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WIC NEWS

Special Supplemental Nutrition Program for Women, Infants and Children

April 1997
Volume 6, Number 4

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Keeping Kids

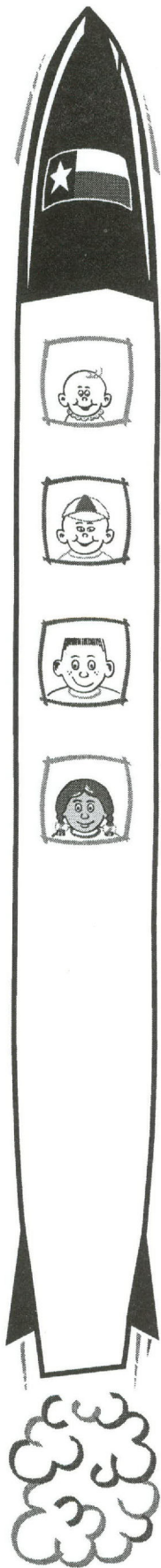
SAFE

Preventing
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Take Time for Kids campaign

Positive parenting helps keep kids safe

“Take Time for Kids” is the name — and the aim — of a new child-health-and-safety initiative being launched this month by the Texas Department of Health.

Campaign to launch off on April 28

A kick-off is planned for April 28 at the state Capitol. Texas Gov. George W. Bush and members of the Dallas Cowboys football team have been invited to attend. The event is planned to coincide with the start of a national early-childhood campaign, *I Am Your Child*, an effort to engage the public and to increase parenting resources in communities across the country.

To help launch the national campaign, ABC will broadcast a prime-time special, *I Am Your Child*, describing brain development during the first three years of a child's life. The program is scheduled to air at 7 p.m. CST on April 28.

Also this month, TDH will mail information about the Take Time for Kids campaign to about 12,000 agencies, nonprofit organizations, child-care centers, media outlets, child advocates, and pediatricians in Texas.

Positive parenting

The focus of the Take Time for Kids campaign will be on developing positive parenting skills for the parents of children up to age 4.

TDH will sponsor a statewide, toll-free hot line offering information on parenting skills. By summer, the hot line will become accessible to child-safety advocates and parents of young children.

The campaign seeks to help parents prepare for the developmental stages that young children go through. With education, parents will be better able to recognize these stages and deal with them. Parents who are not adequately prepared for the

challenges of child-rearing may be more likely to abuse their children.

TDH is working to ensure that parenting classes with approved curricula be available in all Texas communities. A “health agenda” is also planned; it urges parents to seek regular checkups and immunizations for their children. Parents will also be encouraged to prepare nutritious foods for their children and to enroll them in WIC if they're eligible.

Community participation

TDH is working with community groups across the state to bring the campaign to the local level. To encourage participation of community groups, the Take Time for Kids campaign plans to recognize the top communities in Texas that develop the most effective programs to address the promotion of healthy parent-child relationships. Public recognition will go to communities that have taken clear, effective, and documented steps to:

- ◆ unify community services for children and families.
- ◆ increase access to services for all children and families.
- ◆ promote healthy parent-child relationships to reduce the incidence of child abuse.

For more information about the Take Time for Kids child-health-and-safety initiative, contact Jere Rolf, child-health consultant, at (512) 458-7111, ext. 2133, or Linda Prentice, M.D., director of the TDH Division of Child Health and Safety, at (512) 458-7111, ext. 2031.

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Texas

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Cover: Keeping kids safe is about playgrounds — and more. It's also about positive parenting, education, self-esteem, and health. Design and photos by Shelly Ogle.

Project 3

Cameron County keeps kids happy

Project 3 staff members take a special interest in making sure that their clinics are “kid-friendly” sites. Lety Montiel, clinic supervisor at the local agency’s Garden Park Clinic in Brownsville, says these efforts make WIC visits easier for the children, their parents, and clinic staff.

“All of our clinics are making an effort, but they aren’t all doing the same things,” she says. At the Garden Park Clinic, a part-time waiting-room attendant supervises the children’s area, which is decorated with brightly colored alphabet letters and numbers. Child-size tables and chairs are provided so children can color nutrition-themed pictures and create holiday arts and crafts. The children’s area also includes puppets, toys, and books.

“We try to link our activities with the upcoming holidays,” Montiel says. “For Halloween, we paint their faces. For Christmas, we make reindeer horns by tracing their fingers. For Valentine’s Day, we help them make Valentines for their moms. For St. Patrick’s Day, they make clovers to wear, and for Easter, we color Easter eggs.”

With their children kept busy and supervised, WIC parents are better able to concentrate on their nutrition-education classes and interviews with staff members, she says. The parents appreciate having someone else watch their children while they are occupied with taking care of their WIC business, says Montiel.

WIC clinic staff members like the children’s waiting area because it allows them to do their jobs more efficiently, she says. Sometimes, when staff members are ready for the children, the kids don’t want to leave their activities. “If a child is scared, we have the waiting-room attendant walk back with them because this is a person the child knows, spends time with, and trusts,”

Montiel says. “It puts them at ease to have a friend with them.”

The children become attached to the waiting-room attendants and miss them if they are not in the clinic, she says. “The kids expect the attendants to be there the next time they come in,” Montiel says. “The children know that when they come to the WIC clinic that they are coming to get poked, but we want them to know that they are coming to have fun also.”

Montiel says that, when Project 3 started creating the children’s area a couple of years ago, it didn’t have many materials. But through the years, the clinic has received donations of tables, chairs, and crayons.

Montiel encourages other clinics to reserve an area of their site specifically for children. “It’s slow in the beginning, but your efforts will pay off,” she says.



Attendant Gloria Solis, center, shares books at the children’s table in the Garden Park Clinic waiting room with Gabino Barrera, left, his sister Dalia Barrera, and Vianca Gonzalez. At right is Vianca’s mom, Norma Gonzalez, with daughter Sayra Gonzalez.

Project 43 and 81

WIC staffers honored at Immunize Texasize Conference *Clinics achieve impressive success rates*

Two Texas WIC local agencies and several staff members were recognized recently for their outstanding immunization efforts.

They were honored in October at the Immunize Texasize Conference, sponsored by the Texas Department of Health immunization program and the Texas Health Foundation.

Top Ten

Project 43, the Gonzales County Health Agency WIC program, received a special recognition. It was honored for being one of only 10 immunization sites in Texas that achieved a 90 percent immunization

rate for all clients younger than 24 months.

The WIC director for Project 43 is Emma Garza.

In Texas Public Health Region 7, staffers at Project 81's WIC programs in Burnet and Hamilton counties were recognized. They had achieved an 80 percent to 89 percent immunization rate for all clients less than 24 months old.

Jackie McLaughlin directs Project 81.

Six Texas WIC immunizations nurses from Public Health Region 7 were recognized for their outstanding immunization services as well as

their assistance in major community relief efforts, such as the flood of 1994 and recent measles outbreak:

- ◆ Barbara Carter, L.V.N., Columbus WIC Clinic
- ◆ Betty Dorsey, L.V.N., Liberty WIC Clinic
- ◆ Shirley Henderson, L.V.N., Prairie View WIC Clinic
- ◆ Jan Hunson, L.V.N., Cleveland WIC Clinic
- ◆ Patty Mosely, L.V.N., Bellville WIC Clinic
- ◆ Kristine Olmos, L.V.N., Katy WIC Clinic.

Project 34

WIC moms show 'can-do' abilities

Four WIC moms from Dyess Air Force Base in Abilene came up with a creative gift idea for re-using empty metal cans that had contained WIC juices and foods.

Christie Carter, Nichole Nault, Tonya Lee Steffens, and Lisa Thrash painted and decorated the cans with holiday themes for Christmas, Thanksgiving, Halloween, and Valentine's Day. They presented the decorated cans as gifts to friends and family members.

Kathleen Brenzo, a Project 34 breastfeeding peer counselor who works with Air Force moms at Dyess AFB, got in on the fun and decorated her own cans to give out as gifts, also.



WIC moms, above from left, Tonya Lee Steffens, Lisa Thrash, Nichole Nault, and Christie Carter painted and decorated empty metal WIC cans (left) to give out as gifts.

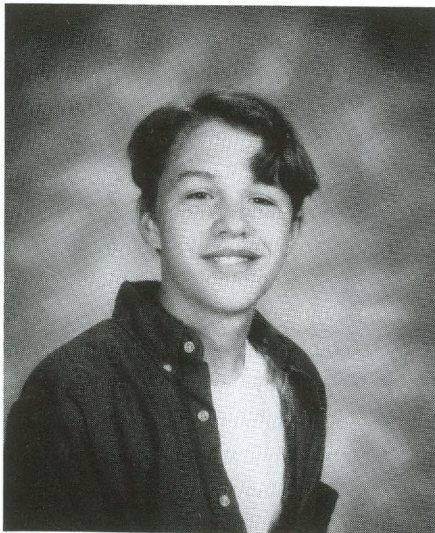


Project 81

Washington County teens get community-based nutrition education

Project 81's WIC program in Washington County has partnered with the home-economics teacher at the local high school in Brenham to provide community-based nutrition education to the teacher's teen-parenting class each month. WIC staff members have already presented information to the class on prenatal nutrition, postpartum nutrition, and how to read food labels.

Other areas of the community have also benefited from the Brenham staff's efforts. Staff members displayed proper food-safety techniques for the holidays at a local discount store and made a presentation on infant and child nutrition to a class of nursing students at the local community college.



Former WIC client Arlie Brewer excels in math and reading.

WIC whiz kid makes the grade

Celia Brewer, a WIC mom at Project 81 in Burnet, is proud of the academic achievements of her son Arlie.

A former WIC participant, 11-year-old Arlie Brewer, made perfect scores on both the mathematics and reading sections of the statewide TAAS test when he was a fifth-grader last year at Pierce Street Elementary School in Burnet.

As a sixth-grader at Burnet Middle School, Arlie recently scored high enough on a national math test to be ranked in the top 5 percent of the nation.

"When Arlie was young, he drank milk from WIC," says his mother, who now brings a younger son to the Burnet

WIC clinic for services. "WIC still encourages us to eat all our vegetables and to always practice proper nutrition," she says.

Hands-on fun with food

During November, the WIC clinic in Brenham added a new twist to the "Smart Snacking for Children" nutrition-education class. The county-extension agent showed the children how to make some of the fun snack ideas demonstrated in the class video.

Together, they made apple flowers, peanut-butter faces, edible art, and cookie-cutter sandwiches. The children also had the opportunity to sample bright-green kiwi fruit.

WIC parents learned that children can have fun in the kitchen and will eat healthy snacks they have helped to prepare.



Project 17

On March 12, the Aldine WIC Clinic at 4700 Aldine Mail Route in Houston began offering WIC services from 8 a.m. to 4:30 p.m. on the second and fourth Wednesdays of the month. Its phone number is (713) 728-8592, and its mailing address is:

Karen Gibson, WIC Director
12401½ S. Post Oak, Suite 122
Houston, Texas 77045.

Project 32

On March 7, the Calvert WIC Clinic at 510 Railroad in Calvert began offering WIC services from 9 a.m. to 1 p.m. on the first and third Fridays of the month. Its phone number is (409) 364-2300, and its address is:

Hearne Clinic
1000 Brown St.
Hearne, Texas 77859.

Project 94

On Sept. 1, 1996, the Community Healthcare Clinic at 2500 Delano Ave. in Midland began offering WIC services from 8:30 a.m. to 4:30 p.m. on the second and fourth Thursdays of the month. Its phone number is (915) 682-0185, and its mailing address is:

Judy Harden, WIC Director
Texas Tech University
Health Science Center
800 W. 4th St.
Odessa, Texas 79763.

Project 102

On March 5, the administrative offices and the Canton WIC Clinic moved. The phone number remains the same. The new address is:

Angie Vera, WIC Nutritionist
237 S. Trade Days Blvd.
Canton, Texas 75103.

Project 80

WIC baby's birth rings in New Year for Nacogdoches County

Marcus Shane Shuler, a WIC baby served by staffers at Project 80, was the first child born in Nacogdoches County this year. At birth, Marcus weighed in at 7 pounds, 13 ounces.

"Marcus' parents, Robert and Melissa Shuler, were excited about having the first baby of the new year," says Georgia Taylor, R.D., director of Project 80.

Melissa Shuler and her 3-year-old daughter, Alissa, first came to WIC in July 1996.

Week-old baby Marcus was brought to the WIC office on Jan. 7 for enrollment.

"The family enjoys the benefits and emotional support that the



Melissa Shuler holds her New Year's baby, son Marcus Shane Shuler.

WIC program provides to them," says Taylor. "Here in Nacogdoches County, WIC comes in first!"

Three new videos available

Two new customer-service videos and a new, general staff-training video are now available in the WIC holdings at the TDH Audiovisual Library.

Just Incredible (20 minutes; No. 6276) — A humorous customer-service story, this video demonstrates the difference that customer service can really make. Two neighbors venture out one Saturday, and we follow them through their incredible customer-service stories.

What's Wrong with This Picture (16 minutes; No. 6286) — This is a discussion-catalyst program. Ten vignettes put the class in charge of identifying a variety of customer-service blunders. After identifying what went wrong in each segment, it's up to the group to suggest improvements. A comprehensive leader's guide helps make this a powerful and easy-to-use tool.

Your Image at Work (23 minutes; No. 6277) — This program stresses the importance of a professional image and shows how to develop an image appropriate to one's workplace and individual style. Help your staff discover that there's more to a successful image than the right wardrobe.

To order any of these videos, call the TDH Audiovisual Library at (512) 458-7260.



Santa surprises Blanca Suarez with Christmas gifts.

State WIC staffers share holiday joy

By Rachel Jule
Nutrition Education Specialist

Last Christmas, state-agency employees had the opportunity to “adopt” four families after the families had been screened by the Christmas Bureau of Austin/Travis County, a service that matches needy households with donors.

Although these adoptions have become an annual tradition at the state WIC office, last year was different. Santa Claus himself helped deliver all of the gifts to the families.

Texas WIC state-agency staffers donated clothing, food, toys, and money to the families. Rollie Hernandez, a state-office property manager with Texas WIC and a volunteer emergency medical technician with Travis County Fire Control, slipped into a firefighter’s Santa Claus outfit, loaded his truck with toys, food, and clothes, and took off for a fun adventure.

As Santa, Hernandez presented the donated items to the four families, which consisted of an elderly woman and three families headed by single moms. Each mom had three children



Cynthia Jackson and her 3-year-old daughter, Araesheon Foley, happily pose with Santa Claus. Not pictured are son Eric Knox Jr., 14, and daughter Erica Knox, 15.

ranging in age from 3 months to 14 years. Two of the families had been receiving WIC benefits and the other was referred to WIC by Gloria Martinez, a state-office quality-assurance nutrition consultant.



Paula Vasquez, left, holds 3-month-old Rovisiela Vasquez as Elvia Vasquez, 4, and Misael Vasquez, 5, visit with Santa. (Santa also visited Penny Harper and her children Bernard Harper, 7, Anthony Harper, 5, and Sh-rae Harper, 1.)

California effectively markets WIC services to the military

By Anne Bremer

American Red Cross WIC Outreach Specialist

The American Red Cross WIC program in San Diego has been working with the military bases in the city for several years.

On-base WIC clinics have been established at the San Diego Naval Medical Center, San Diego Naval Station, Marine Corps Recruit Depot, Miramar Naval Air Station, and Camp Pendleton.

Steps for effective marketing

When beginning to work with the military, it's essential to become familiar with military protocol and procedure. Learn about your local unit or base before you approach its leadership to reach their personnel or to establish an on-site clinic.

The base public-affairs officer can provide basic information. Further information is available through the nationally published Army, Navy (also covers Marines), and Air Force *Times*, base newspapers, and numerous on-line resources such as Military City On Line, located on the World Wide Web at <http://www.militarycity.com>.

Find an ally on the base in question. An on-base ally will be very helpful in identifying who the base "gatekeepers" are and can help you approach them successfully.

Friends of WIC can be found on base through enlisted advisors, physicians or nurses, social workers, family support-center staff, chaplains, American Red Cross staff, military-relief societies, military financial counselors, a Navy ombudsmen, Marine key wives, or an Army first sergeant's wife or officer's wife.

Other outreach opportunities include:

- ◆ Door hangers in military-housing units.
- ◆ Fliers or brochures placed in "Welcome Aboard" packets for new personnel.
- ◆ General military training about WIC for larger units.
- ◆ Message boards on base.
- ◆ Articles or ads in base newspapers.
- ◆ Family Advocacy Program.
- ◆ WIC information at the housing office, family-support center, chaplain's office, base clinic or hospital, child-care centers, aid societies, etc.
- ◆ Base plan of the day.

Motivation

It's important to understand that the military chain of command is motivated by unit readiness. The unit's mission and its ability to perform it successfully are the very reasons why the unit exists.

WIC contributes to military readiness in the following ways:

- ◆ A soldier, sailor, or airman is able to perform his or her duty more effectively when he or she doesn't have to worry about the family back home eating well or staying healthy.
- ◆ Less time will be spent by the unit in helping personnel manage their financial crises.
- ◆ Most personnel are stationed far from home and without the traditional support of family and friends. WIC nutrition education and counseling can

help reassure and answer some of the questions of new mothers who can't readily turn to their families for support.

Here is the secret to a base or unit commander's heart: Let him or her know that you are an ally in accomplishing the unit's mission.

Challenges

Providing on-base services or increasing WIC participation with military personnel can be challenging.

Some military members mistakenly believe that WIC is welfare or an entitlement program. WIC needs to be marketed on base as a health-promotion program.

Having an on-base clinic vastly reduces the stigma that service members can feel about using WIC. Once WIC has the endorsement of senior personnel, junior members will feel more comfortable enrolling in WIC.

Finding space on base can also be a problem. Frequently, WIC can be seen by military personnel as a competitor for available space, which is very tight on some bases. WIC staff will need to be creative in working with military personnel to find the ideal space.

For more information about effectively marketing WIC services to the military, contact:

Anne Bremer
American Red Cross WIC
5911 University Ave.
San Diego, Calif. 92115
(619) 583-4853
Fax: (619) 583-1710
E-mail: WICworks@AOL.com.

Research center analyzes effects of budget policies

Recent reports by researchers at the Center on Budget and Policy Priorities in Washington, D.C., indicate that the nation's poor are not only the one group hit hardest by recent congressional budget cuts, but often do not even receive the benefits and services for which they remain eligible.

The center's three reports are summarized below.

Medicaid-eligible children left uninsured and under-insured

A recent report by the center, *Millions of Uninsured and Under-insured Children are Eligible for Medicaid*, analyzed the Census Bureau's 1995 *Current Population Survey*, which provided information for 1994 on income and health insurance.

According to the center's report, families of children who qualify for Medicaid did not take advantage of the program's expanded eligibility requirements.

In families that received no cash assistance in 1994, some children younger than 11 were eligible for Medicaid. However, 62 percent of these eligible children were *not* enrolled in the program.

In 1994, one-fifth (2.7 million) of all poor and near-poor children younger than 11 who were income-eligible for Medicaid were not enrolled in it or were not covered by any other form of health insurance. About 80 percent of these children lived in working families.

These 2.7 million children accounted for almost half of all U.S. children younger than 11 who were uninsured in 1994.



An additional 2.1 million children younger than 11 who were eligible for Medicaid but not enrolled in it had some form of private health insurance at some time during 1994. Many of these children could have benefited from Medicaid, which supplements private insurance and provides coverage for children during the time they are not covered by private health-insurance plans.

The report warns that provisions in the new welfare law enacted in 1996 could cause Medicaid participation numbers to drop despite expanded eligibility. The report urges improvement of outreach efforts about Medicaid eligibility.

40 million lack insurance despite greater employment

An improved economy and 3 million new jobs created in 1995 didn't translate into increased numbers of people with health insurance, according to *No Signs*

of Progress, a report recently released by the center. In 1995, about 40 million people in the United States had no health insurance.

The report's authors point out that a larger portion of the population was employed in 1995 than in 1994. However, employment-related health insurance has declined, so a smaller portion of working households had health-insurance coverage in 1995 than in 1994. Medicaid coverage has increased, but not enough to offset the decline in job-related health insurance.

That job-related decline accounts for the fact that nearly 73 percent of those without health insurance in 1995 did not live in poverty. However, poor people are twice more likely to lack health insurance than the non-poor.

More than one-fifth of all Texans and Californians had no health insurance in 1995. Blacks and

Hispanics were more likely than whites to have no health insurance, and one-third of Hispanics lacked coverage in 1995.

Budget cuts hit poor

Budget cuts enacted in 1995 and 1996 by the 104th Congress disproportionately affect programs designed to help low-income people, says the center's report, *Bearing Most of the Burden*.

Entitlement programs for low-income people absorbed 93 percent of all entitlement reductions but accounted for just 24 percent of all entitlement expenditures in the federal budget and 37 percent of expenditures for entitlements other than Social Security.

Entitlement programs for the poor were reduced by \$61 billion for 1996 to 2002. Combined, all other entitlement programs were cut by just \$4.6 billion for the same time period.

The poor were also targeted by cuts in non-entitlement programs designed to assist low-income people. Though they constitute 21 percent of the budget for non-entitlement programs other than defense, these programs took 34 percent of the cuts.

More about the research center

The Center on Budget and Policy Priorities analyzes governmental budget and policy issues affecting low-income and moderate-income people. It reports on poverty and income trends and on issues related to tax policies, wages and unemployment, welfare, job training, and housing. Those who make use of the center's analyses include policy-makers, program managers, the media, non-profit organizations, and federal, state, and local researchers.

For more information about these and other reports, call the Center on Budget and Policy Priorities at (202) 408-1080. Its e-mail address is center@center.cbpp.org, and its Web site is <http://www.cbpp.org>.

Colorado WIC study

Breastfeeding saves money

By Janet Rourke, M.S.H.P., L.D., C.L.E.
Breastfeeding Promotion Coordinator

In a recent study on the economic benefit of breastfeeding an infant enrolled WIC, the Colorado WIC program found that breastfeeding saves money.

In a sample of 406 exclusively breastfed infants and 470 exclusively formula-fed infants enrolled in the Colorado WIC program between Aug. 1, 1993, and June 1, 1994, researchers found that breastfeeding a WIC infant results in substantial savings.

Approximately \$478 per infant, or \$160 after consideration of WIC's infant-formula rebate, was saved in the first six months of the infant's life. The savings are a reflection of lower costs to both WIC and Medicaid for the breastfed baby.

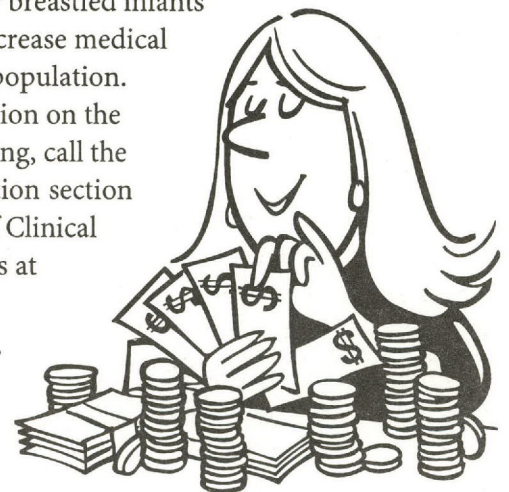
The study's authors estimated a savings of approximately \$9.3 million a month by the WIC program nationwide if 50 percent of WIC mothers exclusively breastfed their babies for five to six months.

There was a significantly lower frequency of ear infections, gastrointestinal illnesses, and upper-respiratory and lower-respiratory illnesses among the breastfed infants. The formula-fed infants had *twice* the rate of re-occurrences of each category of illness studied.

Escalating medical costs are a major public-policy concern in the United States. The data from this study indicate that increasing the number of exclusively breastfed infants could significantly decrease medical costs to a vulnerable population.

For more information on the benefits of breastfeeding, call the breastfeeding-promotion section of the TDH Bureau of Clinical and Nutrition Services at (512) 406-0744.

Montgomery, D.L., Splett, P.L., and Sarper, N. "The Economic Benefit of Breastfeeding an Infant Enrolled in the WIC Program," Final Report, 1995.



Checklist for playground safety

- ◆ **Protective surfacing.** Look for double-shredded bark mulch, wood chips, fine sand, fine gravel, or soft synthetic material spread at least 12 inches thick beneath and around play equipment. Grass, dirt, asphalt, and concrete do not absorb shocks from falls.
- ◆ **Fall zones.** Check that the area around play equipment is clear of other equipment and obstacles that a child might fall on. Protective surfacing should extend a minimum of 6 feet around a stationary piece of equipment. Equipment that moves requires more room for its protective surfacing. The protective surfacing extending around a moveable swing, for example, should be twice as wide as the height of the swing.
- ◆ **Location and spacing.** Play equipment should be at least 12 feet apart. Pieces that move should be located in a separate area from other play structures. No more than two swing seats should hang from the same support, and they should be at least 2 feet apart. Heavy animal-shaped swings with rigid metal framework should be removed.
- ◆ **Unsafe hardware.** Eliminate protruding bolt ends and other things that cut, pierce skin, or catch children's clothing. Press all "S" hooks until they're tightly closed.
- ◆ **Dangerous openings.** Openings in guardrails and between platforms or ladder rungs should be less than 3½ inches wide or more than 9 inches wide.
- ◆ **Pinch-and-crush hazards.** Eliminate exposed moving parts on equipment such as merry-go-rounds or seesaws that might injure a child's hand or foot.
- ◆ **Tripping hazards.** Look for exposed concrete at the base of equipment, as well as large rocks and debris and sudden changes in the level of the ground, tree roots, and stumps.
- ◆ **Elevated play areas.** To prevent falls, add guardrails to surfaces such as platforms, ramps, and bridges that are more than 20 inches above the ground and used by preschool children. If the elevated play area used by school-age children is more than 30 inches above the ground, add guardrails.
- ◆ **Playground maintenance.** A designated inspector should check playgrounds regularly. Maintenance includes replacing missing, broken, or worn-out parts, as well as tightening hardware, looking for rust and chipped paint on metal pieces, checking for deteriorating materials, keeping the proper depth of surface material, and removing trash and debris.
- ◆ **Supervision.** The playground should be designed so that adults can easily watch the children.



Playgrounds in neighborhood parks and on school yards are an endless source of fun and physical exercise. They are one reason why more than 200,000 children a year across the country land in an emergency room. Thousands more visit private physicians. Each year, about 20 children die from playground-related injuries in the United States.

Routine safety checks of play areas and equipment could lessen or prevent many of these injuries.

Protective surfacing

Adequate protective surfacing is vitally important because nearly 70 percent of playground injuries result from falls. About 99 percent of playgrounds inspected by the Product Safety staff of the Texas Department of Health are found to have inadequate



Photos by Shelly Ogle

SAFE Playgrounds

protective surfacing.

Double-shredded bark mulch, wood chips, fine sand, or fine gravel offer good protection under and around play equipment. To prevent serious head injuries to children, however, these surfaces need to be from 6 inches to 12 inches deep. Asphalt, concrete, grass, and dirt are not adequate as protective-surface materials.

A matter of scale

Other safety issues arise from poorly designed or maintained equipment, haphazardly laid-out play areas, or equipment not scaled to the age or size of the child.

To see if a play area is out of scale, it doesn't take an expert who can remember exact dimensions. People often can tell if something on the playground is wrong just

by taking time to look around.

Openings that are enclosed on all sides — such as the spaces between ladder rungs or those in railings — should always be less than 3½ inches wide, or more than 9 inches wide, so that a child's head or limbs will not get trapped in them.

Age-appropriate designs

Another problem can arise when children play on equipment not designed for their age. Children ages 2 to 5, who usually are smaller and weaker than other children, need a play area and scaled-down equipment separate from those for children ages 5 and up.

And though all children, no matter what age, should always have adult supervision on the playground,

remember to provide more attentive supervision to younger children.

The following tips can make playgrounds safer for pre-schoolers ages 2 to 5:

- ◆ Select equipment sized and developed to interest younger children. For instance, they especially enjoy spring-rocking equipment.
- ◆ Check to see that rung ladders and play components such as climbing nets, arch climbers, and tire climbers are not the only ways for pre-schoolers to get on or off equipment.
- ◆ Be sure that any platform or raised area more than 20 inches above the ground surface has a guardrail or protective barrier.
- ◆ For children ages 2 to 5, the top of this guardrail

By Emily Palmer, Information Specialist
TDH Division of Communications and Special Health Initiatives

should be at least 29 inches above the platform, and the guardrail's lower edge should be no more than 23 inches above the platform.

Resources available

To borrow a 35-minute video called *Inspecting Playgrounds for Hazards*, contact Charles Hallmark, TDH Product Safety Program, at (512) 834-6773, ext. 2344. Copies of the video can also be obtained through TDH regional Product Safety personnel at the following locations across the state:

- ◆ Arlington —
(817) 264-4000,
ext. 2515.
- ◆ Houston —
(713) 767-3255.
- ◆ Midland —
(915) 683-9492.
- ◆ San Antonio —
(210) 949-2148.

For a free copy of the U.S. Consumer Product Safety Commission's *Handbook for Public Playground Safety*, call (800) 638-2772 or send a postcard with your name, address, and the name of the handbook to:

U.S. Consumer Product Safety Commission
Washington, D.C. 20207.

'Back to Sleep' campaign targets SIDS prevention

By Mary Van Eck, M.S., R.D.
Nutrition Education Coordinator



One of the most valuable messages you can share with your WIC participants is the reminder for them to always put a baby to sleep on his or her back. This is truly a life-saving message.

In the five years since parents have been given this advice, deaths due to sudden infant death syndrome (SIDS) have been reduced by 70 percent.

They can be reduced even more by promoting this message throughout the WIC program.

Most SIDS babies slept on their stomachs

SIDS is also known as crib death. Although rare, it is the leading cause of death in infants from birth through the first year of life. SIDS can occur in any baby. Even the most healthy-looking infant can die from SIDS.

About 90 percent of SIDS deaths occur before the baby reaches 6 months — most happen to infants between the ages of 2 months and 4 months.

Research shows that 80 percent of SIDS victims were sleeping on their stomachs at the time of death. Other factors associated with a higher risk of SIDS include poor prenatal care and smoking by the mother during pregnancy, as well as consuming alcohol and drugs.

SIDS is not caused by child abuse. It is not contagious, is not hereditary, and is not caused by immunizations.

Recommendations

The American Academy of Pediatrics Task Force on Infant Positioning and SIDS recently made the following recommendations:

1. Infants should *not* be placed prone, or face-down, to sleep. Lying on the back is the safest position, but sleeping on the side is preferable to sleeping tummy-down. If the side position is chosen, caregivers should bring the underneath arm forward to lessen the risk of the baby rolling over



onto its belly.

2. Soft surfaces should be avoided in an infant's sleeping environment. Pillows and quilts should not be placed under a sleeping infant.

3. These recommendations are for healthy infants only. A pediatrician may suggest the prone sleeping position for infants with some medical conditions, such as upper airway anomalies or gastroesophageal reflux.

4. These recommendations are for infants during sleep. While the infant is awake and being observed, some "tummy time" is recommended for developmental reasons and to help prevent soft spots from forming on the back of the baby's head.

Other prevention measures that WIC staffers could share with clients include:

- ◆ Breastfeeding and taking care of their health during pregnancy, including good nutrition, exercise, and taking vitamins.
- ◆ Not overheating or overdressing the baby.
- ◆ Keeping the baby away from water-beds, bean-bag chairs, and fluffy bedding, and always placing their babies on firm bedding.

Coming your way

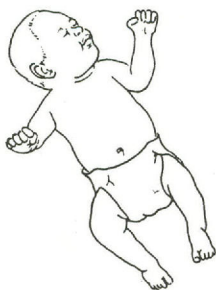
Materials from the "Back to Sleep" campaign were sent to all Texas WIC clinics in February. Videos were also included, as well as stickers, posters, and pamphlets in both English and Spanish.

Spanish-language videos will be available soon.

To help promote the "Back to Sleep" campaign, staffers at your local agency can:

- ◆ Sponsor a SIDS-awareness month in your WIC local agency. October is national SIDS awareness month.
- ◆ Hang the posters with attached pamphlets in your clinics.
- ◆ Show the videos (3 minutes, 46 seconds) in your waiting room or in the classroom while participants are waiting for their vouchers (a class solely on SIDS would not be considered nutrition education).
- ◆ Give the stickers to children in the clinic.
- ◆ Mention to all pregnant women and parents or care givers of infants the importance of putting the baby to sleep on his or her back.

For more copies of the materials from the "Back to Sleep" campaign, or if you have questions about SIDS, call (800) 505-2742.



Sources:

M. Willinger, H. Hoffman, and R.B. Hartford, "Infant Sleep Position and Risk for Sudden Infant Death Syndrome: Report of Meeting held Jan. 13 and 14, 1994, National Institutes of Health, Bethesda, Md.," *Pediatrics*, Vol. 93, No. 5 (1994), pp. 814-819.

American Academy of Pediatrics Task Force on Infant Positioning and SIDS, "Positioning and SIDS," *Pediatrics*, Vol. 89, No. 6 (1992), pp. 1,120-1,126.

Outreach UPDATE

By John Koloen
Staff Writer

Participation remains high

Statewide WIC participation is holding steady with 684,195 participants in January.

This includes 69,252 pregnant women, 30,906 breastfeeding mothers, 66,211 postpartum women, 175,028 infants, and 342,798 children.

Texas WIC continues to encourage local-agency directors to maintain steady growth in program participation.

Approved-foods brochures to be received soon

At press time, new approved-foods brochures and posters were expected to be shipped to local agencies and vendors this month.

One product that will no longer appear on the brochure is Kellogg's Complete Bran Flakes because the manufacturer changed the box size from 22 ounces to 17 ounces.

Growth charts child-friendly

Lion King characters promote good nutrition in this special growth chart for young WIC participants. Developed by a major USDA campaign, TEAM Nutrition, the poster-chart can decorate your child-friendly clinic or can be given to young clients during individual counseling at certification or recertification.

To order, contact Diane Salem or Susan Presto at (512) 458-7532.

Teen magazine available

Your New Life, a magazine by and about teen parents, is once again available to Texas WIC local agencies. The publication can be given to teen customers participating in the WIC program, or it can be used in teen classes or individual counseling.

To order, call Diane Salem or Susan Presto at (512) 458-7532.

No 1997 WIC calendars

As you probably already know, the state office is not able to provide WIC calendars for 1997. However, we are committed to providing calendars in 1998. Orders from local agencies will be taken in June. For more information, contact John Koloen at (512) 458-7532.

Mailings to your community

The Texas WIC outreach and marketing section mails letters and materials directly to referral groups in your community. The material urges them to coordinate services with their local WIC agency. Groups are targeted as shown in the schedule below:

- ◆ *March*: Child-support checks, reminders to physicians to use referral slips.
- ◆ *April*: Child-care centers, foster parents.
- ◆ *May*: Faith organizations, providers of meals through the Summer Food Program.
- ◆ *June*: Food banks, shelters, child-support checks.
- ◆ *July*: Military family-service centers, midwives, pediatric nurses.
- ◆ *August*: School counselors, school-lunch programs, school nurses, PEP program.
- ◆ *September*: ECI providers, staffers in migrant health and education.

Project 34 expands 'Teddy Bear classes'

By Lynn Silverman, M.A., R.D.
Nutrition Education Specialist



Dee Gates, coordinator of nutrition education at Project 34 in Abilene, uses "Teddy Bear classes" to offer nutrition education to 4- and 5-year-old WIC children.

The Teddy Bear classes were developed more than five years ago by a former nutritionist from Project 34, who got the idea from a training held at the state agency.

Promoting the classes

At first, not many children attended the special lessons. When Gates arrived at Project 34 three years ago, she began promoting the classes with the help of her enthusiastic staff. Now, 10 to 15 children attend five offerings of the classes at two sites each month. The largest class size is six to eight children.

Gates suggests booking 12 children to get a class of eight.

Before class, Gates explains the Teddy Bear classes to the parents in the waiting room. She always offers a snack during the the 20- to 30-minute lesson. She tells parents what the snack will be and obtains permission for the children to have it.

To reinforce the nutrition-education lesson, Gates also gives parents additional information to take home, such as coloring sheets or recipes for the snacks served in the lessons. She gives *Food&Family* magazines to the parents to read while their children attend the class.



Fun, active lessons

Gates uses puppets and other props to make the classes interactive. Lessons with activities work best, she says. In the spring, class members play the Jamberry game, a pretend berry-picking game with a colored poster of berries. The children dance to the Jamberry song, go to the poster, and pretend to pick blackberries, strawberries, blueberries, or raspberries. Gates then offers strawberries to the children for a snack.

Other activities include coloring pictures of cereals that are high in iron, or looking at different food labels on product boxes and learning which foods have iron. When they learn about teeth and nutrition, the children get a toothbrush and learn to brush their teeth correctly. One activity the children love most is planting beans, Gates says.

Parents get excited about the classes because the children get involved and they get a feel for what school is like. After the class, Gates answers any questions that the parents may have.

Children who attend these classes "graduate" when they turn 5. Each one gets a certificate recognizing his or her accomplishment.

Other acknowledgments for graduation include donated items such as new toys, 5 A Day pogs, books, note pads, and pencils.

For more information, call Gates at (915) 692-1680.

Resources available to aid services to farmworker clients

How much do you and your staff know about migrant farmworkers and services available to them? If you're not too familiar with migrant farmworkers and how to refer them for assistance, fear no more.

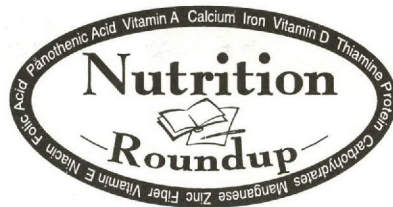
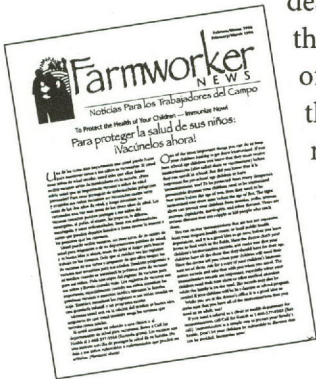
The National Center for Farmworker Health, a national non-profit organization, has developed informational materials for health professionals and migrant families.

The *Migrant Health Newslines*, published every two months, is distributed free of charge to health-care professionals who work with farmworkers. The publication includes articles pertinent to the health of migrant and seasonal farmworkers and to the administration of migrant health centers and community health centers.

A health-information project called "Call for Health" has been designed to meet the special needs of farmworkers through a newsletter, *Farmworker News*, and a nationwide, toll-free phone line.

The phone line, (800) 377-9968, is staffed by bilingual assistants who help the farmworker caller with referrals to migrant health centers or to an alternate source of assistance.

Organizations and agencies that will provide services to farmworkers include churches, food banks, private providers, and local assistance groups.



By Rachel Jule
Nutrition Education Specialist

Call for Health publishes *Farmworker News* in both English and Spanish. The newsletter provides important information to farmworkers on how they can protect their health and the health of their families. Issued every other month, the newsletter is distributed to farmworkers by peer educators, migrant health centers, and health and advocacy organizations for farmworkers.

For more information, call (800) 531-5120 or write to:

National Center for Farmworker Health Inc.
1515 Capital of Texas Hwy. S.
Suite 220
Austin, Texas 78746.

3rd annual summer workshop set for June in Austin

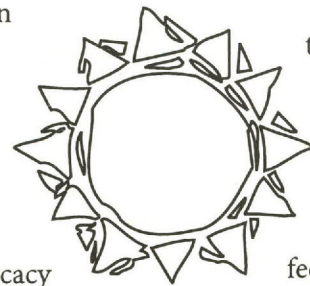
The 1997 Texas WIC nutrition-education and breastfeeding-promotion summer workshop will take place June 11-13 at the DoubleTree Hotel in Austin.

This year's conference includes a variety of presentations on topics such as:

- ◆ Teaching nutrition education to children.
- ◆ New weight-counseling techniques.
- ◆ Supporting the special-needs breastfeeding baby.

- ◆ Herbal remedies and their effects on pregnancy and lactation.
- ◆ Stages of change.
- ◆ Overcoming barriers to breastfeeding.

Attendees at the workshop will be offered the chance to boost their creativity, network with other WIC nutrition educators, learn new ideas to take back to their local agencies, and become familiar with the 1998 *Nutrition Education Plan*.



For more information, contact Mary Van Eck, nutrition-education coordinator, at (512) 458-7440. Janet Rourke, breastfeeding-promotion coordinator, is also

available with information. Rourke can be reached at (512) 406-0744.

Correction

The Texas WIC 1997 nutrition-education and breastfeeding-promotion summer workshop was mistakenly referred to as "the NAWD conference" on page 14 of the March 1997 edition of *Texas WIC News*.

TAKE OUR DAUGHTERS TO WORK®

Thursday, April 24, 1997

This national event helps ensure that girls remain confident, strong, and in school throughout their teen years.

Ms. Foundation for Women
(800) 676-7780

Training staff offers diverse course options

By Judith Cayton Devin
Training Specialist

Effective staff training is one of the keys to continuously improving the quality of local agencies. Helping staff do their jobs better is the goal of all of the courses offered through the Texas WIC training section.



There are five different types of training offered: foundational, customer service, civil rights, clinical, and vendor. A number of courses are available within each area. Some of the

courses, such as the Covey courses, are scheduled across the state. Others, such as CPA training, are offered primarily in Austin. Almost all of the courses can be requested for your area if you can put together a group of trainees (usually at least 15 people) from your project and surrounding projects.

We bring all of the training materials, and we can bring some equipment. We ask local agencies to provide the room and basic equipment such as tables, chairs, and sometimes a TV/VCR. A screen for overhead projectors is helpful. Once a training is scheduled, the trainer will call to discuss specific needs for the class.

For more information on any of the following training, contact the Texas WIC training section at (512) 406-0740.

Foundational courses

“Stephen Covey’s Seven Habits of Highly Effective People” is an intensive, video-based class that takes three and a half days. Class participants will be invited to examine their effectiveness in personal and professional arenas.

“First Things First” is Stephen Covey’s time-management course. This one-day class focuses on the first three habits addressed in Covey’s book, *Seven Habits of Highly Effective People*.

A third Covey-based course, “Seven Habits Advanced Applications,” is a one-day renewal

class covering the next level of effectiveness training for graduates of the “Seven Habits” training course.

Trainees in the one-day “Creative Problem Solving in WIC Clinics” class learn about a powerful seven-step model for solving problems.

“Personality Styles and Workplace Effectiveness” is a one-day course based on the Myers-Briggs Personality Profile. Its attendees learn how different personality styles among a group of workers can hinder or enhance working together effectively.

Customer-service courses

“Basic — Who Are WIC Customers?” is a two-hour class that introduces general concepts of customer service.

Following up on the lessons in “Basic” is a two- to four-hour course, “Listening Skills.” It gives practical examples and exercises on how to listen better to customers.

“Complaints and You” is a two-hour class that helps class members think positively about complaints and improve their complaint-handling techniques.

Practical telephone skills are taught in the two-hour “WIC Clients and the Telephone” workshop tailored for WIC staff.

Jobs can cause stress. A two-hour course, “My Most Important Customer (Handling Stress),” teaches class members to recognize and relieve stress.

“The Importance of Body Language” is a two-hour class that can help staff members learn what their bodies are saying that their mouths may not be saying.

Civil-rights courses

The definition of civil rights and the WIC policies for protecting our customers' civil rights are addressed in “Basic Civil Rights,” a two-hour class.

“Winning Balance” is a four-hour course based on a video. It builds awareness of how individual attitudes influence interactions with others.

Clinical courses

“Competent Professional Authority Orientation” has been designed for new CPAs with six months or less of WIC experience. In Austin, the class lasts three days, but a condensed two-day class is available in the regions. Presentations include certification, income screening, weighing and measuring, hemoglobin/hematocrit, dietary recall and assessment, health/prenatal histories, nutrition-risk conditions, formula determination, individual counseling and referrals, allowable foods and food packages, nutrition education, breastfeeding, civil rights, and outreach.

The “Non-Contract Formulas” class is available in a two-hour format or in a more intensive half-day presentation.

Vendor-training courses

“Basic Vendor” is a two-hour training that focuses on allowable foods, completing the food voucher, and common questions asked by WIC vendors and how to answer them.

April

April 10-11 — “Be a Part of an Ongoing Story,” 17th annual convention of the Association of Texas Professional Educators, Austin Convention Center, Austin. For more information, call Eddy Williams at (800) 777-2873 or (512) 467-0071.

April 15-16 — “Nutrition for Children,” eight-hour Penn State University teleconference to be held at various teleconference sites around the state. For more information, call Liz Bruns or Anita Ramos at (512) 406-0740.

April 16-18 — Three workshops on the Americans with Disabilities Act's impact on employment, Austin North Hilton and Towers, Austin. Sponsored by TDH Office of Civil Rights and the National Association of ADA Coordinators. Up to 20 CEUs available. Call (512) 458-7627 for more information.

April 17 — “First Things First,” Sherman. One-day class on life-management and time-management lessons from Steven Covey's *Seven Habits of Highly Effective People*. Call any member of the WIC training staff at (512) 406-0740.

April 17-18 — Sixty-eighth annual meeting of the Texas Association of Obstetricians and Gynecologists with the Texas section of the American Colleges of Obstetrics and Gynecology, Four Seasons Hotel, Austin. For more information, call Karen Thompson at (817) 724-2574.

April 18-19 — Texas Tech University Health Sciences Center's third annual Rural Health Conference, Holiday Inn Civic Center, Lubbock. Call Melinda Steele at (806) 743-2929, fax to (806) 743-2934, or e-mail to cmemcs@ttuhsc.edu.

April 22-25 — “Stephen Covey's Seven Habits of Highly Effective People,” Houston. Learn to examine effectiveness in personal and professional areas. For more information, call any member of the WIC training staff at (512) 406-0740.

April 23 — Vendor training, El Paso. Two-hour training for area WIC vendors to teach the basics of WIC-voucher redemption, WIC-allowable foods, and claims submission. For more information, call John Paul Morgante at (512) 406-0740.

April 24 — Trainer Pam McCarthy's video, *Beyond Lecture: Be an Effective and Dynamic Nutrition Educator*, discussed and presented by Hazel Cattlett, education coordinator for Project 7 in Dallas. Call Cattlett or Jay Harvey at (214) 670-7200.

April 24 — “Adult Immunization: Strategies that Work,” interactive video-conference, 1 p.m. to 3:30 p.m. Sponsored by TDH, the Centers for Disease Control and Prevention, and Texas Health Foundation. Call Candy Cates at (512) 458-7284.

April 29, 30 — “Women, Children, and Addiction,” Arlington Community Center, Arlington. Sponsored by the Texas Birth Defects Monitoring Division and the Texas Office for the Prevention of Developmental Disabilities. Call Mary Ethen at (512) 458-7232 or Jerry Ann Robinson at (512) 424-6042.

April 30 — “Seven Habits Advanced Applications,” Dallas. For graduates of “Seven Habits of Highly Effective People” training course. Call (512) 406-0740.

May

May 1-3 — “Keeping it Simple,” annual conference of the Association of Texas Midwives, Holiday Inn on the Beach, Galveston. For more information, call Sherry Moreno at (713) 837-1997.

May 2 — “Seven Habits Advanced Applications,” Temple. The next level of effectiveness training for graduates of “Seven Habits of Highly Effective People” training course. For more information, call any member of the WIC training staff at (512) 406-0740.

May 5-8 — “Stephen Covey's Seven Habits of Highly Effective People,” Austin. This three-and-a-half-day course invites attendees to examine their effectiveness in personal and professional areas. For more information, call any member of the WIC training staff at (512) 406-0740.

If you know of an event you'd like to include in this calendar, call Shelly Ogle or Callie Jones at (512) 458-7532.

Suggestions invited and received

Listening to our breastfeeding peer counselors

By Jewell Stremler, C.L.E.

Peer Counselor Coordinator

We get peer-counselor surveys and mom-to-mom stories in our mailbox almost every day, and it's heartwarming to hear from so many of you.

You have shared many good ideas. This month, we'll explore your suggestions on providing better

breastfeeding support to our clients. Next month, we'll share your ideas on improving and

nurturing the peer counselor's role in Texas WIC local agencies. Among your suggestions were:

- ◆ Having Texas WIC “treat all pregnant and new moms as though they are going to breastfeed — like breastfeeding is basic, not optional.”
- ◆ “Having all mothers start with breastfeeding and giving more extensive frontline counseling. If moms ask for formula, give them breastfeeding counseling and more breastfeeding literature before providing formula.”
- ◆ “Make sure that all pregnant women receive a breastfeeding class or counseling.” This is already our policy, and is the best way to raise our breastfeeding rates.

Make clinics friendly

You tell us that clients need a breastfeeding area, with rocking chairs, in the clinic, as well as a private place for breastfeeding counseling.

Some local agencies have found creative ways to address their space limitations. One Texas WIC project converted a small storage room into a breastfeeding lounge. Another local agency partitioned off half of its waiting room to create a breastfeeding center.

Maximize counselors' time

You want easier access to moms. You suggest scheduling prenatal classes when peer counselors are in the clinic, allowing peer counselors to make more home visits, and having peer counselors work in the neonatal-intensive-care unit in the

hospital. These are all suggestions that many local agencies have been able to implement.

Many of you want to do more outreach to provide community awareness about breastfeeding. Breastfeeding peer counselors around the state have written newspaper articles and have appeared on radio and television programs to promote breastfeeding.

Community outreach is an activity that should always be coordinated with your local-agency breastfeeding coordinator or the supervisor at your clinic.

Support your counselors

Several of you brought up the need for more appreciation for the work you do and more support for breastfeeding from other WIC staff members.

Many of you reported that the clinic atmosphere is strongly supportive of breastfeeding and that everyone you work with is great. Nevertheless, many of your surveys said things such as, “All WIC staff need to have better education about breastfeeding so they can understand how important our job is.”

Our state policy requires all local-agency WIC staff to receive breastfeeding training. This is an area where we hope you will see improvement over time.

Many breastfeeding coordinators say that having peer counselors in the clinics has



helped staff realize the importance of breastfeeding, inspiring even those who had previously shown little enthusiasm for breastfeeding. So, don't underestimate your own influence on staff members as well as on clients.

Put suggestions to work

We challenge local agencies to implement your suggestions.

We will be discussing some of these possibilities on June 11 at the third annual Texas WIC nutrition-education and breastfeeding-promotion summer workshop.

Breastfeeding coordinators from around the state will meet that day for a special session about peer counseling. The session, "Nurturing a Precious Resource," will be held from 8:30 to 11:30 a.m. at the DoubleTree Hotel in Austin.

For more information on the workshop, call Janet Rourke at (512) 406-0744 or Mary Van Eck at (512) 458-7440.

Breastfeeding coordinators report on 1996 efforts

By Janet Rourke, M.S.H.P., L.D., C.L.E.
Breastfeeding Promotion Coordinator

This new column, designed especially for breastfeeding coordinators, will address issues related to the promotion of breastfeeding.

The chart below shows breastfeeding activities conducted at Texas WIC local agencies last year. Plans for 1997 are also shown. This information, reported to the state office by local agencies' breastfeeding coordinators, was taken from the *1997 Breastfeeding Plans*.

How do your activities compare with those of the other local agencies?

If you would like to have a question answered in this column or if you would like to know how other local agencies are handling a breastfeeding-promotion situation, please contact me with your

question, and I will address it in an upcoming issue.

Feel free to call me at (512) 406-0744, e-mail me at jrourke@wicsc.tdh.state.tx.us, or write to:

Janet Rourke
Texas Department of Health
1100 W. 49th St.
Austin, Texas 78756

Next month, we will look at barriers to meeting your breastfeeding-promotion goals.



Breastfeeding-promotion activities in Texas WIC's 85 local agencies

	Done in '96	Planned for '97		Done in '96	Planned for '97
Teaching breastfeeding classes	97%	97%	Providing a lending library	62%	69%
Providing individual counseling	100%	98%	Sending congratulatory notes	28%	65%
Maintaining a peer-counselor program	55%	70%	Conducting home visits	42%	51%
Providing breastpumps	91%	97%	Visiting new moms in the hospital	52%	63%
Providing supplemental nursing systems	45%	51%	Celebrating World Breastfeeding Day	75%	80%
Providing breast shells	60%	63%	Attending workshops & conferences	89%	97%
Having a breastfeeding-support group	43%	56%	Developing breastfeeding materials	23%	34%
Exhibiting at health fairs	55%	76%	Providing certificates and awards	67%	88%
Holding receptions for moms	45%	63%	Networking with the community	74%	76%
Maintaining a Wall of Honor	57%	81%	Distributing mother-friendly materials	n/a	58%
Providing media coverage	63%	67%			

Internet query brings comments on product endorsements by educators

By Chan McDermott, M.P.A.

Breastfeeding Promotion Projects Specialist

The Internet is an endless source of information.

One way of getting information is through mailing lists or discussion groups, which are areas that focus on a specific topic. They enable people to electronically share information, make queries, and discuss issues relevant to their topic of concern.



A recent posting on Lactivist, a breastfeeding mailing list/discussion group on the Internet, asked for responses from childbirth educators about a new breastfeeding curriculum developed by Medela, a manufacturer of breast pumps.

The individual who posted the question wondered if childbirth educators were using the Medela curriculum, if they liked it, and how they felt about using a curriculum that probably recommended the purchase of products manufactured by the curriculum's developer.

Below are three samplings from the string of postings that followed:



Date: Tues, 19 Nov 1996 14:09:40 +0100

From: Chan McDermott

<cmcdermott@wicsc.tdh.state.tx.us>

Subject: breastfeeding curriculum — product endorsement

I am a Bradley-certified childbirth educator. I use my own breastfeeding curriculum and probably wouldn't feel comfortable using anything else — though I might glance over it for ideas! I am very careful about what I hand out in class! I do use the childbirth-education handouts developed by Pampers. I give a disclaimer, but even so, I clearly remember the time one mom piped up and said, "I've been reading the information on these handouts, and I've decided I'm going to use Pampers! They're the best!" I wonder what else she accepts as the "best" just because the company says it is (and, by association, the childbirth educator?!)



Date sent: Wed, 20 Nov 1996 23:05:12 +0100

From: dwiessin@baka.com (Diane Wiessinger)

Subject: breastfeeding curriculum — product endorsement

A wake-up lesson for all of us: If we hand it out, our clients assume we've done the research for them and are giving them the best information available.

◆
Date: Thurs, 21 Nov 1996 19:17:40
From: Diana Dietz <ddesign1@IX.NETCOM.COM>
Subject: breastfeeding curriculum — product endorsement

My biggest wake-up call came when a WIC patient practically apologized for buying baby food that wasn't from Gerber. She pointed to the jars of Gerber baby food I had sitting in my exam room (for examples of jar sizes when obtaining diet history) and commented that she realized I recommended the Gerber brand. Yikes! A perfect example of "endorsement by association." I blacked out the Gerber name and logo a.s.a.p.!!

Take a look around your own office and see if you can spot anything, such as posters or other teaching aids, that might lead to "endorsement by association."

Access to Lactivist

Admission to the Lactivist bulletin board is by invitation, nomination, and application.

All applications to be on the Lactivist mailing list should be e-mailed to the list owner at lactivism-owner@uts.edu.au.

Please include a brief statement describing your background in breastfeeding advocacy, your reasons for wanting to be on the list, and what you think you can contribute to the purpose of the list.

For more information on how you can become involved with computer bulletin boards like Lactivist and Lactnet, call Chan McDermott at (512) 406-0744.

Study focuses on infant-feeding choices of WIC moms in Southeast Texas

Kimberly Guice, a WIC nutritionist and breastfeeding coordinator with Texas WIC Project 63 in Hardin County, recently completed a master's-thesis research project on breastfeeding in Southeast Texas.

Her research looked at the knowledge, attitudes, and infant-feeding choices of WIC moms at WIC clinics in Hardin County, Beaumont, Port Arthur, and Orange.

Guice used existing research, such as the five barriers to breastfeeding outlined in the *WIC Peer Counselor Training Manual*, to develop a questionnaire for use in gathering data.

About the respondents

Eighty-nine women, ages 13 to 41, completed the survey. The ethnic breakdown of the group was 48 percent white, 46.6 percent African American, and 3 percent Hispanic. The majority of women choosing to breastfeed were white.

Of the women who chose to use formula, half were white and half were African American.

Most of the women who chose to breastfeed had either completed the 12th grade or had attended some college. In regard to infant-feeding choices, 79 percent of the women chose to formula-feed, and 29 percent of them breastfed their infants. The numbers overlap because a woman could choose to both breastfeed *and* formula-feed an infant.

Breastfeeding choices and misconceptions

Almost all of the women who breastfed said they discussed breastfeeding with someone before, and the majority of breastfeeding women were married. When the women were asked why they chose to breastfeed, all said because it was best for the baby, one-third said because it is cheaper, and half said

because it is easier. When asked why they chose to formula-feed, 25 percent said to return to work, and a large percentage said because it was easy.

Overall, the women surveyed believed that the size of a woman's breast affects her ability to breastfeed. Many women thought it is possible that a woman can't make enough milk to breastfeed, and about half did not think their diet was too poor to breastfeed.

Education crucial

The findings of Guice's research showed that husbands, mothers, friends, and race did not influence the infant-feeding decisions of the specific women in this study.

Influence seemed to come from the woman's level of education and her physician's advice.

While a large percentage of the women scored well in regard to knowledge and attitudes toward breastfeeding, results of the study indicate that misconceptions about breastfeeding still exist.

For more information, Guice can be reached at (409) 246-8383.

Texas

WIC NEWS

Reports

on the

State

★ In Dallas, WIC moms tour grocery stores with nutritionists to learn about foods, nutrition, and shopping choices.

★ In rural Gaines County in West Texas, German-speaking Mennonite clients learn in their own language about breastfeeding, baby care, and nutrition.

★ In Abilene, WIC kids enjoy learning about healthy foods through fun activities in "Teddy Bear classes."

★ In Houston, Vietnamese-born medical students assist WIC clients in their community clinics.

★ In the East Texas town of Jasper, WIC staffers host "sweetheart pageants" each year for breastfed WIC kids.

★ In Cameron County along the Rio Grande, a special WIC mom adopts a Mexican baby and, with help from WIC, successfully breastfeeds her new son.

Keep sending your news on clinic successes, inventive staffers, special moms, and community events to:

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Austin, Texas 78756.

If you have any questions, call editor Shelly Ogle at (512) 458-7111, ext. 3478, or call assistant editor Callie Jones at (512) 458-7111, ext. 3406.



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