

SUMMER 2007  
BREASTFEEDING/EARLY FEEDING ISSUE

## BREASTFEEDING: Personal and Political

*Supporting and promoting breastfeeding among the low-income families we serve is often very intimate. Moms will share their most personal experiences and feelings, forming an unforgettable bond with WIC staff. This personal touch is part of what makes WIC so successful.*

*But changing norms – improving hospital practices, expanding workplace accommodation, protecting the right to public breastfeeding – is also critical to our efforts to see that more WIC moms breastfeed exclusively for longer periods. And this work is profoundly political. A powerful industry would like moms and policymakers to believe breastfeeding is simply a “lifestyle choice.” We know better. It’s up to us to get both personal and political about breastfeeding.*

*We hope this issue helps!*



Senator Migden spoke about the benefits of breastfeeding at the Marin General Hospital on Mothers Day. She was supported by new moms and babies and the Breastfeeding Coordinator of Marin County WIC Program, Susan Martinelli.

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# 2007 CWA Conference Highlights

May 6-9 • Hotel Fairmont, San Jose

*Mothers Helping Mothers. The San Mateo County Peer Counselor Program, started in August 2006, has evolved into an integral part of the WIC program, providing education, training and support for young WIC families.*



*Diana Slayton, Nancy Meredith and Sue Doron from Siskiyou WIC accept the WIC Branch Best Practices Award in the category, Exceptional Breastfeeding Promotion and Support.*



*Harvest of the Month has a toolkit with strategies designed to motivate and empower students to increase consumption and enjoyment of a variety of colorful fruits and vegetables and to engage in physical activity every day.*



*WIC Branch Best Practices Award winners*



*The Hospital-based Breastfeeding Peer Counselor Support Program at LA BioMed WIC works with 4 local hospitals to help improve their ability to provide evidence-based care in breastfeeding.*

*Sandra Shewry, Director of the California Department of Health Services receives recognition for her support of the WIC Program. from Linnea Sallack, WIC Branch Chief and Laurie True, CWA Executive Director.*



*Thank you and Goodbye to Carol Kronberg, outgoing President of CWA, who is also retiring this summer after 32 years at WIC.*



**Policy Day June 20**

Thirty-five committed WIC delegates hit the Capitol on Policy Day. The afternoon kicked off with a policy briefing. All delegates were provided with packets and information to help them make quick and informative visits with their elected representatives and educate them on breastfeeding, new WIC food package, vendor updates, and budget issues. The delegates met with Assembly Health and Assembly Appropriations committee members to urge them to support the CWA-sponsored Breastfeeding Bill sponsored, SB 22, which passed Assembly Health Services on June 26 on 14-3 vote. Thanks to Yang Her, CWA Board Member and CRP WIC breastfeeding counselor for her expert testimony. Loni Hancock (D-Berkeley) also signed on as a co-sponsor. This shows the effectiveness of WIC Policy Day work!

State Senator Carole Migden (D-San Francisco-Marin-Sonoma Counties) and Senator Torlakson (D-Antioch) received "WIC Champion" awards for their outstanding contributions and continued dedication and support for women, infants, and children issues.



◀ Senator Carole Migden with Yang Her and Maureen Clark of the CRP WIC Program, Sacramento



**To celebrate World Breastfeeding Week, Breastfeeding Awareness Walks are being planned on Tuesday, August 7, at Sacramento and more than 70 locations throughout the state. Planned by CWA, the CA WIC Branch and the CA Breastfeeding Coalition, the walk brings attention to breastfeeding as an obesity prevention measure. Please join your colleagues across the state by planning a walk in your community as a part of this statewide effort. Conference planning calls and tool kits to assist local agencies are available and will be updated frequently at [www.calwic.org](http://www.calwic.org) and [www.breastfeedla.org](http://www.breastfeedla.org). Don't be left out! Info: Daisy Silverio at 916-928-8787 [dsilveri@dhs.ca.gov](mailto:dsilveri@dhs.ca.gov), Karen Farley at [kfarley@calwic.org](mailto:kfarley@calwic.org), Karen Peters at [kpeters@breastfeedla.org](mailto:kpeters@breastfeedla.org)**



▲ Senator Tom Torlakson (D-Contra Costa), WIC Champion for his commitment to the health of mothers and children, with Beverly Clark, Director Contra Costa County WIC.

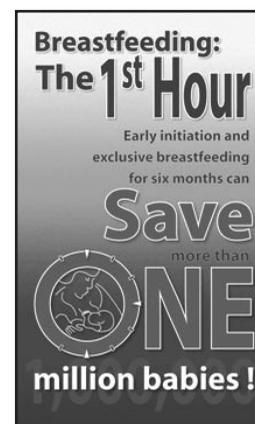


## Breastfeeding: The First Hour

*World Breastfeeding Week (WBW) is an effective way to create awareness and bring focus to the breastfeeding movement. Held in over 120 countries, it is officially celebrated from 1–7 August. However, outreach events are being conducted worldwide from May to September.*

### Ideas on How to Celebrate WBW

- ▶ Encourage WIC staff to talk with pregnant women during WIC clinic visits about the importance of breastfeeding in the first hour.
- ▶ Invite breastfeeding friendly hospital personnel to a press conference and recognize their support of breastfeeding mothers.
- ▶ Organize a meeting with community partners to develop support of breastfeeding in the first hour.
- ▶ Choose one day during World Breastfeeding Week to honor your community partners for all the work they do in breastfeeding promotion and support.
- ▶ Place an article about breastfeeding in the first hour after birth in the local agency newsletter.
- ▶ Give WIC moms a certificate of congratulations for breastfeeding. Frame or laminate the certificates.
- ▶ Give dads a certificate to recognize their support of breastfeeding mother/infant dyads.
- ▶ Take pictures of older babies breastfeeding. Put the pictures on display in WIC clinics and give copies to the mothers.
- ▶ Set up a table display or bulletin board in your clinic featuring employees and clients who have breastfed. Attach quotes from these mothers.
- ▶ Develop a proclamation for your governor or local mayor to sign.
- ▶ Launch a Gold Ribbon Campaign. Give women gold ribbons to attach to diaper bags, purses, strollers, or back packs to signify breastfeeding as the Gold Standard. Ask staff to attach the ribbons to their nametags or lanyards.
- ▶ Invite local, state and/or national legislators to visit your WIC agency to celebrate World Breastfeeding Week. Share information with them or their field staff regarding the WIC Program, and breastfeeding support activities.
- ▶ Send World Breastfeeding Week postcards with encouraging messages to prenatal and breastfeeding clients.



.....Thanks to NWA!

### Where to Go for More Ideas

#### World Alliance for Breastfeeding Action

Share your wonderful work at WABA and show solidarity with the global WBW campaign. Send your reports, materials you have produced, photos. WABA will create a webpage for you which you can use to further promote your WBW activities. Send your materials to [waba@streamyx.com](mailto:waba@streamyx.com) <http://worldbreastfeedingweek.org/>

**La Leche League Kit** with promotional and planning materials to help plan your event. <http://www.llusa.org/wbw/kit.php> Check the LLL Events Calendar at <http://www.llusa.org/wbw/calendar.php> Check out your state's listing to find the one nearest you, and contact the person listed for more information!

#### ILCA Kit

<http://www.ilca.org/news/wbw.php> ILCA's WBW kit uses the theme, "Welcome Baby Softly" to focus on practical ways to provide a protective environment for babies and mothers.

**National WIC Association**  
<http://www.nwica.org/>



## Legislative Update

### FEDERAL NEWS

**WIC Appropriations Moving Again.** The Agriculture Appropriations process is picking up steam again after months of delay. The House Agriculture Appropriations Subcommittee is scheduled to mark up their bill, containing WIC, on July 12th, while the Senate Subcommittee will do the same on July 17 – both dates subject to further postponements. WIC advocates are supporting a revised funding level for WIC of \$5.687 billion, (up from previous estimates of \$5.562 billion and \$5.585 billion) to serve a caseload of approximately 8.4 million low-income women, infants and young children. Food cost inflation, particularly steep milk price increases, as well as strong program demand, are responsible for the funding level increase. The new funding level rejects the President's proposals to freeze WIC grants for nutrition services, as well as proposed restrictions on automatic WIC eligibility for Medicaid recipients and MIS funding cuts. The President's \$200 million WIC contingency fund will be more important than ever as volatile food costs make it hard to estimate WIC needs accurately. A newly appointed White House Office of Management and Budget (OMB) Director, Jim Nussle, a former GOP House Member, is a budget hawk who is expected to continue the Administration's veto threats should domestic discretionary spending exceed a proposed cap of \$933 billion.

**Food Package Changes.** The WIC Food Package Rule is still being reviewed by USDA officials and has not been sent over to OMB for clearance and approval, even though USDA continues to say that they would like to publish the final interim regula-

tions by September 2007. OMB is allowed at least 90 days for review, so a fall release seems more likely at this time. USDA released an RFP for research on the Breastfeeding provisions of the new rule, signaling some forward action.

**Troubling Move by Formula Maker.** Washington lobbyists for Bristol-Meyers Squibb/Mead Johnson Nutritionals (the makers of Enfamil) have been quietly circulating a chilling proposal that would limit adjunctive eligibility in the WIC program, telling USDA officials and key appropriators, including California Senator

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**“The Governor's  
sweeping proposals  
are still just  
talking points!”**

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Dianne Feinstein, that capping WIC eligibility at 185% of poverty, instead of the existing, sometimes slightly higher, adjunctive eligibility levels for applicants coming in from other programs like Medicaid, would be a great idea. Why, pray tell? Because it reduces “the eligible [WIC] population by about 20% and reduces food costs by about \$700 million.” This proposal turns a nasty corner, from thoughtful public policy or good government reform ideas, to just plain “cut ‘em off and save money.” CWA will be working closely with National WIC Association to make sure this goes nowhere fast. But it could arise again during WIC reauthorization in a few years.

**Farm Bill.** The Farm Bill, which reauthorizes a host of ag programs as well as Food Stamps, is keeping advocates busy in Washington this summer. On June 29th, House Agriculture Committee Chairman Collin

Peterson (D-MN) announced his intention to split the Farm Bill up into two legislative vehicles: those items paid for and those not yet paid for until House Leaders make funds available for them. This puts at great risk new investments in the nutrition title when the House Agriculture Committee holds it mark up the week of July 16th. The Farm Bill is expected to go to the House floor later in July. California advocates for Food Stamp Nutrition Education (FSNE) reforms released a *Policy Brief* describing the need to update this important program; read it at [www.can-act.net](http://www.can-act.net).

### STATE NEWS

**Covering All Kids:** With a State Budget Deal still in the works but coming closer, health care reform bills are making their way through committees. Where they all end up at the end of the Session is shrouded in mystery. On June 21, Assembly Speaker Nuñez and Senate pro Tem Perata merged their health care reform bills into a single piece of legislation, **AB 8**. The Governor's sweeping proposals are still just talking points! Two other bills, **SB 32** (Steinberg) and **AB 1** (Laird/Dymally) contain language that would guarantee health care coverage for all California kids. Track the whole juggernaut as it barrels through at [www.calhealthreform.org](http://www.calhealthreform.org).

**Report Breastfeeding Discrimination:** The Civil Rights Enforcement Division in the California Attorney General's Office would like to hear from any woman who has suffered from breastfeeding discrimination in public places. Anyone who may have relevant information regarding this issue should feel free to contact **Sunny Sarkis** at (916) 324-4085.

*continued on page 18*



## WIC Breastfeeding: Obesity Prevention Starts With You!

Breastfeeding is a key obesity-prevention strategy, and WIC is the leader in supporting low-income women who want to breastfeed. WIC staff are constantly reaching out to new moms with improved counseling techniques and support at critical times. If we link these one-to-one efforts with broader advocacy, we will see a change in community norms around breastfeeding: in hospitals, low-wage worksites, and neighborhood attitudes.

Using the Spectrum of Prevention, a tool that ensures a comprehensive, public health approach, California WIC breastfeeding leaders are pursuing a multi-level strategy to

increase the rates and duration of exclusive breastfeeding. For example, CWA is working on state legislation, SB 22 (Migden), which would allow WIC to fund more proven-effective Peer Counseling programs, streamline Medi-Cal reimbursement for lactation support and breast pumps, and provide training to hospitals with low breastfeeding rates. When combined with efforts to improve early feeding and increase physical activity for children up to age 5, we can lay the groundwork for early childhood overweight prevention, and turn the tide of the obesity epidemic.

### BREASTFEEDING AND THE SPECTRUM OF PREVENTION: Where do YOU fit in?

#### ◆ 6. Influencing Policy and Legislation

- Provide leadership to the breastfeeding community to support a long-term policy agenda on breastfeeding issues.
- Include issues related to inappropriate promotion of infant formula, in advocacy campaigns highlighting the marketing of unhealthy foods to young children.
- Streamline/strengthen Medi-Cal policies for breastpumps and lactation consultations.

#### ◆ 5. Changing organizational Practices

- Participate in local Hospital Committees to support implementation of model breastfeeding policies to encourage hospitals to promote exclusive breastfeeding
- Explore the role of local agency policies and practices supporting exclusive breastfeeding
- Promote and support lactation accommodation in low-wage worksites

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**◆ 4. Fostering Coalitions and Networks**

- Engage key strategic partners in breastfeeding policy change efforts, including:
- State Departments of Public Health, Health Care Services and Education
- State and local Breastfeeding Coalitions and First 5 Commissions
- Birthing Centers, Hospitals and the California Hospital Association
- Low-wage employers and Unions
- AAP, ACOG, and other statewide public health organizations
- Community-Based Organizations that address needs of low-income and immigrant populations



*Starting breastfeeding within an hour after birth is key to success.*

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**◆ 3. Educating Providers**

- Strengthen all early feeding trainings; and provide trainings to all frontline WIC staff
- Share current American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), and other guidelines with all providers
- Equip WIC staff and medical providers with early feeding messages and screening tools

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**◆ 2. Promoting Community Education**

- Expand the use of peer counselors/promotoras to support breastfeeding mothers
- Conduct public education campaigns with appropriate early feeding messages
- Expand website resources on breastfeeding and early feeding for staff and participants
- Participate in social and health events to educate the community on breastfeeding issues

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**◆ 1. Strengthening Individual Knowledge and Skills**

- Review and update training manuals and other educational support materials to reflect current science with respect to early feeding
  - Train all WIC staff on basic breastfeeding issues, so that it is universally promoted.
  - Provide learner-centered breastfeeding education to pregnant women starting early in the prenatal period, so they can make an informed feeding decision.
  - Inform participants about existing laws that protect and support breastfeeding in public places and at worksites
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 **Local Agency Profile**

# Siskiyou County WIC: Breastfeeding Star

Siskiyou County WIC won the WIC Branch Best Practices award in the category of Exceptional Breastfeeding Promotion and Support at the Annual CWA Conference in May 2007. With a caseload of 1,225 spread over a very large geographic area, **Director Sue Doron** and her team of one full-time and two part-time staff work with dedication and sustained commitment to maintain high exclusive breastfeeding rates at each of eight sites. Exclusive breastfeeding for the county has been 28% on average, far exceeding the state average exclusive breastfeeding rate of 11%.

**Nancy Meredith, the Breastfeeding Coordinator, is also the Secretary of the Siskiyou County Breastfeeding Task Force (SCBTF).** The Task Force members

include local health care providers and social service agencies from the county actively engaged in public education, professional outreach, and personal service. SCBTF established an agreement with the two local area hospitals to provide breastfeeding support for new mothers. Five years ago, with a grant from the state WIC Branch, the WIC Program began distributing Baby Friendly hospital discharge bags at both hospitals. The discharge bags contain breast pads, sippy cups, breastfeeding educational materials, and lanolin. Every mother who delivers a baby at the county hospitals receives this packet. Although breastfeeding advocates here would love to see the day when formula discharge packs are banned, the fact that all new mothers receive Baby Friendly discharge bags has helped in making breastfeeding seem like a viable feeding choice to young families in the county. With increasing acceptance of breastfeeding, more teen mothers have been choosing to breastfeed their babies.

Terri Funk, MCAH Director, is the President of the SCBTF. Public Health Nurses and Task Force members Patti Leal and Kara Lemere work

closely with the WIC program. When Nancy and **Diana Slayton, WNA and CLC**, identify a WIC mom who needs extra breastfeeding guidance and support, Patti and Kara follow up with visits to the mother's home. The breast pump loaner program is also very successful among new moms.

Frequent breastfeeding promotion events are conducted throughout the county. The Annual County Fair is held each August and coincides with World Breastfeeding Week. The Breastfeeding booth, with its comfy and private breastfeeding nook, diaper changing station, portable sink, bottled water, ice, and loads of useful information, receives a steady stream of families with young children. Nancy says the best part of staffing the booth is hearing parents and grandparents of now grown children stop by to reminisce about the difference breastfeeding made in their loved ones lives.

Siskiyou County will be one of many in the state to conduct Breastfeeding Awareness Walks on August 7.

The SCBTF is planning a "Breastfeeding 101" training session for the staff of the Family Resource Center, a hub for county residents in need, so they will be equipped to direct families to available breastfeeding resources as needed.

With such passionate breastfeeding advocates, it's no wonder that Siskiyou County is a breastfeeding award-winner!



*With support and determination Amber got Kaylin off the bottle to exclusively breastfeeding by 5 weeks.*



**For more information, please contact Nancy Meredith at [nmeredith@co.siskiyou.ca.us](mailto:nmeredith@co.siskiyou.ca.us).**

 **Local Agency Profile**

# Extreme Makeover of Circle Charts: Mutual Feedback Works

When **Joy Ahrens**, Nutrition Education Coordinator at the **North-east Valley Health Corporation WIC Program**, assessed how her WIC Nutrition Assistants (WNAs) were conducting one-on-one nutrition counseling sessions, she found that most were not comfortable using the Motivational Interviewing methods they had been trained in during the past year. In particular, the WNAs often did not use Circle Charts provided by the State WIC Branch to accompany Learner Centered education sessions.

**Circle Charts** display several health-related topics relevant to the participant's specific category. The staff person is supposed to ask the participant to select a topic she/he is interested in discussing and allow the participant to decide the focus of the session. Recognizing that skill building takes time and determined to apply a participant-centered approach to counseling sessions, members of the training department hosted "Circle Chart Days" at each of the twelve sites. On these days, trainers visited the sites and modeled how to use the Circle Charts, then observed staff using the charts and gave them feedback. This was a positive experience for all! Staff were asked to complete a short survey about the usefulness of the Circle Charts. The trainers left with valuable suggestions from the WNAs.

Feedback from the WNAs was used in giving each of the seven

charts a complete makeover to make them more user-friendly for the WNAs and customize them to the needs of the participants. First, the charts were improved visually: each was color coded for ease of identification and use, circles were made larger, and clip art pictures were replaced with "real life" photographs. Next, the content of the charts was updated: many of the topics were revised, new topics were added according to participant need, and educator guidelines on the back of the charts were made clear and concise.

This type of feedback loop helps keep the program fresh, effective, and up to date. Joy says, "Change takes time! Ongoing training and mentoring are needed to ensure that staff

are using new techniques. In the past, WIC has been so effective at teaching staff to take 24-hour dietary recalls that we need repeated training sessions to help staff unlearn those protocols and adapt to the new ones."

For their commitment to Learner Centered Education, the NEVHC WIC Program won the WIC Branch Best Practices Recognition Award in the Excellence in Nutrition Services category at the 2007 Annual CWA Conference. Congratulations for a well-deserved recognition!

**For more information, please contact Joy Ahrens at [JoyAhrens@nevhc.org](mailto:JoyAhrens@nevhc.org).**

**From the topics on this page, pick one that we can talk about.**



**POSTPARTUM WOMAN**

*NEVHC made-over Circle Charts are a big hit!*



## Local Agency Profile

# Watts Healthcare Corporation's Breastfeeding Peer Counselor Program: The Personal Touch Increases Rates

The **Watts Healthcare Corporation WIC Agency** has developed a team of Peer Counselors who are enthusiastic and passionate about educating the community on breastfeeding – thanks to funding from the State WIC Branch for the Breastfeeding Peer Counselor Program. All of their staff—with the exception of newly hired employees—are now Certified Breastfeeding Peer Counselors. Their IBCLC, Kim Durdin-James, provided training to RDs, Nutritionists, WNAs, Receptionists, and Breastfeeding Peer Counselors, as well as to two staff members from Watts Healthcare's MCH department, to ensure continuity and quality of care.

For a community where breastfeeding was a taboo topic until recently, **Director, Debra Keyes, Breastfeeding Coordinator, Suparb Chiaravanont, and Breastfeeding Coordinator Assistant, Wanda Kenlow**, are thrilled about the turnaround in perception. Since implementing the Peer Counselor Program two important changes have occurred: more moms have been willing to try breastfeeding, and moms have been more eager to request breastfeeding assistance. Participants are much more comfortable with staff, often treating them as friends or trusted confidants. An added benefit of this relationship is that many mothers are comfortable enough to share other social issues or challenges they face beyond breastfeeding, allowing Peer

Counselors to refer them to the appropriate agencies and services.

An important component of the Watts WIC breastfeeding program is home visits, conducted by the IBCLC and a Peer Counselor. Mothers support groups at all sites allow participants to share their breastfeeding experiences and learn from each other. Telephone follow-up calls from the prenatal period through the postpartum period allow Peer Counselors to provide breastfeeding education and support.

Watts WIC is celebrating World Breastfeeding Week in a big way. On August 6th, a Public Breastfeeding Class will be hosted for staff from various local hospitals and other agencies. On August 7th a Breastfeeding Walk will be organized within their Medical Center. Mother's Group participants will walk from the WIC office to the pediatric and obstetrics/gynecology departments to recognize staff for the breastfeeding support they've provided to WIC moms. August 24th will culminate the month-long breastfeeding celebration with a felicitation of breastfeeding mothers.

Since the inception of the Peer Counselor Program in 2005, the exclusive breast-

feeding rates have increased two percent. Breastfeeding education has benefited everyone, and the team is committed to continuing their efforts of increasing the community's awareness of the importance of breastfeeding. For example, in December 2006, when "Sherrie" was breastfeeding in public, she was rudely requested by a bystander to stop breastfeeding her baby because she (the bystander) was offended. By presenting a copy of the breastfeeding law (in a pocket-sized card supplied by Watts) Sherrie used this opportunity to educate this person and others about a woman's right to breastfeed in public. Way to go, Sherrie! Good work, Watts! You are truly making a difference!

**For more information, please contact Suparb Chiaravanont at (323) 568-4410.**



WIC/MCH staff celebrating World Breastfeeding Week 2006 with Ms. Vanessa Williams (actress), our special guest.



## Branch Updates

# Program Integrity Unit: Preventing Abuse

Program fraud is a prickly issue and is sometimes hard to confront. With the constant pressure to increase caseload, it can be tempting to let suspicion of program abuse slide.



Participants aren't the only ones who may try to defraud the WIC Program. Program abuse can also be committed by vendors, local agency staff, or state WIC staff.

### The Program Integrity Unit

The Program Integrity Unit (PIU) is the office within the WIC Branch that is responsible for investigating and curbing fraud. The PIU gets involved when staff, participants, or vendors are suspected of taking undue advantage of WIC benefits. The unit is also called in if participants are rude and threatening to local agency employees or to employees of WIC authorized vendors.

## How to Prevent Program Abuse

There are several simple ways to help prevent program abuse. Here are some of the most effective:

- Have the Program Integrity Unit conduct program abuse training at your agency
- Use/share program abuse alerts
- Post program abuse posters at your site
- Review WIC Program information sheet (WPIS) or Know Your Rights and Responsibilities (R & R) with participants
- Include the topic of program abuse in participant classes

The Program Abuse Handbook available from the Program Integrity Unit is a wonderful resource. Get one and use it. Highlights of the book include:

- Fraud can, and does, happen.
- How to report fraud - When in doubt, refer the matter to the Program Integrity Unit's staff and let them make the tough calls
- The Fraud Triangle
- Available resources



## Suspect Fraud?

### Contact the Program Integrity Unit

- Hotline to report fraud - 1-800-852-5770
- Email us at [wicfraud@dhs.ca.gov](mailto:wicfraud@dhs.ca.gov)
- Learn more at <http://www.wicworks.ca.gov/resources/piu/reportfraud.html>



## Branch Updates

# Market to Meals Materials

It's been a long gestation but we are finally at the pushing stage. Expect delivery of the *Market to Meals* meal planning and smart shopping education materials at your local agency very soon!

*Market to Meals* is the first of five California WIC nutrition education campaigns aimed at preventing obesity through healthy eating and active living. (The other campaigns will focus on lowfat milk, family meals and the feeding relationship, screen time, and eating out.)

The purpose of *Market to Meals* is to help WIC families learn how to select, purchase, prepare, and provide healthy meals on a budget.

The *Market to Meals* curriculum reflects what we learned from surveying WIC staff and holding discussion groups with English- and Spanish-speaking WIC participants. Field-testing helped refine the final products. You may have previewed these materials at the 2007 CWA Conference—soon you'll be able to put them to use.

### The Lesson Plans

The first two lesson plans are ready, in both English and Spanish:

- *What's Cooking? It Starts with a Plan and a List* (*¿Qué vamos a cocinar? Empecemos con un plan y una lista*). Creating meal plans and using shopping lists.
- *Be a Smart Shopper...Compare Prices!* (*Compre con inteligencia...¡compare los precios!*). How to identify and use unit prices and coupons to get the most for your food dollar.

Future Market to Meals classes will cover how to read food labels to make healthier choices at the grocery

store and how to prepare simple, low-cost, healthy meals using WIC foods.



### What You'll Get

Each WIC agency will soon receive a kit containing the Market to Meals classroom materials and sample participant handouts. Each kit will include the following items in both English and Spanish:

- The two lesson plans described above
- A sample set of all 8 participant handout pieces: meal planners, shopping lists, and worksheets
- Posters in three different sizes (a total of 15 posters)
- A set of bulletin board borders in three coordinating colors
- Bulletin board title banners in 2 sizes.

The kit will also include a PWPC letter with an order form for initial supplies of the participant handout materials. In the future, agencies will order these materials from the Office of State Publishing warehouse.

Have questions? Contact Delfina Shelomenseff at [dshelome@dhs.ca.gov](mailto:dshelome@dhs.ca.gov).

*Thank you . . . .*

. . . . to the dedicated and enthusiastic members of the Nutrition Education Committee and the wonderful staff who field-tested the curriculum and materials at the following local agencies:

- **Community Bridges**
- **County of Riverside Health Services Agency**
- **County of Tulare Health and Human Services Agency**
- **Fresno County Economic Opportunities Commission**
- **Northeast Valley Health Corporation**
- **Placer County Department of Health and Human Services**
- **Public Health Foundation Enterprises**
- **San Diego State University Foundation**
- **Santa Barbara County Public Health Department**
- **Shasta County Department of Public Health**
- **Solano County Health and Social Services Department**

# Coming Your Way Soon!

### Be a Smart Shopper When Using Coupons

Compre con inteligencia cuando usa los cupones

Using coupons may save you money. Compare prices with and without a coupon to see what's the best buy.

Usar cupones puede ayudarle a ahorrar dinero. Compare los precios con y sin el cupón para ver cuál resulta más económico.

**Crunchy O's** \$4.59

Save \$1.00

**Honey Hawaiian Pineapple** \$1.39

Save 50¢

### No Unit Price?

¿Y si no hay el precio por unidad?

You can figure it out. Here's how... Puede calcularlo. Hágalo así...

**Crunchy O's**

\$3.15 Crunchy O's (oz)

### Plan para Comidas

	Desayuno	Almuerzo	Coma	Bocadillos
lunes				

### GUÍA DE COMIDA

Visite [www.MyPyramid.gov](http://www.MyPyramid.gov) para aprender lo que necesitan comer los hombres y los niños más grandes cada día.

Mujeres	Niños de 3 a 5 años	Niños de 4 a 5 años
<p><b>Tortillas, panes, granos y cereales</b> Elija más alimentos de grano integral como pan de trigo integral, avena, tortillas de maíz, arroz cocido.</p> <p>6 a 8" de estas opciones todos los días: 1 pan, tortilla, bolillo 1 panqueque, waffle 1/2 English muffin, bagel 1 taza cereal 1/4 taza cereal cocido 1/4 taza fideos, arroz 3 galletas saladas * 7 a 8 si está embarazada * 8 a 10 si está dando pecho</p>	<p>6 a 10 de estas opciones todos los días: 1 pan, tortilla, bolillo 1 panqueque, waffle 1/2 bagel 1/4 taza cereal 1/4 taza cereal cocido 1/4 taza fideos, arroz 3 galletas saladas quesadillas</p>	<p>4 a 5 de estas opciones todos los días: 1 pan, tortilla, bolillo 1 panqueque, waffle 1/2 bagel 1/4 taza cereal 1/4 taza cereal cocido 1/4 taza fideos, arroz 3 galletas saladas quesadillas</p>
<p><b>Verduras</b> Come verduras amarillentas o de color verde oscuro todos los días.</p> <p>2 tazas de estas opciones todos los días: Frutas frescas, enlatadas o congeladas Jugo de fruta 100% - nada más 6 onzas cada día</p>	<p>2 tazas de estas opciones todos los días: Frutas frescas, enlatadas o congeladas Jugo de fruta 100% - nada más 6 onzas cada día</p>	<p>1 a 1 1/2 taza de estas opciones todos los días: Frutas frescas, enlatadas o congeladas Jugo de fruta 100% - nada más 6 onzas cada día</p>
<p><b>Productos de la leche</b> Elija más productos de leche descremada o baja en grasa.</p> <p>3 a 4" de estas opciones todos los días: 1 taza leche o yogur 2 tazas requesón 1/2 onza queso 1/4 taza pudín o flan de leche, arroz con leche 1/4 para adolescentes</p>	<p>4 de estas opciones todos los días: 1/2 taza leche o yogur 1 taza requesón 1/2 onza queso 1/4 taza pudín o flan de leche, arroz con leche 1/4 taza helado, helado de yogur</p>	<p>3 a 4 de estas opciones todos los días: 1/2 taza leche o yogur 1 onza queso 1/4 taza requesón 1/4 de taza pudín o flan de leche, arroz con leche 1 taza helado, helado de yogur</p>
<p><b>Alimentos con proteína</b> Come alimentos con proteína de vegetal todos los días.</p> <p>2 a 4 de estas opciones todos los días: 1 onza carne, pollo, pavo, pescado (2 cucharadas) 1 huevo 1/4 de taza frijoles o lentejas 1 cucharada crema de cacahuate</p>	<p>2 a 4 de estas opciones todos los días: 1 onza carne, pollo, pavo, pescado (2 cucharadas) 1 huevo 1/4 de taza frijoles o lentejas 1 cucharada crema de cacahuate</p>	<p>3 a 5 de estas opciones todos los días: 1 onza carne, pollo, pavo, pescado (2 cucharadas) 1 huevo 1/4 de taza frijoles o lentejas 1 cucharada crema de cacahuate</p>

Para general, la gente come suficiente grasa en los alimentos que comen.

Estos alimentos con muchas calorías no son buenos fuentes de vitaminas y minerales.

Este programa es un proveedor que ofrece igualdad de oportunidades.

### Smart Shopping List

- Vegetables**  
Choose a variety—include a dark green, orange or yellow vegetable every day.  
broccoli, cabbage, carrots, cauliflower, corn, cucumbers, green beans, lettuce, onions, peas, potatoes, sweet potatoes, tomatoes.
- Fruits**  
Choose a variety—include a vitamin C fruit every day.  
apples, bananas, grapefruit, grapes, kiwi, mango, nectarines, oranges, papaya, peaches, pineapples, plums, raisins, strawberries.
- Breads/Grains/Cereals**  
Choose whole grain foods like whole wheat bread, corn tortillas, oats and brown rice.  
bagels, bread, crackers, dry cereal, English muffins, grits, hot cereal, pasta, pretzels, rice, tortillas.
- Protein Foods**  
Include some vegetable protein foods every day.  
Animal Protein: chicken, eggs, fish, lean beef, lean pork, turkey, soy milk, Vegetable Protein: dry beans, lentils, nuts, peanut butter, tofu.
- Milk Products**  
Choose lowfat or nonfat dairy products.  
cheese, cottage cheese, frozen yogurt, ice cream, milk, yogurt.

### Other things I need

100% fruit juice  
100% vegetable juice  
100% milk

diapers  
baby wipes  
shampoo

### Lista de Compras

- Verduras**  
Elija una variedad—incluya todos los días verduras de color verde oscuro, naranja o amarilla.  
aguacate, brocoli, calabacitas, cebollitas, chayote, chicharos, chiles, cilantro, coiflor, ejotes, jitomates, lechuga, nopales, papas, pepinos, pimientos, tomate, zanahorias.
- Frutas**  
Elija una variedad—incluya todos los días una fruta con vitamina C.  
ciruelas, duraznos, fresas, kiwi, mangos, manzanas, melón, naranjas, papaya, peras, plátanos, toronja, uvas.
- Panes/Granos/Cereales**  
Elija alimentos integrales como pan de trigo integral, tortillas de maíz, avena y arroz integral (arroz moreno).  
arroz, avena, galletas saladas, pan, pretzels, pasta, tortillas, bolillos.
- Alimentos con Proteína**  
Incluya alimentos con proteína vegetal todos los días.  
Proteína de animales: carne de res, carne de puerco, huevos, pavo, pollo, pescado.  
Proteína de vegetal: crema de cacahuate, frijoles, chicharos, lentejas, nueces, tofu.
- Productos de Leche**  
Elija productos de leche bajos en grasa o sin grasa.  
queso, requesón, yogur, yogur congelado.

### Otras cosas que necesito

limón  
pañales  
toallitas para limpiar al bebé

jamaica  
shampoo

tamarindo  
100% jugo de fruta



## Branch Updates



# Internet Conferencing Enhances Knowledge . . . No Travel!

Four Internet conferences on premature infant feeding were offered to Registered Dietitians (R.D.) and Degreed Nutritionists (D.N.) between December 2005 and January 2007. Comments from some of the participants underscore the benefits of such computer-based learning:

*I really enjoy attending and learning by way of the computer and telephone.* —County of San Luis Obispo

*We appreciate refresher information.* —Nevada County WIC

*I could connect and participate without having to travel or leave the clinic. As a small agency this is really helpful.* —Central Valley Indian Health

Based on a needs assessment that R.D.s and D.N.s filled out concerning premature infant nutrition, four topics were presented in separate hour-long conferences that covered evidence-based nutrition recommendations and WIC case studies. There was additional time for questions and answers. For each conference, R.D.s and D.N.s listened to subject-matter experts from the medical community by telephone and viewed PowerPoint slides on a computer monitor or on a large screen. The topics and presenters were as follows:

**Premature Infants and Appropriate Formulas** (December 2005), Rula A. Harb, MD of the Division of Gastroenterology and Nutrition and Johanne Naylor, MS, RD, CNSD, CSP Neonatal Intensive Care Unit (former WIC RD) of Children's Hospital of Los Angeles

**Premature Infant Feeding Issues** (June 2006), Johanne Naylor, MS, RD, CNSD, CSP, Neonatal Intensive Care Unit and Judy Parkinson, MA, OTR/L, CLE of the Department of Rehabilitation Services at Children's Hospital of Los Angeles

**Breastfeeding the Preterm Infant** (January 2007), Nancy E. Wight, MD, IBCLC, FABM, FAAP Neonatologist and Medical Director, Lactation Services Sharp Mary Birch Hospital for Women, San Diego

**Medi-Cal Program Highlights and Therapeutic Formula Policies** (March 2007), Vivian Auble, Chief, Plan Management Branch, CA Medi-Cal Managed Care Division Sacramento

### Conference Attendance and Benefits

R.D.s and D.N.s at many WIC agencies took advantage of the Internet Conferences. Each conference had participation by more than half of local agencies (55-64%), and 58% of the 83 agencies attended three or four conferences. Only thirteen (16%) did not attend any conferences, mainly because of staff shortages and time constraints.

Based on pre- and post-test scores, R.D. and D.N. knowledge about premature infant nutrition screening, appropriate formulas and feeding practices, especially for breastfeeding, increased by as much as 30% following the conferences.

Local agencies reported that the primary benefits of using net conferencing were not having to travel and

staff spending less time away from WIC clinics. Other benefits included the following:

- Ability to ask questions of an expert in the subject
- Cost savings: no hotels, travel, or registration fees
- free CEU's for R.D.s
- Speaker handouts

Following the conferences, the majority of local agencies demonstrated an ongoing interest in premature infant nutrition. For example, Cathy Beres, R.D. of San Bernardino County WIC Program was inspired to develop a premature infant screening tool. After learning that medical directors of managed care health plans must provide formulas for documented medical conditions, the Public Health Foundation Enterprise WIC Program made plans to post the Medi-Cal managed care letter on their website to improve participant access to medically necessary formulas. According to Vivian Auble, Chief of the Medi-Cal Managed Care Plan Management Division, medical directors of managed care health plans must provide formulas for documented medical conditions and establish memorandums of understanding between local WIC agencies and health care plans to improve nutrition outcomes of WIC participants.

**For conference recordings or handouts, contact the WIC Food Package Policy Unit: (916) 928-8652 or (916) 928-8605.**



## Career Corner: Ask Nancy

Nancy Nesa, MA, RD, Statewide Career Development Coordinator

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. If you have questions, please e-mail Nancy at: [nnesa@projects.sdsu.edu](mailto:nnesa@projects.sdsu.edu).

### Q. Can I consider a career as a dietetic technician even if I don't think I want to become a dietitian?

**A.** Nutrition is a great career choice and a growing area of need in our community, especially in nutrition education programs like WIC. Only two nutrition professionals are recognized by the American Dietetic Association and California state law (Business and Professions Code 2585-2586): one is Dietetic Technician, Registered (DTR), the other is Registered Dietitian (RD) only. DTRs and RDs work together to provide comprehensive nutritional care to the community in many settings, including WIC Programs.

### Q. How can I become a dietetic technician?

**A.** The dietetic technician program is a two-year associate's (AA) degree from an accredited university or community college. Coursework includes classes such as basic nutrition, advanced nutrition, community nutrition, cultural nutrition, and nutrition throughout the lifecycle. You also complete 450 hours of supervised practice in various nutrition care settings. After you receive your degree, you are eligible to take the examination for national registration to become a DTR (dietetic technician, registered). If you already have a degree in nutrition, you may be able to step right into the supervised practice, take the exam, and become a

DTR. Several California colleges have dietetic technician programs: Orange Coast College, Long Beach College, LA City College, Merritt College, Chaffey College, Rancho Cucamonga and Cosumnes River College. Cosumnes River College and Central Arizona College also offer the DTR program through the Internet, via what is called "distance education" or "distance learning." In those programs, all of the nutrition courses are taken online. Additional information about these programs can be found on the ADA web site at [www.eatright.org](http://www.eatright.org)—click on the "Careers and students" tab.

### Q. If I decide later to become an RD, will the dietetic technician program help me?

**A.** You may be able to transfer classes completed through a CADE-accredited DT program (one accredited by the Commission on Accreditation for Dietetics Education) to a bachelor's degree in dietetics. Discuss whether this is possible with the DT program director; you may also want to check with the dietetics program director at the university to determine if the courses will be accepted as fulfilling some of the curriculum requirements for becoming a RD.

### Q: Can I (continue to) work for WIC as a dietetic technician?

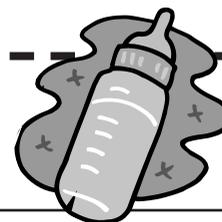
**A.** Right now, state approval is needed to hire a DT for positions other than WNA. This policy requires the local program to write to the Regional Nutritionist to describe a DT's qualifications to counsel Level 3 clients. For the future, the California Program staff is considering modifying its policy to clarify that DTRs (who have two years of academic preparation and an internship) have the same status as Degreed Nutritionist (who have four years of academic preparation.)

### Cosumnes River College (CRC) is the only online program in California!

All of the nutrition courses are available on the Internet (no campus visits necessary). Currently tuition is only \$20.00 per unit. Students without previous college experience as well as those with a bachelor's degree in nutrition can enroll. Cosumnes River College offers the following programs:

- Community Nutrition Certificate
- Dietetic Technician Certificate
- Associate's degree in Nutrition and Foods, Dietetic Technician

CRC nutrition classes lend themselves to people who are working and/or have family obligations. Nutrition classes can also be taken without being in the dietetic technician program to gain additional knowledge in nutrition, help prepare students for the RD exam, and/or to update their skills. For more information about this program, visit <http://crc.losrios.edu/~diettech>.



## Healthy Living Series

### Does Giving Infant Cereal in a Bottle Help a Baby Sleep?

Many myths get passed around about babies—what will make them smarter, what will make them happier, what will make them sleep. One myth that often gets repeated is that putting cereal in your baby's bottle will help her sleep through the night. Not only is this often-repeated "advice" wrong, it could be harmful.

The American Academy of Pediatrics specifically recommends never adding cereal to the bottle. It is normal for babies to wake up as many as three times a night to feed during their first six months. Their tiny stomachs can hold only a few ounces at a time. Giving them cereal will not change this.

A participant may still ask, "What's the harm?" Here are a few truths—not myths—to pass on about feeding infants cereal:

1. Your baby may **develop food allergies** when starting solid foods such as cereal before 6 months of age.
2. Your baby may **choke** since she or he does not yet have fully developed sucking and swallowing skills.
3. Your baby may **overfeed**. **Cereal in the bottle may affect a baby's self-regulation of how much she/he drinks**. Babies regulate their intake with how much milk they drink. Adding cereal adds calories, so the baby gets more than he or she needs. This may result in overfeeding, which could lead to obesity in later life.

#### More information on feeding solids you can share:

1. Recent guidelines recommend solid foods be introduced **at around 6 months of age** (instead of the 4 to 6 months previously recommended) and **NEVER** in a bottle.
2. Before starting solid foods, babies need to show **ALL** of these signs of readiness:
  - Sit up with support
  - Hold head steady
  - Put fingers (or toys) in mouth
  - Show she or he wants food by opening mouth
  - Close lips over a spoon
  - Show she or he does not want food by turning head away
  - Keep food in mouth and swallow it

See [http://www.wicworks.ca.gov/education/nutrition/Infant\\_Feeditn/InfantFeeding.htm](http://www.wicworks.ca.gov/education/nutrition/Infant_Feeditn/InfantFeeding.htm) for more information.



## Getting Off of Square One

by Karen Zufelt, MD

We've all heard the mantra, "Exercise and eat right." When it comes to managing our weight, this might actually be the easy part! After all, most of us have been successful at losing weight on one "diet" or another, so why do we always end up back at "square one?" Our relationship to food and eating can be affected by many factors: emotions, cost, and even convenience. But if you find yourself in a constant struggle with food, the following tips can help you keep from returning to square one.

### Stop setting limits on yourself:

You might have beliefs – often rooted in your history – that you could never achieve certain goals. "Oh, I can't exercise, I was never good in sports." "I've always been a klutz." "I'll be the heaviest person at the gym." By bombarding yourself with self-defeating thoughts, you're setting negative limits, which prevent you from following your dreams. It's time to remove these artificial roadblocks and believe that you can try something new. Try setting a goal you once thought was impossible. Then break this goal into a series of baby steps. Now take it one step at a time.

### Make one change at a time:

Each week, choose a healthy behavior to replace one unhealthy habit. Don't try to transform your life in an instant; this is a classic set-up for failure. Taking small, manageable steps won't leave you feeling deprived or resentful. Instead, they'll allow success to build upon success, inspiring you to stay on course toward your goal. Examples of small changes include the following: Give up one soda each day. Exchange a 4:00 vending machine snack for a refreshing piece of fruit. Try one new vegetable this week. Add 5 minutes to your daily exercise routine.

### Keep a food diary:

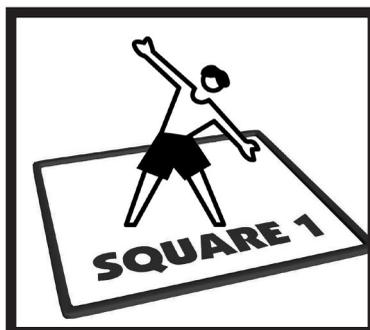
Keeping a food diary really helps with weight loss. People who keep careful track of what they eat are more

than twice as likely to lose weight and keep it off as those who don't. Food diaries are powerful tools for discovering emotional patterns of eating. Food diaries should not only include the basics (the amount of food and the time of day), they can also serve as a journal, chronicling how you feel when you reach for food. Are you truly hungry?

If not, then ask yourself, "Why do I really want to eat?" This allows you to tap into your authentic underlying emotions – boredom, anger, sadness, frustration, to name a few. When you begin to see your patterns and understand your emotional triggers, you can focus on changing those automatic and unhealthy responses.

### Find a support system:

Enlisting the support of family and friends is often key to achieving your goals. Spouses who step up when you need time to exercise, friends who go for a walk instead of going out for dessert, and children who help with chores so you can hop on the treadmill are crucial to your progress. We all need our personal cheerleaders! In addition, research shows that exercising with a buddy increases the likelihood that you will stick with your program. Exercise buddies offer camaraderie, accountability, motivation, and inspiration to maintain your commitment to your new healthy lifestyle.



*Questions or comments? Please contact Karen Zufelt at [karey@runningforwomen.com](mailto:karey@runningforwomen.com). This article was based on a WIC Workshop presented May 8, 2007 by Karen H. Zufelt, MD and Anna Chiaravallotti of Running For Women. This program helps women achieve goals they once thought were impossible. This unique site offers a physician-developed program, a signature curriculum, and a very personal level of support from a physician, coach, and registered dietitian. See their website ([RunningForWomen.com](http://RunningForWomen.com)) for more information on their supportive run/walk program and nutritional assistance.*



## Legislative Update

*continued from page 4*

### CWA-SPONSORED BILLS

For complete info on both CWA bills, go to <http://www.calwic.org/legislation/state.aspx>.

**SB 22 (Migden) Breastfeeding Promotion and Support.** This bill would allow California WIC to expand our successful Breastfeeding Peer Counseling programs to include more local sites and asks DHS to simplify the MediCal reimbursement policies for support and breast-pumps. We also have worked with the CA Hospital Association (CHA) on amendments to improve breastfeeding rates in hospitals. The Senate Health Committee hearing featured Brandi Gates, Alameda County WIC Breastfeeding Peer Counselor, and Brandilynn Anderson, breastfeeding mother, who were star witnesses! There currently is no money specifically designated in the bill, but we will be working with the Governor's office on that issue. Passed Assembly Health Committee June 26th. SB22 set for hearing in Assembly Appropriations on August 22nd.

**AB 420 (Wolk) is also being sponsored by the 100% Campaign.** The bill would provide the funding needed to implement the WIC

Gateway, an automated enrollment system that would be built into ISIS and allow frontline WIC staff to pre-enroll uninsured WIC participants into (mostly) Medi-Cal or Healthy Families. This bill clarifies previous legislation (SB 437, Escutia), requiring WIC sites with high numbers and high need to participate in the WIC gateway system only to the extent funding is available for these activities. The bill would permit all other local WIC agencies to use the WIC gateway system at their option. This bill is now a two year bill and we are working with our co-sponsors on all of our options to address this important policy. Dead. Working on Possible Alternative Strategies.

### CWA SUPPORTS Health Access

**AB 1 (Laird & Dymally), SB 32 (Steinberg), AB 8 (Nunez), SB 48 (Perata)**

These bills would all ensure that children receive health insurance in California. CWA strongly supports this policy! AB 1 & AB 8 are in Senate Health July 11th; SB 32 Passed Assembly Health on July 3rd and is now in A. Approps.

### Nutrition and Obesity Prevention:

**SB 107 (Alquist) Healthy Foods in Low-Income Communities.** Funds retail assistance to increase healthy foods in neighborhood stores. Dead for year. Bill now contained in SB 48. Passed A. Health on July 3rd and now in A. Approps.

**SB 20 (Torlakson) School Nutrition Funding.** Increases meal reimbursements to school and

child care programs that provide more nutritious meals. In Assembly Education on July 11th.

**SB 120 (Padilla) Chain Restaurant Labeling.** Requires chain restaurants, as specified, to provide information on calories, fats and sodium on menus, and calories on menu boards. Passed Assembly Health July 3rd. Now in A. Approps.

**AB 898 (Saldana) Health Promotoras in Schools.** Pilot program that utilizes "Promotores de Salud" to deliver nutrition education in schools. Set for Assembly Health April 17. Dead for year: 2 Year Bill.

**AB 1472 (Leno) Healthy Places Act.** Requires DPH to provide TA and to community organizations and local health agencies to evaluate land-use planning decisions to ensure they promote health. Assembly Health April 17. In Senate Health on July 11th.

**SB 24 (Torlakson) Cigarette "Fees" for Preventive Services.** Being amended. (CWA to Watch). Dead for year: 2 Year Bill.

### Hunger and Poverty Prevention

**AB 21 (Jones) State EITC.** Establishes a state Earned Income Tax Credit for working poor families. Dead for year: 2 Year Bill.

**AB 433 (Beall) Food Stamps.** Requires DSS to rename the Food Stamp Program and establish "categorical eligibility" for the newly-named program among MediCal recipients. Passed Senate Human Services June 26th. To S. Approps.

### Miscellaneous

**AB 834 (Hayashi) Oral Health.** Improves and enhances community dental disease prevention programs operated by county health departments and local partners. In Senate Approps on July 16th.



*Elise Thurau, Legislative Aide to Senator Migden, received the WIC Champion Award on her behalf on Policy Day. Seen here with Terri Cowger Hill, Laurie True and Karen Farley.*



## Educational Resources

### ■ The Clinician's Breastfeeding Triage Tool [www.ilca.org](http://www.ilca.org)

This pocket-sized breastfeeding triage card is a great resource. Laminated, reasonably priced and with bulk discounts this product is within reach of limited budgets.

### ■ Academy of Breastfeeding Medicine (ABM) Clinical Protocols [www.bfmed.org](http://www.bfmed.org)

The ABM is a go-to resource for a variety of clinical breastfeeding protocols for healthcare providers especially physicians, nurses and hospital administrators. Not only are these protocols useful if your organization needs protocols, these are excellent advocacy tools for improving breastfeeding support in your community. Produced by the Academy of Breastfeeding Medicine, an international multi-specialty physician organization with over 400 members from more than 25 countries, physicians and nurses new to breastfeeding can find confidence in resources produced and approved by peers.

### ■ Hirkani's Daughters: Women who Scale Modern Mountains to Combine Breastfeeding and Working [http://www.lli.org/docs/spanish/HD\\_all\\_sp1.pdf](http://www.lli.org/docs/spanish/HD_all_sp1.pdf) (Spanish) <http://store.lli.org/public/profile/125> (English)

Now available on line in Spanish. The original book in English was a collection of first-person stories from women around the world, was published by La Leche League last year. The Spanish version presents the stories that were submitted for the book by Latin American and Spanish mothers



## Hot Links

### ■ Healthy People 2010 Breastfeeding Guidelines <http://www.healthypeople.gov/data/midcourse/html/focusareas/FA16Objectives.htm>

The Healthy People 2010 Guidelines underwent a Mid Course review and now have guidelines for exclusive breastfeeding! Use this reference for work in your community advocacy for breastfeeding support!

### ■ MomsRising [www.momsrising.org](http://www.momsrising.org)

MomsRising, a grassroots bi-partisan organization with 90,000 plus citizen members and over 75 national group members has a mission to build a more family friendly America. Their slate includes five focus areas: flexible, open work; TV and after school programs; health care for all kids; excellent childcare; and realistic and fair wages.



## Recipe

### Ratatouille

Original recipe yield: 4 servings

Prep Time: 15 mins

Cook Time: 45 mins



#### INGREDIENTS

- 2 tablespoons olive oil
- 3 cloves garlic, minced
- 2 teaspoons dried parsley
- 1 eggplant, cut into 1/2 inch cubes
- salt to taste
- 1 cup grated Parmesan cheese
- 2 zucchini, sliced
- 1 large onion, sliced into rings
- 2 cups sliced fresh mushrooms
- 1 green bell pepper, sliced
- 2 large tomatoes, chopped

#### DIRECTIONS

1. Preheat oven to 350 degrees F (175 degrees C). Coat bottom and sides of a 1 1/2 quart casserole dish with 1 tablespoon olive oil.
2. Heat remaining 1 tablespoon olive oil in a medium skillet over medium heat. Saute garlic until lightly browned. Mix in parsley and eggplant. Saute until eggplant is soft, about 10 minutes. Season with salt to taste.
3. Spread eggplant mixture evenly across bottom of prepared casserole dish. Sprinkle with a few tablespoons of Parmesan cheese. Spread zucchini in an even layer over top. Lightly salt and sprinkle with a little more cheese. Continue layering in this fashion, with onion, mushrooms, bell pepper, and tomatoes, covering each layer with a sprinkling of salt and cheese.
4. Bake in preheated oven for 45 minutes.

*From Allrecipes.com.*

*Watch the summer blockbuster movie of the same name for a fun visual feast.*

## CWA Directors 2006 - 2007

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Heidi Kent, Eloise Jenks



**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:

ISSUE	THEME	DEADLINE
Fall 2007.....	WIC-Hotter than Ever: Managing WIC in Heated Times.....	August 1, 2007
Winter 2007.....	TBA.....	November 15, 2007

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newsletters?

New e-mail  
address?

Please contact Kinkini Banerjee,  
Communications Coordinator at CWA:

[kbanerjee@calwic.org](mailto:kbanerjee@calwic.org)  
CWA, 1107 9<sup>th</sup> St., Ste. 625  
Sacramento, CA 95814  
916-448-2280-phone  
916-448-7826-fax

Want to be  
added to the  
Flash e-mail?

# SAVE THE DATE!

## 2007 FALL MANAGEMENT CONFERENCE

*WIC-Hotter than Ever:  
Managing WIC in  
Heated Times*

SEPTEMBER 17-19  
HILTON PALM SPRINGS



*Lactation support for mothers immediately after delivery is  
critical to successful breastfeeding.*

California WIC Association  
1107 9<sup>th</sup> Street, Suite 625,  
Sacramento, CA 95814