Federal funds for WIC Nutrition Services have eroded, and local WIC programs, especially those whose caseload is not growing, are starting to really feel the pinch. California WIC managers are asking questions like, “How can I grow or sustain my caseload? Should I close a site? What will happen to my nutrition education if I triple-issue? How can I convince a foundation to support my breastfeeding project?”

Working strategically means asking one question over and over: **Is what I am doing really working?** In today’s tough funding and political environment, working strategically is no longer a luxury – it’s a survival strategy!

This issue of WIC Watch shares practical tools and success stories about ways to use data and goal setting to achieve and document great WIC results. No matter where you sit in the WIC office, we hope these ideas assist you in building a better WIC. Let us know how you’re doing!
Dear WIC Friends,

What an exciting time to be working in WIC – and leading your Association! There are so many changes in the works that it’s hard to keep up:

■ **Big Changes to WIC Checks**: With the implementation of **Peer Group Pricing**, then **AAV** this fall, we’ll be busy working with our participants and local grocers to make sure the end result is easier shopping and better prices.

■ **Revitalizing Nutrition Education**: With our Learner-Centered approaches and the new Nutrition Questionnaires we’re ahead of the national curve with **VENA**. I see every day how WIC education is becoming more relevant and meaningful to our participants!

■ **New Look**: I like the way the colorful new California **WIC Logo** gives us a chance to update our “brand” in the public eye.

■ **New Food Packages**: The new WIC food package will not only make our jobs easier by finally aligning our “walk” with our “talk,” it will revolutionize healthy food access in the communities we serve – everyone will be able to buy better foods!

■ **State Re-Org**: WIC will leave DHS to become part of a new **Department of Public Health**. If done right, there will be new opportunities for better partnerships and more coordinated efforts to tackle obesity and food insecurity in our communities.

Change means challenge. It takes strategic thinking, careful planning and a positive attitude. If we work together and stay actively involved in CWA, we will get great results for WIC – and the wonderful families we serve.

Thanks for joining me in this year’s many adventures!

CAROL KRONBERG  
WIC Director  
County of Sonoma Department of Health Services
World Breastfeeding Week Celebrations

Hats Off to WIC Staff and Breastfeeding Moms!

More than 500 mother-baby pairs across Alameda and Contra Costa Counties sat down for a breastfeeding latch at 2:00 on Thursday, August 3, as part of the annual World Breastfeeding Week celebration.

Oakland, Concord, Richmond and Pittsburg WIC Programs were among those that organized events - Marina Rowoldt, Nancy Hill, and Beverly Clark garnered food, prizes and volunteers for the event. The simultaneous multi-site baby-latch, coordinated by Sandi Storch of Alameda County WIC was the highlight of the day. Enthusiastic mothers proudly fed their babies the best possible food they could give them—breast milk. As a future goal, Alameda County WIC hopes to see all eighty-two California WIC agencies participate in a record-breaking multi-site latch.

Events at the various sites included nutrition olympics games such as bowling with oranges and bunny hopping with carrots, mother-baby photos, breastfeeding awards, healthy cooking demonstrations, fun crafts, and lots of information about nutrition, breastfeeding, and oral health for breastfeeding moms and their families.

Breastmilk is the best!

Stephanie Pearl-McPhee of the website for knitters, “YarnHarlots,” was contacted by Jeanne Conboy of Richmond WIC, and wrote about the WBW celebrations on her website. Knitters from all over North America sent more than 400 beautifully made hats in the shape of fruits and vegetables to show support for breastfeeding and good nutrition. Thank you so much for your generosity, knitters! Mothers were delighted to receive the hats.
WIC Food Package: Change is One Step Closer

On August 7, the USDA released the long-awaited proposal for changes to the WIC food packages. These historic changes largely reflect the recommendations made by the Institute of Medicine in their report, *Time for a Change*. The proposed changes will make the WIC food packages consistent with the 2005 Dietary Guidelines for Americans and the current infant feeding practice guidelines of the American Academy of Pediatrics. The WIC foods have not been substantially changed since the program’s beginnings in 1974. Laurie True, Executive Director of CWA says, “The time for change is now, and we urge speedy implementation of the proposal.”

**What’s Changed**

If approved in final form, the new proposal would allow for these changes:

- **The addition of**
  - fresh or canned fruits and vegetables for children and women;
  - baby foods, fruits and vegetables for all infants 6-11 months of age and baby food meats for fully breast-fed infants
  - alternatives to milk including calcium-set tofu, and calcium and vitamin D-rich soy beverage;
  - canned or dried legumes; and canned beans or peas as an alternative to dried legumes;
  - canned fish choices (salmon, sardines).

- **Reductions in**
  - infant formula for partially breast-fed and fully formula fed infants 6-11 months;
  - the quantity of eggs;
  - milk for children and women;
  - juice for children and women;

- **The elimination of**
  - juice for all infants, substituting baby food fruits and vegetables; and
  - whole milk for participants age 2 and older.

The proposed rules would provide $6 per child and $8 per woman, in the form of a cash-value check, for any choice of fruits and vegetables except white potatoes. Based on current participation, this translates to an infusion of $84 million per year in additional buying power for fresh produce in low-income communities – an amount that could also improve the food access for others in the neighborhood.

The proposed changes will strongly reinforce WIC nutrition education messages as well as address the cultural food preferences among California’s diverse population. They will promote and support long-term breastfeeding—a key early step in obesity prevention. The WIC community believes this proposal will have a positive impact on the health of women, infants and children in California.

Some issues still need to be worked out, such as timelines for implementation and the proposed delay in implementing the partially breastfed baby package recommendations. As we analyze the proposal further and work with our partners, we will identify the items that we need to address with USDA.

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**COUNTDOWN TO NOVEMBER 6**

**PLAN YOUR COMMENTS CAMPAIGN**

**Phase 1:** Let WIC Families “Have Their Say”
Focus on giving WIC participants their chance for input, via bulletin board displays, food demos, sample letters and coloring pages.

**Phase 2:** Reach out to Stakeholders and Friends
Contact all stakeholders in your community and request letters of support – as many as you can. Sample letters available after October 1.

**Phase 3:** Write substantive comment letters yourselves
Sample WIC provider letters available after October 1.

**Phase 4:** Deadline! Last day to put comments in the mail (postmarked Nov 6) or via e-mail.
Advocate for Change: Use Our Toolkit

Comments are due by November 6, 2006 and we need your help as this proposal represents a landmark victory for WIC families, who will now have access to fresh produce and healthier, culturally appropriate options for dairy and grains. Because there is already some opposition to the changes from powerful places, it will be critically important for everyone interested in improving nutrition among low-income communities to comment on the proposal. Input from WIC families, community groups, anti-hunger organizations, faith groups, nutrition experts — every concerned sector or individual — is needed.

The number and quality of the support and comment letters sent to USDA really makes a difference as they make their decisions on the final form of these important federal rules. **Every letter counts!**

The California WIC Association has a complete TOOLKIT that advocates can use to educate themselves, community members, and health and service providers about the new food package regulations. You will find everything you need at www.calwic.org: proposed food package glossies, sample letters from WIC employees, community partners and participants, PowerPoint presentations—even coloring pages for little ones to fill out.

For more details on the USDA WIC Food Package proposal, including links to the regulations, timelines, and sample comments, go to NEW PACKAGE TOOLKIT in the “Legislation” section at www.calwic.org.
Using Data for Effective Program Management

With WIC Nutrition Services getting tighter and tighter, WIC managers are asking some tough questions: Should a site be closed? How can caseload be sustained? How can quality of nutrition education be maintained if participants are issued food checks for three months? Can an outside funder be persuaded to support breastfeeding services?

You can better manage today’s tough WIC challenges if you work strategically to achieve measurable results. This approach can help you hold your staff more accountable, and tell you whether what you are doing is really working — so that you can maximize WIC’s impact, or expand successful programs.

Using data effectively for project definition, assessment, planning, and evaluation will help you get results. The biggest challenge most of us face is translating data into action — how to interpret the numbers, to differentiate meaningful change from something that is a blip (seasonal variation, for example), to identify a trend or difference within a particular subgroup of participants or across sites, over time (month to month), from worker to worker.

Once you are sure your data is showing results (i.e., that a meaningful trend exists), then you can make program adjustments or set new objectives for processes and outcomes. Frequent monitoring and additional data gathering will be needed in every stage of planning and evaluating to better understand the changes needed for best program design. Get your staff involved in the review of data — they are key program stakeholders, and will bring critical insight to what the numbers are saying about real life.

A Model for Health Promotion Programs

For your Program to be effective, data collection is important at every stage!
#### Getting Results

### Creating a Bridge between Data Collection and Program Planning

Learning the various functions available in the ExtraNet, and knowing how the reporting area is organized into universes of data and what kind of information is in each Universe helps you to create reports. All reports that you generate begin with a question. Identifying the question is the first step to creating a successful query. For example, you may want to know, for last month, how many infants, by age in months were exclusively breastfeeding, combo-feeding or formula feeding. Where will you start? What universe will you use? Which folder will you use to obtain counts? How will you use the objects to create a report? How will you download the report and use it in different ways?

**GLINDA is here!** And it will give you access to a whole lot of new data. The WIC Extranet now has several new universes, such as the Agency Snapshot Universe that has ISIS individual and Family data with new parameters, the Participation WIC Reports Universe, and Unissued Prescription Detail Universe, containing fields needed to identify individuals and families who have not received food instruments for the current prescription month.

### Data-driven Management

**Caseload Management:**
- Track newborn enrollment
- Use GIS data to identify pockets of unmet need and plan outreach.
- Generate site-specific reports on the Extranet that reveal participant count for the month so you can compare how each individual site is meeting its caseload goal.
- Track unissued Food Instruments, and create lists with prepare a list, with the family name, phone number and address so follow-up phone calls can be made to participants who missed their appointments.

**“Driving Blind”**
- Just ask your staff to grow, grow, and grow.
- Keep doing outreach to the same contacts.
- Make everyone stay open on Saturdays because it sounds like a good idea.
- Buy an autodialer – everyone else has one!
- Put ads in the paper, you always do that.
- Keep calling all no-shows over and over.

### Nutrition Education:

- Find out which clinic has the most numbers of overweight children by creating reports that will give you number of overweight, at risk of overweight and those with no overweight risk.
- To better plan targeted intervention for participants who have anemia, determine how many participants have a low hemoglobin / hematocrit in each category, and run the report again in a year to see the change.
- Track gestational diabetes rates at your clinic to apply for funding for a Diabetes Management program

### “Driving Blind”

- Select lesson plans randomly, not based on the needs of the participants.
- Hand out Anemia pamphlets and hope for the best.
- Have no idea if nutrition education efforts are helping control and reduce rates of gestational diabetes.
- Just use canned lesson plans, don’t do pilot-testing.
- Don’t bother with periodic Pre- and Post-tests, who needs ‘em.
- Recycle the same Participant surveys every year.

### Breastfeeding Services:

- Get counts for infants enrolled who are exclusively breastfeeding, combination feeding or formula feeding so you know where to focus breastfeeding education and support services.
- Compare exclusively breastfeeding rates across different sites or for different time periods at the same site to assess the effectiveness of your Peer Counselor program.

### “Driving Blind”

- Keep training staff to give the same breastfeeding messages year after year.
- Just send out the Peer Counselors and tell them to do their best to increase exclusively breastfeeding rates.
- Who has time to track BF rates by clinic site?
- Don’t bother to sort out why your peer counselors are not achieving higher rates.
San Bernardino County WIC Increases Caseload Using Smart Data

San Bernardino County WIC Program accepted the “Go for the Gold” challenge with enthusiasm—vowing to increase their caseload numbers. WIC Director Betsy Cline decided to see how their data could help them in their quest. Betsy’s first step was to learn from the “pros” at PHFE. She and her staff obtained a more detailed understanding of the PHFE Computer Automated Tracking System (CATS) and strategies that had been most effective in building caseload.

Betsy and her team applied the strategies that were feasible for their Program. Most importantly, they realized that they needed to enhance their site-specific data tracking in order to develop specific caseload strategies and goals for each team and track their monthly progress and effectiveness.

They used county-level census data to locate current WIC participants and identify pockets of unmet need. Seeing the unmet need in their region, Betsy is hoping to open several new sites in the area.

For each of the agency’s current nineteen sites, they set baseline goals and developed action plans. Some teams have put an emphasis on outreach to meet their caseload goals, while others have focused on improving their no-show rates. Agency-wide outreach efforts have included putting flyers into payroll statements of each of the 19,000 county employees, in birth packets at all local hospitals, and in mailings to childcare providers. They are also providing in-services to all managed-care providers and Transitional Assistance Department (TAD) offices in the County.

Now, monthly reports help each site pinpoint which goals are being met and which need more work.

The experience of the San Bernardino County WIC Program shows that we don’t have to be intimidated by reports and data—the key is to adapt technology to meet our needs. By generating clinic-specific reports, this agency is able to work smarter and focus its efforts on meeting the specific needs of families at each of its sites. For more information, contact Betsy Cline at BCline@dph.sbcounty.gov.

Sonoma County Uses Information to Improve Breastfeeding Support

Last year, Sonoma County WIC learned from its community breastfeeding needs assessment that low-income and Spanish-speaking women needed more breastfeeding support services. Especially lacking were long-term support for breastfeeding mothers, sufficient breastfeeding help in hospitals and clinics for Spanish-speaking moms, and peer support for low-income and teen mothers.

WIC Director Carol Kronberg set out to respond to these needs. She applied for and received funding from the First 5 commission and the Nutrition Network to establish a Peer Counselor (PC) Program. Susie McCulloch and Carol Allwine, both IBCLC’s at Sonoma County DHS WIC, recruited and trained mothers. Nine (six bilingual and three English-speaking) were hired as Peer Counselors.

Carol turned to data sources to help fine-tune the agency’s breastfeeding support services. Using ISIS (Integrated Statewide Information Systems) and ExtraNet databases, she established baseline indicators to study breastfeeding rates and exclusivity. ISIS data provided the numbers of infants being exclusively breastfed, formula-fed, or fed a combination of breastmilk and formula. Carol then created a way to use the data to compare breastfeeding rates at six-month periods in each of her clinics.

Another terrific feature of the database is creating lists of pregnant WIC participants, along with their estimated delivery dates and contact information. Peer counselors were assigned to call women who live in their area of the county. Using the lists, they were able to quickly build their caseloads.

Here’s yet another way Carol uses data for the breastfeeding
WIC Watch

...Getting Results

Rosa makes the all-important phone call to a brand new mom with breastfeeding support and advice.

Can Nutrition Self-Education Work? San Diego WIC Finds Some Answers

For WIC Directors, how to increase caseload while delivering quality nutrition education at current staffing levels is a persistent challenge. In San Diego, SDSU Foundation WIC found that they didn’t have the staff time to continue one-on-one nutrition counseling sessions for the large number of “walk-in” participants who missed their scheduled class. Instead, participants were given nutrition education handouts or herded into video classes where some mothers talked on their cell phones or simply zoned out. Frequently, hourly group nutrition classes had just one or two participants.

Valerie Miller, Education Coordinator at SDSU Foundation WIC brainstormed with her staff and decided to try something different. She developed learner-centered worksheets in English and Spanish, named Self-Learning Activity (SLA). The SLAs assessed participant’s knowledge and attitudes regarding a selected topic, listed a few facts on that topic, suggested activities, and assessed lifestyle changes that participants might consider. Participants met briefly with the nutritionist to review their SLA’s after completing them. This activity was documented as nutrition education and mothers were issued two or three months worth of checks.

Walk-in participants were offered the choice of either completing an SLA or receiving one month’s checks and being rescheduled for a class the following month. A recent participant survey shows that 48% preferred to learn using the SLA. Spanish–speaking moms or moms with lower levels of literacy were found to be less enthusiastic about the worksheets. Staff are happy to conduct group education for those who want or need it most, saving time and keeping participants focused.

An ExtraNet report is prepared to obtain a list of participants to call by phone for feedback and quality assurance (QA). A prepared form with questions is used when QA calls are made regarding both the classes and the SLA. For more information, please contact Valerie Miller at vmiller@projects.sdsu.edu.

Participants learn ways to increase fruit and veggie consumption with the SLA tool.
Using the New Dietary Guidelines and MyPyramid in WIC

MyPyramid and New Dietary Guidelines for Americans were released in 2005.

The Branch has adapted them for WIC use.

Dietary Guidelines: What’s New?

More dark green and orange vegetables, legumes, fruits, whole grains, and low-fat milk and milk products

Less refined grains, total fats (especially cholesterol, and saturated and trans fats), added sugars, and calories

Grains
3 or more servings of whole grains per day (this is the first time Dietary Guidelines have included a specific number of servings of whole grains)

Fruits and Vegetables
Recommendations are given in cups per day rather than the combination of individual fruits/vegetables, ounces and cups used before.

Fats
Limit trans fats (this is the first time Dietary Guidelines have mentioned trans fats)

Reading the Food Label
Stresses getting enough of these important nutrients: calcium, iron, vitamins A and C, potassium, fiber

Focuses on calories per serving to limit high-calorie foods

Physical activity
More specific guidelines to maintain healthy weight and for weight loss

Specific Recommendations

Women of childbearing age who may become pregnant:
• Eat foods high in heme iron or eat iron-rich plant foods or iron-fortified foods with an enhancer of iron absorption, like vitamin C-rich foods
• Get enough synthetic folic acid daily from fortified foods and/or supplements, in addition to food folate from a varied diet

Weight issues:
• Overweight children: Reduce rate of weight gain while allowing growth and development; consult health care provider before placing a child on a weight-reduction diet
• Pregnant women: Ensure appropriate weight gain as specified by health care provider
• Breastfeeding women: Moderate weight reduction is safe and does not put the infant’s weight gain at risk

Physical activity:
• Children and teens: At least 60 minutes on most days
• Pregnant women: If no complications, 30 minutes or more of moderate intensity on most days; avoid activities with high risk of falling or trauma to abdomen
• Breastfeeding women: Exercise doesn’t affect mother’s ability to breastfeed successfully

Read the guidelines at www.healthierus.gov/dietaryguidelines.
How is California WIC Using MyPyramid and the New Dietary Guidelines?

- MyPyramid is not designed for pregnant or breastfeeding women, or for infants.
- California WIC adapted MyPyramid approach to design new food guides based on food groups, only using small MyPyramid graphic in corner.
- Color bullet by each food group matches color on MyPyramid graphic.
- We used “choices” instead of “ounce equivalents” for Breads/Grains/Cereals, Milk Products, and Protein Foods.
- We used cups for Vegetables and Fruits.
- We continued to use a Fats, Oils, & Sweets category for simplicity.
- Interactive aspect of MyPyramid may be useful for WIC staff to enter their information and get their own food plan and other guidance.

For more information, contact Poppy Strode at mstrode@dhs.ca.gov.

New Children’s Feeding pamphlets are available in English and Spanish.
ISIS Troubleshooting Tips

Ever have this problem? You have just sent a job from your computer to your printer, but nothing happens. With a full waiting area, screaming children, and participants getting impatient, you try again and again, nothing. Or maybe the printer prints, but the output doesn’t look right.

As your teeth begin to grind, you decide it’s time to call the Help Desk and get things working again.

The staff at the ISIS Help Desk understand the pressure you are under out in the clinics, and we are committed to helping you. We appreciate the great work you all are doing “on the front lines.” To speed both your time and ours, here are some tips that can help us resolve your problems promptly and efficiently.

ISIS Hardware Problems

When you call...

- Please have your Agency and Clinic number ready when you call and tell us your ISIS logon ID (if it is your first time calling, we’ll need to spend a couple of minutes adding you to our database).
- If you are having printer problems, have the VTAM ID (WICV9999) of the printer handy when you call.
- Record any error messages from the ISIS screen or on the 1330 printer panel.
- If you have a Print-Server (Jet Direct), note the STATUS & ACTIVITY lights (on/off/blinking).
- Let us know if the problem is confined to your workstation or if others in the clinic are having a similar problem.

Fax or E-mail a Sample of the Problem

If you have an example of the botched printout, please fax it to us at 916-928-0951. Or, if you are on a PC and have access to e-mail, you may copy the screens as attachments to your e-mail message using one of the following two methods:

Method A

1. Shrink the ISIS screen by selecting the middle button on the top right side of the window
2. Press ‘Alt & PrtScn’ buttons at the same time, then ‘Paste’ to your e-mail message
3. A copy of your screen is now displayed in the message narrative.
4. Send the message to the Help Desk Consultant’s e-mail address

Method B

1. Same as #1 above...“Shrink the ISIS....”
2. Same as #2 above, except paste to a Word or Paint document and save the file
3. Insert the file into the message as an attachment
4. Send the message to the Help Desk Consultant’s e-mail address

ISIS Application Problems

Please have available:

- The ticket number, if any
- Family/Individual ID numbers of the WIC participants
- Steps taken in ISIS prior to the problem occurring
- Screen name and number where the problem was discovered
- Screen print of the screen where the problem occurred and/or the exact wording of the red error message
- For ISIS logon problems, the last four digits of your Social Security number and current logon ID

Thanks for helping us help you!
Branch Updates

In Search of the Ding-Free Evaluation

Findings of problems in the area of nutrition contacts, usually involving the level 3 or 4 participant, are very common during program evaluations. We want to help you be successful, so these suggestions just might get you through a program evaluation without a “ding.”

Starting off on the right foot – schedule all needed contacts

At the Nutrition Education Contacts Screen in ISIS:
• Schedule an SH appointment with the RD within 2 months of identifying the level 3 or 4 risk.
• Consider putting a hold on the file to help remember that an SH appointment is needed.

RD documentation helps your co-workers

A complete INEP for high-risk participants must include:
• Brief background information in the “Notes” field
• A nutrition/health goal that the participant selects or agrees with in the “Participant Chooses To” field
• Enough instructions in the “Follow-up Plan” field to let your co-workers know what to do next with the participant (see below).
• A short statement in “Follow-up Plan” if you decide during any SH appointment that the participant no longer needs to see the RD.
• Changes in the future appointments on the “Nutrition Education Contacts Plan” screen.

Here are some good examples of short statements from ISIS:
• “WNA follow-up & GP classes ok – RD F/U if weight still low”
• “RD f/u after next recert”
• “no RD follow-up needed”
• F/U with RD in 3-6 months”

For more information, contact Sonya McPhaul, Program Evaluation and Policy Section, at MCPhaul@dhs.ca.gov.

Tulare County WIC Evaluation

Peggy Redfern, WIC Director, who manages a program with a caseload of almost 26,500, spread over eight sites, says communication is the most important factor in her success. “Keeping the ducks moving in the same direction is key,” says Peggy.

At monthly staff meetings, manual updates and policy changes are reviewed in detail. Peggy and her staff discuss the impact these revisions might have on day-to-day clinic functioning and try to troubleshoot potential problems, so they can maintain consistency. Staff share best practices, glitches they face, and solutions that worked.

Peggy says she is fortunate to have obtained money from the Nutrition Revitalization Funds to hire a Nutrition Education Coordinator who is able to review lesson plans, coordinate staff communications, and develop trainings for recent changes to WNA requirements. She hopes her program will be among those chosen to pilot the next phase of motivational interviewing/stages of change.

The three things that have helped Peggy do so well on Program Evaluations are:

1. Completing the self-assessment tool soon after she receives it, so she is able to see the areas where her program is doing well, and which ones need work. This gives her time to fix the problems before the Review.

2. Using the self-assessment tool categories as a guide to list the best practices of her Program, so she can hand the list over to the Reviewers. This makes their job easier and gives them a snapshot of all the things her Program is performing well.

3. Updating and distributing checklists to staff to reinforce policies and procedures discussed at meetings to help them remember and to assist them in consistently implementing them.

Great work, Peggy and your dedicated Tulare County Staff! For more info, e-mail Peggy Redfern at PREDFERN@tularehhsa.org.
Career Corner: Ask Nancy

Nancy Nesa, MA, RD, Statewide Career Development Coordinator

NANCY NESA is available to answer your questions about advancing your career in WIC through undergraduate and graduate programs in nutrition. Nancy works with WIC employees throughout the state to help them evaluate their educational options, apply for dietetic internships, and pass the registration exam to become registered dietitians. Please e-mail your questions to Nancy at nnesa@projects.sdsu.edu.

Q. I heard that ADA was changing the requirements to become a registered dietitian. Is that true?

A. Like many other professional organizations, the American Dietetic Association (ADA) is sensitive to the growing concerns of nutrition professionals about nutrition-related health problems facing our nation. The ADA’s Dietetic Education Task Force is evaluating current education programs with an eye to the changing skills dietitians and dietetic technicians will need in the future.

The Society for Nutrition Education (SNE) is another key organization that represents the professional interests of food and nutrition educators. They understand the important and growing role nutrition professionals and paraprofessionals have in the health of our communities. Their goal is to “elevate the Nutrition Education profession.” Toward that end, they are looking into certification for paraprofessionals and professionals in community nutrition education. It’s still too early to know what changes ADA and SNE will recommend, but stay tuned. Check out the web sites for more information: www.sne.org or http://www.eatright.com/.

Q. Does the Public Health Nutrition Workforce Survey have anything to do with the changes ADA and SNE are talking about? (See page 15 for more on the survey.)

A. The survey will help ADA and SNE indirectly by providing important information about the public health nutrition workforce needed to prepare nutrition paraprofessionals and professionals for the future. WIC’s participation in the survey is crucial. WIC is considered the premier public health nutrition program. Its success is due in a large part to the nutrition professionals and paraprofessionals providing direct nutrition services to WIC participants. California WIC is the largest provider of nutrition services, so it’s especially important that all dietitians, degreed nutritionists, WNAs, breastfeeding peer counselors and any other WIC employees providing nutrition services to participants complete the survey. In California, this information will be very helpful as we continue to look for ways we can help employees advance their career at WIC. Please complete the survey and encourage your colleagues to participate. Check with your agency director for more details.

From the WIC Grapevine...

◆ Goodbye and Good luck to departing Directors: Ellen Sirbu, Berkeley WIC, who is retiring after 39 years of dedicated work; Daisy Silverio, Delta Healthcare WIC, who is now at the WIC Branch; and Michelle Sabol, Shasta County WIC, who transferred to another county position.

◆ Welcome to new Director, Mary Schrank, Shasta County WIC.

◆ Congratulations to our very own Karen Farley for being chosen for this year’s Advocacy and Leadership class at the Women’s Policy Institute of the Women’s Foundation of California. Go, Karen!
2006 Public Health Nutrition Workforce Survey

Do you talk to people in the community about nutrition and breastfeeding? Do you provide nutrition counseling/education/lessons or other activities related to nutrition? Does your work title have the term “nutrition” in it? If so, you are needed to complete a new, on-line Public Health Nutrition Workforce Survey by the Association of State and Territorial Public Health Nutrition Directors (ASTPHND) and make the California response a 100 percent success! The results of this census will help guide state and local nutrition program directors in their decisions on staffing, personnel upgrades, staff training needs, and recruitment and retention initiatives.

This is Critical for WIC

Current estimates are that we make up 85 percent of the public health/community nutrition workforce and California WIC represents the nation’s largest public health body. The U.S. Department of Agriculture (USDA) is helping to pay the costs, in order to evaluate efforts to recruit and retain qualified nutrition staff and predict future needs for the program. To achieve 100 percent response to the census, every nutrition and breastfeeding staff person in local WIC programs needs to participate!

Co-Sponsored by:
California Department of Health Services
California Department of Education
University of California, Berkeley, Center for Weight and Health

For more information, call our Conference Hotline at (800) 858-7743. Visit www.cce.csus.edu/conferences/list.htm (Click on “California Childhood Obesity Conference”)

Join us for the 2007 Childhood Obesity Conference

Protecting the Future of Our Children

January 23-26, 2007
Marriott Anaheim Hotel

This year’s conference goals are to:

- Increase public awareness of prevention policies and efforts that support healthy eating and physical activity environments.
- Focus on prevention strategies that meet the needs of high-risk and low-income communities.
- Identify approaches that ensure that healthy eating and active play are the norm for children.
- Showcase efforts to improve access to healthy food, activity and recreation.
Report Ranks Hospitals for Exclusive Breastfeeding Rates

World Breastfeeding Week was full of activities to promote successful breastfeeding. One that has caused a stir among California hospitals is the policy brief produced by CWA and the University of California at Davis Human Lactation Center (UCDHLC). Reducing Obesity from the Start: California Hospitals Must Increase Exclusive Breastfeeding Rates.

The paper lays out the link between exclusive breastfeeding and preventing obesity and states that “Preventing obesity should start as early as the day a child is born.” After reporting statewide trends for in-hospital breastfeeding, the brief specifies which counties and hospitals are doing the best and which are doing the worst for in-hospital exclusive breastfeeding rates. It also examines the link between hospital practices and exclusive breastfeeding rates. (Exclusive breastfeeding means babies are fed only breast milk, no other food or fluid.)

The UCDHLC study on which the paper is based used existing data to rate California hospitals on their numbers of new moms who exclusively breastfeed while in the hospital. The findings, which have been picked up by more than 40 newspapers and other media, draw attention to the striking disparity between the 83 percent of new moms who enter the hospital wishing to breastfeed exclusively and the 40.5 percent who leave the hospital actually breastfeeding exclusively.

The study clearly demonstrated that hospital environments – not just mom’s “preference” – play a critical role: the high-performing hospitals have implemented comprehensive changes in breastfeeding policy and practice. Ethnic differences tend to fall away in the face of hospital policies that truly support exclusive breastfeeding, including immediate contact, rooming in, education about the benefits of breastfeeding, help with initial feeding, and elimination of formula marketing to new mothers.

The American Academy of Pediatrics (AAP) encourages mothers to breastfeed exclusively for the first six months. For moms and babies, the most successful breastfeeding begins in the hospital.

Highest and Lowest-Scoring Hospitals

Marin General Hospital in Marin County and Ridgecrest Regional Hospital in Kern

Figure 1: California In-Hospital Breastfeeding Rates, 1994 - 2004

Data Source: California Department of Health Services-Genetic Disease Branch, Newborn Screening Data, 2004

Raising the stagnant rates of exclusively breastfeeding babies would help in reducing childhood obesity.
County had the highest rates of exclusive breastfeeding in the state. These hospitals strongly support new moms in their decision to provide their babies with the best possible food to promote health – mother’s milk.

Anaheim Memorial Medical Center and Garden Grove Hospital, both in Orange County, had the two lowest scores in the state.

Hospitals with low breastfeeding ratings can take low-cost, simple steps to ensure that their environments are more conducive to supporting exclusive breastfeeding. In general, the highest-scoring hospitals have implemented comprehensive policies that support exclusive breastfeeding, such as training staff, helping establish exclusive breastfeeding soon after the baby is born, making sure newborns receive only breast milk while in the hospital if that is the mother’s wish, and allowing mom and baby to stay together and breastfeed whenever they want.

“We’re focusing on the role of the hospital in supporting exclusive breastfeeding because the first 48 hours after birth is a critical time for women who decide to breastfeed,” noted Jane Heinig, Ph.D., IBCLC and Executive Director of the Human Lactation Center at UC Davis. “It’s during those first few days that milk production begins.” Heinig added, “While breastfeeding is a natural process, many new moms have difficulty getting started. In the past, female relatives living nearby helped women successfully initiate breastfeeding. Today, with most women giving birth in hospitals, the responsibility to give mothers that support has fallen to the medical profession.”

CWA and our affiliated local agencies encourage hospitals to follow guidelines recommended by organizations such as California’s Department of Health Services (DHS) and the World Health Organization that describe what hospitals should be doing to promote exclusive breastfeeding.

Encouraging Hospitals to Work Harder

The WIC and breastfeeding community used the media opportunities provided by World Breastfeeding Week in early August to educate the public about the link between exclusive breastfeeding and obesity prevention and to urge California hospitals to work harder – especially on behalf of low-income women of color – to implement model policies already endorsed and recommended by the Department of Health Services. The grassroots network of breastfeeding advocates did a fantastic job in getting the word out on this first-ever statewide media release. The report has caused ripples at hospitals across the state.

The policy brief and fact sheets on breastfeeding rates for each county are available at: www.calwic.org (Publications). (Eight counties had too few births with known types of feeding to report: Alpine, Calaveras, Colusa, Glenn, Mariposa, Sierra, Trinity, Yuba.)

Check out the CA DHS breastfeeding page for resources, including the Model Hospital Policies Toolkit, at http://www.mch.dhs.ca.gov/programs/bfp/.

For questions about data source and analysis, contact Dr. Jane Heinig at mjheinig@ucdavis.edu.
FEDERAL SCENE

NEW WIC FOOD PACKAGE. Read all about it on pages 4-5 of this issue. Be a part of history – submit comments to USDA. CWA’s goal is a comment letter from every WIC Director by November 6th. Use our Toolkit to engage WIC participants and stakeholders as well. Go to www.calwic.org to follow developments leading to the November 6 deadline, and to download materials and resources.

OTHER WIC REGULATIONS. Two other sets of WIC regulations are pending at USDA. The first set, a Proposed Rule, contains miscellaneous discretionary vendor provisions, including clear guidelines for the use of incentive items by WIC vendors. Comments are due on October 2, 2006. The second set is an Interim Final Rule, published almost a year ago, which implements federal statute governing Vendor Cost Containment – the peer group pricing system and “WIC-Only” cost controls. Comments are due on November 29, 2006. Download these regs and call CWA closer to the deadlines to get a model comments letter. http://www.fns.usda.gov/wic/lawsandregulations/recentlypublishedregs.htm

MID-TERM ELECTIONS. Pundits are watching close House and Senate races across the country, with some predicting a narrow majority for Democrats in the House of Representatives. Democratic control of the House would mean that Committee chairmanships would change, along with a large piece of the political landscape. The Senate is unlikely to switch. Most big policy decisions have been put off until the outcome is known. Participate in your democracy – vote on November 7th.

STATE NEWS

NOVEMBER BALLOT: PROP 86. The CWA Board of Directors has enthusiastically endorsed The Tobacco Tax Act of 2006, which will appear as Proposition 86 on the November state ballot. The new tax could raise an extra $2.1 billion, funds that will help communities prevent teen smoking, assist with disease prevention efforts, and ensure access to affordable, comprehensive health insurance for all children in California. It will take a huge grassroots effort to pass this initiative, and Big Tobacco has already poured hundreds of millions into opposition campaigns targeting low-income ethnic communities. Learn more and consider endorsing as an agency or an individual, by going to http://www.yesonprop86.org/

WIC VENDOR CHANGES. The California WIC Branch is a beehive of activity these days! Trainings, test runs, memos flying – everyone’s working on the Big Changes to WIC. Checks – otherwise known as Peer Group Pricing and Any Authorized Vendor (AAV). After October 1, all the maximum price limits ("Not to Exceed") prices currently printed on WIC checks will become "###!"). Vendors will be reimbursed according to the price ranges set for their particular Peer Group. Peer Group Prices will be published on or around September 15th. AAV implementation has been delayed to give the state more time to fine-tune the computer systems needed to allow WIC participants to shop at any store that accepts WIC checks, instead of specifying a single store. Read more at www.wicworks.ca.gov.

STATE BILLS TO THE GOVERNOR

The legislature has adjourned and the Governor has until September 30 to sign or veto all bills. Here’s what happened to bills that CWA supported or followed with interest.

WIC-RELATED

SB 437 (Escutia): Calls for IT infrastructure changes to automate enrollment gateway between WIC and healthcare programs. No appropriations. Would improve enrollment and retention for eligible kids.

POVERTY PREVENTION

AB 1835 (Lieber) Increase and index State Minimum Wage. On Governor’s desk.

SB 1674 (Murray): Increases state reimbursement rates for school meals for specified school districts. On Governor’s desk.

AB 3029 (Laird): Food stamp simplification and access improvements. Withdrawn from enrollment.

AB 2205 (Evans): Categorical eligibility for Food Stamps if client is on MediCal. On Governor’s desk.

AB 1948 (Montanez): Improvements to electronic pre-enrollments for Medical and Healthy Families. On Governor’s desk.

OBESITY PREVENTION

SCR 90 (Torlakson): Ten Steps to a Healthy California. Chaptered.


SB 1329 (Alquist): As amended, grants and incentives for placement and enhancement of grocery stores in underserved areas. Held in Assembly Appropriations.

AB 2384 (Leno): “Healthy Food Purchase” pilot in DHS. On Governor’s desk.

MISCELLANEOUS

AB 2317 (Koretz): Requires DHS to establish a Postpartum Depression campaign and educate pregnant women on postpartum mood and anxiety disorders. On Governor’s desk.

AB 2676 (Committee): Certified Farmer’s Markets, extends authorization. On Governor’s desk.

AB 425 (Negrete-McLeod): Makes various legislative findings concerning the impact of organized retail crime including selling of infant formula and other frequently purloined goods at swap meets, flea markets and on Internet. Declares legislative intent to address the above. Dead for the year.
### Book Recommendations

**MANAGEMENT BOOKS - TEAMWORK, LEADERSHIP, ADVOCACY, DEALING WITH CHANGE**


### Internet Links for Management Resources

- **Into to Strategic Planning:**
  http://www.planware.org/strategy.htm?pl=trpanel

- **Strategic Planning** (in nonprofit or for-profit organizations):
  http://www.managemenithelp.org/plan_dec/str_plan/str_plan.htm

- **Building a Strategic Framework:**
  http://humanresources.about.com/cs/strategicplanning1/a/strategicplan_5.htm

### Recipe

#### Greek-Flavored Spinach and Orzo Soup

**Prep Time:** 10 minutes  
**Ready In:** 30 minutes  
**Yields:** 6 to 8 servings

**INGREDIENTS:**
- 1-1/2 tablespoons olive oil
- 1 cup chopped onion or sliced leek
- 1 large red bell pepper, diced
- 2 to 3 cloves garlic, minced
- 3/4 cup orzo (rice-shaped pasta)
- 1 vegetable bouillon cube
- 16-ounce can diced tomatoes
- 5 to 6 ounces fresh spinach, rinsed, stemmed, and chopped
- 1/4 cup chopped fresh parsley or dill, or a combination, or more to taste
- Juice of 1 lemon
- Salt and freshly ground pepper to taste

**DIRECTIONS:**

1. Heat the oil in a soup pot. Add the onion or leek and sauté over medium heat until translucent, about 5 minutes.
2. Add the red pepper and garlic and sauté the vegetables for another 5 to 8 minutes, or until the onion or leek turns golden and the red pepper softens.
3. In the meantime, cook the orzo in a separate saucepan until al dente. When done, drain.
4. Add the 5 cups water, the bouillon cubes, and tomatoes to the soup pot. Bring to a simmer, cover and simmer gently for 10 minutes.
5. Add the cooked orzo to the soup along with the spinach and herbs. Stir in the lemon juice, then season with salt and pepper. Serve at once.

From “In a Vegetarian Kitchen with Nava Atlas”  
http://vegkitchen.com/
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2006 - 2007

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SAVE THE DATES
2007 CALIFORNIA CHILDHOOD OBESITY CONFERENCE
January 23-26, 2007
Marriott Anaheim Hotel

CWA ANNUAL CONFERENCE
May 6-9, 2007
San Jose, CA

WIC Nutrition Ed Works—tell us how!

You have a story to tell!
You have a program to showcase!
Contribute to the WIC Watch.

Upcoming Newsletters are already being planned around the following themes:

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<td>Effective Grassroots Advocacy &amp; Action for Community Change</td>
<td>November 1, 2006</td>
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<tr>
<td>Spring 2007</td>
<td>Getting Healthy: The WIC Connection</td>
<td>March 1, 2007</td>
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