

CALIFORNIA
WIC ASSOCIATION



WIC

WATCH

WINTER 2008
HEALTHY FOODS

Happy New WIC Foods!

2008 will be a banner year for WIC, as we work together and with outside stakeholders to make creative decisions about exactly what our new Food Packages will look like, and how we can leverage the rollout in 2009 to maximize community health.

But the first step is to really get to know our new foods. All WIC staff will be frontline ambassadors for the new WIC food package. If we've tried them and liked them, we will do a much better job marketing these healthier foods to WIC families.

So let's get started with this special HEALTHY FOODS issue. Bon Appetit!



With better foods, clear and consistent messages, WIC families can look forward to a healthier future.

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USDA Releases New WIC

The long-awaited Interim Rule transforming WIC's food packages was released on December 6. This Rule implements the first comprehensive revisions to the WIC food packages since 1980. These revised food packages were developed to align the WIC food packages with the Dietary Guidelines for Americans (DGA) and current infant feeding practice guidelines of the American Academy of Pediatrics, better promote and support the establishment of successful long-term breastfeeding, provide WIC participants with a wider variety of food, and provide WIC State agencies with greater flexibility in prescribing food packages to accommodate participants with cultural food preferences. This rule is effective February 4, 2008.



Highlights include:

- State and Local WIC Programs will have 18 months to implement the changes.
- Whole grains and soy options (soy beverages and tofu) will be added.
- Packages will include monthly fruit and vegetable cash-value vouchers of \$8 for women, \$6 for children, and \$10 for exclusively breastfeeding women!
- Fruit and vegetable checks will be indexed for inflation and can be redeemed through WIC-ap-

proved retail grocers and Farmers' Markets.

- Important changes will further encourage breastfeeding among WIC mothers and support breastfed infants.

General Provisions That Affect All WIC Food Packages

1. Nutrition Tailoring

Current FNS policy allows both categorical and individual nutrition tailoring of WIC food packages. Categorical nutrition tailoring is the process of modifying the WIC food packages for participant groups or subgroups with similar supplemental nutrition needs, based on scientific nutrition rationale and State established policies. Based on the IOM revisions to the WIC food packages per current nutrition science, FNS proposed that State agencies would no longer be authorized to categorically tailor food packages, but allow individual nutrition tailoring based on the Competent Professional Authority's assessment of a participant's supplemental nutrition needs.



2. Cultural Food Package Proposals

According to FNS, the increased variety and choice in the supplemental foods in this interim rule provide State agencies expanded flexibility in prescribing culturally appropriate packages for diverse groups. Future reviews of the WIC food packages

by FNS will be used to determine the need for additional cultural accommodations. However, to allow State agencies the flexibility to meet unanticipated cultural needs of participants, State agencies will be able to submit to FNS a plan for substitution of food(s) to allow for different cultural eating patterns.

3. Medical Documentation and Supervision Requirements

Medical documentation will be required for certain milk alternatives for children and women and for any supplemental foods authorized in proposed Food Package III. Medical documentation would continue to be required for any contract brand infant formula that does not meet the requirements of an infant formula specified in the proposed rule, any non-contract brand infant formula, any exempt infant formula, or any WIC-eligible medical food.

4. Organic Foods

This interim rule continues to authorize organic forms of foods that meet minimum nutrition requirements described in the proposed rule. However, WIC State agencies are responsible for determining the brands and types of foods to authorize on their State WIC food lists.



Food Package Rules

Supplemental Foods

1. Fruits and Vegetables

Packages will include monthly fruit and vegetable cash-value vouchers of \$8 for women, \$6 for children, and \$10 for exclusively breastfeeding women. Fruit and vegetable checks will be indexed for inflation and can be redeemed through WIC- approved retail grocers and Farmers' Markets.

2. Peanut Butter and Legumes

18 ounces of peanut butter have been added to improve the intake of several nutrients in the diets of preg-



nant and breastfeeding women. Legumes (dried beans/peas or peanut butter) are added for postpartum women. Canned beans can be used as an optional substitute for dried beans. Peanut butter will continue to be offered to children 1-5 years.

3. Milk and Milk Alternatives

The maximum monthly allowances for milk has been decreased in all food packages—for children and postpartum women, from 24 quarts to 16 quarts; for pregnant and partially breastfeeding women, from 28 to 22 quarts; and for fully breastfeeding women, from 28 quarts to 24 quarts of milk.

- Low fat milk: only milk with no more than 2% milk fat is authorized for children 2 years of age and older and women.
- Lactose free milk: FNS clarifies that calcium-fortified,

lactose-reduced and lactose-free, acidified, and ultra-high temperature (UHT) milks are authorized, and that lactose-free or lactose-reduced dairy products should be offered

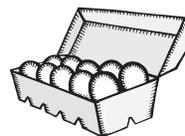


before nondairy milk alternatives to those participants with lactose intolerance who cannot drink milk. FNS also clarifies that medi-

cal documentation is not required for participants to receive lactose-reduced and lactose-free milk

- Authorized Substitutions for Milk (Cheese, Tofu, Soy-Based Beverage): The amount of cheese that may be substituted for milk is reduced to one pound per month for children and pregnant, postpartum and partially breastfeeding women, and two pounds for fully breastfeeding women. Soy-based beverage can be substituted for milk for women at the rate of 1 quart of soy-based beverage for 1 quart of milk up to the total maximum allowance of milk.

Calcium-set tofu can be substituted at the rate of 1 pound of tofu per 1 quart of milk.



4. Yogurt

Due to cost factors, yogurt will not allowable in the WIC food package.

5. Eggs

The maximum monthly allowance for fresh shell eggs has been reduced from the current 2 or 2 1/2 to 1 dozen fresh shell eggs for children and women. For fully breastfeeding women, the maximum monthly allowance is proposed at 2 dozen eggs.

6. Juices for Children and Adults

For children, the proposed maximum monthly allowance of juice has been reduced from 288 fluid ounces to 128 fluid ounces. For pregnant and partially breastfeeding women, from 288 fluid ounces to 144 fluid ounces; for postpartum women from 192 fluid ounces to 96 fluid ounces; and for fully breastfeeding women, from 336 fluid ounces to 144 fluid ounces.

7. Whole grains and Breakfast Cereals

The interim rule proposes a whole grain requirement for breakfast cereal and added whole wheat bread or other whole grain options (products that are 100% whole grain, or are primarily whole wheat or multi-grain), for children and pregnant and breastfeeding women.

8. Canned Fish

30 ounces of Canned Light tuna, salmon, sardines and mackerel are allowed for fully breastfeeding women.



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WIC FOOD PACKAGE RULES

continued from page 3

Breastfeeding Provisions

FNS proposed to revise the definition for WIC “participation” to include the number of breastfeeding women who receive no supplemental foods or food instruments but whose breastfed infant(s) receives the supplemental foods or food instruments. The definition means, therefore, that a partially breastfeeding woman who requests, after the sixth month postpartum, more than the maximum amount of formula allowed for a partially breastfed infant would no longer receive a food package but would continue to count as a WIC participant and receive other Program benefits and nutrition services (nutrition education, including breastfeeding promotion and support, and referrals to health and social services).

The proposed food packages for infants and women were designed to strengthen WIC’s breastfeeding promotion efforts and provide additional incentives to assist mothers in making the decision to initiate and continue to breastfeed.

The IOM’s three-pronged approach focused on the market value of the package for the mother/infant pair for the first year after birth, addressed differences in supplementary nutrition needs of breastfed and formula fed infants, and considered how to minimize early supplementation with infant formula through continued or increased efforts to promote and support the breastfeeding dyad. Although two infant feeding options, either full breastfeeding or full infant formula feeding, were recommended by the IOM to discourage early supplementation with formula, USDA added a third package, partially breastfeeding, in response to comments opposing just the two pack-

age options. The CPA is expected to individually tailor the amount based on the carefully assessed needs of the individual breastfeeding infant. The goal is to provide as minimal amount of supplemental formula as is needed, while offering counseling and support, in order to help the mother establish a successful milk supply. FNS plans to strengthen WIC’s efforts to promote and support breastfeeding, through provision of peer counseling funding to State agencies and other means.

Highlights of Proposed Food Packages for Infants

The rule proposed the following changes:

- Revise age specifications for assignment to infant food packages
- Establish three feeding options within each food package – fully breastfed, partially breastfed, of fully formula fed: To more actively support successful breastfeeding, the proposed rule would set a maximum formula amount for partially breastfed infants in Food Package I that is roughly half the maximum provided to fully formula fed infants.
- Revise maximum monthly infant formula allowances. Under current WIC regulations, a maximum formula allowance is specified for all infants assigned to Food Package I, regardless of infant feeding practice. Under the proposed rule, the amounts of formula and the amounts and type of infant foods would vary



by infant feeding option. Maximum formula allowances would be reduced for both partially breastfed and fully formula fed infants.

- Delay introduction of complementary foods to six months of age: The proposed rule would have extended the age range of infants covered by Food Package I by two months, thereby delaying introduction of complementary foods previously offered in this food package (juice and cereal) until six months of age.
- Add infant fruits and vegetables to Package II
- Eliminate juice from both infant packages
- Disallow infant formula for fully breastfed babies during the first month after birth
- Disallow low-iron formula
- Allow commercial infant food meats for fully breastfed infants in Package II
- Reassign infants with a qualifying condition to proposed Food package III – Participants with qualifying conditions – and authorize the issuances of exempt infant formulas only in Package III.

: To read the Interim Rule, please go to <http://www.fns.usda.gov/wic/regspublished/foodpackagesrevisions-proposedrule.htm>. :



WIC Food Package Summits

If planned carefully and leveraged by strategic partnerships, the implementation of the new WIC food changes could result in dramatic health improvements in communities most impacted by the obesity epidemic. Simply adding an estimated \$80 million in new purchasing demand for produce is bound to have positive effects on local food economies! Taken together, the new WIC Foods will make healthy food choices easier for millions of low-income households – including, significantly, households not participating in WIC.

The **National WIC Association** will bring national WIC stakeholders together in Washington to celebrate, coordinate and strategize implementation issues at a Summit to be held as part of the **Leadership Conference** from **March 9-11**. For more information, go to www.nwica.org.

California WIC's FFY 2008 WIC budget represents a major infusion of cash into low-income communities: our funding for next year is nearly \$1 billion! CWA, along with PolicyLink and the California WIC Program will hold a California Summit, **Making Change Matter: Maximizing the Impact of the New WIC Foods, on April 7, 2008 in Los Angeles**. Key stakeholders, including state and local policymakers, public health and community development experts, low-income and multicultural health advocates, nutrition and health educators, breastfeeding advocates, farmers, food processors and retailers, and WIC professionals are expected to attend to maximize the benefits of these historic changes to the families we serve – and for the communities they live in. **For information and registration details, please go to <http://www.calwic.org/foodsummit.aspx>.**

New Date!

April 7, 2008

CENTER FOR HEALTHY COMMUNITIES LOS ANGELES

MAKING CHANGE MATTER: MAXIMIZING THE HEALTH IMPACT OF THE NEW WIC FOODS

WIC is preparing for an exciting change! After a 35-year wait, the foods provided to millions of low-income families will be updated and improved. Later this year, groundbreaking new federal rules will be released that will enable WIC households, for the first time, to purchase a variety of fruits and vegetables, whole grains and soy products. They also will give WIC's multicultural population more food choices, and lower overall fat and sugar content.

Monday, April 7, 2008 • 9 AM to 5 PM
 Center for Healthy Communities
 1000 N. Alameda Street
 Los Angeles, CA 90012
www.calendow.org/chc

A Summit for California WIC Partners



Whew! WIC Funding Secured

After weeks of grassroots advocacy, skillful diplomacy, and nail-biting stress, Congress finally broke the funding logjam and passed an Omnibus spending bill, saving WIC from having to make deep cuts in January. The Program was funded at \$6.02 Billion - which California WIC Program Chief Linnea Sallack assured local providers will be "sufficient funding to continue to provide services to an average of about 1.4 million participants statewide each month through September 2008."

WIC received \$5.6 B in Agriculture Appropriations and an additional

\$400 M as part of an emergency spending package. Other WIC funds for FFY 2008 include:

- \$150 M to top up the WIC Contingency Fund
- \$14 M for infrastructure funding
- \$15 M for Breastfeeding Peer Counseling
- \$30 for MIS (subject to caseload need)
- \$20 M for the WIC Farmer's Market Nutrition Program.

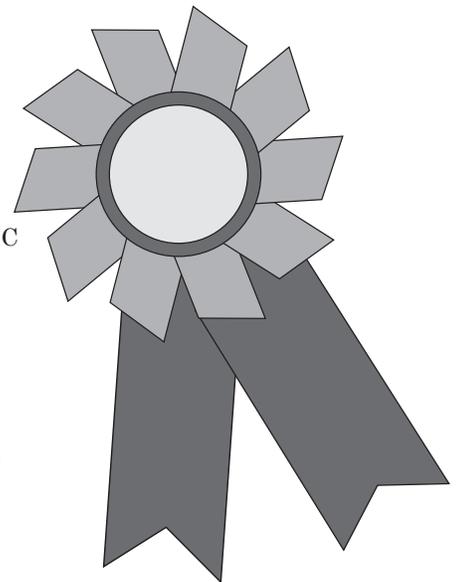
This was one of the worst fiscal crisis that the WIC Program has ever faced. The CWA Board of Directors

and Staff would like extend warm and heartfelt thanks to all of our WIC partners, program allies, and grassroots supporters for your dedication and activism on behalf of WIC in the past few weeks. Many of you went the "extra mile" during a busy time to make calls, send out alerts, or talk to reporters. Some of you did so while facing similar challenges to funding or policy in the programs that serve the same low-income families or communities.

WIC could not have weathered this storm without your support.

California Nutrition Corps 2007 Scholarship Award Recipients

Scholarship	Winner	WIC Program
Stefan Harvey	Mariza Campana	PHFE WIC
General Mills	Jeremie Chua Niduaza	Monterey County WIC
General Mills	Khalilah Sharp	PHFE WIC
General Mills	Christina Castillo	PHFE WIC
	Mindy Sapilewski	SDSU Foundation WIC
	Suzanne Smith	ARC WIC
	Marbella Rodriguez	CA Dept. of Public Health
	Jessica Watson	PHFE WIC
	Christine Toth	Axis Community Health WIC
	Laura Gonzalez	Ventura County WIC
	Veronica Castillo	CRP WIC
	Morgan Poole	SDSU Foundation WIC
	Christine Bilbrey	Madera Co. Health Dept.
	John Edward Palino	NEVHC WIC
	Angela Duran	ARC WIC
	Shahnaz Begum	NEVHC WIC
	Elizabeth Casparro	Santa Barbara County WIC
	Suzanne Malamud	NEVHC WIC
	Danny Kazorian	PHFE WIC
	Amy Moran	Community Bridges WIC
	Erin Jackson	SDSU Foundation WIC
	Jannette Garcia	UHC of San Joaquin WIC
	Sharvette Edmonds	NEVHC WIC
	Denisse Abdo	ARC WIC
	Maria C. Lozada	PHFE WIC
	Erin Garcia	CVIH WIC





Legislative Update

FEDERAL NEWS

FARM BILL PASSES: The Senate version of the 2007 Farm Bill passed on December 14. While disappointing many who wanted to see an overhaul of crop subsidies, the Bill contains important new investments in the Food Stamp Program and TEFAP, including, among other things: increasing and then indexing the Food Stamp Program \$10 minimum monthly benefit and standard deductions for households of three or fewer; lifting the cap on the child care deduction; raising food stamp household asset limits (from \$2,000 to \$3,500 and from \$3,000 to \$4,500) and then indexing them; and boosting TEFAP commodities purchases. A CWA-supported amendment to reform school nutrition standards failed to make it, but will be revived in the future.

House and Senate Agriculture Committee leaders met in late December to establish a framework and timetable for ironing out differences between the House and Senate versions of the Farm Bill. The Center on Budget and Policy Priorities has a useful comparison of the two bills, highlighting the key differences and similarities at <http://www.cbpp.org/12-21-07fa.htm>. The conference committee will not convene until mid-February with negotiations possibly continuing until mid-March. Action: Urge Members of the House and Senate to expedite a House/Senate Conference on the Farm Bill (H.R. 2419) and move in early 2008 to pass a final Farm Bill with the strongest possible nutrition title.



STATE NEWS

STATE BUDGET UPDATE

Governor Schwarzenegger released his proposed **State Budget FY 2008-09**, with deep cuts to many programs. He also declared a “state of emergency” which would allow the Legislature to make cuts to the current year budget within the next 45 days. To close an estimated \$14.5 billion budget shortfall, the administration proposes more than \$17 billion in corrective actions. Total budget balancing reductions under health and human services amount to about \$247 million for 07-08 and \$4.5 Billion for 08-09, with programs from MediCal to CalWORKS deeply curtailed. K-14 education spending in the current year will be reduced by \$400 million and the Proposition 98 minimum guarantee in 2008-09 of \$4 billion will be suspended. Advocates are already at the barricades calling for a fairer approach to dealing with this red ink. The Legislative Analyst’s Office (LAO), a nonpartisan office which provides fiscal and policy information and advice to the Legislature, criticized Schwarzenegger’s decision to order across-the-board spending cuts in an effort to address the state’s budget deficit. It is recommending reducing “low priority programs”

vs. across the board cuts and looking at revenue options to solve the budget crisis.

“Instead of across the board cuts, the LAO recommends that low-priority programs should be reduced or eliminated in order to minimize the impact on higher priority programs and additional revenue options should be examined as part of a more balanced approach.”

The LAO recommends that the Legislature should focus first on those areas where time is of the essence—where early decisions will allow state programs to achieve desired savings in the current year. The special session should also be used to lay the groundwork for achieving budget-year savings—for instance, by developing any program restructurings and taking any necessary actions on the current-year Proposition 98 minimum guarantee. The Governor’s budget documents are available online at <http://www.ebudget.ca.gov/>. Read a budget analysis and summary at http://www.cbpp.org/pdfs/2008/080116_govbudget.pdf.

HEALTH REFORM ON LIFE SUPPORT?

ABX1 1 (Nunez), which passed the Assembly before the holidays and is supported by the Governor, is the best chance of getting health coverage for all California’s children. The Senate

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A FAIR START FOR BETTER HEALTH: California Hospitals



Evidence-based policies, and a commitment to cultural competence at all levels of hospital practice, can better ensure that California hospitals provide all mothers with an equal opportunity to breastfeed their babies.

Despite increased awareness of the health risks linked to overweight, hundreds of thousands of California children and adolescents are either overweight or obese. California's low-income children are even more likely to be overweight. Breastfeeding is a low-cost, low-tech intervention, which according to the American Academy of Pediatrics and CDC, can reduce children's risk for overweight. Needlessly and unfortunately, low-income children – who are at the greatest risk of overweight – are also least likely to be breastfed.

Breastfeeding is the First Step in Reducing Health Disparities

Every year, the strength and breadth of research evidence increases, showing that both babies and mothers benefit from breastfeeding. The benefits are greatest when babies are breastfed exclusively – that is, breastmilk is the baby's only food for up to the first six months of life. A mother needs support while she is in the hospital for her decision to breastfeed her baby exclusively.

Location Matters: Stark Differences in Hospital Breastfeeding Rates

Although more than 86 percent of mothers breastfeed or provide breastmilk for their infants during the hospital stay, exclusive breastfeeding rates vary widely among California counties and among hospitals. Hospital practices can undermine or encourage infant feeding among those who have already decided to breastfeed their infants.

Hospitals Can Challenge, Rather Than Reinforce Cultural Assumptions About Breastfeeding

In-hospital breastfeeding rates among California women differ widely by ethnicity. Although the majority of women of every race and ethnicity choose to breastfeed, women of color are more likely to supplement breastfeeding with formula during their hospital stay.

Despite differences in breastfeeding rates among cultural groups reported by researchers, institutional commitment to cultural competence at all levels of hospital practice can ensure that care is based on need rather than on assumptions and generalizations.

Hospital Policies Matter

Although breastfeeding is a natural process, new mothers and babies need education and support to get feedings off to a good start. Many hospitals lack trained staff to give mothers the help they need after giving birth. Furthermore, mothers can be discouraged or prevented from carrying out their decision to breastfeed in the face of hospital practices such as separating mothers from their babies, delaying the first feeding, and giving formula to every mother – even those who have told the hospital that they want to breastfeed.

Hospitals have only a brief opportunity to help mothers establish the healthiest feeding for their infants. Hospital stays for uncomplicated births typically last only 24 to 48 hours. Mothers need opportunities to practice feeding their infants while skilled support is available. Since low-income women are unlikely to be able to afford professional breastfeeding support once they leave the hospital, assistance in the hospital may be the only help they receive. Hospital practices that interfere with breastfeeding are particularly hard on these women.



Must Close the Gap in Exclusive Breastfeeding Rates

The Analysis

Using data from the California Department of Public Health Genetic Disease Screening Program which collects information on types of infant feeding during their hospital stay, the University of California, Davis Human Lactation Center, has compiled a list of the 15 hospitals with the highest breastfeeding scores and 15 hospitals with the lowest breastfeeding scores in the state. The scores represent hospitals exclusive breastfeeding rates. Because the estimated rates for many of these hospitals were too close together to distinguish them from each other statistically, the hospitals in each group are not “ranked” individually. Instead the hospitals in both tables are simply listed in their order of their exclusive breastfeeding rates.

The data demonstrate that California is experiencing significant and troubling health disparities in exclusive breastfeeding. By and large, the lowest-performing hospitals (those with the lowest rates of exclusive breastfeeding) are hospitals that serve large numbers of low-income women of color. Conversely, the hospitals with the highest rates of exclusive breastfeeding are largely institutions where mothers with higher incomes and less ethnic diversity give birth. And yet the data shows that nearly all these mothers are equal in their initial desire to breastfeed their babies in order to provide the best start in life.

Hospital Policy Changes are Needed to Close the Racial And Socioeconomic Gaps in California Breastfeeding

Research has shown that hospital policies that specifically support breastfeeding can dramatically increase exclusive breastfeeding rates and improve the health of mothers and babies after discharge. Eighteen hospitals in California—including many of the state's top performers—have been designated as “Baby Friendly” hospitals, a welcome 50 percent increase since 2004. “Baby-Friendly” hospitals provide the best possible care for all mothers and their infants by following the “Ten Steps To Successful Breastfeeding” outlined by the World Health Organization and UNICEF.

California’s Highest-Scoring Hospitals by Exclusive Breastfeeding Rates

Hospital	County	% Exclusive
El Camino Hospital	Santa Clara	93.2
Hayward Kaiser Hospital	Alameda	92.2
Monterey Peninsula Community Hospital	Monterey	92.0
Scripps Memorial Hospital La Jolla	San Diego	90.9
Sutter Davis Hospital	Yolo	90.2
French Hospital Medical Center Sutter Maternity and Surgery Center	San Luis Obispo	90.0
Alta Bates Community Hospital	Santa Cruz	87.7
Stanford/Lucile S. Packard	Alameda	87.4
Scripps Memorial Hospital Encinitas	Santa Clara	87.0
Mercy Medical Center Redding	San Diego	86.9
Feather River Hospital	Shasta	86.4
San Francisco General Hospital	Butte	85.8
Marshall Hospital	San Francisco	85.3
Saint Agnes Medical Center	El Dorado	83.6
	Fresno	82.6

California’s Lowest-Scoring Hospitals by Exclusive Breastfeeding Rates

Hospital	County	% Exclusive
Bellflower Medical Center	Los Angeles	<1.0
Pacifica Hospital of the Valley	Los Angeles	<1.0
Pacific Alliance Medical Center, Inc.	Los Angeles	1.1
Coastal Communities Hospital	Orange	1.5
California Hospital Medical Center	Los Angeles	3.2
Garden Grove Hospital	Orange	4.4
Western Medical Center Anaheim	Orange	4.5
Valley Care Olive View-UCLA Medical Center and Health Centers (formerly Olive View Medical Ctr)	Los Angeles	4.5
Kern Medical Center	Kern	5.4
La Palma Intercommunity Hospital	Orange	5.6
San Joaquin General Hospital	San Joaquin	5.9
St. Francis Medical Center (formerly St. Francis Hospital Lynwood)	Los Angeles	7.0
Arowhead Regional Medical Center	San Bernardino	8.5
Whittier Hospital	Los Angeles	8.9
Garfield Medical Center	Los Angeles	11.3

Please download the full report, including County Fact Sheets, at http://www.calwic.org/bfreport_2007.aspx.



Branch Updates



WIC Participant Food Shopping

Groundbreaking federal rules released by USDA in December 2007 will enable WIC households, for the first time, to purchase a variety of fruits and vegetables, whole grains and soy products. They also will give WIC's multicultural population more food choices, and lower overall fat and sugar content. To prepare for the upcoming changes, participant surveys were conducted by the California WIC Program in July and August of 2007. The purpose of the participant survey was to a) obtain information about food shopping and consumption



For details on the surveys, please contact Pat Gradziel or Mandeep Punia at (916) 928-8685.

habits, preferences, and likely choices when new foods are offered through WIC checks, b) help determine food package policy, food package designs, and preparation of education materials to use upon implementation, and c) provide baseline information for future assessment of change in participant habit and preferences. Dr. Katie Tharp, joined the California WIC team as a consultant to lead the survey project.

Choosing WIC Clinics

WIC clinic census data was reviewed, and target group characteristics of each clinic were examined. Clinics with the largest populations of each target group, and covering broad geographical range to account for regional variation in responses were chosen for the survey.

Rural Agencies Surveyed

- Del Norte Clinics, Inc.
- Glenn County Health Services
- Human Resources Council, Inc.

Micropolitan Agencies Surveyed

- Humboldt County Department of Public Health
- County of Mendocino
- Tehama County Health Services

Metropolitan Agencies Surveyed

- American Red Cross
- Antelope Valley Hospital WIC
- County of Orange Health Care Agency
- Northeast Valley Health Corporation
- PHFE
- Planned Parenthood Orange/San Bernardino County
- San Bernardino County DPH
- San Diego State University
- Ventura County Health Care Agency
- Alameda County Health Care Services
- City/County San Francisco DPH
- Community Resource Project
- Fresno County EOC
- Gardner Family Care Corp
- Monterey County WIC
- Sacramento County DHHS
- Santa Clara County DPH



The survey revealed details about participant food buying behaviors and their opinions on the new WIC foods.

Survey Location

Data was collected from clinics in rural, metropolitan and micropolitan locations across the state. A Metropolitan area contains a core urban area of 50,000 or more population, and a Micropolitan area contains an urban core of at least 10,000 (but less than 50,000) population.

Ethnicities and Languages spoken by WIC Families surveyed

80% of the respondents reported being Hispanic/Latino, 8% White, 6% Black/African American, and 12% Asian (6% Chinese and 6% Vietnamese). Respondents surveyed spoke English, Vietnamese, Spanish, or Chinese.



Branch Updates

and Consumption Habits Survey

Development of the Survey

The survey tool was developed using Vanguard Vista (www.vanguardsw.com). The survey tool asked respondents 74 questions to elicit information on their current intake trends, and their preferences of upcoming WIC foods on categories including baby foods; cow's milk, soy milk; cheese and tofu; fruits and vegetables; whole grains; canned beans. University students were recruited and trained to administer the survey. Depending on family makeup and food habits, it took between 10 – 20 minutes to complete this survey.



juice (95%), soda (4%), tea (9%), other sweetened beverages (6%), rice water (7%), and cow's milk (7%). There were no differences in trends between English and Spanish families.

Milk Consumption

More than half of the children were found to consume whole milk. Although approximately a third of adults and children drank 2% milk, more than three-quarters (77%) said they would buy 2% milk if they could only purchase lower fat milk with WIC checks. 7% of the respondents said they would buy whole milk with their own money. When asked what would they buy if WIC offered soy milk in place of all or some cow's milk, almost 40% of respondents said they would buy both.

Fruit and Vegetable Intake Trends

Adults reported eating fruits and vegetables 4 times per day on average, while for children the intake was just under 5. However, juice consumption for children was high, with 58% drinking juice 2-3 times a day, often in 5-11 oz servings. Almost every respondent said they would buy fresh fruits and vegetables if they were offered on WIC checks.



Whole Grains Trends

Whole wheat bread and corn tortillas were the most frequently consumed whole grain products. If WIC checks offered whole grain products, 95% participants would use their checks to buy whole wheat bread, while 84% said they would buy corn tortillas. 87% said they would buy

oatmeal, and 63% said they would buy brown rice.

Canned Bean Trends

More families who ate beans reported buying dried beans rather than canned beans. When asked what participants would choose of they could create their own WIC checks with a combination of canned beans, dried beans, and peanut butter, 74% said they would choose dried beans, 37% canned beans, and 72% peanut butter.

When asked how they preferred receiving information from WIC, more than half reported preferring handouts, and a little over a third each reported preferring one-on-one contact or nutrition education classes. Video, e-mail and internet were also cited as preferred modes of information.

Next Steps

The participant surveys have given useful insight into WIC families consumption patterns and preferences. It is heartening to note that families look forward to making healthier choices and buying the new foods that will be offered on their food packages. The CA WIC Program plans to develop campaigns around the healthy changes in the food package, such as low fat milk. The challenges for Local Agencies as they gear up for the new Food packages will be to connect the dots, internalize the messages so WIC staff can be ambassadors for the new food packages and create nutrition education materials that will help families embrace better foods and make the most of their WIC checks.

SUMMARY OF SURVEY

Interviews Completed	3085
Group	Totals
Pregnant Women	562
Breastfeeding Women	459
Non-breastfeeding PP Women	281
Infants (0-12 mo)	1311
Children (1-5 yrs)	1946
Participant Grand Total	4559

Survey Trends

Median age range of interviewee was 25-34 years, and the median education level was 9-12 grade without High School degree. 96% of the respondents were Mothers, 3% were Fathers and 1% were other family members, mostly grandmothers.

Baby Food Trends

79% purchased baby foods. If WIC offered baby foods, 94% would buy fruits, 94% vegetables. Almost two-thirds would buy meats or dinners.

Baby Beverage Trends

78% of babies were found to drink beverages other than water, breastmilk and formula, such as



Local Agency Profile

Santa Clara's Healthy Recipes Contest a Hit!



Lillian Castillos and Susan Rojas, winners of Santa Clara county WIC Program's Annual Recipe contest are true Champions for Change.

Her recipe for **Chicken with Asparagus** won WIC participant **Susan Rojas** First Place in **Santa Clara County WIC's** First Annual Healthy Recipe Contest. And no wonder—the mother of six children from six to 24 years of age, and the grandmother of five, Susan has long been committed to helping her family live a healthy lifestyle. For example, Susan serves vegetables and low-fat dip instead of chips, and she always makes sure there is plenty of fresh fruit at home. She has kept her kids active by encouraging them to participate in soccer, t-ball, and cheerleading.

For her efforts, Susan has been named a Network for a Healthy California Champion for Change in the Bay Area Region. Champions for Change are committed to helping their families eat more fruits and vegetables and be more physically active. They are also involved in making healthy changes in their neighborhoods and in protecting their kids

from chronic diseases, including obesity, type 2 diabetes, heart disease, stroke—all of which are related to unhealthy eating and lack of exercise.

Staff member **Lillian Castillo** won in the staff category for her entries, **Berry Delight** and **Chicken Stew**. Lillian also lives by example, always bringing healthy options to staff potlucks and creating new recipes with her homegrown fruits and vegetables. Lillian loves to teach mothers about nutrition and how to feed their families in a healthy manner, and she is a popular speaker in the community. Lillian worked for

WIC for five years, and now works on the community team, where she collaborates with WIC often on new and innovative projects

Susan and Lillian are perfect examples of why WIC works and how all Californians can be Champions for Change.

Organizing food demonstrations, recipe contests and swaps will be a great way to educate WIC families to the many ways to add fresh produce to their meals, and help them make the fullest use of their vegetable and fruit vouchers when the rollout of the new WIC packages begin.

Chicken with Asparagus

Recipe by Susan Rojas

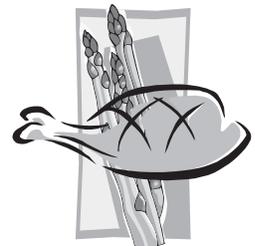
Serves 8

Ingredients:

- | | |
|---|--|
| 1 bag (2 lbs) frozen chicken breast tenders OR 2 lbs fresh chicken breast tenders | 1 can (14.5 oz) stewed tomatoes, chopped |
| 1 lb fresh asparagus, sliced into 2 inch lengths | 2 fresh tomatoes, diced |
| 1 onion, chopped | ½ cup chopped cilantro |
| 2 jalapeños, diced (depending on preference remove or include seeds) | 4 cups cooked rice |
| 2 cloves of garlic, diced | ½ teaspoon of Italian seasoning |
| ½ cup chicken broth | salt and pepper to taste |

Preparation:

1. Cut chicken into bite size pieces. Be sure to wash cutting board with hot soapy water after chopping chicken and before chopping vegetables.
2. Put chicken, onion, jalapenos, 1 clove of diced garlic, fresh tomatoes, stewed tomatoes, chicken broth, cilantro, Italian seasoning, and salt and pepper in a crock pot.
3. Slow cook on high for 3 to 3½ hours or on low for 4½ to 5 hours (time may vary depending on crock pot).
4. Add salt and pepper to taste.
5. Steam asparagus with garlic clove just until slightly crisp.
6. Serve chicken and asparagus over rice.



 **Local Agency WIC Stars**

WNA Yolanda Velasco: Outstanding Local Agency Employee

Yolanda Velasco, a Nutrition Assistant and lactation educator for **Ventura County WIC**, says that her biggest source of pride is that in just four years on the job, she has acquired the knowledge and training to make a difference in people's lives. In fact, she has become so valued by her team that she received the Outstanding Local Agency Employee award from the California Department of Public Health WIC Program at the Annual Conference in San Jose in May 2007.

The Ventura County WIC Program serves almost 600 Mixteco participants from the Oaxaca region of Mexico. The Mixteco speak a language that is different from Spanish, which means that their needs are often not understood. Fortunately, Yolanda is fluent in the language. That fact, along with her knowledge

of the Mixteco culture, her strong desire to assist others, and her eagerness to learn about health issues, has made her a critical point person, translating for the program's Mixteco clients and connecting them to the services they need.

Once Yolanda completed her WNA training and began sharing her knowledge with the Mixteco families, breastfeeding rates among Mixteco moms have climbed. She even starred in a breastfeeding video in the Mixteco language made with First 5 funding. **Katie Rowe**, WIC Director for the agency says, "We are privileged to have Yolanda on our WIC team. Our Mixteco clients

truly benefit from her warm, kind and thorough nutrition counseling. She is a tremendous asset to our program."

Yolanda is also on the way to becoming a certified lactation educator. Overcoming her hesitation about whether she could to deal with the

technical terms in English, she recently completed an intensive course.

Yolanda's two teenaged daughters are proud of how well their mother has learned to speak English. Her new-found fluency in English means she can help her daughters with their homework. Moreover, she's a terrific role model for them of challenging oneself to achieves one's hopes and dreams.

Yolanda's supervisor, **Margaret Velasco**, says, "Yolanda is compassionate and motivated to do something new every day. She loves her job, hardly takes a sick day off, and is truly motivated to help WIC families in every way she can."

Congratulations on all your accomplishments and on your award, Yolanda. You are an inspiration!



Yolanda Velasco, winner of the Outstanding Local Agency Employee.





Local Agency WIC Stars

SDSU WIC Celebrates Alice

Twenty-seven years is a long time to work at WIC, but if **Alice Prsha** had her way, she'd be back tomorrow! Alice, now 80, has been on sick leave for many months from **SDSU Foundation WIC**, but she hopes to return when she can. Meanwhile, her co-workers remember her great kindness, intense focus on the welfare of her clients, and her passionate spirit.

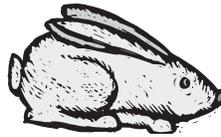
In 1980, Alice began work at American Red Cross WIC, moving to SDSU in 1993. As an RN with a graduate degree in public health, Alice made it a point to deal with the myriad non-nutritional issues that WIC families face as well as the nutritional ones, often referring mothers to needed resources for spousal or child abuse, homelessness, or physical and emotional problems. "I like to see the whole person," she said, "and focus on all relevant issues, not just on what they eat."

Staff, too, felt her generosity of heart. Said one, "When my mom died, I knew I could call Alice at any time of the day or night."

According to Alice, when she had someone with her, that person was the most important person in the world and Alice would do anything to help her.

Alice continually demonstrated her philosophy, "Err on the side of mercy." WIC Agency Director **Sarah Larson** commented, "In the 27 years

that I have known Alice her compassionate, magnanimous and caring spirit is what we see every day of the week, year after year."



casually mentioned in a voicemail to Alice that she had found a baby rabbit on her porch that morning. A few hours later, she got a call from Alice, who reported that she had checked with Animal Control and a number of other state and county offices to make sure that the rabbit hadn't posed a rabies hazard for Valerie.

Alice was known to be pretty fearless. One of the WIC sites she worked at was in a seedy part of town next to a park where drug users and dealers could be seen doing business from the WIC clinic windows. In spite of Sarah's repeated warnings about the dangers of being alone in the park, Alice would walk there every day after lunch.

"And the strangest thing," says Sarah, "was that for the time that Alice walked in the park, all nefarious activities came to a halt. People actually congregated around her and started walking along with her, talking with her, as though forming a protective shield around her."

Co-worker, nutritionist **Valerie Miller**, recalled a time she



When Alice had someone in front of her, that person was the most important person in the world to her.

One thing Alice was afraid of was flying. But she conquered that fear when her husband, a pilot, gave her a series of flight school flying lessons for her birthday; as a result, she got her private pilot's license. Alice says that her training as a pilot made her perform "pre-flight" checks on her car. Sarah recalls seeing Alice transform from a caring WIC counselor into an all-business hot rod driver in the space of fifteen minutes. When she got to the parking lot, Alice would walk around her red Mercury Cougar, checking the wheels and looking under the hood. Then she'd zoom off, wearing long gloves and a scarf.

Today Alice's life centers around her children and grown grandchildren. Asked what advice she'd give a health professional just entering the world of WIC she said, "Be very flexible. You have to love what you do to do it well."





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.

Q. Are there any resources to help me prepare for the RD exam?

A. Yes, there are a number of good ways to prepare for the exam. Select at least three study methods using a variety of learning styles with information specifically designed for RD exam review. One essential resource is the Commission on Dietetic Registration (CDR), "Study Guide for the Registration Examination for Dietitians," 8th Edition. You can order it through the American Dietetic Association (ADA) for \$35. A 3-day workshop can also be one of your best investments, especially if you were in a distance program or out of college for a few years. Workshops offer face-to-face contact with the instructors where you can ask questions—and also get the benefit of other students' questions (and the answers). Breeding and Associates offer three-day workshops in Southern California twice a year for \$330 (www.dietitianworkshops.com). Another good resource is a CD from Visual Veggies (www.visualveggies.com) titled "RD Practice Exam" (about \$100).

If you are having difficulty passing the RD exam or it's been a few years since you graduated from college, you may need to take an online class to update your knowledge in Medical Nutrition Therapy and Food Service Administration. Cosumnes River College (www.crc.losrios.edu) offers several online courses through their Dietetic Technician Program.

The final step in preparing for the RD exam is DietitianExam.com, an interactive, web-based review with practice tests that simulate the RD exam (about \$300). It provides the necessary practice to build critical test-taking skills and confidence.

Q. How can I reduce my anxiety about taking the RD exam?

A. Feeling relaxed and well prepared is the best way to ease anxiety. Stress increases if you feel you're not spending enough time studying or if you're cramming and exhausted. Good organization and using study time efficiently will help build your confidence and reduce your stress. Establish a consistent routine, setting a study schedule and sticking to it. Keep a positive attitude and remember, the test is neither a reflection of self-worth nor a measure of intelligence. Consider the study and test experience as a positive step in your career.



Q. How can WIC help me with these courses?

A. As a WIC employee you may be eligible for the RD Exam Study Program offered at no cost to you or your agency through the California WIC Program. It includes study assistance, access to library resources and online practice exams as well as an individualized study plan with ongoing follow up by the Career Development Coordinator until you pass the RD exam.

If you would like more information about career development assistance or help preparing for the RD exam, please contact Nancy Nesa, the statewide Career Development Coordinator at: nnesa@projects.sdsu.edu.


WIC Walks the Talk

Health is Wealth Campaign - PHFE-WIC

In 2006, the Public Health Foundation Enterprises WIC Program (PHFE-WIC), which serves Los Angeles and Orange counties at fifty WIC centers, came to an eye-opening conclusion: although its staff members were just as much at risk for obesity as their clients, they were not getting the kind of personal attention about health and nutrition as the participants were receiving. As a result, a team of nine WIC Registered Dietitians designed a campaign they called “Health is Wealth” to promote health and wellness among the approximately 700 staff members of this large provider.



Central to the “Health is Wealth” campaign are eleven key health messages that have been rolled out agency-wide over the last year:

- Milk and Milk Products: Choose Low and Non-Fat
- Trim the Fat!
- Drink water: Limit Soda and Sweetened Drinks
- Fruits and Vegetables: Eat Your Colors
- Breastfeeding for a Lifetime of Good Health
- Snacks: Small and Healthy



Juan Carlos Chong, Stephany Orellana and Suzette Stokes enjoy a brisk walk and fresh air during their lunch hour.

- Portions: Smartsize not Supersize
 - Get Moving! Turn off the TV
 - Feeding Relationships: Parent Provides; Child Decides
 - Fast Foods: Make Healthy Choices
 - Make Half Your Grains Whole
- The goal of the “Health is Wealth”

campaign is to ensure that staff understand, believe in, and practice good health behaviors themselves. That way, they are more likely to deliver the information to WIC participants and the community with conviction. To reach that goal, the campaign has integrated the key messages throughout all aspects of its program—from staff trainings, meetings, and Intranet messages to participant education, health and wellness bulletin boards, and even WIC Center décor.

Measuring Results

Before the campaign began, there was a baseline survey that was similar for staff and participants. The survey provided key information on each person’s nutritional profile, including height, weight, education level, general health questions, types of food eaten, and physical activity level and frequency. Survey takers were asked to provide the same information about their children.

The campaign kicked off in October 2006 with a health fair at each center, with stations where staff could have health indicators such as blood glucose, blood pressure and weight recorded on a “Health Passport.” The idea was for staff to learn about the values obtained from these measures as they relate to good health and chronic disease conditions so they could begin to take control of their health, pursue concerns with

their own health provider, and start to make positive behavior changes.

At the fair, WIC staff were given T-shirts emblazoned with the Health is Wealth campaign logo, and teams were encouraged to wear their campaign shirts one day each month and take part in some type of health and wellness activity. The staff’s response to the campaign has been overwhelmingly positive, with many requesting a repeat of the health and wellness activities.

Follow-Up

A second and third health fair took place in March and October 2007, where staff re-visited the weight stations, recorded their weight and BMI, and compared them to their values from the previous meetings. They also re-took their blood pressure, learned about common differences in body shape (the apple versus pear shape) and were measured for waist-hip ratio. In October 2007 new passports were issued and a fitness station was added to promote increasing their daily physical activity. Fitness and health experts from Health Net demonstrated a fun 10-minute fitness routine using large rubber bands. Many staff shared lifestyle changes they have embraced to improve their health status, including some poignant stories about initiating care for previously undiagnosed hypertension and diabetes.

For its efforts, PHFE WIC received an Honorable Mention for the 2007 California Fit Business Award. As the campaign continues, we look forward to seeing continuing improvements in the health of our staff—and our participants. We’ll keep you posted.



WIC Walks the Talk

Employee Wellness...by Design!

Two Success Stories from PHFE WIC

Yolie Figueroa Turns Her Health Around

Hi, my name is Yolie Figueroa and I work at the Amar WIC Center. I am proud to say that I have been working hard towards staying on the path to better health.



A fit and healthy Yolie today. Regular walking and healthy eating made Yolie lose 40 lbs and stabilized her blood pressure.

About 7 months ago, I realized that I wasn't feeling so well. My weight had started to creep up on me. I also realized that my blood pressure was slightly elevated. Over the years I have always watched what I ate, but lately, I have been getting cravings for sweets. This started me snacking on the kinds of foods I was craving.

I realized that I had to take a look at life and make some healthier choices. I had a lot of reasons to stay healthy. I have a wonderful family and I plan to keep moving ahead in my pursuit of my Breastfeeding IBCLC certificate. What really motivated me was a trip last fall to visit my sisters in Guatemala. My sisters all looked so trim and healthy. I used to be that way too and I knew it was time to really do

something now.

My new healthy eating plan consists of drinking plenty of water. I limit my intake of cheese. I eat lots of vegetables and proteins. I always have a salad with lots of dark green leafy vegetables and my home-made dressing, of apple cider vinegar, olive oil, herbs and no salt. And, very importantly, I walk about 2 miles a day after work.

After four months, I started noticing that my new eating plan was really working. As of June 2007 I had lost a total of 40 pounds. My dress size had gone down from a size 16 to a size 8.

I am glad to say my blood pressure is now stable and I feel good. My family is very happy to see me get healthier.

I am going to keep eating the same way and walking my 2 miles a day. I have lots of plans for the future and I need to stay healthy to achieve my goals.

Keep up the good work, Yolie!



Denisse Cabrera's Journey to Fitness

I used to love to eat late at night, but I found that I was becoming unhappy with my weight and how my clothes fit. A special friend helped me start my journey toward being healthier. I noticed all the healthy foods he was eating and I decided to start by making simple changes.

First, I stopped eating late at night and started drinking lots of water. For the first six months, these were the only changes I made—basically, cutting back on what I ate. But even with those small changes, I started to notice a difference.

After about six months, I started exercising by walking and roller blading. Recently, my friend and I purchased beach cruiser bikes and go riding together. Best of all, my clothes fit me again—and my “fat pants” are too big for me now!

With these changes, I lost 30 pounds in six months!

I want to lose another 10 to 15 pounds, and I'm still on my journey toward that goal.

Keep it up, Dennise!



↓ **Before**



↑ **After**

Indulging in physical activities with her friend has helped Denisse have fun while getting healthier.



 **Legislative Update**

continued from page 7

Health Committee was slated to take up the legislation on January 16, but the date was postponed to January 23 to allow for the release of the Legislative Analyst's Office report assessing the impact of the health care reform plan on the state's budget deficit. Gov. Arnold Schwarzenegger's budget proposal for fiscal year 2008-2009 would result in a loss of about \$1.5 billion in federal matching funds for health care services and other programs, according to an analysis by the Assembly Budget Committee. In the proposal, the governor advocates cutting about \$1.1 billion in state funds from Medi-Cal, California's Medicaid program, by cutting reimbursements to health care providers by 10%, and eliminating dental services, vision and other for adults. Schwarzenegger's proposal also calls for cutting state funding for Healthy Families by \$49.1 million. Healthy Families is California's version of the State Children's Health Insurance Program. However, the governor's proposed funding reduction would translate to a corresponding loss of \$76.1 million in matching federal money. **ACTION:** Please contact members of the Senate Health Committee and urge them to **SUPPORT ABX1 1**. Tell them that California's children cannot afford to wait for coverage they need and deserve. Let them know health care reform that ensures coverage for all children in California must remain their top priority. For more details, please go to <http://www.100percentcampaign.org/resources/updates/2008/update-080109.html>.

 **Management**

How is Your Mentoring Partnership Progressing?

We hope that the partnership you began at the CWA Fall conference is working for you. Having a good mentor is one of the best decisions a person can make in developing her/his career. Mentors are essential at all stages of one's career. To make Mentor-Mentee partnership successful however, active commitment to the relationship is critical. If mentors aren't sure what their mentees want and mentees don't know how to go beyond their initial get-acquainted meeting, not much will come of the relationship. Communication is key. Identifying the reason for your partnership will allow you to determine and agree on a focus and a structure for mentoring.

Mentees, think of Development "Areas". Which areas are you thriving in? Where are you somewhat weak? As a rule of thumb, try to zero in on only one or two areas at a time. You can always add more and/or drop others, as the mentoring relationship becomes stronger. Within the general development areas are specific topics, knowledge, skills, feelings, and activities waiting to be pursued. For example, a) Emotional intelligence,

increasing courage, reducing fear, recognizing others' emotional signals, b) Resiliency, handling difficult times and bouncing back, or c) Work-life balance, managing time.

You will be more successful and avoid misunderstandings, if you write down concrete goals and decide what steps you both need to take to reach your goal. It may be helpful for you and your mentor to infuse your relationship and structure your mentoring tasks with a little creativity. For instance, you might work on a project together.



Check out:

The Mentoring Group at <http://www.mentoringgroup.com/index.html> for ideas to vary the structure and maximize mentoring.

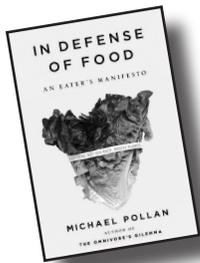
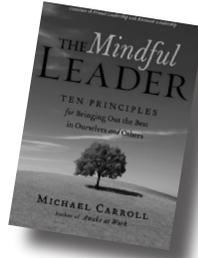
The Mentoring Framework <http://www.mentoringforchange.co.uk/articles.php#mentcoach>



Educational Resources

■ **The Mindful Leader: Ten Principles for Bringing Out the Best in Ourselves and Others**

Michael Carroll. Trumpeter (October 9, 2007).

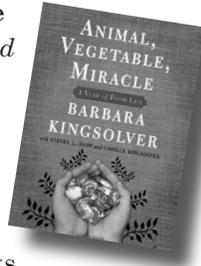


■ **In Defense of Food: An Eater's Manifesto**

Michael Pollan. Penguin Press (January, 2008).

■ **Animal, Vegetable, Miracle: A Year of Food Life**

Barbara Kingsolver, Camille Kingsolver and Steven L. Hopp. HarperCollins (May 1, 2007).



■ **The Way We Eat: Why Our Food Choices Matter**

Peter Singer and Jim Mason. Rodale Books (May 2, 2006).

■ **Food Fight: The Citizen's Guide to a Food and Farm Bill**

Daniel Imhoff. University of California Press; 1 edition (March 15, 2007).

■ **The Global Food Economy: The Battle for the Future of Farming**

Tony Weis. Zed Books (August 21, 2007).



Hot Links

■ www.businessgrouphealth.org/healthtopics/maternalchild/investing

Investing in Maternal and Child Health: An Employer's Toolkit presents strategies and tools employers can use to improve the health of children; adolescents; and women before, during, and after pregnancy.

■ www.fns.usda.gov/oane/SNAP/SNAP.htm

State Nutrition Action Plans (SNAP). Use the new website to encourage, support, and sustain ongoing collaborative efforts among the nutrition assistance programs.



Recipe

Thai-Spiced Sweet Potato Stew

6 servings

With Thai ingredients available at most natural foods stores and well-stocked supermarkets, it has become easy to enjoy the delightful flavors of this cuisine at home. Use your discretion with the red or green curry paste; a little will give a hint of heat, but if you want a spicier stew, you can step it up from there.

- 1 tablespoon olive oil
- 1 medium onion, quartered and thinly sliced
- 4 to 6 cloves garlic, minced
- 3 medium-large sweet potatoes (about 1 1/2 pounds), peeled and diced
- 3 cups water
- 1 medium green or red bell pepper, cut into narrow strips
- 1 1/2 cups frozen green beans
- 1/2 teaspoon red or green curry paste, more or less to taste
- 1 tablespoon natural granulated sugar
- 2 teaspoons minced fresh ginger
- 2 stalks lemongrass, optional
- One 14- to 15-ounce can light coconut milk
- 2 tablespoons natural peanut butter
- Salt to taste
- One 8-ounce package White Wave Thai peanut flavored baked tofu, diced, optional
- Cilantro leaves for topping



Heat the oil in a soup pot. Add the onion and sauté over medium-low heat until translucent. Add the garlic and continue to sauté until both are golden.

Add the sweet potatoes and water. Bring to a rapid simmer, then lower the heat. Cover and simmer for 10 minutes, or until the sweet potatoes are about half done.

Add the bell pepper, green beans, curry paste, sugar, and ginger. If using lemongrass, cut each stalk into 3 or 4 pieces, and bruise by making long cuts here and there with a sharp knife. This will help release the lemony flavor. Stir into the soup pot. Simmer the stew for 10 minutes longer.

Stir in the coconut milk, peanut butter, salt, and optional tofu. Return to a simmer, then cook over very low heat for another 10 minutes, or until all the vegetables are tender and the flavors well integrated.

Remove lemongrass pieces. Taste to adjust seasonings, particularly the curry paste if you'd like a spicier stew, as well as the salt, sugar, and ginger. Serve at once, topping each serving with a few cilantro leaves.

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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
Spring 2008.....	WICConnect: Better Food...Clear Messages...Healthy Outcomes.....	March 1, 2008
Summer 2008	Breastfeeding.....	June 15, 2008

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For Conference details and Registration,
please go to
http://www.calwic.org/spring_conference.aspx.

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