Guide to Summer

Special Supplemental Nutrition Program for Women, Infants, and Children
WIC — Being Prepared for Challenges

Be prepared is the motto for boy scouts. It means scouts are always in a state of readiness in mind and body to do their duty. While we may not be boy scouts, we could apply that motto as the Texas heat arrives and we face new challenges.

Being ready is the underlying theme of this edition of Texas WIC News. It’s your Guide to Summer and it’s designed to help you and our clients stay safe and focused on their goals.

One of the biggest threats we sometimes overlook, is the danger from the sun. As families head outside to enjoy the great outdoors, they may forget to protect themselves from the sun. In fact, a common misconception exists that people with darker skin tones are not at risk for skin cancer at all. Turn to the WIC Wellness Works insert to learn why we all need to make sun protection a top priority.

How can we enjoy summer barbeques and continue to eat healthy? Read tips on nourishing our bodies through summer on page 4.

Children may not want to think about it, but for them the end of summer is when the first school bell rings. More than half of the achievement gap between poor and non-poor children is already present in kindergarten. If we want to support a change we need to prepare these children now. You’ll learn how to help our families prepare for this stage of life on page 6.

Aside from summer, being prepared for challenges is what WIC does best. Acquiring new clients, personnel management, and keeping our clients healthy all present different challenges that we must prepare for and support. In the words of Benjamin Franklin, “An ounce of prevention is worth a pound of cure.”

From the desk of Edgar Curtis — Texas WIC Director
in this issue

2 Being Prepared for Challenges is What WIC Does Best

4 Surviving Texas Summers

6 Pre-K Supports School Readiness

8 Shades of Blue: The Spectrum of Postpartum Mood Disorders

Pull-Out Section

WIC Wellness Works

11 2017 Texas WIC Nutrition and Breastfeeding Conference: Building a Brighter Future

12 WIC and TDA Create Innovative Team for Good Nutrition

14 Nutrition Education Clinic Services Changes at WIC — Including the New Infant Feeding Branch

16 New Texas WIC Breastfeeding Video Series — Helping Babies Start Out Right

18 Partnering for a Healthier Texas

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Surviving Texas Summers

by Kelley Reed, RD, LD
Nutrition Education Specialist

If you've lived in Texas long enough you are more than likely familiar with the word that best describes the summer months…..H-O-T! With temperatures reaching well into the triple digits and school out for the summer, family vacations are in full swing, sending most families in search of a refreshing body of water to keep cool. Grills and picnic tables are popular must-haves for most vacation destinations, as cookouts and picnics go hand in hand with Texas summers.

In a state known for doing things big, cookout spreads are no exception. Most cookout menus are built around meat as the staple entrée, from hamburgers and hotdogs, to brisket and sausage. Although meats are chock-full of flavor, B-vitamins, phosphorus, high quality protein and iron, they tend to be high in calories, saturated fat and cholesterol. Baked beans, potato salad, coleslaw, chips and dips are common sides often paired with the variety of meat offerings. These popular side dishes are traditionally prepared using high calorie ingredients, taking the place of some key nutrients our bodies need.

To enjoy the many flavors of summer while still nourishing your body, consider trying your hand at these sensible swaps and tips in place of traditional cookout fare:

- Cut calories by serving lean cuts of meat.
- Bulk up on fiber with beans, whole wheat buns, fruits and vegetables.
- Add color and crunch to any side dish using seasonal produce.
- Replace sugary drinks with water and tea flavored using natural ingredients.

If you’re attending a BBQ or picnic as a guest, you won't have control over what’s on the menu, but you can control what you put on your plate. These calorie saving ideas will leave you feeling satisfied knowing that you didn't overindulge in terms of calories.

Meats – trim off visible fat and remove any skin.

Sides – skip the chips and dip and opt for any sides containing fruits or vegetables, such as coleslaw and watermelon.

Toppings & condiments – pass on the high calorie toppings and condiments like chili, cheese, and mayonnaise;

<table>
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<tr>
<th>Traditional Cookout Fare</th>
<th>Sensible Swap</th>
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<tr>
<td>Beef hamburger</td>
<td>Ground turkey or black bean burger</td>
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<td>Beef or pork sausage links</td>
<td>Turkey or chicken sausage links</td>
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<td>Steak and potatoes</td>
<td>Kabobs made with brightly colored vegetables and your choice of protein (meat or seafood)</td>
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<td>BBQ baked beans</td>
<td>Cold bean salad</td>
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<td>Potato salad</td>
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<td>Coleslaw</td>
<td>Purple cabbage salad*</td>
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<tr>
<td>Chips and dips</td>
<td>Cut up veggies and low-fat plain yogurt for dipping</td>
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<td>Soda</td>
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<td>Sweet tea</td>
<td>Tea flavored naturally with mint leaves, lemons, or peaches</td>
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<td>Lemonade</td>
<td>Infused water using lemons, limes or cucumber</td>
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load up on lettuce, tomatoes, onions, pickles and relish. Instead of drowning meat with BBQ sauce, try drizzling or dipping.

Beverages — reach for water or unsweet tea. For the ultimate refresher, add a splash of lemonade.

With rising temperatures comes the need to seek water for far more than recreational purposes alone. The National Institutes of Health recognize water as essential for cellular homeostasis and life, which gives a different meaning to “surviving summer.” Physical activity and hot temperatures increase water needs, so hydration should be top priority, no matter where your summer adventures take you.

How much water is enough? The Institute of Medicine’s Dietary Reference Intakes (DRI) report gives general recommendations for men at approximately 125 fluid ounces and women at 91 fluid ounces per day. In the case of children, daily water requirements increase as age increases from early infancy at approximately 20 ounces to childhood at approximately 57 ounces. These averages take into account total water intake from foods and beverages combined. In addition to keeping these baseline water recommendations in mind, let your thirst guide you, ideally staying ahead of the sensation of thirst. Additionally, try these tips to ensure you reach your daily water needs:

• Keep a water bottle handy at all times.
• Keep it interesting by experimenting with different ways to add natural flavoring.
• Set an alarm on your phone or download a water tracking application on your phone as a reminder to refill.
• Reach for seasonal produce with high water content. Cantaloupe, strawberries, watermelon, lettuce, cabbage, celery and spinach contain 90-99 percent water.
• Encourage those around you to join in and help motivate each other to stay ahead of thirst.

By eating in moderation and making a few modifications, it is possible to have both an adventurous and tasty summer all while maintaining good health.

**Purple Cabbage Salad**
Recipe from *Let’s Cook with Fruits & Vegetables Cookbook*

**Ingredients:**
- ½ head of purple cabbage, shredded
- 4 carrots, grated
- 4 green onions, chopped
- ½ bunch cilantro, chopped
- 3 tablespoon apple cider vinegar
- 2 tablespoon canola oil
- 1 tablespoon lemon juice
- Salt and pepper to taste

**Preparation:**
In a large bowl combine cabbage, carrots, green onions and cilantro. In a small bowl whisk together apple cider, canola oil and lemon juice. Toss dressing with vegetables. Season with salt and pepper to taste.

**Nutritional information:**
Calories 90; fat 5 g; protein 2 g; fiber 3 g; calcium 51 mg; iron 0 mg; vitamin A (RE) 585 mcg; vitamin C 45 mg; folate 26 mcg

Resources:
When children start school ready to learn, they are more successful, not just in school, but in life. More than half of the achievement gap between poor and non-poor children is already present in kindergarten. Supporting school readiness in the earliest years saves money on expensive interventions later when the achievement gap widens, while ensuring more children are college and career ready.

School readiness can mean different things to different people. At the most fundamental level, it means that children start school with basic foundational skills that help them learn in a group setting. In Central Texas, the E3 Alliance helped define school readiness and how to measure it. Children’s social and emotional skills, language and communication, as
well as emerging literacy and math skills are examined. In Central Texas, only 40 percent of children meet "school readiness" criteria when they start school.

Not surprisingly, family income level is a strong predictor of kindergarten readiness. Children in low income homes are less likely to be ready for kindergarten. Low income is determined by looking at students who qualify for the federal free and reduced meal program, which has the same income threshold as WIC. However, the odds of being ready for kindergarten were much higher for low income children who attended a pre-K program. Both low income and non-low income children who attend either center-based child care programs or school district pre-K programs are significantly more likely to be ready for school when they enter kindergarten, than children who stay at home or with a relative. In fact, when accounting for income and other demographic factors, kindergarten students who attend pre-K are three times as likely to be ready for school.

The good news is that Texas has free pre-K available for children who qualify. Some school districts offer free pre-K for children who are 3 years old, but nearly every school district offers free pre-K for 4 year olds.

**Who Qualifies for Free Pre-K?**

To qualify for free pre-K, a child must meet ANY of the following criteria:

- Child is from a low income household (185 percent of federal poverty level).
- Child is unable to speak English well — not their first language.
- Child is homeless or has been in foster care.
- Child’s parent is a member of the U.S. Armed Forces.

Children with no documentation of U.S. Citizenship are still eligible for pre-K. Children with a disability may qualify for District Preschool Program for Children with Disabilities through a different school evaluation process. Families who do not qualify for free pre-K can contact 211 for a referral to high quality childcare centers who offer pre-K programming. Some districts also offer tuition slots for children who do not qualify for free pre-K. Also, any caregiver can access a free parent guide to school readiness at [http://e3alliance.org/pre-k/](http://e3alliance.org/pre-k/). It provides easy-to-use tools to help children and families successfully prepare to enter school.

Although free school district pre-K generally starts in late August, schools enroll all year long. It is best to enroll children over the summer so they can attend all year. If children do not enroll before the school year starts, families can still enroll their children in the fall, winter or even spring. Families can call their local school district to enroll, or clinics can partner with local districts to encourage families to go to enrollment events. In Central Texas, districts have partnered with WIC programs and health care centers to help get the word out to qualifying families that this free resource is available.

Many families are not sure what pre-K is, if their children will enjoy it, or how important pre-K can be for later success. Getting the message out that pre-K activities build the foundation of academic and social/emotional skills needed for school success is critical. Students who attend pre-K are less likely to need to repeat a grade or receive special education services. Students who attend pre-K also have higher graduation rates and higher wages as adults. Most children love pre-K. Children enjoy meeting and playing with friends, learning letters and numbers, playing games, listening to and making up stories, playing outside, and learning from a loving, caring teacher. Children participate in individual and group activities like story time, learning centers, music and movement lessons, art projects, and letter and number lessons. Children also play with friends and practice learning with other children. In pre-K, children build creativity and curiosity, and learn problem solving skills. These skills will help children be ready for school on their first day of kindergarten.
Shades of Blue: The Spectrum of Postpartum Mood Disorders

by Jessica Leyendecker, MPH
Client Engagement Specialist

My Story
After being married for three years, my husband and I decided to start a family. As first time parents-to-be, we were nervous but excited for the new adventure. I had a very healthy pregnancy and I felt great! I was sailing into my final month of pregnancy when my water broke early at 36 weeks. Everyone told me to be prepared early, but I did not think it would happen to me. The delivery was fast, and at 2:31 a.m., I delivered a healthy baby girl. There were no complications with either of us and we went home as a new family of three.

My laid-back pregnancy was a stark contrast to what I felt once home. I was shaking uncontrollably. I could not eat. I had hot flashes and this strange clenching in my jaw. I could not sleep. My mind was racing with everything I needed to do. Then, my face began to tingle with numbness, and it spread to my arms and legs. I began to fixate on it every time I passed a mirror. I was checking my face to see if it was drooping. Did I have nerve damage from labor or a brain hemorrhage? I didn't know what, but something was wrong and I was scared.

At the same time, I was trying to learn how to be a mother, all of these strange things were happening to me. I could not shake the terrible thoughts circling in my head and I was drowning in fear. I was convinced that I would be taken to the hospital because I was dying, crazy, or both. Either way, it felt as if my new family was already falling apart.

I called the nurse hotline every day with a new symptom. They did not have an explanation but recommended that I be screened for postpartum depression. It was hard to hear those words, but I knew they were true.
It turned out that I wasn't depressed. What I did have was postpartum anxiety and panic attacks. During my prenatal care, we discussed depression and anxiety. However, just like preterm labor, I didn't think it would happen to me. As painful as it was, the diagnosis was actually a relief. The tingling and intense fear was from the panic attacks. I wasn't going crazy. I wasn't dying. I didn't have nerve damage. The diagnosis took some of my fear away.

**Postpartum Mood Disorders**
Postpartum depression affects more women than many realize. According to the Centers for Disease Control and Prevention (CDC), one in eight women will experience postpartum depression. Doctors are starting to talk to pregnant women about postpartum depression to raise awareness and help recognize the signs. However, most moms don't know that there are other mood disorders to look out for during the postpartum period.

Recent research suggests postpartum anxiety may be even more common than depression. According to Postpartum Support International, about 10 percent of postpartum women experience anxiety, and some have panic attacks, like I did. Postpartum mood disorders can also include obsessive compulsive disorder (OCD), post-traumatic stress disorder, and psychosis. Because they are so common, The American Congress of Obstetricians and Gynecologist (ACOG) recommends that health care providers screen all women.

**What are the Symptoms?**
Postpartum anxiety and depression are the most common mood disorders, but they are still easy to miss because many moms have the “baby blues.” There are dramatic hormonal changes after birth and this can affect chemical balances in the brain. The blues are normal, and they should go away within several days or weeks. Symptoms lasting longer than two weeks may be more serious than the blues.

**Depression**
Symptoms of postpartum depression can include:
- Feelings of anger or irritability
- Lack of interest in the baby
- Appetite and sleep disturbance
- Crying and sadness

**Anxiety**
Symptoms of postpartum anxiety can include:
- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and appetite
- Inability to sit still
- Physical symptoms like dizziness, hot flashes, and nausea

**Panic Attacks**
Some women with postpartum anxiety have panic attacks, which are intense bouts of fear that can last for several minutes. The symptoms of panic attacks can include a pounding heart, sweating and hot flashes, shaking, tingling or numbness, and fear of dying or “going crazy.”

**There Is Help**
Even though the early days with my baby are clouded with this experience, I consider myself fortunate. With only a few months of treatment, the panic attacks and anxiety subsided. I attribute this to discussions on postpartum anxiety during my prenatal care. Both my husband and I were able to recognize the signs early.

Bringing a new baby home is supposed to be filled with smiles, family, joy, sleepless nights and a little chaos. During this time, recognizing there is a problem is very difficult and hard to admit. Seeking treatment can be even harder. The good news — postpartum mood disorders are very responsive to treatment, especially when it is received early. The most common treatment options are medication, counseling, or a combination of both. Through consultation with a Lactation Consultant (IBCLC), breastfeeding can often continue while on medication.

Support was also key. With anxiety, everything felt impossible and overwhelming. I was handed lists of mental health providers and pamphlets. This was not helpful. What did help was enlisting my husband and mother to make the extra appointments and phone calls. I also found support in other new moms. The simple

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Shades of Blue
(Continued from previous page)

things helped, like getting out of the house, going on walks, talking to moms, and learning my new normal.

Becoming a mother has been the biggest life transition I’ve ever gone through. After 32 years of being just “me,” I’m learning how to be “mom” too. When everyone is focused on the new baby, it is difficult to realize some focus is needed on yourself. However, self-care is essential for mothers to take care of their baby. The self-care section of www.breastmilkcounts.com has some great support tips to help moms take care of themselves.

It wasn’t easy for me to write this. There is so much shame, guilt, and embarrassment that comes along with postpartum mood disorders. For something so common, no one talks about it. Why would they? It is so easy to share the beautiful and happy pictures on Facebook and ignore the other side. The stigma prevents so many women from coming forward and getting the help they need. It helped me to know that postpartum mood disorders happen to people I know — friends, family, or neighbors. It happens to good mothers, and it can be temporary. It is very responsive to treatment, especially when it is received early.

Resources:
There are some wonderful resources online for information on postpartum mood disorders. Peer support and information can be found on Postpartum Progress and Postpartum Support International at the following links:
- http://www.postpartumprogress.com/
- http://www.postpartum.net/
- Texas professionals that specialize in postpartum mood disorders can be found at http://pphatx.org/.

References
Amazing Human Body 101: Our Largest Organ: Our Skin

When we think about our organs we often think about the inside of the body. Our largest organ, however, is on the outside, our skin. It is so large that many of us carry at least eight pounds and 22 square feet of skin. Skin is a waterproof, insulating layer, protecting us against the extremes of temperature, sunlight, and harmful toxins. Our skin is also able to release germ-killing substances that reduce infections, and skin can produce vitamin D to keep our bones healthy.

Our skin is made up of three layers: The epidermis is the outermost layer and consists of many cells that are made from tough proteins called keratin, the same material found in hair and nails. The next layer is called the dermis. Within the dermis, collagen and elastin proteins are found, which gives skin strength and stretchiness. The dermis layer contains our sweat glands that help control our body temperature and rid the body of waste fluids. The subcutaneous level of skin contains a layer of fat that can be used for energy, warmth, and cushioning from bumps and falls.

What gives our skin its specific color? Melanin is a color or pigment made by our body. It protects our skin from the sun’s potentially cancer-causing ultraviolet rays. Skin that is darker has more melanin and deeper-colored melanin. People with darker skin are most often from tropical regions with a lot of sunlight. Fairer skin is found in people whose ancestors came from northern areas of the world where the sun’s rays are weaker.

Skin Cancer, Dark Skin Tones, and Sun Protection: What You Need to Know

Skin Cancer
Skin cancer is the most common cancer in the United States, affecting one in five Americans in their lifetime. Skin cancer is the growth of unusual cells on the skin. The major warning signs of skin cancer are:

• Any changes in the skin such as a new growth or a sore.
• A bump, patch, sore, or growth that bleeds, oozes, crusts, doesn’t heal or lasts longer than a month.
• A new or existing mole that is not symmetrical or has an irregular border, more than one color, larger than a pencil eraser or a change in any way.
• Any suspicious spots on the hand and soles of feet, including under the nails.

Source: https://www.aad.org/public/diseases/skin-cancer/melanoma#symptoms

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Dark Skin Tones

A common myth is that people with darker skin tones are not at risk for skin cancer because they don’t sunburn easily. This is a dangerous misconception. Darker skin tones can sunburn, and anyone can get skin cancer, regardless of ethnicity. While studies show that skin cancer rates are higher in White populations, it is more deadly in people of color. African Americans are more likely to be diagnosed in later stages, have a worse outcome of the disease, and a lower survival rate than any other group. In addition to sun exposure, other factors such as genetics and environmental factors can cause skin cancers, particularly a type that may show up on areas of the body not exposed to sunlight. People with darker skin tones are more at risk of an especially dangerous cancer type called acral lentiginous melanoma (ALM). ALM typically appears on the hands and soles of feet.

It is important to identify skin cancer early, when it can be treated easily. Doctors advise people of all backgrounds to do a monthly skin self-exam and to see a dermatologist every year for a full body check.

Sun Protection

Sunscreen: The American Academy of Dermatology recommends applying sunscreen every two hours regardless of skin tone and using an SPF of 30 or higher that is also water resistant. Sunscreens combine several ingredients that help protect the skin from UV radiation. All sunscreens should be labeled with a Sun Protection Factor or SPF, a measure of a sunscreen’s ability to prevent sun damage. Only “Broad-spectrum” sunscreens will protect you from both UVB and UVA rays. The number or “Factor” associated with the SPF shows the amount of time a person is protected in the sun based on their skin type and the amount of UV rays on a particular day.

How SPF works: [http://cdn.skim.gs/image/upload/v1456338192/msi/uv-rating_rdtvuv.jpg](http://cdn.skim.gs/image/upload/v1456338192/msi/uv-rating_rdtvuv.jpg)

Practical tip: Before you go outside to enjoy your outdoor activity, apply a lotion sunscreen of SPF 30 or higher to your entire body prior to getting dressed. This will ensure a better coverage. When you re-apply your sunscreen it may be easier to use spray sunscreen while enjoying outdoor activities. Just make sure you cover exposed areas evenly and reapply often.

Clothing: Clothing can be the first line of defense against harmful UV rays by blocking and absorbing the radiation from the sun. The more skin you cover with clothing, the better. A long sleeve shirt with a high collar will protect you much better than a t-shirt. The Skin Cancer Foundation also recommends including a wide-brimmed hat (three inches or greater) that covers the scalp, tops of ears, and the back of the neck.

Shade: Shade cannot provide full UV Protection, especially for people spending long periods of time in the shade. UVB rays, considered the most harmful UV rays are able to reach the skin indirectly even when covered by shade. UVB rays can reach our skin through clouds and can bounce from UV-reflective surfaces such as dry sand and concrete. Only very large umbrellas, made of particular types of fabric, can provide adequate shade that provide protection from the sun. Trees provide little protection and even less at particular times during the day such as early morning and late afternoon when the sun’s rays are indirect.

(continued on WWW — Insert D)
Healthier Stuffed Peppers
Makes: 6 peppers, Serving size: 1 pepper

Ingredients:
½ cup brown rice
1 cup water
1 pound lean ground beef
2 cloves garlic, minced
1 onion, chopped
2 green bell peppers
2 red bell peppers
2 yellow bell peppers
2 (8 ounce) cans tomato sauce
1 tablespoon Worcestershire sauce
Salt and ground pepper to taste
1 teaspoon Italian seasoning
¼ cup grated Parmesan cheese, optional

Preparation:
Preheat oven to 350°F. Bring brown rice and water to a boil in medium size sauce pan. Reduce heat to medium-low, cover and simmer until rice is tender, 45 to 50 minutes. Cook and stir beef, garlic, and onion in a skillet over medium heat until meat is evenly browned and onion is softened, about 5 minutes. Slice the bell peppers along the tops, remove and discard the tops, seeds and membranes of the peppers. Arrange the peppers in a baking dish with the hollowed out side facing upward. You can slice the bottom of the peppers as needed to allow the pepper to stand upright. Mix the browned beef, cooked rice, 1 can tomato sauce, Worcestershire sauce, salt, and pepper in a bowl. With a spoon, fill each hollowed pepper with an equal amount of the mixture. Mix the remaining can of tomato sauce and Italian seasoning in a bowl, and pour over the stuffed peppers. Bake the peppers in the preheated oven, basting every 15 minutes with the sauce, until the peppers are tender, about an hour. Top the peppers with the grated Parmesan cheese.

Nutrition Information Per Serving: (1 pepper)
291 calories, 11.1 g total fat (4.4 g saturated fat), 62 mg cholesterol, 523 mg sodium, 28.9 g carbohydrates (4.4 g dietary fiber), 19.7 g protein

Texas Seasonal Produce
Fruits:
Blackberries, blueberries, cantaloupe, grapefruit, honeydew, peaches, watermelon

Vegetables:
Cabbage, carrots, cucumbers, green onions, lettuce, mushrooms, onions, sweet onions, field peas, sweet peppers, hot peppers, potatoes, squash, sweet potatoes, tomatoes, turnips, zucchini
Our Largest Organ: Our Skin
(Continued from WWW — Insert B)

References

Mind Games
Word Square
Stack the words that match these definitions in an order that creates a word square, which reads the same across and down.

Clues
1. A crustacean with a broad carapace, stalked eyes, and five pairs of legs, the first pair of which are modified as pincers
2. Of an event, situation, or condition, not occurring very often
3. The expression or application of human creative skill and imagination
4. Of the most excellent, effective, or desirable type or quality

ANSWER

Share your wellness success stories for a chance to be spotlighted in Texas WIC News and inspire other WIC staff! Contact your State Wellness Coordinator, Katie Oliver, at Katie.Oliver@dshs.texas.gov or 1-512-341-4596.
The Nutrition and Breastfeeding Conference is building up to be sensational! Begin thinking about how the conference will enhance your skills in *Building a Brighter Future* for WIC families. The conference is kicking off with three preconference sessions including a timely session about “Embracing Change for a Brighter Future.” This session will help attendees identify how they respond to change and how their response affects others.

The “Welcoming Remarks” will cover what everyone is thinking about: Participation and a statewide outreach plan to increase participation. Barb Bancroft, MSN, RN, PNP, is the opening keynote speaker who is said to be thoroughly informative and entertaining. A past conference attendee stated, “Great sense of humor along with the solid knowledge base of the speaker made the session very enjoyable and informative.”

The first plenary session will feature the one and only Thomas Hale, PhD of the Texas Tech University Health Science Center who authored *Medication and Mother’s Milk*. This reference resource is in its 17th edition. By the way, Texas Tech University is where my daughter is in her second year so of course we needed to represent Texas Tech at our conference.

The breakouts are too numerous to mention but include the “Infant Microbiome” presented by Noel Mueller, PhD of Johns Hopkins Bloomberg School of Public Health. Rosalie Aguilar of Salud America will be presenting on the “Latest Research & Efforts to Promote Latino Childhood Obesity Prevention.” Jacqueline Wolf, PhD, of Ohio University will present an interesting session on the history of wet nursing in the United States. Amanda Hovis heard Jacqueline present at the National WIC Association and had to have her share her session at NBF. Other sessions include racial equity, red flags for high risk counseling, human trafficking and the TXIN project.

Pam McCarthy, MS, RD, will be the closing keynote speaker. After hearing Pam speak, you will leave with a heart not only for WIC, but for how to strengthen the connection between the WIC program and WIC families.

Make your reservations now at [www.wicconference.com](http://www.wicconference.com). Austin is always a great trip. This year the conference will be hosted at the beautiful Renaissance Hotel located in the center of good restaurants and shopping. See you in June!
Successful teams thrive on momentum, and the WIC and Texas Department of Agriculture (TDA) collaboration has momentum on its side as we partner to compete against food insecurity this year. Since 2012 WIC and TDA have successfully partnered, first with the Farmers Market Nutrition Program (FMNP) and more recently with the Summer Food Service Program (SFSP) pilot. Both programs are federally funded and TDA-administered. Summer 2017 will be another opportunity to ensure more children have access to the food they need for an active, healthy life.

Our partnership works. Last year, FMNP in Texas expanded from eight to nine communities with the addition of Dallas. WIC clinics were on the front line encouraging families to use the FMNP vouchers. The WIC SFSP pilot increased from 20 WIC sites in 2015 to 37 WIC sites in 2016 and included four new communities in the second year — Austin, Dallas, Laredo and Amarillo. The number of SFSP meals served at WIC clinics jumped from 18,939 meals in 2015 to 35,194 meals in 2016. These exciting projects and their growth showcase the positive impact of partnering to have a direct and visible impact on improving child nutrition in Texas. No less impactful are the ongoing contributions of the many WIC clinics that raise awareness of TDA-administered nutrition programs on a daily basis.

The WIC SFSP pilot delivers the same program in WIC clinics, with waivers granted by the USDA to assure that WIC clinics can provide a high level of customer service for both programs:

- **Eligibility** – Any person age 18 or younger who enters a WIC clinic for a WIC purpose — either as a participant, in the company of a WIC participant, or to obtain WIC program information. Individual WIC clinics also have the discretion of allowing children receiving services at a co-located non-WIC facility, such as a health or dental clinic.
- **Feeding rules** – Children are not required to eat the meal in a group with other children; instead they may eat their meal with their family anywhere in the WIC facility they are allowed to be. Also, the child’s parent or guardian is responsible for assisting and supervising the child while eating instead of the clinic staff.
- **WIC-appropriate foods** – Local agencies may negotiate directly with their local food sponsor to serve foods that are age-appropriate for the WIC population, and restrict foods...
that are not in the WIC food package, like chocolate milk.

Local agency directors, clinic supervisors, and staff who have participated in the program have seen the results and are enthusiastic to keep it going. When asked about the “bright spots” in the program, here is what was said:

- The participants have an additional incentive to keep their appointments.
- It created opportunities for WIC families to talk and socialize with each other.
- The excitement on the faces of the children and parents when they received their meals.
- Children were trying a variety of different foods.
- Long wait times were eased by having a meal or snack for the children to eat.

With the success of the first two years of the pilot program, Texas WIC is further expanding the WIC SFSP pilot in 2017 to clinics in Hidalgo County, Cameron County, El Paso, and Corpus Christi. In addition, a new training curricula will help WIC staff implement the program at their clinics. “The Power of Summer” provides information and techniques for engaging clients. The curricula will feature principles from Power of Influence and help WIC staff leverage the Summer Food Program to build rapport, demonstrate reciprocity with clients, and create linkages to nutrition education; thus maximizing the entire WIC client experience.

Our teamwork promises to make 2017 a year of stellar achievement. A winning team is unified in a common goal, clear in the role each team member plays, and trusting of their team. In return they are trusted by their team. Working together to connect families with the nutritional resources they need represents infinite opportunities and possibilities for achieving healthy environments that encourage healthier children and healthier communities. As we continue exploring our potential for building a brighter future using new tools and unparalleled innovation, the summer of 2017 will be a time for this unique partnership to truly shine in the great state of Texas.

Below is a brief overview of the role WIC plays in the two programs in which WIC and TDA are partnering to provide to Texans.

**FMNP**
- Encourage clients to access FMNP vouchers and use the vouchers to obtain fresh foods at an approved farmers market.
- Some WIC offices have hosted a farmers market at the clinic.

**SFSP**
- Remind families that children have access to SFSP meals throughout their community at no cost. Meals are available for free to any child 18 and under during the summer months.
- Inform clients that there are multiple ways to find an SFSP site from June 1-August 30, including:
  - Visit [www.SummerFood.org](http://www.SummerFood.org) for an interactive site locator map.
  - Text FOODTX to 877-877.
  - Learn more about available TDA resources at SquareMeals.org.
  - Distribute SFSP materials to WIC staff members.
Nutrition Education Clinic Services Changes at WIC — Including the New Infant Feeding Branch

by Rachel Edwards, Clinic Services Branch Manager & Shirley Ellis, MS, RD, Nutrition Education Branch Manager & Tracy Erickson, RD, IBCLC, RLC, Infant Feeding Branch Manager

The Nutrition Education and Clinical Services Unit looks a lot different than it did in 2016. The unit, under the direction of Amanda Hovis, previously consisted of two main branches, the Clinic Services branch and the Nutrition Education branch. The unit also was home to two supporting strategist positions, Melanie Smith, the communication strategist, and Kaylene Thompson, the training strategist.

To better align the activities of the unit and to provide a more cohesive approach to infant feeding, the formula team from the Clinic Services branch and the breastfeeding team from the Nutrition Education branch were combined to create a third branch, the Infant Feeding branch. Additionally, each branch saw the addition of strategist positions. These positions are intended to work closely with the branch managers to leverage efficiencies in order to improve services and health outcomes.

The new Infant Feeding branch provides opportunities to improve cohesive messaging around infant feeding. While breastfeeding promotion, education and support is vital for empowering mothers to make an informed infant feeding decision, supporting mothers’ efforts to feed their babies in whatever manner they chose in a non-judgmental and loving way is also imperative. The Infant Feeding team will work to find new ways to improve messaging, combat the barriers, and develop strategies to improve WIC client access to practical and timely help.

It just made good business sense since the majority of WIC moms start out breastfeeding but most need to use formula before their child turns one. WIC moms are faced with many barriers that prevent them from achieving their personal breastfeeding goals, such as:

- Unsupportive hospital practices.
- Lack of paid maternity leave and unsupportive employers.
- Confusing formula marketing practices.
- Poor family and social support.
- Lack of practical, timely, and easily accessible help.
- Unsupportive child care.
- Fear of embarrassment and harassment for breastfeeding in public.

The manager for the Infant Feeding branch is Tracy Erickson, who has served as the Texas WIC breastfeeding coordinator for more than 18 years with five years of prior WIC clinic experience. Jessi Cano is the new infant feeding strategist and is charged with planning and overseeing the activities of the infant feeding strategic plan. Jessi has previous experience working with
teams of breastfeeding and formula experts at the state and local level. The formula team, which consists of four breastfeeding advocates, oversees the WIC formula and cereal contracts, special formula approvals, drop shipment, issuance and purchasing, troubleshooting, and staff and health-care provider training related to formula. The breastfeeding group will continue to oversee hospital and community-based programs and initiatives, the Peer Counselor program, WIC breast pumps, breastfeeding promotion and support materials and initiatives, and WIC staff and health-care provider trainings related to breastfeeding.

The Nutrition Education branch continues under the direction of Shirley Ellis. Erica Harris, the branch strategist, is tasked with providing oversight to the branch’s strategic plan as well as leading the efforts of the branch to seek out new opportunities for providing engaging nutrition education to WIC clients. These innovations will be incorporated into the client education materials and activities developed by the branch staff and will help guide the development of trainings using the latest nutrition education and counseling techniques.

The Dietetic Internship which is under the direction of Melissa Mouton, is now also part of the Nutrition Education branch. This placement provides the opportunity for more interaction between the dietetic interns and state agency program staff.

Also part of the Nutrition Education branch is the Publishing, Promotion and Media Services (PPMS) group. The PPMS group joined the Nutrition Education branch in 2014 and is responsible for creating the materials you use in your clinics. The group, which consist of coordinators, writers, editors, graphic designers, a videographer, a photographer and an online content and accessibility coordinator, use their creative skills and talents to produce attractive, informative, and easy to read materials. The group is managed by Angela Gil, who previously served as a nutrition education consultant.

The most recent big change for the Nutrition Education branch is the addition of the position that oversees the approved food / food packages creation process. This position is responsible for monitoring changes within the food industry that have impact on the WIC food packages as well as ensuring that Texas WIC food packages meet the regulatory requirements as established by the U.S. Department of Agriculture. Having this position in the branch will ensure consistency in the creation of client education including the Approved Foods Shopping Guide.

The Clinic Services branch includes registered dietitians, policy liaisons, and operators for the 1-800-WIC-FORU line. It supports both WIC staff and clients in a variety of ways with the goal of continually improving the WIC clinic experience. The team of registered dietitians develop policies and trainings related to the nutrition assessment, nutrition risk conditions, midpoint screening, WIC certification specialist, mid-certification assessment, auxiliary and data requests, and general administration. The program clinic specialist and quality assurance coordinator communicate directly with WIC directors related to funding, clinic moves, and fiscal policies.

Information Response Management group (IRM) trainings include screening for eligibility, income determination, civil rights, change in custody, and many more. The group is managed by Olga Mikheeva.

The team of 1-800-WIC-FORU operators in the IRM group ensure potential applicants are referred to a WIC clinic to begin the process of scheduling an appointment. Once an individual becomes a WIC client the IRM group provides support by:

- Disabling lost WIC EBT cards.
- Referring callers to WIC clinics and other programs.
- Answering questions about the eligibility process.
- Interpreting policies for WIC staff.
- Gathering information about complaints and working with the local agency for a resolution.

Rachel Edwards is a nutritionist and the clinic services branch manager and has over 20 years of experience with the state WIC office and five years of WIC clinic experience. A new addition to the Clinic Services branch includes Danita Ortowski as the strategist who will plan and oversee activities for the Clinic Services portion of the strategic plan and develop strategies for improving the clinic experience.
New Texas WIC Breastfeeding Video Series —
Helping Babies Start Out Right

by Tracy Erickson, RD, IBCLC, RLC
Infant Feeding Branch Manager

Texas WIC has a new YouTube breastfeeding video series to help babies get the best start in life. The videos were developed in a “vlog,” or video blog style, featuring advice and guidance from a team of expert moms in a conversational, mom-to-mom tone. The breastfeeding videos take a “how to” approach as much as possible, such as how to prepare for breastfeeding, how to tell when baby is hungry, how to position and latch the baby, and how to tell if baby is getting enough.

Video development was based on insights as to how today’s moms use YouTube. A 2014 Pew Research Center study of online adults found that YouTube is most popular among younger adults, blacks and Hispanics and is the second largest social media site, behind Facebook. According to a recent Google survey of 1,500 women, aged 18-54, 83 percent of moms search for answers to their questions online and of those, three in five turn to online video.

One of the top two reasons they turn to YouTube is to learn how to do something new.

The WIC breastfeeding video series topics are:

- Health benefits of breastfeeding
- Breastmilk vs formula
- Breastfeeding myths
- Preparing for birth
- What to expect on baby’s first day
- Baby’s first hour after birth
- How to tell when baby is hungry
- How to room in with baby
- Breastfeeding positions
- What’s a good latch?
- What to expect on baby’s second day
- Is baby getting enough milk?
- Help — Is this normal?
- When to call your doctor
- Preparing to go back to work
- Pumping at work
- Am I making enough milk?
• How do babies sleep?
• How do I calm a crying baby?

Each video topic is available in English and Spanish, and the videos are short, lasting about one to four minutes each. While the videos live on the DSHS YouTube channel, links have been added to the Mom’s Playground section of www.breastmilkcounts.com.

Future plans are to compile the videos onto a chaptered DVD to include in the Prenatal Education Bags for moms who don’t have high-speed internet access and to share with Texas hospitals to use in their patient educational systems. The videos will also be used in infant feeding classes on the new www.TexasWIC.org.

Millennials are using YouTube to learn new skills all the time, including breastfeeding. This new video series is really about meeting our new moms where they are — online and on YouTube.

YouTube Stats
• YouTube reaches more 18 to 49 year-olds than any cable network in the United States.
• YouTube has more than one billion users — almost one-third of all people on the Internet — and every day people watch hundreds of millions of hours on YouTube.
• Growth in watch time on YouTube has accelerated and is up at least 50 percent from the previous year for three straight years.
• Once users are on YouTube, they are spending more time per session watching videos. On mobile, the average viewing session is now more than 40 minutes, up more than 50 percent from last year.

Resources:
We share so many things.
quit for you - quitting for two

Help Your WIC Clients Find the Services They Need

The State WIC office is partnering with the Texas Department of State Health Services (DSHS) Quitline to provide local WIC staff with a simple and effective way to refer tobacco users to free counseling and other helpful services.

What Is the Quitline?

The Quitline is an evidence-based telephone counseling service, administered by DSHS, designed to help eligible Texas residents quit tobacco.

What Services Does the Quitline Offer?

The Quitline provides telephone counseling to Texas residents, 13 years of age or older, who smoke traditional or electronic cigarettes, hookahs or use smokeless tobacco products. Counseling is available in both English and Spanish and translation services are also available for other languages.
Callers to the Quitline are eligible for five telephone counseling sessions from a trained Quit Coach. Pregnant women are eligible for up to ten telephone counseling sessions. The Quit Coach will assist the caller with developing a quit plan and strategies to avoid relapse. Follow-up calls are made to help continue support for the client during the quitting process. Clients can also call the Quitline anytime they need additional support.

If the caller registers and participates in counseling, they can re-enroll and are eligible for all the Quitline services a second time within the 12-month period of time, after their first registration.

What if WIC Staff Make the Referral?

When WIC staff refer a tobacco user 18 years of age or older to the Quitline, the client is eligible for a free 2-week supply of nicotine replacement therapy (choice of gum, lozenge, or patch). The combined use of nicotine replacement therapy with counseling doubles the quit rate compared to nicotine replacement therapy or counseling alone. Pregnant women who are considering nicotine replacement therapy should talk with their health care provider prior to use.

How to Access the Quitline

Clients can call the Quitline at 1-877-YES-QUIT (937-7848) or access the Quitline website www.yesquit.org. Clients who self-refer are eligible for five telephone counseling sessions from a trained Quit Coach and other support services, such as text message encouragement and materials, but not nicotine replacement therapy. So it’s even better if they receive a referral from WIC!

How Do WIC Staff Refer Clients to the Quitline?

WIC has created an aspirational clinic poster designed to drive clients who use tobacco to ask WIC staff for a referral to the Quitline. To assist with the referral process, a customized Quitline referral form is available for download from the WIC catalog. Before making a referral, WIC staff are encouraged to ask the client if they are ready to quit in the next 30 days and receive permission from the client. Once the referral is made, the Quitline will attempt to call the client within 48 hours to schedule a counseling call.
Texas WIC News is also available on the Texas WIC website!
http://www.dshs.texas.gov/wichd/gi/wicnews.shtm

next issue:
National Breastfeeding Month

For information about subscriptions to Texas WIC News, email WICNewsSubscriptions@dshs.texas.gov or call 1-512-341-4888.