a local gym. "I loved it (the gym), the whole set up, the time frame, everything. I started working out, walking after dinner with my family, drinking more water, reading my wellness packets of helpful tips, and recording my steps. I was happy until the day came to weigh and measure. I was so disappointed with the results, so much so that I fell into a slump. You know what happened after that. I gained weight and I got depressed. That's when I decided once and for all to make a life change, not just temporarily but for good, for my health and self happiness."

"I stopped looking at weight loss and to this day, I don't know exactly how many pounds or inches I've lost. It's about 20 pounds and at least 20 inches from head to toe. My family has benefited from it the most. We all drink fat free milk, we watch what we eat, we don't stuff ourselves, and my husband and I are both members of a workout club. We try to go everyday, if not every other day and on the weekends. We both see changes on the outside but more importantly, we are much more confident within ourselves. Our families have noticed the change and want to join us in this amazing life change. If I had to say what motivated me to start and keep going, I would have to say hands down, thank you to the wellness program for challenging me and changing my life!

Thank you again,

Vanessa Vasquez



Water Walking



Too hot to walk outside and there is not an air-conditioned alternative nearby? Why not consider water walking (in a swimming pool) instead of walking around the block. Water walking combines all the great benefits of land walking while keeping you cool. It is gentle on your joints, builds lower leg strength, and doesn't require special equipment or special skills.

Here are some water walking tips to keep in mind.

1. As with any new exercise routine, warm up by water walking at a slow pace, gradually building your speed. Consider water walking for 15 to 20 minutes the first time. Even though you may not be sweaty at the end of your workout, make sure you 'cool down' by walking slowly again. This will help prevent dizziness you might experience if you exit the pool immediately following your workout.
2. Walk as you would on land, placing your heel down first. Keep your back straight and stomach muscles taut. Lifting your knees high will increase the intensity of the exercise.
3. Turn your hands each time so that the palms press against the water, pulling yourself through the water. Use your arms in opposition to your legs like when you walk on land.
4. Consider changing direction if you are walking in a circle. This will decrease the chance of injury from over use on one side.
5. Vary your water depth. Deeper water will provide more resistance and be more strenuous.
8. Vary your stride—backwards, sideways, knee touches, step kicks—while varying your arm movements.
9. To increase your intensity, increase your stride by taking large controlled steps or bound forward by pushing off with your back foot.
10. Drink plenty of water before, during and after your workout. Don't forget to wear sunscreen.



MONTHLY IDL WELLNESS BREAKS!

NEED TO GET RE-ENERGIZED ONCE A MONTH?

Join The University of Texas Wellness Team and tune in the **LAST MONDAY** of each month at **12:15 P.M.** for a 15-20 minute wellness break on the WIC IDL system. You will learn helpful information about **HEALTHY EATING, PHYSICAL ACTIVITY** and **STRESS MANAGEMENT.**

Test Your Nutrition I.Q.

by Eaton Wright, B.S., NUT
Nutrition Expert

Hello everybody, Eaton Wright here to talk with you about continuing your New Year's resolution to get active and lose weight. We're four months into the new year and you're probably wondering how I knew your resolution was to lose weight? I see the same pattern year after year after year — the gym where I workout fills up beyond capacity with well-intentioned resolutioners looking to shed weight and get fit. Then a few months into the year, poof, they're gone. Well, it doesn't have to be that way. With forethought and planning, maybe some re-planning, your resolution can be a year-round success!

Now on with the How to Keep Your New Year's Resolution Going Month After Month quiz.

Quiz

1. True or False? Making a BIG change immediately is always a good way to kick start any fitness program. (Example: Deciding to run across America to lose 15 pounds. Then hitting the road without even eating breakfast.)
2. Successful resolutioners do all of the following except:
 - a. Get friends and family involved in their plan
 - b. Revisit goals periodically to review progress
 - c. Receive the "Big Cheese" lifetime achievement award for the most visits through the pizza buffet line
 - d. Reward themselves with new clothes, a massage, or even a new sports car
 - e. Create a flexible plan that allows for set-backs
3. True or False? It's a good idea to give up bad habits all at once.
4. True or False? It only takes strong willpower to stick with a fitness program.

Answers

1. The answer is — False. While it is generally a good idea to have goals, it is even better to begin with small attainable steps at first, gradually building to more challenging goals. Keeping with the running example: it would be more appropriate to run 5 kilometers, then 10 kilometers, then a marathon, before you attempt to run across America.
2. The answer is c. Although a "Big Cheese" lifetime achievement award might seem pretty sweet, achieving a goal that you have worked hard for feels even better. If anyone should be rewarded with a fancy sports car it's your old buddy Eaton. Might I suggest the new Ferrari F430?
3. The answer is — False! This is a sure way to fail. Giving up a familiar habit is stressful, whether it's smoking, sitting on the couch, or drinking three Big Gulps daily. Remember to replace an old bad habit with a positive one. For example, instead of a smoke break, go for a brisk walk and chew a delicious stick of spearmint gum.
4. FALSE! Everyone has a strong willpower on January 1. But, strong willpower is short lived. You have to have a long-term plan and discipline to keep you going in May, June, July, and so on — especially when you don't feel like going to the gym or you feel like giving in to that fourth chocolate éclair.

A healthy resolution is always a good way to continue through out the new year. Remember to reward yourself for successes and forgive yourself for periodic slides. But most of all enjoy yourself!

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

When Food Is the Enemy



By Roxanne Konze Robison, R.D., L.D.
Nutrition Consultant,
Children with Special Health Care Needs

When I first met Corey and his grandmother, Diana, Corey was covered with a skin rash from head to toe. Although 17 months old, Corey's weight equaled that of an average 7 month old and his length was that of a typical 8½ month old. Diagnosed three

months earlier with multiple food allergies — strongly positive for soy, rice, potatoes, green peas, cow's milk, egg, green beans, beef, and barley — Corey was showing other signs of food allergy, including symptoms of asthma and gastroesophageal reflux disease.

Allergy symptoms are caused when a person's immune system mistakenly recognizes a food as harmful to the body and puts up defenses. When the offending food is eaten, the body responds by releasing massive amounts of chemicals and histamines that can affect the respiratory system,



gastrointestinal tract, the skin and/or cardiovascular system. Corey's history is unusual, since there is not a history of food allergy in his family. Infants born to families in which at least one parent or sibling has a history of allergy, may have as high as a 20 percent chance of developing food allergy. Infants with no family history are less likely to develop allergies. Corey was breast-fed until he was 3 months old. His trouble was first noticed after he was given Enfamil, a cow's-milk based infant formula. Corey developed a rash and his formula was changed to Prosobee soy formula, which works well for most infants with IgE mediated symptoms such as Corey was exhibiting. Corey's symptoms

Opposite page: Mealtime can be challenging for Corey and his family. Left and below: Corey enjoys playing in his back yard with his grandmother, Diana, and yellow Lab, Buddy.



continued on soy formula. By the time I saw Corey, his formula had been changed to Nutramigen, a hypoallergenic formula. Still, his symptoms continued. Approximately two percent of children who are allergic to milk cannot tolerate Nutramigen. This is because the protein in Nutramigen is derived from cow's milk protein, which is broken down to be less allergenic, but can still cause problems in a highly sensitive individual. We changed Corey to Neocate One Plus, which is made from synthetic amino acids (broken down proteins) not derived from milk protein. Eventually, we made a higher calorie shake using Neocate One Plus blended with oil, banana and oatmeal to help with weight gain.

RAST testing diagnosed Corey's food allergies. This test involves mixing serum from blood with protein extracts from foods outside of the body. Corey was not a candidate for skin prick testing due to his extensive skin rash. When the RAST test shows no reaction to a particular protein, be assured, the person is not allergic to that food. But, when the test elicits a positive response, its accuracy is about 50-60 percent. Allergy to the food should then be confirmed with an oral food challenge. This is sometimes difficult since symptoms may occur up to 24 hours after ingestion, making it difficult to identify the food responsible for the reaction.

As his ECI dietitian, planning a diet for Corey is difficult. Families hear much about what the child cannot have, but also need good information about what their child can eat. Fortunately, Corey is not allergic to wheat, oatmeal, turkey, chicken, and pork — not a whole lot
(Continued on page 18)

New Monitors Join the **Quality Management Branch**

by Lisa Rankine, R.D.
Quality Improvement Nutritionist

As WIC grows, so does the WIC monitoring staff, an integral part of the Quality Management Branch (QMB). The QMB, responsible for a variety of functions revolving around the concept of quality — which includes defining, measuring and improving quality services — provides guidance for agencies in developing quality management.

QMB Welcomes New Staff

Nancy Taylor, R.D., L.D., who joined the WIC monitoring staff as WIC group manager in June 2005, leads both the clinical as well as the fiscal monitors. Nancy came to DSHS from DADS, where she conducted monitoring visits for long-term care facilities. Recently Nancy, along with branch manager Cady Clark, R.N., M.S.N., provided an overview of QMB at the New WIC Director's Orientation Training.

Other additions to the WIC monitoring staff include Juanita

Romo, who joined Debbie Gatica and Benny Jasso in fiscal monitoring, and Carole Small, L.D., and Krista Neal, R.D., L.D., who joined Ponna Sambasivan, R.D., L.D., and Judi Davis, R.D., L.D., in clinical monitoring.

Fiscal Reviews

The monitors visit each local agency at least once every two years as mandated by the U.S. Department of Agriculture. They prepare for each review by contacting the local agency and collecting information about the agency. While on review the fiscal monitors examine and review accounting records, financial statements, management practices and internal controls to ensure compliance with federal and state regulations as well as DSHS policies, regulations and contract provisions. The fiscal monitors also examine the local agencies' food delivery systems, which include food instruments, breast pumps and contract sample formula. The fiscal monitors provide financial technical assistance and training to WIC contractors. This year, the format for the reports has changed significantly from the format previously used. In 2006, the monitors are reporting their findings on tools similar to the Core and WIC tools.

Clinical Reviews

During the review, the clinical monitors observe services, review records, and share a synopsis of the results with local agency staff and administrators. The monitors provide clinical technical assistance, as time allows, during the review. After each review, the monitors prepare an official report of the findings and submit it to the

agency. The agency will submit a Corrective Action Plan (CAP) to the QMB. The monitors and the WIC program review the agency's CAP, looking to make sure the plan of action is appropriate and feasible and will ensure that the improved process or action will be effective and maintained.

All Reviews

Fewer monitoring visits are conducted in the fall, allowing the monitors time to review their current tools and worksheets and make revisions based on new WIC policies and procedures or recommendations from the program. Thus, new tools and worksheets are implemented in January each year. These tools and worksheets are posted on the QMB website <http://www.dshs.state.tx.us/qmb>.

Instructions for creating Foxfire reports correlating with these

worksheets are posted on the WIC website <http://www.dshs.state.tx.us/wichd/default.shtm>.

When a new policy comes out during the year, a three-month grace period is given for agencies to implement the policy.

While on review, WIC clinical and fiscal monitors try to learn something special about each area of Texas they visit. Even with limited free time, the monitors always appreciate the uniqueness of this great state, especially its people and local eateries! Just when the monitors think they have seen everything, they travel to a different part of the state and find it as intriguing and delicious as the one they just left.

Quality Improvement Team

Another part of the Quality Management Branch is the Quality

Improvement team. The QI team provides clinical and operational assessments in partnership with local agencies to analyze findings and track common performance trends. The QI team also researches national clinical standards and quality management principles to recommend quality improvement activities. The goals of the Quality Improvement staff are to help contractors understand the importance of quality management processes in their organization, identify areas for improvement, develop plans to correct deficiencies and apply ongoing activities for improvement. Former clinical monitor Lisa Rankine is now member of the QI team.

Contact information for the Quality Management Branch can be found online at www.dshs.state.tx.us/qmb.



Front row, left to right: Carole Small, Ponna Sambasivan, Judi Davis, Debbie Gatica, and Lisa Rankine. Back row, left to right: Nancy Taylor, Benny Jasso, Cady Clark, and Juanita Romo.

News to Use

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

New Breastfeeding Initiatives and Materials

Healthcare Provider Breastfeeding Education Packets

The WIC program completed a large mail out of breastfeeding education packets to healthcare providers in the Fall of 2005. Over 11,000 packets, featuring the 2005 edition of The Physician's Pocket Guide to Breastfeeding, were mailed to Texas birthing hospitals, OB/GYN, family practice, general practice, pediatric, and neonatal physicians, as well as WIC clinics.

The packets contained the following:

- A letter from the Commissioner of Health explaining the healthcare provider's power of influence over a woman's decision on how she feeds her infant
- The Physician's Pocket Guide to Breastfeeding
- A Principles of Lactation Management training flyer with continuing medical education details
- A Donor Human Milk Bank flyer explaining the protective effects of human milk for fragile infants, screening and pasteurization methods, and instructions on how to order from the Austin and North Texas milk banks

Hospitals with level III neonatal intensive care units also received

a copy of the two-part video, *A Premie Needs His Mother*.

Shortly after WIC mailed the packets, emails and phone calls from physicians and hospitals flooded the Department of State Health Services requesting additional copies of the pocket guide for medical residents, faculty, nurse practitioners, midwives, and exam rooms. There were also numerous inquires about Principles of Lactation Management training. One physician called DSHS simply to leave a thankful voice message.

I want to congratulate you on The Physician's Pocket Guide to Breastfeeding. It is beautifully done. I've seen physicians reading it who might not have otherwise taken the trouble.

The 2005 edition of The Physician's Pocket Guide to Breastfeeding, stock number 13-185, can be ordered with an AG-30 form. The pocket guide is also available in an easy to navigate PDF format for downloading at <http://www.dshs.state.tx.us/wichd/bf/protocol.shtm>.

New brochure — Talking to Your Employer About Breastfeeding

Do you need help addressing your client's concerns about breastfeeding and returning to work? Talking to Your Employer About Breastfeeding, stock numbers 13-06-12257 for English and 13-06-12257A for Spanish gives

breastfeeding moms practical tips when approaching employers about expressing milk or nursing at work.

New Breastfeeding Incentive Items

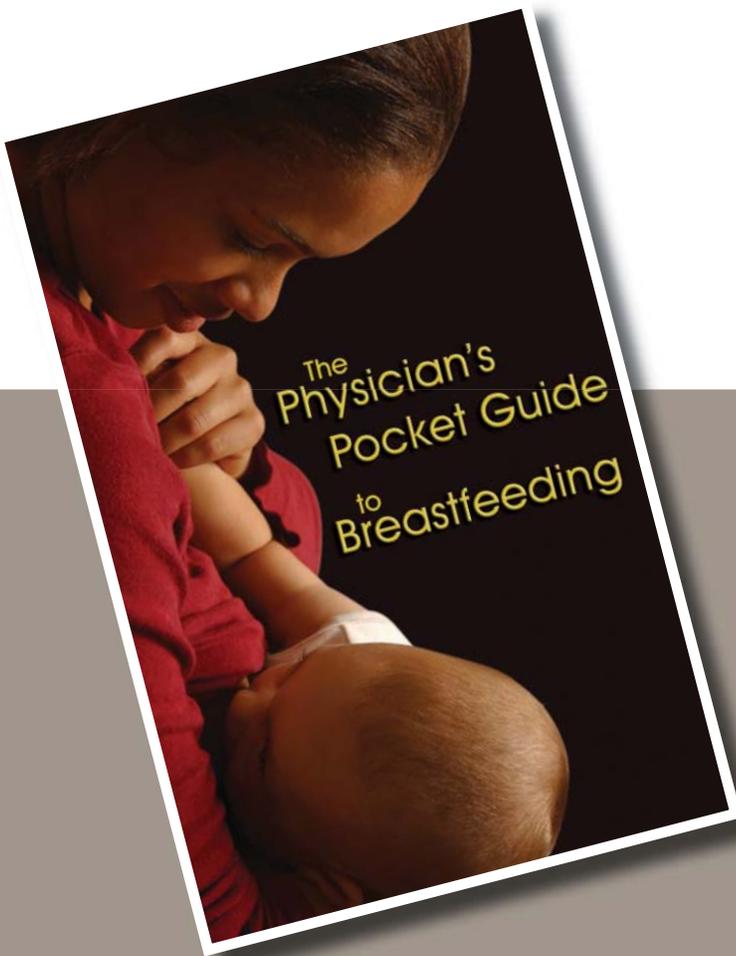
Baby bibs and plastic bags with the logos, BreastMilk: 100% Natural Ingredients and Leche Materna: 100% Natural are now available. The bibs and bags can be used to assemble culturally specific breastfeeding promotion materials for pregnant WIC participants.

The stock numbers for the plastic bags are 13-06-12286 for English and 13-06-12286A for Spanish. Plastic bags are packaged 100 bags per shipping box and can only be ordered in increments of 100. The stock numbers for the baby bibs are 13-06-12287 for English and 13-06-12287A for Spanish. Baby bibs, packaged 50 per shipping box, can only be ordered in increments of 50. Please order additional bibs and bags using your Texas WIC Materials Order Form indicating the number of boxes (not items) you are ordering.

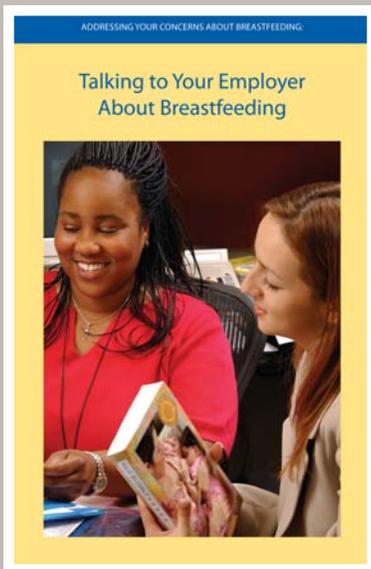
Breastfeeding Welcome Here Decals — Coming Soon!

Bilingual decals that businesses can use to welcome breastfeeding families are coming soon. Researchers commissioned by the WIC program are currently conducting interviews and phone surveys to evaluate the use of the
(Continued on page 18)

...using your Texas
WIC Materials Order
Form...



“...2005 edition of *The Physician's Pocket Guide to Breastfeeding*...is also available in an easy to navigate PDF format for downloading at <http://www.dshs.state.tx.us/wichd/bf/protocol.shtm>”



“...tips when approaching employers about expressing milk or nursing at work.”



“...bibs can be used to assemble culturally specific breastfeeding promotion materials...”



“...intent of using Breastfeeding Welcome Here decals is to create breastfeeding-friendly communities by reducing the negative stigma associated with breastfeeding in public.”

When Food Is the Enemy

(Continued from page 13)

to work with. One big challenge is keeping Corey interested in eating acceptable foods. To accomplish this, we introduced Neocate Jr., a tropical fruit flavored drink, and Pediatric EO28, an orange pineapple flavored drink. These formulas are nutritionally complete and are used as substitutes for fruit juice to boost calories and protein. With help from the local WIC registered dietitian, we were able to include three different formulas in Corey's WIC food package.

With Corey in daycare, his case presents new challenges, especially since Corey must avoid so many foods on the daycare menu. Unfortunately substitute teachers are not as good at eliminating offending foods as is his regular teacher; and Corey, like other kids his age, will eat food from other children's plates when he doesn't like what he is given to eat. Diana says that on a scale of 1-10, managing Corey's food allergies has been an 8 or 9.

The majority of children will outgrow their food allergies within one to four years if complete avoidance of the food protein has been maintained. Help for families is available at www.foodallergykitchen.com and www.kidswithfoodallergies.org.

Recommendations to prevent food allergies in infants at high risk for developing food allergies (defined as both parents having had allergies or one parent and a sibling):

- Wait one year to introduce milk.
- Wait two years to introduce eggs.
- Wait three years to introduce peanuts, tree nuts, fish and shellfish.

- Breastfeed for the first year with no other foods introduced until the baby is 6 months of age.
- Use a hypoallergenic formula if not breastfeeding or when there is a need to supplement breast milk.
- As a nursing mother, avoid peanuts and talk to your doctor about the need to also eliminate eggs, milk, and fish.

A number of organizations provide helpful, reliable information on food allergies. Here is a listing of organizations and their Web sites:

- Food Allergy & Anaphylaxis Network: www.foodallergy.org.
- International Food Information Council: www.ific.org.
- American Academy of Allergy, Asthma & Immunology: www.aaaai.org.



Corey and his grandmother, Diana, playing in their back yard.

News to Use

(Continued from page 17)

breastfeeding-friendly decals with retail businesses. Results of the research will help target businesses that are most likely to welcome breastfeeding families by displaying the decal. The intent of using Breastfeeding Welcome Here decals is to create breastfeeding-friendly communities by reducing the negative stigma associated with breastfeeding in public. The

decals will be one of several World Breastfeeding Month 2006 materials.

2006 LLL Texas Area Conference — "Breastfeeding: Navigating the Future"

The 2006 La Leche League Texas Area Conference will be held at the Omni Marina Hotel in Corpus Christi July 21-23, 2006.

Speakers include Marian Thompson, LLLI Founder, Stephen Buescher, MD, Kathleen Kendall-Tackett, PhD, IBCLC, and Nancy Mohrbacher, IBCLC. Check <http://www.lalecheleague.org/Area/AreaTX.html> for additional conference information.

Continuing Education Courses for Professionals	Breastfeeding Information for Parents
La Leche League of Texas 2006 Area Conference Breastfeeding: Navigating the Future	
 Breastfeeding: Navigating the Future 2006 LLL of Texas Area Conference	Corpus Christi, Texas Omni Marina Hotel July 21 - 23, 2006 Located on the beautiful Corpus Christi Bay
For More Information Call La Leche League of Corpus Christi 361.985.0705 Or Go Online www.lalecheleague.org/Area/AreaTX	

Preventing Premature Births

(Continued from page 5)

ACOG) and the American Academy of Pediatrics (AAP) recommend "All health encounters during a woman's reproductive years, particularly those that are a part of preconception care, should include counseling on appropriate medical care and behavior to optimize pregnancy outcomes."

ACOG and AAP have grouped the main components of preconception care under four categories of interventions:

- Maternal assessment (e.g., family history, behaviors, obstetric history, general physical exam)

- Vaccinations (e.g., rubella, varicella and hepatitis B)
- Screening (e.g., HIV, STDs, genetic disorders)
- Counseling (e.g., folic acid consumption, smoking and alcohol cessation, weight management)

What WIC Staff Can Do

- Order "Know the Signs of Preterm Labor" and other educational materials from the March of Dimes. Give these to patients when taking a medical history or scheduling the next appointment.
- Train your office staff about the signs and symptoms of preterm labor. Advise them how

to manage phone calls from patients who think they are going into preterm labor.

- Integrate culturally sensitive risk reduction messages into health education materials and programs.
- Support the March of Dimes educational initiative "I Want My Nine Months" by covering the questions listed below with your patients.

For information about how your organization can become more involved with this campaign, contact the Texas Chapter. Visit www.marchofdimes.com/texas for office locations.

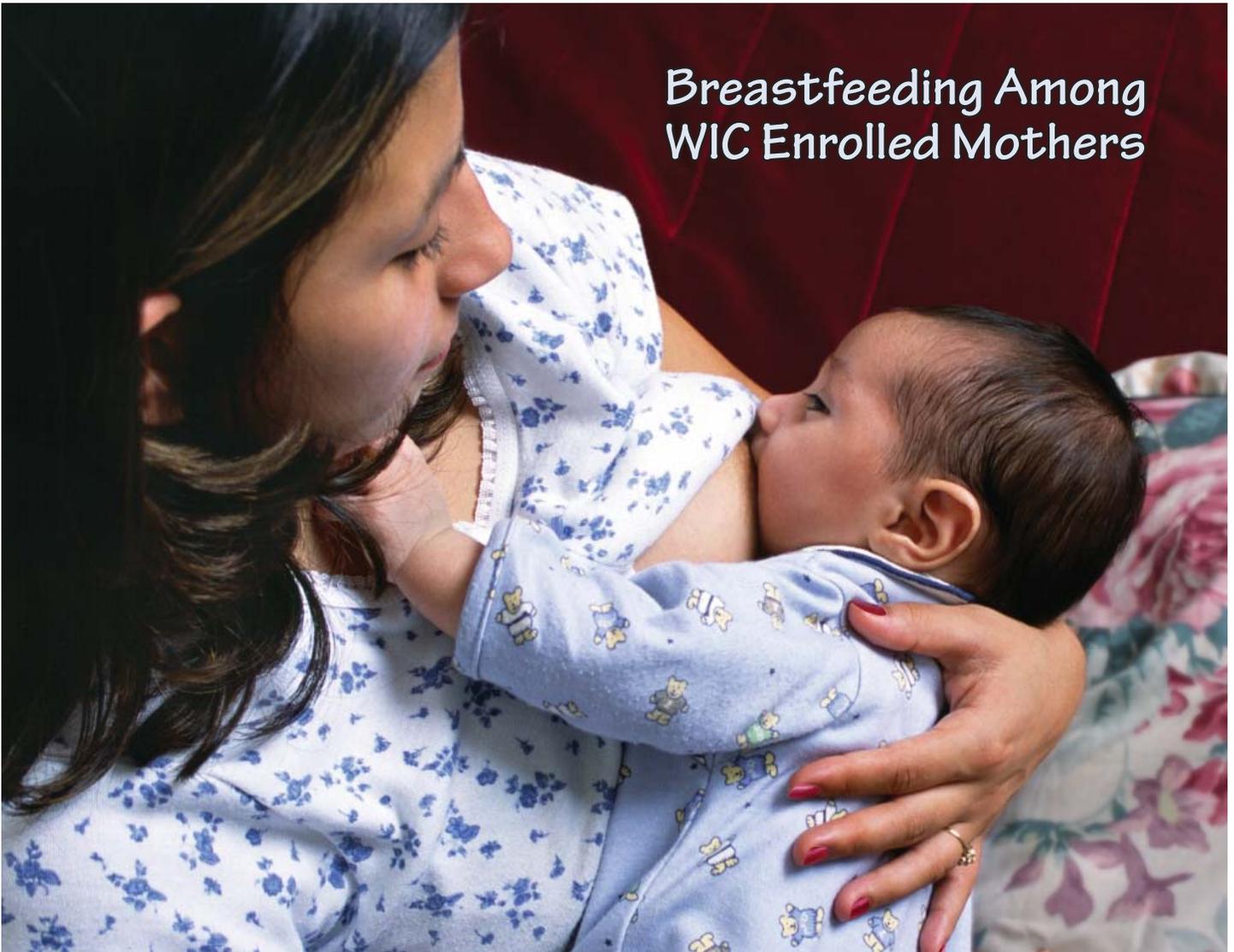
The March of Dimes recommends that women discuss these questions with their doctor or nurse:

1. How can diabetes, high blood pressure, infections or other conditions affect my pregnancy?
2. How can certain medications (prescription, over-the-counter, or home remedies) affect my pregnancy?
3. How does taking a multivitamin with folic acid daily, especially before pregnancy, help me have a healthy baby?
4. What is my ideal weight?
5. How can I stay away from cigarettes, alcohol and illegal drugs?
6. How can I manage the stress in my life?
7. How long should I wait between my pregnancies?
(The American College of Obstetricians and Gynecologists says that it's best to wait at least 18 months between pregnancies.)
8. What if premature birth runs in my family?
9. What are the signs of premature labor and what should I do?



The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education, and advocacy to save babies and in 2003 launched a campaign to address the increasing rate of premature birth. For more information, visit the March of Dimes Web site at www.marchofdimes.com or its Spanish language Web site at www.nacersano.org.

Breastfeeding Among WIC Enrolled Mothers



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

For information about subscriptions to *Texas WIC News*, e-mail WICNewsSubscriptions@dshs.state.tx.us or call (512) 341-4400, ext. 2258.



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