



Infants take the SPOTLIGHT

New Beginnings for a New Year

Happy new year to you, your family, and all of Texas WIC! I'm so excited about 2015 and all of the opportunities and possibilities we'll have to increase the health and wellbeing of our fellow Texans.

Looking back on 2014, there was progress, transition, and excitement like WIC food package changes, WIC's 40th anniversary, and the opening of the new Lactation Care Center in the Rio Grande Valley. Additionally, I'd like to take a moment to recognize Sandra Brown, Food/Formula Specialist at the state, for making her mark. Brown was given the Texas Association of Local WIC Directors (TALWD) customer service award in October 2014 for her leadership skills, patience, and her ability to communicate with all levels of staff in a timely manner. Please help me congratulate her on a job well done!

With all of that being said, I look forward to the exciting events that await us this year including offering whole grain pasta and yogurt to our participants as well as launching our new website and learning management system.

This installment of the Texas WIC News not only marks the beginning of a new year, but also new life – that's why we've dedicated it to infants. We start the issue by discussing how to help mothers, who formula feed their infants, understand the value and benefits of breastfeeding, at any amount (pg 4). As you navigate further into the issue you'll see articles that address infant safety in "Extreme Weather Considerations for Texas Families" (pg 6) and "Safe Sleep, SUIDS, and SIDS" (pg 14). We've also included articles about some of our amazing collaborators, like the "Texas Nurse-Family Part-

nership and WIC" (pg 11) and "Texas Health Steps" (pg 16), and how they are helping make healthier mothers and babies across Texas.

As we head into 2015, take a moment and think about where we can go, what we can accomplish, and what can we do to improve our communities, our clinics, and even our own lives. We have a chance to be present in every moment and make a difference each day. I know with our combined creativity, strength, and collaboration we'll have the best year yet!

"Tell me, what is it you plan to do with your one wild and precious life?" — Mary Oliver

From the Texas WIC Director

- Lindsay Rodgers





- 2** New Beginnings for a New Year
- 4** The Value of Breastfeeding
- 6** Extreme Weather Considerations for Texas Families
- 8** A Second Look at Antibacterial Products
- 10** Newborn Screening Saves Lives
- Pull-Out Section** ▶ **WIC Wellness Works**
- 11** Texas Nurse-Family Partnership and WIC: Working Together to Promote and Support Breastfeeding in Texas
- 12** WIC Travel Diaries: Greetings from Houston!
- 14** Safe Sleep, SUIDS, and SIDS
- 16** Texas Health Steps – WIC’s Partner in Child Health
- 18** IRM Liaison Group Responds to a Variety of Calls

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The *Value* of Breastfeeding



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Infant feeding and WIC

We know that breastfeeding is best for babies, and that's why we provide WIC mothers breastfeeding education and support during pregnancy and throughout their infants' first years of life. However, some mothers may still want to formula feed. If a mother decides to offer formula, WIC staff should explain to her that WIC foods may not cover 100 percent of the infant's nutritional needs. Families may need to purchase additional formula especially for infants over six months. Is mom open to breastfeeding just a couple of times a day? This can reduce the cost and still provide many benefits, for her and her infant, that will last a lifetime.

For the first few months of life, the amount of formula provided by WIC will be sufficient for most infants, but at six months of age, there is a marked change in the WIC formula package. The amount of formula decreases from 26 ounces a day to about 20 ounces a day. Many babies need more formula than WIC provides. It is important to make mom aware that breastfeeding just a couple of times a day can bridge the gap.

Formula: By the Numbers

- Average formula fed 6-month-old will consume 28 to 32 ounces a day.
- WIC provides 20 ounces a day.
- By 6 months of age parents will need to purchase about 8 to 12 ounces of formula a day. This will equal about 240 to 360 ounces of formula a month.
- One to two breastfeedings a day could eliminate the need to purchase formula.

How to counsel a formula feeding mom

If mom determines that she needs or prefers to use formula, she should be aware of the financial cost to the family. She may not realize that the baby can formula feed while she is away and can breastfeed when she is home.

Many mothers may be concerned that if they continue to do some breastfeeding their breasts will become engorged and leak all day, which could be uncomfortable. Good news: the body will adapt to mom and baby's breastfeeding schedule. For instance, if a mother chooses to formula feed while she works, but breastfeeds when she is home with the baby, her breasts will stop producing milk during the hours she is away.

What can happen when WIC formula is not enough

If the family assumes the amount of formula WIC provides will be sufficient to meet all of their infant's nutritional needs, they might not budget accordingly. Parents might be surprised to learn that the amount of formula decreases rather than increases at 6 months of age. They might be shocked when they run out of formula before the end of the month. Sixty-five percent of WIC families run out of formula. What are they going to do now? How are they going to feed their baby?

Mothers may try to stretch the formula by adding more water than they should. For example,

most standard powder formula instructions for mixing are one 1 scoop of powder to 2 ounces of water. If a mother adds 3 ounces of water, she might think this could help make the formula last longer. However, this would give her baby too much water and not enough calories or nutrients to support growth. Of interest, about 16 percent of WIC mothers currently over dilute their baby's formula to make it last.

Babies may also be offered other liquids when formula runs out. They may start using cow's milk, goat's milk, soy milk, juice, tea, or a sugary beverage like Kool-Aid or soda. However, the only appropriate liquids for infants less than one year of age are breastmilk and iron-fortified infant formula because they contain the proper balance of nutrients needed for growing infants.

Benefits of Breastfeeding

For Baby:

Less ear infections

Lower risk of diabetes

Less diarrhea

Better mental development

For Mom:

Lower risk of ovarian cancer

Lower risk of breast cancer

Stronger bones later in life

Burns calories

Summary

Breastmilk is the only food that will provide health benefits for mom and baby and it is free. Exclusive breastfeeding is best and is always our first recommendation; however, if a mother cannot or does not want to exclusively breastfeed, some breastmilk still offers benefits to the baby and the mother. Any breastmilk provided to the baby offers immunities that can help reduce the risk of common childhood illnesses. The longer mom and baby breastfeed, the more protection they will receive. Educate WIC moms about all of the options that are available and how some breastfeeding can save her money. Every ounce counts!

Reference

Limetree Research, The University of Texas at Austin & Texas Department of State Health Services. October 7, 2014. Texas WIC Formula Cost Containment Project: Final Report

Extreme Weather Considerations for Texas Families



It is often said that “Texas has four seasons: drought, flood, blizzard, and twister.” While other states are gearing up for the change in seasons, Texas is preparing for the next severe weather event. According to the National Oceanic and Atmospheric Administration (NOAA) National Climatic Data Center, the winter of 2014 was among the warmest and driest on record. By the time North Texas received rain last summer, it presented as a torrential downpour that caused flash flooding strong enough to shut down a major highway.

With such a wide spectrum of weather events, how can Texas families be prepared if the weather takes a turn for the worst? The following considerations will help ensure family safety by providing information related to the most commonly experienced Texas weather patterns.

Extreme Cold Considerations

- Make plans for outside activities during the warmer parts of the day, peak hours from 10 a.m. to 2 p.m. Avoid unnecessary travel or going out during severe cold.
- Bundle up in layers appropriate for local weather conditions. Get extra protection with a water-proof, weather-proof jacket.
- Dress infants in warm layers, especially covering the head and neck areas. Carefully monitor the infant to adjust the layering. Removing too many layers at once can put them at risk of getting too cold too quickly.
- Ensure that car seat safety is maintained as you make sure your child stays warm. Extra coats or blankets should be removed, as extra fabric and padding will compress and cause slack in the harness system. This may cause your child to move further forward during a

collision before being stopped by the harness straps, and therefore increase the degree of injuries they may experience. Place your child in the car seat with only the clothes they would wear indoors. The harness straps should be snug over the shoulders and lie straight and flat down to the buckle. Buckle the child in and then put the coat or blanket over harness system.

- Use safe heating sources for heating your home. For example, use fireplaces only if they have been properly maintained to vent outside the home (not leaking harmful gases inside the home). Make sure any heating equipment is undamaged and is used as indicated by the manufacturer’s instructions.

Extreme Heat Considerations

- Make plans for outdoor activities during the cooler parts of the day, either early morning or early evening. Stay indoors in air conditioning as much as possible during peak hours of the day (from 10 a.m. to 2 p.m.) at home or public places — library, mall, recreation center, or community facility.
- Eat well-balanced, light meals regularly and try to avoid salt, sugar, and caffeine.
- Keep yourself and your family hydrated. Infants are especially prone to dehydration, so it helps to offer additional fluids before going out in warmer temperatures.
- Take frequent breaks if outdoors and seek out shady areas under a tree, canopy, or carry an umbrella to avoid direct sun.
- Dress infants in lightweight, breathable clothes made from natural fibers such as cotton. Infants have a hard time regulating their temperature, so overheating can occur quickly.
- Avoid draping covers or over-wrapping in-



fants in heavy blankets. This will ensure air is circulating around the baby, which will help them keep cool.

- Never leave children or infants in the car alone or unattended. Within 10 minutes, the temperature inside a vehicle can increase more than 20°F. The outside temperature does not have to be 100°F for the internal temperature of a vehicle to exceed 100°F.

Prevention is the best defense against heat-related illness. Staying hydrated, keeping cool, limiting outdoor activities, and never leaving infants or children alone in a vehicle, even if the windows are open, are vital for staying healthy during the hot weather.

What can WIC do?

- Know your local weather patterns and be prepared to quickly respond should the weather become severe. Consider shifting clinic hours of operation to allow extra travel time to ensure safe arrival to your WIC clinic. For example, if snow and sleet are typical in your area in the month of January, consider adjusting working hours from 8 a.m. to 5 p.m. to 9 a.m. to 6 p.m. to allow for extra time during the warmer part of the day to ensure families can arrive safely to their appointments.
- Inform participants of inclement weather procedures prior to their appointments so they can check for clinic closures before stepping out in potentially dangerous weather.
- Become familiar with available resources in

your community. For example, include assistive programs that provide free fans during the warm months or that help pay for electricity in winter months, as well as, information for families in need of coats or blankets for children on your local resource list.

- Educate parents on weather safety habits if you see something during their visit to the WIC office. For example, if you notice an infant sweating when you are unbundling them to obtain their anthropometric data or if you see them leave their infant/child unattended in their vehicle.

Remember, WIC is more than a supplemental nutrition program; our clinics serve the Texas communities as a valuable resource. Sharing these tips with families can help ensure overall family safety and improve the wellbeing of our tiniest Texans!

References/Resources:

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- www.safekids.org
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a second look at **Antibacterial**

Antibacterial products are found in almost every aisle of the store. Brands are advertising antibacterial kitchen cleaners and cooking tools, detergents and soaps, skin care, toothpaste, and even toys and highchairs. While the belief is that these products protect us from harmful bacteria, should we be using antibacterial products in all of our daily activities? The experts are on the fence.

What makes something antibacterial?

Antimicrobial is a term that covers a broader class of products designed to protect against bacteria, fungi, parasites, and viruses. Antibacterial is just a type of antimicrobial, aiming to protect from undesirable microbes (bacteria, to be specific). Any product that claims to kill bacteria/viruses will have an antibacterial agent, or ingredient, present. These ingredients range from triclosan, triclocarbon, and ammonium compounds, to chlorine, alcohols, or peroxide. When listed on the product label, they can be difficult to recognize because of their long chemical names.

Is there value in antibacterial?

So far, there is no evidence that antibacterial soaps help prevent the spread of germs more than traditional soap and water. With that being said, if you work or live in a place without access to a sink, products like hand sanitizers are the best option. The catch with antibacterial products is that not all bacteria are harmful. Many bacteria are actually beneficial, and these antibacterial products will destroy them along with the harmful bacteria.

Not all antibacterial ingredients are created equal. There is a lot of research about these products, specifically going into triclosan, and their potential negative side effects. Early research has shown mixed reviews. Lee, et al, mentions triclosan can act as an endocrine disruptor, having an estrogenic effect. In this study, triclosan increased the growth of breast cancer cells in mice. Another study



explains that triclosan found in local lakes was negatively affecting the sperm count of the male fish present. These studies were not conducted with humans, but the many things we use are making their way into our environment—meaning we are affecting wildlife with the use of antibacterial products.

Triclosan may seem to have a bad reputation, but there have also been studies to show its benefit. In 1997, triclosan was added to Colgate Total and proved to be effective in preventing gingivitis. However, other than toothpaste, no other products with triclosan have proven their effectiveness. It may not be a known danger to humans yet, but the initial research was enough for Minnesota to become the first state to ban triclosan from any sanitizing hand and body cleansing products. The research has also been enough for the Food and Drug Administration and the Environmental Protection Agency to begin an intense review on the ingredient.

There are some concerns about antibacterial products that don't involve the active ingredient. According to Tufts University, some research says that having an "overly sterile" home full of antibacterial products can increase incidence of allergies in children later in life. This leads to the conversation of the hygiene hypothesis theory.

Hygiene hypothesis theory

According to the hygiene hypothesis, the increased number of allergy and asthma cases is a direct result of the decreased number of infectious diseases. Many industrialized countries are seeing fewer outbreaks of infectious diseases, partly due to lifestyle changes like using antibacterial products, but also advances in medicine. Lower exposure to bacteria and flora, including infectious diseases, can potentially increase the risk of autoimmune diseases and allergies. So what are we doing by creating this overly sterile environment? The intention is to protect our family but the theory suggests it may have side effects. The theory also explains why children born by cesarean section

are at risk for asthma, which may be because they are not exposed to the same bacteria as those born vaginally. More and more research shows that some bacteria have a protective effect on our body, and to interfere with it could be risky. This theory may make us think twice before buying every variety of antibacterial product available.

So what do we use?

Because the research is still in progress, there is no evidence that antibacterial products are "bad." At WIC we need to protect ourselves and our participants from harmful bacteria, especially when working with pregnant women, infants, and children. If you have access to traditional soap and water, this is the most effective way to ensure safety. Some WIC offices do not have sinks, so hand sanitizer is the next best thing. Like anything else we teach at WIC, moderation is key. If you can avoid products with triclosan until research proves it's safe, even better. Avoid going over the top and buying everything antibacterial in your home. In the meantime, the FDA is challenging antibacterial soap manufacturers to prove that their soap is more effective than soap and water, and they are doing their investigative part to keep us safe.

Resources

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Newborn Screening Saves Lives

by Haley Gardiner, M.P.H., C.H.E.S.

Director of Program Services — Austin Division, March of Dimes



Before babies leave the hospital or birthing center, they are screened for rare, but serious conditions at birth. This includes blood, hearing, and heart screening.

Babies may not show signs or symptoms for these conditions at birth and if identified early, these conditions can be treated to minimize or prevent any long-term health consequences.

Each year, the Texas Newborn Screening Program tests about 800,000 newborn specimens. Texas law requires these laboratory tests to help find infants who may have one of 29 conditions.

Who Pays for Newborn Screening Tests?

According to the Texas Department of State Health Services (DSHS), the newborn screening fee is \$34.50 per child. Health care providers or facilities buy the specimen collection kit and bill it to private pay or insurance for covered patients. DSHS provides specimen collection kits at no cost to those covered by Medicaid and CHIP. DSHS is reimbursed by Medicaid, CHIP, and Title V.

What Support is Available to Families?

If a child is diagnosed with a health condition there are resources available to help with the costs and services that will be needed. Children with Special Health Care Needs Program (CSHCN) can help determine what services they are eligible for.

Congenital Heart Defects

Congenital Heart Defect Awareness Week is February 7 to 14, and it is important because anyone can have a child with a congenital heart defect. According to the American Heart Association, 9 out of 1,000 babies born will have some form of a congenital heart disorder. Having a congenital heart defect can increase the risk for developing other serious conditions.

What is CCHD?

Newborn screening tests are for rare but serious and treatable health issues that can affect bodily functions. In 2013, legislation was passed within the state of Texas to add screening for critical congenital heart disease (CCHD), also known as congenital heart disease. Congenital heart disease is a problem with the heart's structure or function which is present at birth. Critical congenital heart disease means that the heart defect causes severe, life-threatening symptoms and requires intervention (e.g., medical treatment or surgery) within the first few hours, days, or months of life. According to the Centers for Disease Control and Prevention, about 4,800 infants are born each year with CCHD.

Why Screen for CCHD?

Infants with CCHD are at significant risk for death or disability if this condition is not diagnosed soon after birth. Some infants born with CCHD appear healthy at first and are sent home before their heart defect is detected. It is estimated that at least 280 infants with unrecognized CCHD are discharged each year from newborn nurseries in the United States.

Screening for CCHD is Simple and Non-Invasive

CCHD can be identified using a non-invasive and painless method called pulse oximetry in the newborn period before the infant is discharged from the hospital or birthing center. Pulse oximetry measures the percent oxygen saturation of hemoglobin in the arterial blood through a sensor that is attached to the baby's finger. If low levels are detected and confirmed on repeat testing, then further testing can be performed to diagnose any abnormalities in heart structure or blood flow through the heart.

As of September 1, 2014, all babies born within the state of Texas are screened for CCHD. This is an important and critical step in working towards stronger, healthier babies in Texas.

Q and A: The Role of Physical Activity in Metabolism

Contributed by Sarah Edwards, Texas State University Dietetic Intern

Do you wonder what will help increase your metabolism? Have you thought about physical activity? Adding physical activity to your day can be easy, and has many health benefits, like boosting your metabolism. Physical activity and metabolism are two confusing topics.

Q: What is physical activity?

A: Physical activity is defined as movement of the body that uses energy. For health benefits, physical activity should be done at a moderate or vigorous intensity.

Q: What counts as moderate or vigorous physical activity?

A: Moderate intensity: You can talk while you do these activities, but you cannot sing:

- Walking briskly (about 3½ miles per hour)
- Bicycling (less than 10 miles per hour)
- General gardening (raking, trimming shrubs)
- Dancing

Vigorous intensity: You can only say a few words without stopping to catch your breath during these activities:

- Running/jogging (5 miles per hour)
- Walking very fast (4½ miles per hour)
- Bicycling (more than 10 miles per hour)
- Heavy yard work, such as chopping wood
- Swimming (freestyle laps)
- Aerobics

Q: How much physical activity do I need?

A: The 2008 Physical Activity Guidelines for Americans recommends that adults get:

- 2 hours and 30 minutes of aerobic physical activity of moderate intensity
OR 1 hour and 15 minutes of vigorous intensity every week
- Plus, muscle-strengthening activities 2 or more days every week

You do not have to stick to just one level of intensity when being physically active. Mix it up. Also, consider doing more than just the minimum recommendations because greater health benefits are seen at 5 or more hours of moderate activity or 2.5 hours of vigorous activity each week. Health benefits from physical activity include lowering risk for heart disease, stroke, high blood pressure, type 2 diabetes, colon and breast cancer, and much more!

Participate in physical activity everyday if possible.



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Physical Activity In Metabolism

(continued from page WWW — Insert A)

Tips: 10 minutes of physical activity at a time is fine. A 10-minute brisk walk, 3 times a day, 5 days a week=150 minutes (2.5 hours) of moderate-intensity activity.

Q: What is metabolism?

A: Metabolism refers to processes in the body that make or use energy, like breathing, pumping blood, controlling body temperature, using muscles, digesting food, and brain function.

Q: How does physical activity affect my metabolism?

A: Physical activity affects metabolism by increasing your lean body mass, total energy expenditure, and resting metabolic rate (RMR). RMR is the rate at which your body uses calories when at rest. RMR can be increased by single exercise events and long-term training. So be physically active for short or long periods of time — any physical activity counts and has benefits.

Q: How many calories are “burned” by physical activity?

A: The amount of calories a person uses during normal daily activities as well as physical activity depends on the person’s weight, height, age and RMR. The number of calories “burned” will be different for every person. These are average calories burned for a person that weighs 154 pounds.

Calories Used During Physical Activity by a 154 Pound Person and Food Examples

Moderate physical activities	Calories used in 30 minutes	Examples of calories
Hiking	185	1 cup potato soup with cheddar + bacon
Light gardening/yard work	165	¾ cup cereal + ½ cup fat free milk
Dancing	165	3 Oreo cookies
Bicycling (less than 10 miles per hour)	145	3 ounces cooked salmon
Walking (3½ miles per hour)	140	1 crunchy granola bar
Weight training (general light workout)	110	1 ounce (1 slice) cheddar cheese
Stretching	90	1 tablespoon peanut butter

Vigorous physical activities

Running/jogging (5 miles per hour)	295	3 ounces tuna salad + wheat bread
Bicycling (more than 10 miles per hour)	295	3 ounces meatloaf + ½ russet plain baked potato
Swimming (slow freestyle laps)	255	3 ounces lean baked pork chop + ½ cup brown rice
Aerobics	240	½ bag microwaved butter popcorn
Walking (4½ miles per hour)	230	8 ounces low-fat vanilla yogurt + ½ cup sliced strawberries
Heavy yard work (chopping wood)	220	Small grilled chicken Caesar salad

Adapted from: *Choosemyplate.gov* (2011) and *cdc.gov* (2011).

(continued on WWW — Insert D)

State Agency Kicks Off **Wellness Lunch & Learns** with WIC Top Wellness Chef Challenge

We all know we need to eat vegetables and fruits to be healthy — that's the only nutrition advice that doesn't change. But, we often get lost finding new ways to prepare veggies and fruits in a tasty way.

What better way to strike up interest and share wellness knowledge among staff than having wellness lunch and learns? The state agency WIC staff kicked off quarterly lunch and learns with a Top Chef Challenge — all recipes had to use fruits or vegetables in a healthful way. On the day of the event, staff showed up to view, taste, and vote on their favorite recipes. Winning recipes were selected based on taste, nutrition content, and uniqueness of fruit or vegetable used. In addition to announcing the winners, staff received copies of the recipe entries and a nutrition analysis of the winning recipes.

Try out a wellness chef challenge, a fruit and vegetable tasting, or a favorite salad themed event at your local agency. Be sure to share success stories for a chance to be spotlighted in Texas WIC News and inspire other WIC staff!

For more WIC Wellness Works ideas or to share your successes, contact your State Wellness Coordinator, Debbie Lehman, at Debbie.Lehman@dshs.state.tx.us or 512-341-4517.



recipe

Eggplant Italiano

First Place Winner, Top Chef Challenge at State WIC
Submitted by Kathy Reeves, former administrative assistant with the Nutrition Education Clinic Services Branch.

Adapted from Southern Living, Quick Recipes, 1986
Serves: 8

Ingredients

- 2 large eggplants, peeled and diced (at least 1 pound each)
- 3 green onions, chopped
- 2 yellow squash, chopped
- ½ cup green bell pepper, chopped
- 2 tablespoons extra-virgin olive oil
- 1 14-ounce can chopped tomatoes with garlic and green peppers, drained
- 1 envelope of Good Seasons Zesty Italian Salad Dressing & Recipe Mix, 2.4 ounces
- 1 cup seasoned croutons
- 3 tablespoons butter or margarine, melted
- ¼ teaspoon pepper
- 1 cup shredded Parmesan cheese

Directions

Lightly sauté eggplant, green onions, squash, and bell pepper in olive oil for 2 to 3 minutes. Add the tomatoes, dry Italian dressing mix, seasoned croutons, pepper, and melted butter or margarine. Stir just until the dry Italian seasoning is well blended. Pour mixture into 2 to 3 quart casserole dish that has been sprayed with non-stick cooking spray. Bake at 375° for 25 minutes then sprinkle with cheese and bake 5 minutes longer.

Nutrition Information Per Serving:

175 calories, 12g total fat, 4g saturated fat, 12mg cholesterol, 468mg sodium, 11g carbohydrate (2g dietary fiber, 2g sugar), 7g protein

Physical Activity In Metabolism

(continued from page WWW — Insert B)

Remember, people who weigh more will use (or “burn”) more calories doing these activities, and people who weigh less will use fewer calories.

Q: How can I be more physically active?

A: Log your physical activity. It may help motivate you to keep a routine.

Physical activity at work:

- Replace a coffee break with a brisk 10 to 15 minute walk with a coworker.
- Walk to your co-worker’s office instead of calling or sending an email.

Physical activity at home:

- Join a neighborhood walking group.
- Walk the dog.
- Clean the house or wash the car.
- Drive less and walk, skate, or cycle to your destination.
- Mow the lawn with a push mower.
- Plant a vegetable garden.



Resources

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Texas Nurse-Family Partnership and WIC: **Working Together to Promote and Support Breastfeeding in Texas**

by Sarah Marsh, M.P.H., R.N., C.N.M.
State Nurse Consultant,
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Health & Human Services Commission

What is the Nurse-Family Partnership?

Nurse-Family Partnership (NFP)— *Helping First-Time Parents Succeed*® is an evidence-based home visiting program for first-time, low-income parents and their babies. Families enrolled in the program receive frequent visits from a registered nurse starting during the second trimester of pregnancy and continuing until the child's second birthday. Visits typically occur in the client's home but can take place wherever is best for the client — school, library, or other public space. NFP nurses provide physical assessment, support, education, and counseling on health, parenting, developmental issues, and life skills.

NFP has been around the country for over 30 years. The program has demonstrated improved pregnancy outcomes, improved child health and development, and improved family economic self-sufficiency.

Texas Nurse-Family Partnership

The Texas Nurse-Family Partnership (TNFP) has been providing NFP services to Texas families since 2008. Today, there are 20 agencies delivering NFP services in 34 counties, with the capacity to serve more than 3000 families. TNFP enrolls clients who meet specific criteria including:

- Voluntary participation
- First-time mom (no previous live-birth)
- At or below 185% of the Federal poverty level (enrolled in WIC, TANF, Medicaid, or CHIP)
- Enrollment by the 28th week of pregnancy
- A resident of Texas

Texas Nurse-Family Partnership and WIC

Texas Nurse-Family Partnership has partnered with county WIC offices since the start of the



NFP Nurse Home Visitor with client and baby.

program. WIC is one of the main sources of referral for clients to the NFP program in Texas. In many communities, TNFP staff and local WIC staff partner to provide community outreach and activities.

TNFP nurse-home visitors have a unique opportunity to educate and support first-time parents about breastfeeding. Breastfeeding education begins before the baby is born. Frequent home visits right after birth allow nurses to help new moms establish breastfeeding and trouble-shoot. Ongoing visits, as the baby grows, allow nurses to support moms to exclusively breastfeed longer.

All TNFP nurses are required to be trained in breastfeeding. Most TNFP nurses become Trained Breastfeeding Educators through the Texas WIC education program. Some TNFP nurses are also International Board Certified Lactation Consultants.

When TNFP nurses encounter breastfeeding and nutrition challenges with their clients, WIC is their number one resource and partner. Working together, TNFP and WIC can help first-time Texas moms breastfeed.

To learn more about Texas Nurse-Family Partnership, please contact Sarah Marsh at sarah.marsh@hhsc.state.tx.us.

WIC Travel Diaries: Greetings from Houston!

by Angela Gil, R.D., L.D. &
Kelley Reed, R.D., L.D.
Nutrition Education Consultants



Above top: Grocery store tour with state staff and Local Agency 26 staff. From left to right: Kelley Reed; Angela Gil; Rosanna Moraes, OPMG coordinator; and Beverly Blanco, nutritionist. Above from left to right: Angela Gil; WIC Director Abigail Diaz, Local Agency 26; and Kelley Reed at Community Garden.

One of the many perks of being a nutrition education liaison is traveling to visit our agencies and the clinic staff that make an impact in the daily lives of the people we serve. Visiting agencies allows us to put a face with the voice on the other end of the phone. We also get to see how clinics function, observe new nutrition education activities, and see families benefit from WIC's nutrition education efforts. In May of last year, we had the opportunity to visit three Houston WIC agencies in two days. We knew it would be a packed schedule but that didn't faze us! Equipped with our GPS, coffee, and snacks, we hit the road. As we drove, we researched a few facts and figures about Houston so we would know what to expect about the city that our Houston WIC staff and participants call home. Did you know that Houston is the fourth largest city in the United States? Harris County's population alone is 4,092,459. Whoa! We were certainly immersed in the traffic to solidify these facts rather quickly. In Houston, rush hour is every hour.

Travel Itinerary: Day 1

To kick off our trip, we started with a visit to Local Agency 26, City of Houston WIC. Abbie Diaz, WIC director, was there to greet us at the administration site. She took us on a tour of the buzzing call center and introduced us to the welcoming staff. On their busiest days, the call center receives about 1200 calls. Talk about a busy agency! Abbie then took us to visit their largest site, the Southwest clinic. We met the area supervisor, Zahra Koopaei, and she proudly showed us around the clinic. The clinic was large, yet maintained a family-friendly feel. The classrooms were equipped with the latest nutrition education materials. The clinic participation is 9,649 a month so they know a thing or two about providing effective services in a timely manner. The clinic is within a community center that also houses a library and a community garden, allowing families the opportunity to get the most out of their visit.

After refueling with more coffee and a wonderful lunch, it was time for our next stop — Local Agency 17, UT Health Science Center. We met with Supervisor Esteban Guerrero at the Power Center WIC Clinic on the south side of town. He took us around to meet staff and see their inviting clinic. The visit was a great time for us to plug some of our initiatives such as the outreach campaign, Power of Influence, and the WIC Dietetic Internship. As former WIC interns, we take any opportunity to encourage interested nutritionists to apply.

After a long and productive day, we headed to the hotel to kick up our feet before venturing out to dinner. Did you know that Houstonians eat out more than residents of any other city? There are so many restaurants to choose from, over 11,000 restaurants to be exact, but we decided on some yummy Mexican food. Chips and salsa....here we come!

Travel Itinerary: Day 2

Sufficiently caffeinated, we hopped in the state van and headed over to the Bear Creek Clinic, Local Agency 48 in Harris County. We drove up to a bustling clinic hosting a nutrition carnival called "Healthy Kids Fair" where we were greeted by administrative staff. The clinic was packed with smiling participants taking advantage of the fair and learning all about healthy habits. With WIC Director, Gwen Sims, and Assistant Director, Jolene Norbert-Harrell, we toured each station and along the way tasted some delicious samples like fruit kabobs, crunchy trail mix, and fruit-infused water. Clearly, a lot of thought and preparation went into executing a large-scale event with such well-organized stations offering creative activities and incentives for the whole family.

We ended our Houston visit with a stop at a grocery store tour hosted by Local Agency 26. The Obesity Prevention Mini Grant project was led by Rosanna Moraes. The tour proved to be a great way to teach participants how to purchase fresh produce and other WIC foods, read food labels, and get the healthiest variety of foods at the best value. The participants were engaged and eager to learn about Rosanna's savvy strategies for shopping the perimeter and other ways to avoid common grocery store pitfalls. The participants were excited to receive a \$10 gift card courtesy of the Houston Food Bank, along with a shopping bag full of tools to help them shop successfully.

WHEW! Talk about making the most of our trip to Houston. We hit the road feeling accomplished and honored to be part of a family of hard-working people that are devoted to making a difference in their communities. We appreciate the hospitality and time everyone took out of their busy schedules to open their WIC homes to us. We are certainly looking forward to our next adventure.....coming soon to a city near you!



1: Fruit-infused water at the Healthy Kids Fair, Local Agency 48. 2: "Super Heroes Eat Super Foods" poster at the Power Center WIC Clinic, Local Agency 17. 3: Rosanna Moraes, LA 26, demonstrates how to read food labels during the Grocery Store Tour. 4: Local Agency 48, Healthy Kids Fair. 5: State staff visiting Local Agency 48 administrative staff from left to right: Angela Gil; Jolene Norbert-Harrell, assistant director; Mary Durette, nutrition education coordinator; Kelley Reed; and Allison Rotenberry, breastfeeding coordinator.

Safe Sleep, SUIDS, and SIDS

by Lindsey Randall, R.D., I.B.C.L.C., R.L.C.
WIC Contract Manager
& Karen Reimann
University of Texas Dietetic Intern

Be-coming a new parent is an exciting, yet often chaotic experience. Learning to balance the demands of a newborn can leave many caretakers in a state of exhaustion. Oftentimes caregiver fatigue can inadvertently lead to harmful sleeping practices that put babies at a higher risk of suffering from Sudden Unexpected Infant Death (SUID) or Sudden Infant Death Syndrome (SIDS). The death of an infant is always heartbreaking news, but as a behavioral program with an emphasis on optimal infant health, WIC is in a position to reduce infant death through education. This article reviews risk factors and preventative recommendations associated with infant death and can be shared with anyone involved in the care of babies.

What is the difference between SUID and SIDS?

According to the Centers for Disease Control and Prevention (CDC), more than 4,000 healthy infants in the United States die each year from SUID, which is the sudden and unexpected death of an infant younger than 12 months of age. The cause of death from SUIDS may be associated with any of the following: suffocation, entrapment, infection, ingestion, metabolic diseases, cardiac arrhythmias, trauma (accidental or non-accidental), or SIDS. In fact, the leading cause of SUID is SIDS, which is the sudden death of an infant younger than 12 months of age that cannot be explained even after a complete autopsy, examination of the death scene, and review of the clinical history.

The exact cause of sudden infant death is not always known nor can it always be prevented. The good news is that there are safe infant care practices that caregivers can adopt to reduce the risk of infant death, such as practicing safe sleeping behaviors.

What are safe sleeping practices?

- For the first year of life, babies should always sleep



on their backs and be placed on a firm sleep surface during naps and at night.

- Because of the extremely high risk of SIDS and suffocation on couches and armchairs, infants should not be fed on a couch or armchair when there is a high risk that the parent might fall asleep.
- The recommended place for your baby to sleep is alone in a crib, bassinet or cradle that meets the safety standards of the Consumer Product Safety Commission. It is not recommended that you share a bed with your baby.
- If you share a sleep surface with your baby, you should never do so if you are:
 - A smoker
 - Under the influence of alcohol
 - Under the influence of illegal drugs
 - Taking medication that causes sleepiness
 - Sick or unusually tired
 - Upset or angry
 - Obese or severely overweight
- Infant cribs or bassinets should be kept arm's distance from adult beds so that monitoring infant activity and breastfeeding can be easily supported.
- Infants may be brought into the adult bed for feeding or comforting but should be returned to their own crib or bassinet when the parent is ready to return to sleep.
- Cribs and bassinets should be free of pillows, quilts, loose sheets, loose fitting clothes, comforters, bumper pads, stuffed toys, or other objects that can cause suffocation.
- Babies should sleep at temperatures that are comfortable for a lightly clothed adult and wear no more than one extra layer of clothing than the caregiver.
- Babies should never be allowed to sleep on a waterbed, sofa, recliner, futon, beanbag chair, soft mattress, or other soft surfaces.
- Consider offering a pacifier at nap and bed time:
 - Only after breastfeeding is well established for breastfed infants.
 - Only when putting baby to sleep.
 - Only if they want it.

What else can be done to reduce the risk of SIDS?

- Expectant mothers should avoid smokers and smoking during pregnancy. Babies who are exposed to tobacco smoke are more at-risk for SIDS. If a caregiver is a smoker, refer them to a cessation program so they can try to quit. However, until they are able to quit,

it is important for them to avoid smoking inside their home, car, and anywhere near the baby or baby's sleeping area. Smoking around the baby should be prohibited in all instances — even when outside or in well-ventilated areas.

- According to the CDC, breastfeeding duration and exclusivity positively influences overall infant health and reduces the risk of infant death from SIDS. Thus, caregivers should be educated about the importance of breastfeeding and the support services offered within the WIC Program.
- Caregivers should ensure infants go to all regularly scheduled well-child visits and stay up-to-date on all immunizations. The American Academy of Pediatrics states: "Recent evidence suggests that immunizations may have protective effects against SIDS."

What resources are available for infant caregivers?

Infant caregivers in Texas who need assistance obtaining safe infant sleeping devices, fans to help with cooling in the summertime, or referrals to health care, etc. may call Texas Referred at 2-1-1 for assistance.

Free breastfeeding information, support, and referrals are available from Texas' Statewide Lactation Support Hotline, 1-855-550-6667.

For additional safe sleep resources and client handouts see:

- <http://www.dshs.state.tx.us/mch/#safesleep2>
- http://www.dfps.state.tx.us/Room_to_Breathe/
- <http://www.nichd.nih.gov/sts/Pages/default.aspx>

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WIC's Partner in Child Health

by Terri Sparks, R.N.C.
Nurse Consultant

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service is Medicaid's comprehensive preventive child health program. EPSDT was created by the 1967 amendments to the federal Social Security Act and defined by the Omnibus Budget Reconciliation Act of 1989. In Texas, EPSDT is known as Texas Health Steps, which includes the preventive care components, or Early and Periodic Screening (EPS), of the total EPSDT service.

Preventative Care Starts at an Early Age

Texas Health Steps provides medical, dental, and case management services to infants, children, and young adults from birth to 20 years of age, who are enrolled in Medicaid. Medicaid enrolled medical and dental providers and case managers are the key to making sure that young people in Texas receive preventative care services at an early age and on a regular basis. Texas Health Steps is dedicated to partnering with qualified providers (M.D., D.O., N.P.s, P.A.s — including pediatricians, family practice and specialty providers) that make it possible to offer these important preventative care services.

Timely checkups, screenings, and tests can help find problems before they start. They can also find problems early, when chances for treatment and cure are better. Getting the right health services, screenings, and treatments, can improve an individual's chances of living a longer, healthier life. The recommended immunization schedule is designed to protect infants and children early in life, when they are most vulnerable and before they are exposed to potentially life-threatening diseases.

At each Texas Health Steps checkup (Note: *checkup* is the official term for EPSDT visits in THSteps), a complete health history is taken that includes the child's physical, developmen-

tal, mental, nutrition, and tuberculosis histories. A physical examination is performed that includes screening length/height, weight, hearing, vision, and dental health. Other services provided as needed include immunizations, and laboratory screening, which may include testing for anemia and lead exposure. Health education is provided covering age-appropriate topics such as child development, benefits of healthy lifestyles and practices, as well as accident and disease prevention.

Texas Health Steps Partners with WIC

Texas Health Steps is dedicated to expanding awareness of existing medical, dental, and case management services through outreach and informing efforts. Outreach and information services include a call center where clients receive assistance with finding a provider or case manager, with making an appointment for a checkup, or with getting a free ride to any place they get Medicaid services. Clients also receive letters that include helpful information and reminders when it's time for a checkup.

The Texas Health Steps Program partners with WIC to reach families who may be eligible to participate in the many services available to them. For Texas Health Steps to share information about medical and dental checkups and transportation, WIC participants are asked to give their name, address, date of birth, and phone number. This process happens when a family applies for WIC services and gives consent on the Supplemental Information Form (SIF).

Resources for WIC Staff

WIC staff are encouraged to browse Texas Health Steps' online catalog and use their materials as a supplement to educate WIC families about the services available to them. Materials

include brochures, posters, flyers, and provider reference publications, all of which are available for download and print free of charge. To view a variety of Texas Health Steps Medical/Dental, Medical Transportation Program, Newborn Hearing Screening, and Case Management for Children and Pregnant Women publications, visit <http://www.dshs.state.tx.us/thsteps/THStepsCatalog.shtm>. Instructions for acquiring a log in/password to place an order are available at this link.

Another great resource available for use by WIC staff is The Texas Health Steps/WIC Lab Card, a tool designed to be used by Texas Health Steps providers and WIC staff to capture and share anthropometric measurements, such as height and weight, as well as laboratory results such as hematocrit (Hct), hemoglobin (Hgb), and lead. The lab card is given to the child's parent or guardian by either the WIC program during a WIC appointment or by a Texas Health Steps

provider during a checkup. Once given, the card should be presented at all future WIC appointments and Texas Health Steps checkups.

When the lab card is completed correctly, Texas Health Steps providers and WIC clinics can share information that may be used to meet checkup requirements. This results in benefits for both the patient and the provider. Patients benefit from the use of the card through a reduction in the number of blood collection procedures they are subjected to. Texas Health Steps and WIC providers benefit through the reduction of screenings and blood collection procedures completed in the office.

Lab cards are available for WIC staff to order from the WIC catalog: <http://www.dshs.state.tx.us/wichd/WICCatalog/contents.shtm>. For questions about ordering lab cards, please contact Lisa Rankine at lisa.rankine@dshs.state.tx.us.

**Texas Health Steps
Women, Infants and Children (WIC)
Laboratory Record**

To learn more about WIC visit:
TexasWIC.org

Call Texas Health Steps toll free:
1-877-847-8377

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Client Name
Nombre del Cliente

Client DOB
Fecha de Nacimiento del Cliente

Client Phone #
Telefono del Cliente

Client Address
Direccion del Cliente

For Provider Use Only Below This Line

Provider Name **Provider Phone #**

Provider Address

WIC Location **WIC Phone #**

WIC Address

Location (WIC or Provider)					
Date					
Height/Length					
Weight					
Hct					
Hgb					
Lead					
Initials					

IRM Liaison Group Responds to a

by Clare Wolf
Editor/Designer Texas WIC News



Karla Mendez

Veronica
Euresti

Cathy
Carrillo

Raul Rodriguez

“Not too long ago I talked to clinic staff about a client that had been a victim of domestic violence and had to flee her home without her WIC card,” recalls Karla Mendez, Information and Response Management (IRM) Liaison at the staff office.

When someone at a WIC clinic needs assistance or has a question about policy they call the IRM liaison at the state office. It’s the responsibility of the liaison to provide assistance and interpret WIC policy to the local agency, WIC participants, professional staff, general public, WIC applicants, and referral organizations. Each of the four IRM liaisons worked previously as WIC 1-800 operators.

It takes a special kind of person to be able to handle the high volume of calls received (over

400 a month) with the compassion and patience necessary.

Karla Mendez, the newest liaison, said, “I’m always empathetic and try to imagine myself in their shoes, it gives me a better understanding of their situation and allows me to come up with better resources to help solve the issue.”

Veronica Euresti, a member of the liaison team for four years, agrees. “I always remember to be mindful of the person on the other side of the call, you never know what they are going through. Connecting with the caller and providing great customer service is key.”

Cathy Carrillo, a liaison for two years, adds, “I love my job, I love the fact that I can help in any way possible. I can empathize with the clients,

Variety of Calls

I've been in their shoes. Twelve years ago having to raise my grandchildren, it helped to know that resources were there for me."

Raul Rodriguez, the most experienced member of the group, sums it up, "I love what I do. I simply find people interesting and unique, and all deserve to be heard and served as best as I can deliver."

Liaisons Handle a Variety of Calls

The IRM liaisons receive a variety of calls ranging from custody changes and unique income situations to damaged or lost cards. The majority of the calls are from the local agencies and clinic staff. Here's what they have to say:

Nikki Morrow from Local Agency 31: *"Over the years, the IRMs have always been helpful and friendly. Karla Mendez is no exception ...She is always quick to respond to messages and emails offering us support and guidance. She listens carefully to situations we present and works with us to find solutions or best practices. Staff who interact with her frequently see her as more than our agency IRM, but a part of our agency team."*

Karen Gibson from Local Agency 17: *"Our LA uses the IRM much like everyone else does but additionally we have the Lactation Foundation (LF) which needs to verify WIC participation before they issue pumps, counsel, etc. They call the IRM staff several times daily. Cathy Carrillo is our liaison. The LF staff said she seems to have unending patience with their frequent calls. Cathy Carrillo is awesome! She is so helpful and patient to the numerous calls to verify a client's active status. I actually have her on my speed dial because of how often I call her."*

Jacklyn Sanders from Local Agency 29: *"Raul has always been very helpful. I love working with him because of his friendly tone, and desire to help us understand the process. I remember a time when there was an income calculation concern of a student whose only source of income was their refund check. I called Raul for clarification on the correct way to cal-*

culate it. He got back to me within 10 minutes with a response. He is my go-to guy for quick answers!"

Leticia Gonzales from Local Agency 73: *"Veronica has always proven helpful when I have a policy question and she is very thorough. Veronica is prompt in returning her phone messages. She is a big help when it comes to cases of change of custody or when CPS is involved. Veronica is a great asset to IRM."*

Rachel Guerrero from Local Agency 39: *"We appreciate the way Veronica helps us in all areas of work. She does a very good job and we like having her as our IRM."*

Leslie Hibbs from Local Agency 32: *"I love Cathy. She is always so polite and friendly on the phone when I call. Recently, I've been in close contact with Cathy working through how income calculations work for international students who receive assistance from other countries. Our agency serves several international students at Texas A&M University. The students started bringing in forms from the university called J-1/J-2 forms and I-20 forms. Cathy and I both have been in contact with official's from the university to help educate us on how to properly use these international forms to help with income calculations. Cathy has been extremely helpful the whole time and we have been able to collaborate and expand our knowledge on the subject."*

L. Jazmin Hayes from Local Agency 07: *"The IRM team is always ready to assist our agency. The IRM liaison for LA 07 is Raul Rodriguez and whether I send him an email, give him a call or leave him a message, he is very prompt in helping me and our staff in any and every situation. Most importantly, he always does it with a great attitude and humble spirit."*

Ida Olmos from Local Agency 59: *"Raul is always helpful with whatever situation I call about. ...I seem to have more than my share of custody issues at certain times of the year, some are straight forward and simple and some are complicated. Raul gets thru the muddle and gives me a clear picture based on policy. He always seems to have a smile that you can hear over the phone. Raul has been our policy liaison for a while and has always been friendly, professional and courteous."*



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