

texas

January/February 2012

# WIC

news

Volume 21, Number 1



*what's old is new again*

Special Supplemental Nutrition Program for Women, Infants, and Children

# New again for 2012!

A new year brings new adventures and projects for us all at Texas WIC. This issue focuses on some topics that may look familiar to WIC staff, as old ideas make their way back around full circle, get dusted off and become “new” again for 2012.

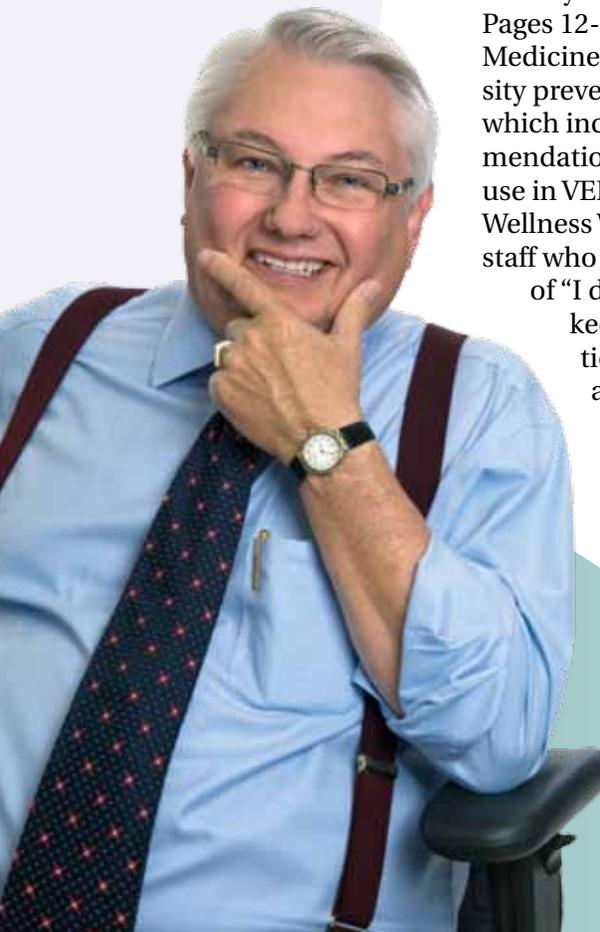
Learn how to shine up your clinic routine, give your group classes a new feel, and make WIC services more client-centered with some easy CCNE techniques on pages 4-5. Pages 8-10 detail how WIC vendors are working to become more client-centered too by reworking and refreshing the shopping experience for our WIC families.

February is National Oral Health Month and pages 6-7 have updates on how WIC staff can educate clients and promote healthy smiles for the whole family. Pages 12-13 summarize the Institute of Medicine’s report of the childhood obesity prevention policies issued last year, which includes new goals and recommendations that WIC counselors can use in VENA sharing sessions. Our “WIC Wellness Works” article focuses on LA staff who are banishing the old excuse of “I don’t have enough time!” and keeping the New Year’s resolution to get more daily physical activity. The “Local Agency spotlight” on pages 10-11 un-

derscores how integrated and successful the breastfeeding peer counselors have become after only a year at Local Agency 24.

This issue includes our first “Breastfeeding Chronicles,” *Texas WIC News*’ newest recurring column to focus on all things related to breastfeeding promotion, support, and research. On pages 14-15, read how WIC staff participated in the national grassroots campaign, the Latch on America tour across Texas. Get some big picture perspective on Women’s Health in this issue’s “RD’s Corner” and see how Texas WIC staff continues to stay ahead of the curve in gender-based, interdisciplinary care. Finally, test your knowledge of the USDA’s new, ‘MyPlate’ on page 18 and see why our newest nutrition guidelines seem familiar to you.

Texas WIC is ever-evolving, testing new ways of doing things to improve our services to our clients. Our evolution happens by looking back, taking stock of the important changes we’ve made so far, and carrying some of the best ideas forward into each new year with us. I’m continually impressed by the commitment and innovation of Texas WIC staff as we move into another year of demanding and rewarding work, and thank you for what promises to be an exciting 2012!



From the Texas WIC Director  
— Mike Montgomery

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Already Doing Client-Centered Activities?

## Wondering What Else You Can Do?

by Matt Isbell, Ph.D.; Robin Atwood, Ed.D.; Jennifer Loyo, Ph.D.;  
Tara Ray, M.A.; and Jennifer Seth, M.S.  
The University of Texas at Austin

**C**lient-Centered Nutrition Education is more than group classes. Adopting a client-centered approach means that you are focused on helping clients have the best possible experience at WIC. From the moment clients walk into the clinic, the experience should be focused on meeting their needs, keeping them engaged, and helping them feel welcome.

### **Before Clients Arrive**

Give clients choices whenever possible. This includes letting them select their class time and class format. Being client-centered means that you are making the client's needs and interests a priority. Ample choices allow clients to have some control of how and when they receive their nutrition education. It also allows them to tailor the experience to best suit their needs.

### **When Clients Enter The Clinic**

Next time you walk through the clinic doors, imagine yourself as a WIC mom who traveled by bus with a toddler to come get her benefits.

What kind of atmosphere would help you relax? Greet each client who enters with a smile. If you are on the phone and can't help the client immediately, make eye contact to acknowledge her arrival. Make signs friendly and positive. Try to make the environment as comfortable as possible. For example, can you replace the chairs with sofas or make water available? Give new life to used furniture, pillows, or lamps to make the environment more comfortable.

### **In The Waiting Room**

Make every minute your clients spend in the clinic count. Some clients spend valuable time in clinic waiting rooms. How can you use that time, not lose it? Capture the clients' interest and educate them so they come into their class or counseling session with questions, ideas, and a little bit of background information. Use bulletin boards, play DVDs, and leave handouts, nutrition magazines or books on the tables.

Update waiting room information frequently.

Every time a client comes into the clinic there should be new information and material to reference. This does not mean a big change every month, especially if you consider clients visit clinics every three months. Just a few new things every once in a while will keep people engaged.

Include a safe space for children in the waiting room. Books and inexpensive toys can make them feel more relaxed and minimize complaining and disruptions while they wait.

Use the CCNE Evaluation Checklist for more ideas on how to make your clinic more client centered:

### ***In the Clinic***

- Waiting room and classrooms are attractive and inviting
- All staff promote client-centered principles (e.g. engaging and welcoming with clients)
- Staff greet clients when they enter the clinic
- Nutrition education is offered in a variety of class formats (e.g. group classes, online lessons, health fairs)
- All staff market a variety of client-centered class formats (e.g. promote group classes as well as online classes)
- Staff offer clients a choice of class time
- Staff offer clients a choice of class format
- Current and updated educational materials are available for clients
- Staff know where to find information about CCNE classes or principles
- The Real (WIC) World: Applying CCNE in the Clinic DVD is readily available for staff to view

### **The Classroom Experience**

Give yourself enough time to prepare for class and practice so you can use the lesson outline like a guide rather than a script. Write down extra questions and prompts that you can use, if needed.

If you have a large group or your classroom is not conducive to putting chairs in a circle, try out other ways to get the conversation started. For example, breaking into small groups might help make a large class feel smaller.

When leading an interactive discussion, make sure it is more than just a question and answer session. Avoid the “one and done” mentality.

One answer from one client does not count as a discussion. Let the conversation build as clients answer one another’s questions and share ideas of their own. Try redirecting the conversation back to the group by using phrases such as “Has anyone else experienced something similar?” “What helped you in this situation?” “Would anybody like to offer a suggestion?” Add additional information or use prompts to keep the conversation moving.

Think ahead of time about the resources you have available. Don’t be afraid to admit that you need to refer to a resource or another staff member before answering a client’s question. This demonstrates to clients that you are all learning together.

Use the CCNE Evaluation Checklist for more ideas on how to make your group classes more client centered:

### ***In Group Classes***

- Topic and language are appropriate for the audience
- Interactive discussion involves most or all participants
- Visual aids are used to prompt discussion
- Lesson plan is used as a road map to guide discussion rather than as a script
- Includes hands on activities or demonstrations
- Engages multiple senses (sight, sound, touch, taste)
- Classroom environment is conducive to interaction (e.g. chairs in a circle, couches)
- Provides activities for children or involves children directly in the class
- Instructor summarizes the discussion at the end of class rather than simply ending it
- Instructor asks the participants for feedback at the end of class about what they’ve learned or would like to try

You don’t need to change everything all at once to provide a client-centered experience at your clinic. Make a little “to-do” list of small things you want to try out in the classroom, in the clinic or with the clients. For example, old lessons can be modified to add a discussion component and make them more client centered. With a few tweaks here and there, you can make old practices exciting and engaging.



National Oral Health Month:

## Update on WIC's Role in Promotion of Children's Dental Health

by Erin Thornberry  
Nutrition Education Consultant

A beautiful smile can make a great impression. But not all smiles are beautiful. Good oral health including regular dental visits can make a big difference in the appearance of a smile. Yet, many people avoid the dentist and ignore dental health tips such as flossing. The WIC program wants everyone to have a beautiful, healthy smile.

February is National Children's Dental Health Month. WIC is joining forces with Texas Health Steps to encourage children to practice good oral health habits and to help raise awareness about the importance of oral health in Texas communities. Health Steps is a program offered by DSHS to children from birth through 20 years of age who have Medicaid. Health Steps provides regular dental checkups as well as regular medical checkups and case management services at no cost to the participant. Dental checkups are recommended every three to six months, starting at 6 months of age. Below are the different types of dental health services offered for children and young adults who participate in Texas Health Steps.

- Preventive Services
- Treatment Services
- Emergency Dental Services
- Orthodontic Services

Health Steps also promotes and supports the initial First Dental Home visit. This visit provides an introduction of the child and parent/guardian to the dental provider, the provider's staff, and the office or what is referred to as the dental home. Below are a few services that are provided during the first visit:

- Initial comprehensive oral evaluation
- Health assessment for caries
- Dental guidance on oral hygiene, nutrition, and developmental milestones
- Recall schedule and necessary referrals

Health Steps checkups can help find health problems before they get worse and harder to treat. They can also help prevent health problems and help ensure a healthy smile!

The WIC program is taking steps to help our participants have healthy smiles by developing new and fun materials that focus on dental health. The materials include: a dental handout, a CCNE dental lesson, dental interactive distance learning and online trainings, and two dental web lessons for women and children.

### Oral health materials:

- "Common Infant and Childhood Problems – Tooth Decay" handout is available in both English and Spanish versions. The flyer answers common questions that parents have



about infant and childhood tooth decay and offers problem-solving suggestions.

- “Healthy Children, Healthy Smiles” CCNE lesson emphasizes the importance of dental health. It uses pictures as an emotion based tool to spark a discussion about various ideas and experiences regarding dental health. Class code: DH-000-07
- “Dental Health” IDL and online trainings are currently available. These trainings will provide training for staff and background information on dental health. It will also cover key content points and resources for dental health lessons.

***Did someone say web lessons?*** WIC is currently developing two new interactive dental health web lessons. One will discuss the importance of dental health for children and the other will address dental health topics for all women of child bearing age.

These lessons and materials will help raise awareness across Texas. Oral health can affect general health, and several studies have shown the link between poor oral health and heart disease, preterm and low birth weight babies, and also an association with diabetes. There are simple things individuals can do to ensure good oral health. The American Dental Association urges parents to make sure their children brush twice daily with fluoride toothpaste, floss daily, eat a balanced diet and see their dentist regularly.

#### Keep Your Own Mouth Healthy

- Brush your teeth twice a day with a soft toothbrush and toothpaste with fluoride.
- Floss once a day.
- Eat healthy foods, like whole-grain products, low-fat or fat-free dairy products, fruits, vegetables, low-fat meats and fish.
- Eat fewer sweets like candy, cookies, or cake. Limit drinks high in sugar like soft drinks, sports drinks, and fruit-flavored drinks.
- Get dental care.

Scheduling regular dental visits and developing good habits at an early age helps children create a healthy path they can follow into their adult years. With help from WIC and Texas Health Steps, keeping teeth and gums in tip-top condition will be simple and help maintain good overall health.

If your participants need help finding a dentist, call Texas Health Steps toll-free, Monday through Friday from 8 a.m. to 8 p.m. Central time zone 1-877-847-8377 (1-877-THSteps). To learn more about dental health, visit [www.dshs.state.tx.us/dental](http://www.dshs.state.tx.us/dental). For materials and lessons listed above, visit [www.dshs.state.tx.us/wichd/](http://www.dshs.state.tx.us/wichd/) and [www.TexasWIC.org](http://www.TexasWIC.org).

## What's New in the WIC Vendor Department:

# Changes to the WIC Participant's Shopping Experience

by Rhonnda Jones  
WIC Vendor Training

& Paula Kanter, R.D.  
Nutrition Specialist



**WIC** staff and WIC vendors are aware that shopping for WIC foods can be challenging for participants. In 2010, SUMA/Orchard Social Marketing, Inc., conducted a series of focus groups and one-on-one interviews with Texas WIC mothers to inquire about the challenges and to discover why the moms were not redeeming all their food benefits each month.

### SUMA Findings

The SUMA study revealed that a vast majority of WIC participants described shopping for WIC benefits as a trial-and-error experience. They had difficulty locating the right items in the store and experienced frustration and embarrassment when checking out. The most frequently reported issues included:

- A lack of accurate WIC labeling in the stores.
- Hard to find WIC items or items not consistently being stocked throughout the month.
- Discrepancies between what is listed as approved in WIC brochures and what is accepted by the store at checkout.
- Confusion over the sizes and brands allowed, particularly with regard to the WIC-approved Least Expensive Brand (LEB) items, which vary from store to store.

Store managers said new WIC shoppers are often confused about buying or shopping for their benefits.

To improve the shopping experience, WIC participants suggested stores label WIC-approved items clearly and provide store-specific lists for shoppers to use. Participants felt if stores provided their own list of Texas WIC approved foods, WIC shoppers would purchase more and experience fewer delays at checkout.





From the grocer's perspective, the moment a customer walks through the door, a grocer strives to ensure that a person's every shopping need is met. Because they are a part of the WIC program, our grocers must also meet certain program expectations.

The Walmart in Garland, Texas, is an example of a WIC vendor who has directly addressed many of the SUMA findings. The store has taken steps to streamline shopping for WIC items by piloting an in-store WIC only shop called "Essentials." The pilot "store within a store" is equipped with a kiosk and two cash registers. The kiosk near the entrance allows customers to insert their EBT smartcard to obtain the card's beginning balance. Then WIC customers are able to shop for all of their WIC foods and check out in the same area. If they choose, WIC customers may still shop for their WIC foods in the store's regular aisles and check out with their EBT smartcards at any of the store's other 30 registers. The Essentials store is also open to the general customer.

Of over 2,100 authorized active retailers statewide, the primary complaint of most shoppers is confusing or insufficient shelf labeling resulting in an inability to determine allowable brands. The problem was further confirmed when cited as the biggest issue found during monitoring reviews conducted by the Office of Inspector General (OIG).

### WIC Vendor Changes

The good news is that WIC vendors are aware of these challenges and are making changes that address these needs.

**TEXAS WIC**  
Smart Choices • Healthy Families  
Options matter • Families matter

Revision Date: September 29, 2011

**Texas WIC Approved Foods Available at Sunnydale Groceries**

This brochure is intended to assist WIC customers in knowing which specific brands of WIC items can be purchased in this store.

For more information, contact:  
WIC Program MC-4534  
Texas Department of State Health Services  
P.O. Box 149347  
Austin, TX 78714-9347  
WIC Participants: (800) 942-3678  
www.texaswic.org  
WIC Vendors: (800) 252-9629  
www.dshs.state.tx.us/wic/hc/vol1.shtml

Over the years, retailers have sought to be proactive in making the client shopping experience easier. They have collaborated with the state office to develop materials designed to help WIC customers easily identify the store's specified LEB and other allowable items.

In a move designed to ease shopper anxiety, raise awareness of a store's WIC allowable items and to combat compliance violations, several retailers have developed in-store tools such as customized store

*(continued on next page)*

## What's New in the WIC Vendor Department

(continued from previous page)

WIC shopping guides (brochures or flyers), Texas WIC Logo shelf tags and even newly designed shelf tags which allow vendors to list the brand, size and type on the label.

In addition, HEB, Walmart, Kroger, Fiesta Mart, Tom Thumb, Randalls and other retailers have started using the Texas WIC logo to label the WIC allowable foods that are not least expensive brand category foods and do not require the Pink "WIC Approved Item" shelf tag. Most of the feedback has been positive.

<b>WIC</b> Approved Item	SIZE	48 oz
	BRAND	Parade
	TYPE	Orange Juice

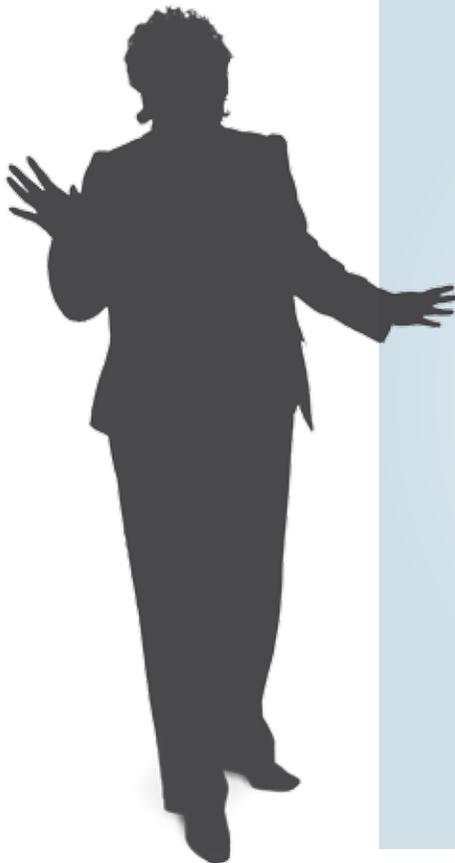
<b>T E X A S</b> <b>WIC</b> Smart Choices • Healthy Families Opciones sabias • Familias sanas	SIZE	18 oz
	BRAND	Jif
	TYPE	Crunchy Peanut Butter

The use of the Texas WIC logo white shelf tag began in August 2010 at the request of grocers who wanted to label WIC food categories that are not the least expensive brand such as peanut butter, cereal, baby food, frozen

HEB, Walmart and La Michoacana retailers have developed customized shopping guides, specific to their stores, informing the shopper of which brands of milk, juice, cheese and whole grains have been designated as the least expensive brand in their store. These brochures and flyers can generally be found at the customer service area in the store.

fruits, and frozen vegetables to make it easier for WIC clients to identify other allowable foods. Use of the white label is optional for WIC vendors.

All of these changes being made by WIC vendors should have a positive impact on the WIC shopping experience for participants.



## Important Notice

for 2013 potential

### WIC Dietetic Internship Applicants

The application period for the 2013 class will be March 15 – June 15, 2012. We will be using the Dietetic Internship Centralized Application System (DICAS) this year. If you plan to apply for the 2013 class, visit <https://portal.dicas.org> to set up an application after January and before April 1, 2012. Between April and June, you can complete your application in the DICAS system, but you will not be able to start a new application during that time due to system closure. For more information contact Mary Van Eck, MS, RD, Texas WIC Dietetic Internship Director, at [mary.vaneck@dshs.state.tx.us](mailto:mary.vaneck@dshs.state.tx.us).

## Turn Your Home Into Your Personal Gym

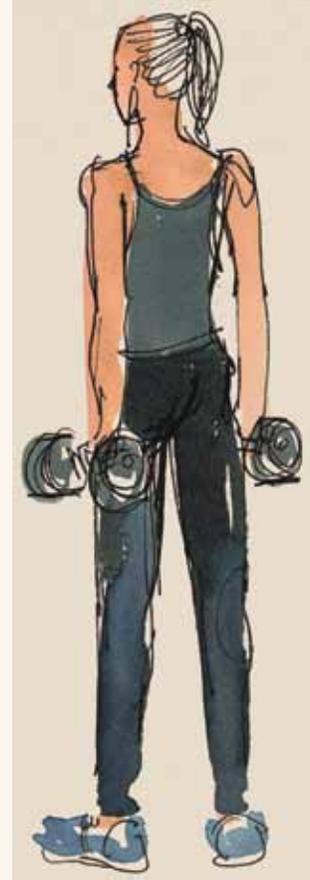
Want to keep that New Year's resolution but you don't want to spend the money for a gym membership? Want the convenience of a home gym but don't have the fancy equipment or the space for a treadmill or weight machine? Creating a home-based workout system can be fun, convenient, and easier than you think. Just get creative and you can have access to a great workout in the comfort of your home.

To create a home gym, first, determine what you want to achieve during your workout. Do you want to focus on a cardio/aerobic workout, strengthen your muscles, increase your flexibility, or all of the above? Creating a realistic plan and listing specific days and times to exercise will help you stick to it.

Although simple calisthenics can definitely help get you into shape, consider purchasing some basic equipment that can expand your exercise horizons while keeping boredom at bay. Some basic items include:

- Exercise mat
- Light dumbbells – 3 to 5 pounds (or use canned goods)
- Stretch bands
- Exercise DVDs
- Exercise ball

Also consider a table fan to cool you down, a couple of water bottles to keep you hydrated, a stopwatch to time your workout, and music system to motivate you.



### Creating Your Home Gym – Exercise Options:

#### Exercise DVDs

One of the easiest ways to infuse fun and variety into your workout is by using exercise DVDs to incorporate different types of workouts from aerobic to strengthening to flexibility. Many exercise DVDs have combination workouts within the same DVD. Choose from kickboxing, Zumba, Pilates, yoga, boot camp workouts and more. Ask co-workers if they have DVDs to loan to you or check them out from your local library.

*(continued on WIC Wellness Works - Insert D)*



## Working Out at Work!

With WIC offices being busy from the time they open until the last participant is seen at the end of the day, making time for wellness can seem like an impossible challenge. That being said, there are WIC clinics across the state doing just that – fitting wellness into their jam packed work day. The Dove Springs Clinic (LA 01 – Austin), has put their creativity to work and found a way to “workout” at work!



Amy Davila, the Dove Springs clinic administrative assistant and WIC coordinator, decided to figure out a way to make it easier for her co-workers to get in some physical activity at work. Having just moved into a much larger clinic, Amy was sure they could figure out a way to incorporate physical activity into their larger space.



“The WIC packet, Activate My Day, gave us the idea to do something at work,” Amy shared. “It is cooler inside with the heat being what it has been (a record number of over 100 degree days!).

Our new location is spacious so we have room to walk around in the back — our hallways create a big circle.”

Local agency wellness coordinator Yvonne Martinez said, “Amy set up in the hallway space to include three stations, where the staff can take just a few minutes of their break time twice a day

to complete the ‘circuit’ stations. These include a chair to do squats, a band to do arm exercises, and pushups against the wall. Plus, since the new space has a walkway that can be walked in a circle, they’ve included several walks around the square as a bonus activity.”

Amy assigned points to each station so staff could keep track of how much activity they completed in a day. She used the Activate My Day point system for the circuit and the staff used those points to move along the course track. “People even keep going after the course has been completed,” said Amy. “This activity has lasted more long-term than some of the others we have done. I think it is because everyone has easy access, there are no weather deterrents, time isn’t a big factor, and walking around is easy. In general, it is easy to incorporate into our day!”

Yvonne has sent the Pumping Rubber kits (tubing system for strength training) to all of the Austin clinics and Amy is looking forward to adding them to her circuit. “Even our supervisor is excited,” said Amy. “We are going to watch the Pumping Rubber exercise video as a group and then work as a team to set up a program/plan that can work for different groups.

Even those of us with health issues have been motivated to participate — we are much more motivated when everyone is doing it together.” Yvonne plans to set up a circuit in the City of Austin building where the WIC administration office is located. “We have open space on floors two through four by the stairwells so I’m going to include the stairs in our circuit. We encourage everyone to use the stairs so we might assign points to using the stairs. We have two staircases so you could go up one and down the other with stations in between,” said Yvonne.

When asked what advice she has for other wellness

coordinators Amy offered, “Making it fun and interesting will increase participation. Time is also important.” Amy thinks her program has been successful because staff can use five minutes or so to get away to do some activity. She explains, “This is much more manageable for everyone to participate. Even five minutes is better than nothing. The five minutes sparks ‘I can do this.’ You feel like you have at least accomplished something during the workday so you have done something by the time you get home.”

As the agency wellness coordinator, Yvonne said, “It is helpful to incorporate any kind of wellness at all into staff meetings, make sure everyone knows what’s going on with wellness, and have motivated individuals at every site to motivate your teams.

Make sure not to push anyone into doing anything. Work with what each individual is comfortable with and you will be successful.”

Amy and Yvonne are both motivated by the accomplishments of their co-workers. “Seeing someone enjoy whatever they are doing, watching them get involved in the activity, that’s the best,” said Amy. Yvonne added that what really motivates her is “Hearing people talk about the changes they have made and seeing people being more conscientious about healthier changes. Trying is the big word – it is hard for many people so trying is so important.”

Congratulations Local Agency 01, you are a shining example of how to make WIC Wellness work!

## *recipe*

### **Black-Eyed Pea and Tomato Salsa**

#### **Ingredients**

1 cup chopped tomatoes  
¼ cup chopped red onion  
3 tablespoons chopped poblano chile pepper  
2 tablespoons chopped fresh cilantro  
2½ tablespoons fresh lime juice  
¼ teaspoon minced fresh garlic  
⅛ teaspoon salt  
⅛ teaspoon ground cumin  
⅛ teaspoon freshly ground black pepper  
1 (15.8-ounce) can black-eyed peas, rinsed and drained



#### **Preparation**

Place all ingredients in a large bowl and toss to combine.

<http://www.myrecipes.com/recipe/black-eyed-pea-tomato-salsa-50400000111103/>

## Creating Your Home Gym

(continued from WIC Wellness Works - Insert A)

### Strength training circuit

Set up stations for strengthening your upper and lower body and your abdominals. In place of dumbbells consider canned goods, stretch bands, or even basic (but challenging) calisthenics like squats, lunges, wall push-ups, or use an exercise ball for core and ab work. Begin with 12 to 15 repetitions of each exercise. Include a five to 10 minute cardiovascular station such as marching or jogging in place. Use a stopwatch to help manage your time. Review this strength routine to get started: <http://www.acefitness.org/workouts/13/#program>

### Stability/Exercise ball

Using this ball helps improve balance and gain muscle strength and endurance for your core (abdominal, trunk, and back area). Try to include this exercise option in your home workout. Check out this core workout:

<http://www.acefitness.org/workouts/6/>.

### Stairs

If you have stairs and are ready for a high intensity workout, try marching up and down the first step. Stair stepping not only strengthens your heart, it also increases your leg strength. Start out slowly, with just a two to three minute workout and gradually build your stamina over several workouts.

### Jump Rope

Another “advanced” aerobic option is jumping rope. Alter this intense exercise with a less strenuous option such as easy jogging or marching in place. Switch from jumping rope to easy jogging or marching in place, every three to five minutes.

### Get outdoors

For a refreshing aerobic exercise option, walk your block a few times and then head indoors for some additional exercise.

**Kick it off with a professional.** Consider hiring a personal trainer for one or two sessions to come to your home. They can help you start your routine safely, with purpose and bring focus to your goals. It will be money well spent. Read this brochure on how to find a qualified trainer. <http://www.acsm.org/AM/Template.cfm?Section=Brochures2&Template=/CM/ContentDisplay.cfm&ContentID=1538>

## Getting Serious – Tips for Success

### Stick with the Basics

(and something you enjoy)

The simpler the workout, the more likely you are to stick to your exercise program. Once you have established your routine, add variation to keep yourself motivated. Each workout should include a five minute warm up, 15 to 45 minute exercise session and a five minute cool down. Also, remember if you don't enjoy the exercises, you are less likely to stick to the workout. Select an activity you like to do.

### Limit Distractions

You wouldn't usually answer a text or your phone during your workout at the gym, so why should you at home? Get serious and avoid responding to any communication that's not of high importance.

### Turn up the volume!

Music makes you move, so plug in! Turn up the stereo or, if you have to be quiet, use an mp3 player with headphones.

### Track your workouts

One of the most important tips for success is to give yourself credit for every workout by writing it down in a journal, on a calendar, or even on your phone. Review it once a week and see if you need to make changes.

At-home gyms have so many bonuses—no waiting on equipment, open 24 hours, no dress code, and no travel time. It is your workout on your terms! Why not start your home gym today?

## Breastfeeding Peer Counselors Are a Natural Fit at Local Agency 24

by Lupita Fuentes, L.V.N.  
WIC Director, LA 24

& Adriana Newman  
Breastfeeding Peer Counselor, LA 24

January 2012 marks the first anniversary for breastfeeding peer counselors at LA 24, Eagle Pass. Brimming with excitement and new ideas, peer counselors Adriana Alonso, Nelsa Calvillo, and Adriana Newman are like a breath of fresh air for LA 24. Besides the evident satisfaction in what they do as peer counselors, all three PCs complement each other and have proven to be a natural fit with the already existing WIC staff.

The World Breastfeeding Month celebration in August was the brightest of the year's highlights at LA 24. Breastfeeding moms enjoyed a luncheon while being honored and recognized for giving their babies the best start. Local salons and massage parlors generously donated gifts to pamper our breastfeeding moms. LA 24 is looking forward to hosting the 2nd annual World Breastfeeding Month celebration this year.

Last year's breastfeeding peer counselor program successes consist of stories of WIC clients mastering many challenges. These include a mom with inverted nipples that would not give up when her son struggled with latching on. With a peer counselor's help, the mom was able to continue exclusive breastfeeding by using nipple shields until her baby was able to latch.

Another PC success story included a teen mom who was still in high school. Through the guidance of peer counselors and with her father helping her, the young mom was able to provide her baby with the best.

A comment often heard throughout the WIC office from clients is, "Wow! It's great you all are providing this assistance. We didn't have this before."

Great efforts have been made to inform the community about what the breastfeeding



*Above, left to right: Adrian Alonso, Peer Counselor; Sofia Peñalver, Breastfeeding Coordinator; Adriana Newman, Peer Counselor and Nelsa Calvillo, Peer Counselor. Right: Adriana Newman with Every Ounce Counts cake. Below: Breastfeeding mothers and their families attending the August World Breastfeeding Month Celebration event.*



peer counselors can offer at WIC LA 24. The breastfeeding peer counselors present basic breastfeeding information at the local community centers, pediatricians' and obstetricians' offices, the Parenting Education & Pregnancy Program and the local hospital. The PCs continue to find ways to outreach within their community and encourage moms to breast-feed. LA 24 is looking forward to another successful year of making breastfeeding a natural fit for all our clients!

# New Early Childhood Obesity Prevention Policies

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



## The Epidemic

The growing obesity epidemic among U.S. children is not a new issue. We know that overweight and obesity rates have been increasing in recent years at an alarming pace, and while some studies show the trend may be leveling off, the implications are still of concern.

Chubby babies may

be cute, but close to 10 percent of infants and toddlers have excess weight-for-length. About 20 percent of 2 to 5 year olds are overweight or obese (a number that has doubled in the last 30 years). By the ages of 6 to 11 years, 35 percent will have reached overweight or obese status.

The Institute of Medicine's Standing Committee on Childhood Obesity Prevention was tasked with "...reviewing the factors related to overweight and obesity in infants, toddlers, and preschool children (from birth to 5 years of age), with a focus on nutrition, physical activity, sedentary behavior and with making recommendations for early childhood obesity prevention policies."

Growing evidence reflects a link between excess weight gain in the first years of life to developing obesity and chronic disease later in life, and the committee "...recognized that prevention strategies focused on this early period...have the potential to alter the risk for obesity and chronic disease in childhood and throughout the lifespan..."

In June 2011, the committee released their report titled Early Childhood Obesity Prevention Policies; Goals, Recommendations and Poten-

tial Actions. These new policies are targeted for policy makers and those with opportunities for influencing the environments where young children develop and grow.

## Prevention

You may question, "How can infants be obese?" An infant may not be clinically obese, but their developing dietary habits and/or environment may be placing them at risk for developing childhood obesity at a younger age. Obesity is a condition that develops over time, and developing growth patterns, such as excess weight-for-length, should be considered when evaluating a child's risk for overweight or obesity. Early intervention focusing on early childhood obesity is pivotal to the success for reversing this epidemic.

While parents are the primary influence in their children's development, the committee felt that organizations and programs who work with young children can 'partner' with and support parents by providing them with the knowledge and education they require to help their children maintain healthy lifestyle habits and weight status.

Recognizing children who are at risk or who may already be obese or overweight is a part of early intervention. As one of the targeted organizations identified by the committee, WIC has the ideal opportunity for making a difference and educating parents on obesity prevention. The committee report references a focus group comprised of WIC mothers in which some of the mothers believed that being overweight was 'healthy' for their baby. Overweight mom's expressed their belief that genetics was the primary cause of their child's overweight status and viewed the weight as being 'natural' and not a problem. Additionally, the focus group found that when it came to their own children, mothers had the tendency to underestimate their child's weight status. Studies reflect parents are

not understanding the consequences of their child being overweight or obese early in life.

The following goals and recommendations are pulled directly from the committee report. Not all of the recommendations for the goals are listed here, but those listed touch in part on how WIC is already helping to meet those goals. To read the policy recommendations for each goal in their entirety, refer to the complete report found at <http://www.iom.edu/reports>.

#### ❖ Growth Monitoring

**Goal:** Assess, monitor, and track growth from birth to age five.

**Recommendation:** Use the most current growth charts from the World Health Organization for ages 0-23 months and Centers for Disease Control and Prevention for ages 24-59 months with every routine pediatric or well-child visit.

#### ❖ Physical Activity

**Goal:** Increase physical activity in young children.

**Goal:** Decrease sedentary behavior in young children.

**Goal:** Help adults increase physical activity and decrease sedentary behavior in young children.

#### ❖ Healthy Eating

**Goal:** Promote the consumption of a variety of nutritious foods, and encourage and support breastfeeding during infancy.

**Recommendation:** Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breastfeeding in conjunction with complementary foods for one year or more.

**Goal:** Create a healthful eating environment that is responsive to children's hunger and fullness cues.

**Goal:** Ensure access to affordable healthy foods for all children.

**Recommendation:** Government agencies

should promote access to affordable healthy food for infants and young children from birth to age five in all neighborhoods, including those in low-income areas, by maximizing participation in federal nutrition assistance programs and increasing access to healthy foods at the community level.

Potential actions include: For children that qualify...maximizing participation in federal nutrition assistance programs serving children from birth to age five, including the Special Supplemental Nutrition Program for Woman, Infants, Children; the Child and Adult Care Food Program; and the Supplemental Nutrition Assistance Program.

**Goal:** Help adults increase children's healthy eating.

**Recommendation:** Health and education professionals providing guidance to parents of young children and those working with young children should be trained and educated and have the right tools to increase children's healthy eating and counsel parents about their children's diet.

#### ❖ Marketing and Screen Time

**Goal:** Limit young children's screen time and exposure to food and beverage marketing.

**Goal:** Use social marketing to provide consistent information and strategies for the prevention of childhood obesity in infancy and early childhood.

#### ❖ Sleep

**Goal:** Promote age-appropriate sleep durations among children.

#### Summary

Consider the above listed goals and recommendations. For each goal listed, can you identify where a WIC counselor can provide a parent with the information, guidance or awareness they need to make that difference in their child's and their families lives? When meeting with parents, do not think of your time together as a counseling session, rather as time for sharing and exchanging information. For more information refer to the full report found at <http://www.iom.edu/reports>.

## WIC Participates in the *Latch on America* Tour

by Kristina Arrieta, M.P.H., I.B.C.L.C.  
Peer Counselor Coordinator

*Texas WIC News* is adding a new column to highlight the numerous breastfeeding promotion and support ideas of Texas WIC. The articles in this column will provide information on what agencies are doing around the state to encourage mothers to breastfeed and to help mothers meet their breastfeeding goals. This introductory column highlights the importance of communities working together to support breastfeeding.

The impact of breastfeeding communities working together was the idea behind the *Latch on America* national grassroots campaign created by Ryan Comfort, the creator of *Milk for Thought*, a website that brings breastfeeding advocates together. The 40-foot pink bus, displaying *Latch on America* on the side, parked in thirty cities across the country to record a documentary film supporting moms and promoting breastfeeding and infant health. The documentary will show that breastfeeding is beautiful, but it is not always easy. The pink bus was driven around the country interviewing people and highlighting programs dedicated to helping mothers breastfeed.

The goals of the *Latch on America* tour include supporting the Surgeon General's Call to Action, increasing awareness of breastfeeding resour-

ces in communities and documenting the unique breastfeeding culture in each city the bus stopped. *Latch on America* is bringing together the energy from different parts of the breastfeeding community to share, support and educate. Four of the selected cities were in Texas. Everything in Texas is big, including our support for breastfeeding!

### HOUSTON

The first Texas stop for the pink bus was Houston. The three local agencies in the Houston area—LAs



*In Houston, LA 26 staff greet the Latch on America bus.*

in Houston the documentary crew spoke with moms, International Board Certified Lactation Consultants and breastfeeding advocates about their breastfeeding experiences and the support available in the Houston area.

During the event local hospitals focused on the importance of using banked milk in the neonatal intensive care unit and the importance of supporting breastfeeding mothers in the hospital. The

clinic manager of WIC's Lactation Foundation, Alisa Sanders, spoke about Houston's newest lactation support clinic and the services that the Lactation Foundation offers to the community after hospital discharge. Peer Counselors from all three agencies advertised their services and spoke with mothers during the event. Houston area WIC staff illustrated the importance WIC plays within the Houston breastfeeding community.

### AUSTIN

Next the pink bus rolled into Austin. Everyone gathered in Zilker Park's Pecan Grove to show their support for this grass roots effort. The Mother's Milk Bank at Austin, Healthy Mothers, Healthy Babies, Heart of Texas Lactation, Texas WIC and the Texas Breastfeeding Coalition co-hosted the event showing the strength of Austin's breastfeeding community.

The documentary team highlighted the Mother's Milk Bank at Austin showing the importance of milk banking and the need for donors. The staff at the milk bank work hard to protect our tiniest Texans, but they need the help of breastfeeding mothers. This project has given milk banks the opportunity to let breastfeeding women know what they do and the importance of their work. Maryann Todd-Thompson, director of Mom's Place, spoke about Mom's Place and the support that this WIC lactation center provides to the community. Peer Counselors were there to educate participants about the support that they provide

to breastfeeding clients. Everyone at the event was informed about the breastfeeding support that WIC provides.

After the event at Zilker Park the pink bus drove into the parking lot of the Texas State WIC offices. There were very curious neighbors in the adjoining office complexes. It's hard to ignore a forty-foot pink bus. The crew interviewed Tracy Erickson and Hellen Sullivan from the state WIC office about their experiences during the aftermath of Hurricane Rita. The documentary crew received lots of information on the breastfeeding support provided by WIC in Austin and across the state of Texas.

## DALLAS/FORT WORTH

The pink bus was quite a spectacle as it rolled into the parking lot of Siratt Women's Center at Texas Health Harris Methodist Hospital in Hurst-Eules-Bedford. The Tarrant County and City of Dallas WIC

of the new mothers and fathers at the event. Peer Dads from the Dallas WIC program were interviewed by the documentary crew and were on hand to answer any questions from the event participants.

The WIC agencies showed their appreciation for the commitment that six hospitals in the area had for supporting breastfeeding. The six Baby-Friendly Hospitals in the area were recognized in front of a huge crowd of mothers, fathers, Peer Counselors, breastfeeding coalition members and, of course, beautiful breastfed babies. Veronica Hendrix, the Texas Ten Step Coordinator,

has children of her own. She was, however, overshadowed by Elizabeth's love for the camera, shouting "Cheese!" every time she saw a flash. Shannon then presented a check to the grassroots effort for over \$500 from the North Texas Breastfeeding Coalition. The group had "passed the hat" at a meeting to show their support for the *Latch on America* tour.

## LUBBOCK

The tour continued north for its next stop in Lubbock. The crew met breastfeeding supporters at the South Plains Mall. The mall was filled with back to school shoppers on this tax free weekend and the 40-foot pink bus, media filming crews and pink balloons received a lot of attention.

The film crew interviewed several nurses from Nurse Family Partnership. This program focuses on continuity of care — supporting breastfeeding mothers after they are discharged — by visiting mothers in the comfort of their home to offer breastfeeding support.

Cynthia Flores, South Plains Community Action Assn. (LA 27) was there to represent the Peer Counselor program along with Eileen Mendoza, WIC associate director. They used this opportunity to inform the community about the breastfeeding support that WIC has to offer.

At WIC we know that breastfeeding is beautiful, and we are here to make it easier for our moms. Congratulations to everyone who participated in these events. You were excellent representatives of WIC and the state of Texas.

If your agency has something to share please e-mail [Kristina.Arieta@dshs.state.tx.us](mailto:Kristina.Arieta@dshs.state.tx.us). Your agency may be the next to be highlighted in this column.



*Above: Dallas and Tarrant County participants.  
Below: Dallas and Tarrant County peer counselors and peer dads.*

presented a plaque to the six Baby-Friendly Hospitals in Texas.

- Texas Health Arlington Memorial Hospital
- Texas Health Harris Methodist Hospital Fort Worth
- Texas Health Harris Methodist Hospital Hurst-Eules-Bedford
- Texas Health Harris Methodist Hospital Stephenville
- Texas Health Presbyterian Hospital Allen
- Texas Health Presbyterian Hospital Plano

Shannon Wingo explained that her passion for breastfeeding comes from a desire to see a world where breastfeeding is normal when her 22-month-old daughter, Elizabeth,

agencies worked together to plan this event. Deborah Parnell with the City of Dallas and Shannon Wingo with Tarrant County had booths set up for community groups to share information on everything from car seats to donating human milk.

Peer Counselors from both agencies set up booths to answer questions

# Reviewing Women's Health: Past, Present, and Future

by Hildreth England, R.D., L.D.  
Nutrition Education Consultant

Providing services critical to maintaining women's health is an old concept for WIC staff who have been caring for at-risk pregnant, postpartum, and breastfeeding women and their children since 1974. For more than 30 years, the WIC program has cared for women's health by considering the life stage, behavioral factors, and cultural background of a WIC client, then partnering with other social services and healthcare providers to improve her health outcomes and those of her family.

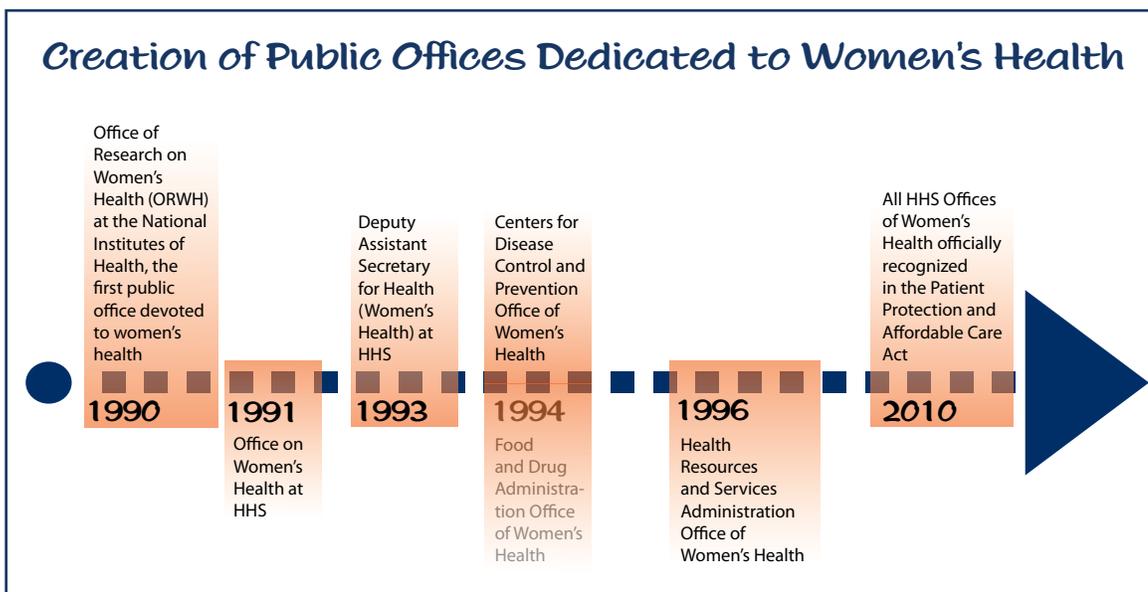
This gender-based, interdisciplinary care is a relatively recent concept in biomedical and behavioral research. It wasn't until the early 1990s that the medical and public health research communities had a clear understanding of the need for gender-specific research, and its practical application in health care in the United States. Twenty years of increased attention and government support

for exploring the multitude of issues that surround a woman's health has helped create successful and effective "pilot" interventions, like WIC once was. There's been much progress in the field, and interesting visions for what women's health looks like in the 21st century. Texas WIC staff cares for the health of almost 250,000 women a month. This article highlights the history behind the research that makes these WIC services possible, and recommendations for future disease research, prevention and health promotion that can help keep Texas WIC ahead of the curve in the world of women's health.

The interest in the specific healthcare needs of women before and beyond their reproductive health grew partly out of the shift towards evidence-based medicine in the latter half of the 20th century. Health advocates for women and minorities became increasingly concerned that the publicly-funded studies that supported the diagnoses, treatments and interventions for the public could not be safely gener-

alized for all genders, races and ethnicities. The "new" understanding that disease could affect women differently than men across the lifespan led to more appreciation (and funding) for "sex differences research" in treatment and public health policies. The National Institutes of Health (NIH) worked with Congress to ensure that this gap in basic research, health services and disease prevention for women was remedied in 1990 by creating the Office of Research on Women's Health (ORWH), which was the first Public Health Service office dedicated specifically to women's health. The Federal Drug Administration (FDA), the Centers for Disease Control (CDC), and other public entities followed shortly thereafter by creating similar offices or programs, many of which were made permanent by law under the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148).

The time and energy invested in women's health research since 1990 has helped improve women's well-being in the United States. Incidences and mortality from cardiovascular disease, breast and cervical cancer have significantly decreased, but much less progress has been made in areas of "non-fatal" diseases like diabetes, obesity, or depression which are more likely to impact a woman's quality of life over the course of her



lifespan (IOM). Furthermore, the field of “women’s health” includes a dizzying array of topics that need to be studied both in and outside of the laboratory, including longitudinal studies on behavior change, risk reduction and the social determinants of health. The results from these studies can take as long as 15-20 years to translate into private and public practice - a significant barrier to the rapid improvement of women’s health (IOM). There is still progress to be made and practical application outstanding in research and treatment for women who are socially disadvantaged because of their socioeconomic status, race, or ethnicity. Strategic planning from stakeholders in women’s health that began in the late 90’s continues to lay out important research priorities, including identifying new evaluation measures for health outcomes for women of all populations, at all life stages. In 2010, both the Institute of Medicine and the NIH Office of Research for Women’s Health released reports outlining goals and recommendations to continue to meet the needs of women in the US. Some of the following are included:

- Improve the research on the genetic, behavioral and social determinants of health – particularly those that affect disadvantaged women disproportionately.
- Study the conditions and treat-

ments that affect long-term quality of life and wellness.

- Make personalized prevention, diagnosis, and treatments for women and girls a reality.
- More research should be conducted on how to translate research findings into clinical practice and public-health policies rapidly.
- Find better strategies to communicate research results to the public.
- Collaborate and create partnerships between “women’s health stakeholders, including NIH institutes, centers and offices; other Federal agencies; academia; advocacy groups; foundations; and industry” to maximize the impact of women’s health research.

Knowing more about the history and future of women’s health is important to Texas WIC staff because WIC sees the populations of women that have the highest risks and burdens of disease. One third of U.S. women currently say they live with a chronic health issue, including the 10 percent of reproductive-age women (18 to 44 years) who have been diagnosed with diet-related diseases like obesity or high cholesterol (KFF 2011). In a 2008 survey of women aged 18 and 29 years old, 29 percent said they were in fair or poor health. Consider that more than two-thirds of Medicaid’s beneficiaries are women, and women are more likely

to go without care because of the cost (KFF 2011). Think about the small but very tangible difference nutrition education and counseling makes for the WIC mom who could be at risk for a “non-fatal,” diet-related chronic disease like diabetes, hypertension, or heart disease, which is still the number one leading cause

of death for American women. WIC helps ease the burden of a population who are at increased risk, who have inequitable access to care, and who are the least empowered to make well-informed healthcare decisions — simply because they are women.

Texas WIC has stayed ahead of the curve in women’s health for years by recognizing the importance of providing personalized services to at-risk women and collaborating across disciplines and expertise to improve long term wellness and quality of life for WIC clients. By identifying and addressing the broad range of risk factors that disproportionately affect some of Texas’ most disadvantaged women — including the physical, behavioral and social determinants of their health — Texas WIC staff puts research into practice and continues to be at the forefront of women’s health every day.

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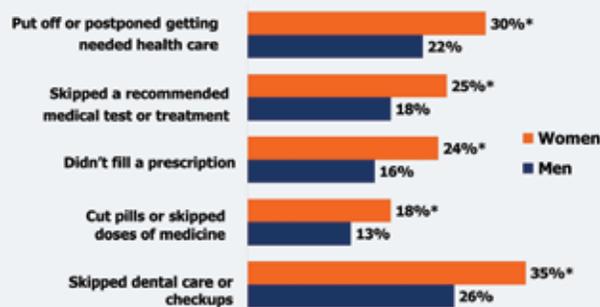
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**Barriers to Health Services by Gender, 2010**

Percent of women and men who say they or a family member have done each of the following in the past year because of COST:



Source: Kaiser Family Foundation, Kaiser Health Tracking Poll (June 2010). \*Indicates statistically significant difference at the 95% level.

## What's Old is New Again: From the Basic 7 to MyPlate

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

Eaton here to talk about “What’s Old is New Again: From the Basic 7 to MyPlate.” MyPlate is the latest food guideline from the U.S. Department of Agriculture. In contrast to its predecessor, MyPyramid, MyPlate is regarded as being simple and easy to understand, kind of like Basic 4, which was MyPyramid’s predecessor. Got that?

In keeping with the “old is new” theme of this issue, this quiz will test your knowledge of the USDA’s frequently changing, but often similar nutrition guidelines.



## Quiz:

1. True or False. The first USDA food guide was published in 1916.
2. Fruits and Vegetables are an important part of MyPlate. In fact, vegetables alone should make up how much of your MyPlate?
  - a. 0.3
  - b. 30%
  - c. 15/50
  - d. 3 out of 10
  - e. All of the above.
3. True or False. Myplate is essentially Basic 4, repackaged.
4. Before Basic 4 there was Basic 7. What was Basic 7’s recommendation?
  - a. Moderation is marvelous.
  - b. Variety is the spice of life.
  - c. In addition to the Basic 7... eat any other foods you want.
  - d. Enjoy food... for life.



# Answers:

1. The answer is True. *Food for Young Children* was published in 1916. It categorized food into five groups; milk and meat, cereals, vegetables and fruits, fats and fatty foods, and sugars and sugary foods. Sound familiar? With the exception of fatty and sugary foods, MyPlate's five groups (grains, vegetables, fruits, protein and dairy) are remarkably similar to the first food guidelines. And... even in the olden days, when Eaton traveled into town by horse-drawn buggy, words like *variety* and *moderation* were used to emphasize a balanced approach to eating.

2. The answer is E. In today's fast-paced culture of grab-n-go food, it may be hard to believe, but 15/50s of your plate should be filled with delicious vegetables. MyPlate's simple icons show that vegetables should take up most of your plate.

3. The answer is False. MyPlate is simple like Basic 4, but unlike Basic 4, MyPlate provides a visual reference of how much of each food group should be eaten.

4. The answer is C. Kinda defeats the purpose of a food guide.

Food for Young Children, Basic 7, Basic 4, Food Guide Pyramid, MyPyramid, and MyPlate. While the names have changed, the recommendations have largely remained the same. Eat lots of fresh fruits and vegetables, and whole grains. Throw in some lean protein and a little low-fat dairy and you have yourself the foundation for a healthy diet.

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

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# PERIODICALS

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## *Collaborating for Wellness*



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