

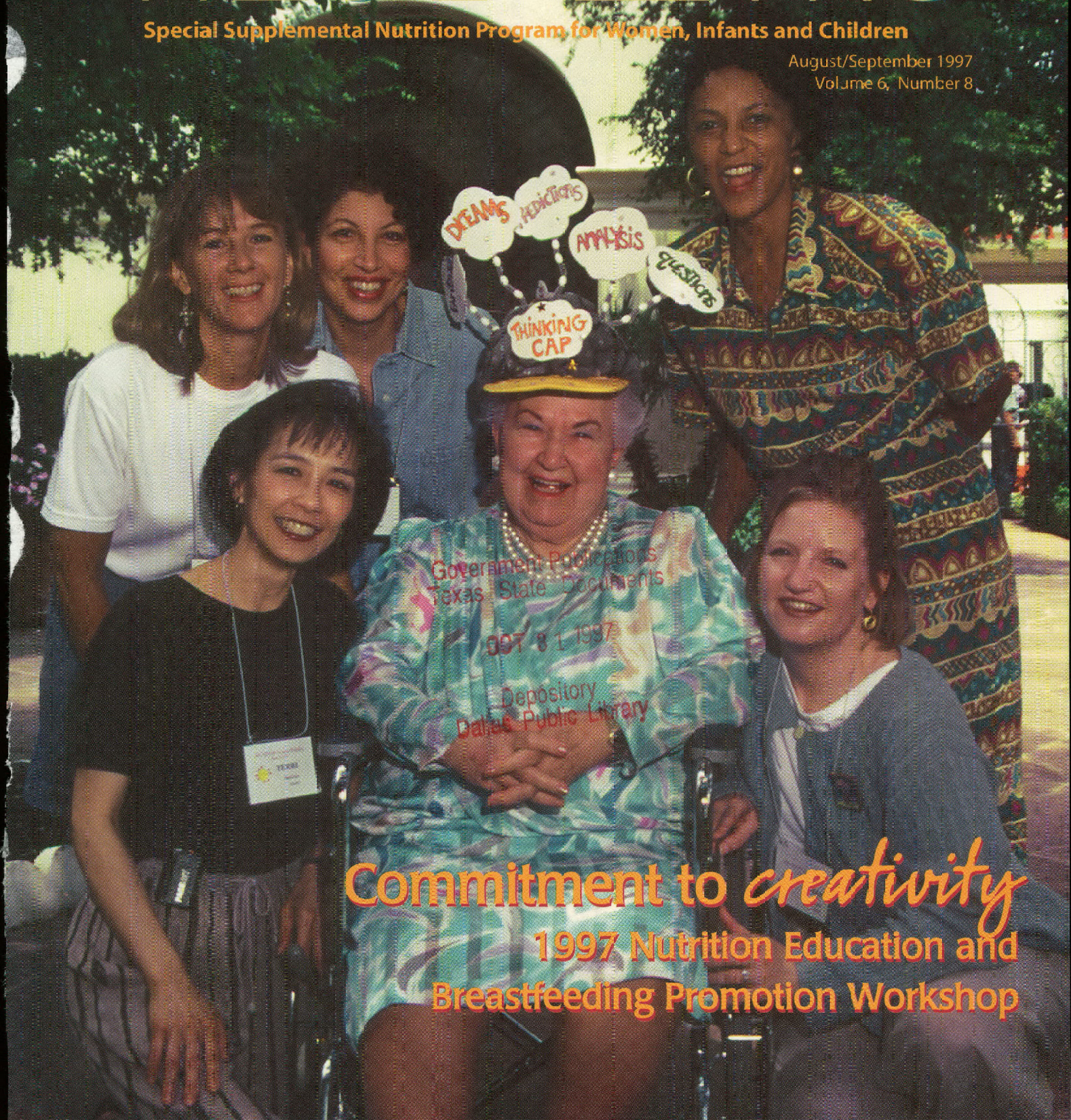
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Texas

WIC NEWS

Special Supplemental Nutrition Program for Women, Infants and Children

August/September 1997
Volume 6, Number 8



Commitment to creativity

1997 Nutrition Education and Breastfeeding Promotion Workshop



State director's issues to share

Congressional concerns challenge WIC

By Shelly Ogle
Staff Writer

"WIC is facing a time of challenge," says Mike Montgomery, state director of Texas WIC. "Even though we're humming along and giving more than ever, even though we've streamlined our food-delivery process via the WIN computer system, even though we're examining ourselves to smooth out our service delivery, and even though we're looking toward a future with an efficient system of electronic benefit transfers, we are now in an *environment* of challenge."

The environment Montgomery speaks of is both a place and a new way of thinking.

As a place, it's called Capitol Hill, where two decades of bipartisan support for the WIC program has brought about improved nutrition for millions of American families. As a new way of thinking, the current environment is defined by a growing interest in the U.S. Congress to critically examine WIC.

Standardizing nutritional-risk criteria

One of the two primary concerns fueling congressional interest in, and concerns about, WIC is the program's non-standardization of nutritional-risk criteria among states.

In a 1996 report issued at the request of the U.S. Department of Agriculture and distributed to congressional representatives, the Institute of Medicine of the National Academy of Sciences made more than 80 recommendations to alter, add, delete, or standardize the criteria for assessing a WIC client's or applicant's degree of nutritional risk. Copies of this report were sent to all Texas WIC local agencies in May.

In March, a response paper was prepared by the National Association of WIC Directors and distributed to Congress. A copy was distributed to all Texas WIC local agencies in mid-August.

Meeting the concerns of vendors

Another issue fueling congressional interest in WIC is the satisfaction of the program's vendors. The Food Marketing Institute, an

association representing large retail grocers, has issued a series of editorials criticizing WIC.

The articles, one claiming that WIC feeds bureaucrats instead of babies, have been shared with Congress. They find fault with WIC in four main areas:

- ◆ High administrative costs.
- ◆ "Onerous" over-regulation of grocers.
- ◆ Restrictions on store-brand foods in the WIC food packages.
- ◆ Limitations on numbers of stores allowed to be WIC vendors.

"The national WIC community has challenged the FMI reports," says Montgomery. "States have sent letters to the grocers' association, and NAWD has prepared an informative report for congressional representatives to consider in their deliberations."

Montgomery reasserts that the present is a time of challenge to WIC basics. "We're not expecting to get congressional approval for funds for expansion," he says. "Congress is examining WIC to see if national standards should be in place for determining nutritional risk, and we've got the vendors' concerns. I'm proud of all the accomplishments that Texas WIC has attained, and I know we're meeting the needs of so many clients, but I just wanted our staffers in the field to be aware that congressional review and concern is ongoing."

Questions about these issues can be addressed to Montgomery at (512) 458-7444.

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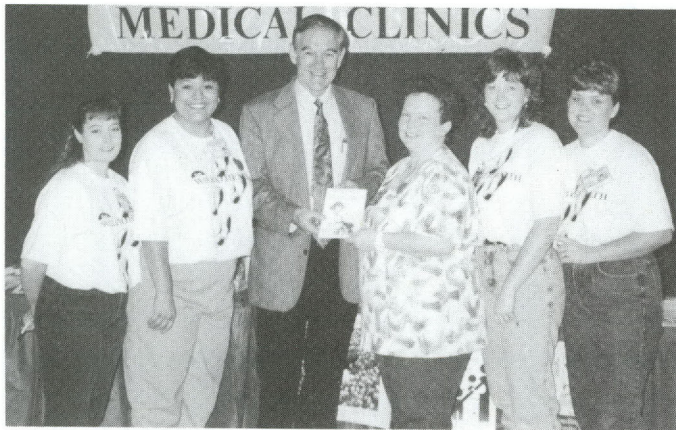
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Cover: Texas WIC breastfeeding and nutrition-education staffers met in June to share creative strategies. Center: Anne Robinson, keynote speaker. Clockwise from left: Terri Lew, Denise Wolf, Zahra Koopaei, Yolanda Johns, Susie Hyman. Covers designed by Brent McMillon; front-cover photo by Jennifer VanGilder.

Project 97

Fayette Memorial WIC clients earn nutrition-education credit at health fair

WIC participants served by the Fayette Memorial Hospital WIC program attended a health fair sponsored by the hospital on April 26



After learning about WIC from Project 97 staffer Kimberli Wendt, L.V.N., third from right, U.S. Rep. Ron Paul, third from left, poses with Wendt and others. At left are Angel Moerbe, a WIC mom and the coordinator of Fayette Memorial's primary-health-care program, and WIC clerk Connie Morin. To the right of Wendt are public-health nurse Jennifer Spacek, R.N., and public-health clerk Cathy Krnavek.

in La Grange. At the WIC booth, clients earned nutrition-education credit for completing self-study nutrition-education modules.

The WIC booth was shared by Fayette Memorial's public-health staff, which also co-locates its services with WIC's in a Fayette Memorial community-outreach building.

"WIC employees enjoyed providing

outreach materials that included information about nutrition, breastfeeding, and WIC services," says Project 97 director Cindy Manning, R.D., L.D. Fair attendees included WIC clients and workers, staffers from social-service agencies and from Fayette Memorial Hospital, and U.S. Rep. Ron Paul, M.D.

Paul, an obstetrician/gynecologist and a Republican member of the U.S. Congress representing Fayette County and others in District 14, stated that he was well informed about WIC services and that he had referred many individuals to WIC.

TRANSITIONS TRANSITIONS TRANSITIONS

Project 3

On July 1, a new WIC clinic opened at the Brownsville Community Health Center at 2137 E. 22nd St. in Brownsville. It serves clients from 9 a.m. to 4 p.m. on Mondays and Wednesdays. Its phone number is (956) 399-5162, and its mailing address is:

Cameron County Health Department
WIC Program
186 N. Sam Houston Blvd.
San Benito, Texas 78586.

Project 20

The Petersburg WIC clinic opened June 26 at 1523 W. 1st St. in Petersburg. It's

open on the second and fourth Thursdays of each month from 9 a.m. to 5 p.m. Its phone number is (806) 667-3386, and its mailing address is:

South Plains Health Provider
Organization WIC Program
2807 W. 7th St.
Plainview, Texas 78586

Project 42

A new clinic, the Lance Haven/City of Round Rock Housing Authority WIC clinic, opened June 17 at 1505 Lance Lane in Round Rock. It serves clients on the third Tuesday of each month from 1:30 to 4:30 p.m. Its phone number is (512) 248-3254, and its mailing address is:

Williamson County and Cities Health
District WIC Program
100 W. Third St.
Georgetown, Texas 78627.

Project 68

Clovis Caldwell, L.V.N., assumed duties as acting WIC director on June 27 upon the resignation of WIC director Sharon Pannell.

Project 87

On July 1, Anna Overstreet, R.D., L.D., assumed duties as acting WIC director. Susan Bennett, R.D., L.D., former director of Project 87 for nine years, has accepted a position as a maternal-and-child-health nutrition consultant to Public Health Region 4-5 North, raising awareness in East Texas about WIC, maternal and child nutrition, and population-based services.

Project 89

A new WIC clinic opened July 8 at the Banyan Tree Apartments at 8150 Cross Creek in San Antonio. It serves clients on the second Tuesday of each month from

Texas-made video wins top honors

The video-production section at the Texas WIC state agency was recently presented with an award for its video *WIC Nutritionists — Making a Difference*. Receiving a Gold Award in April at the 30th annual WorldFest Houston Video Festival, the seven-minute video placed first in the category of Recruiting/Career Guidance.

WIC Nutritionists — Making a Difference was produced at the request of USDA for use in recruiting WIC nutritionists. Completed and sent to the federal agency in February 1995, the video was aimed at college students majoring in nutrition, food sciences, public health, or a related field. It educates them about WIC's emphasis on nutrition education and motivates them to choose careers in WIC.

1 to 3 p.m. The new site's phone number is (210) 704-4187, and its mailing address is:

Santa Rosa Health Care Corp.
WIC Program
315 N. San Saba
Suite 1210
San Antonio, Texas 78207.

Project 102

On May 29, the Canton WIC clinic, which also serves as Project 102's administrative site, moved from Trade Days Blvd. in Canton, where it had been located for three months. Its phone remains the same at (903) 567-6732. Its hours are from 10 a.m. to 7 p.m. on Mondays and from 8 a.m. to 5 p.m. on other weekdays. Its new address is:

East Texas Medical Center
WIC Program
207 W. Tyler
Canton, Texas 75103.



Sitting, from left, are breastfeeding coordinator T.J. Sherry and new counselors Kirsten Herrera, Anna Pilotte, Christa Cates, and Anabelle Dunn. Standing, from left, are WIC director Jackie McLaughlin, trainer Cathy Liles, and peer counselors Lori McCulloch, Warna Dilworth, Roberta Werner, and Judy Torres. Skylar Forrister, M.D., stands at right.

Project 81

WIC moms trained to counsel others

Eight breastfeeding WIC moms in the Texas Hill Country recently completed three days of training to become breastfeeding peer counselors. The training, held in May, was conducted by trainer Cathy Liles, I.B.C.L.C., in the Marble Falls WIC clinic for moms from that town as well as from Burnet, Llano, and Lampasas.

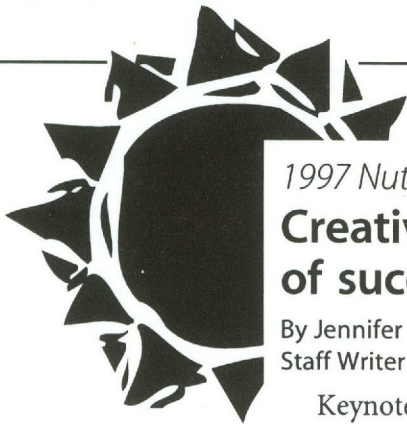
Local businesses donated lunches, door prizes, and snacks for the training sessions.

Skylar Forrister, M.D., a general practitioner from Llano who has "delivered most of our WIC babies in this area," according to Project 81 breastfeeding coordinator T.J. Sherry, spoke at the new peer counselors' graduation on May 23.

"He talked about the advantages of breastfeeding and about how happy he was to now have forces in the area whom he could refer his patients to for breastfeeding counseling," says Sherry. "He said he just doesn't have enough time in his practice to thoroughly explain the importance of breastfeeding to his patients."

The graduates shared a decorated sheet cake donated by a local baker and punch donated by another vendor. An area florist donated a bouquet for the table as well as one for Liles and another for Forrister. The physician's wife, Louise Forrister, M.D., was originally scheduled to speak but had to let him stand in for her because of laryngitis, says Sherry.

This group of graduates is the first class of breastfeeding peer counselors to be trained in Project 81's Marble Falls area. Peer counselors also have been trained at the local agency's clinics in Cameron and Caldwell.



1997 Nutrition Education and Breastfeeding Promotion Workshop

Creative thinking at heart of successful education, promotion

By Jennifer VanGilder, M.A.
Staff Writer

Keynote speaker Anne Robinson embodied the spirit of Texas WIC's 1997 Nutrition Education and Breastfeeding Promotion Summer Workshop — brainstorming and creativity. Robinson, featured on the cover of this issue of *Texas WIC News*, helped nutrition-education coordinators and breastfeeding-promotion coordinators explore creative ways of teaching and thinking in their jobs.



Anne Robinson's 'thinking cap' reminds others to be creative.

Staff members from across the state gathered June 11-13 in Austin for the workshop, where they attended seminars, participated in activities, and enjoyed educational exhibits. They also received the 1998 Texas WIC *Nutrition Education Plan* and *Breastfeeding Promotion Plan*.

A human-resources consultant in Austin for 19 years, Robinson's presentation included practical exercises in creativity and a delightful blend of humor.

Wearing a homemade "thinking cap," Robinson encouraged WIC coordinators to experiment with exercises such as mind-mapping, which can help them explore new ways of approaching their work in WIC clinics.

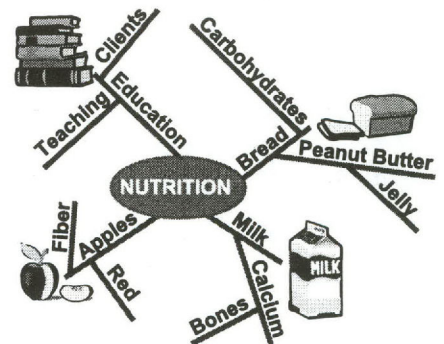
Mind-mapping, shown at right, is the equivalent of brainstorming on paper. The mapper puts the main topic to be mapped in the center of the page. Lines then run out from the central topic to subtopics, and more lines run from the subtopics to sub-subtopics. The purpose of mind-mapping is to encourage free thought that is not blocked by self-criticism.

Robinson said that each of us has at least one block which prevents us from reaching

our full creative potential. It can be fear of failure, reluctance to play, or fear of the unknown.

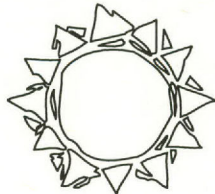
Creativity, she said, is no longer considered just a frill. For an individual or an organization, it is a survival skill and a life-enhancer. As a skill, it can be taught and must be consistently practiced.

Other workshop seminars echoed Robinson's call to creativity in WIC clinics. Presenter Barbara Mayfield of Indiana used colorful puppets as teaching aids in her preschool nutrition-education classes. State WIC staffers performed skits during the SMART seminar, conducted five-minute cooking demonstrations, and even used ice sculpture as a conversational icebreaker in one of the facilitated discussions. The 1997 summer workshop provided an opportunity for WIC coordinators to create their own thinking cap of ideas about nutrition education and breastfeeding promotion to take home to clients and co-workers.



Changes occur in stages

By Barbara Keir, M.A., R.D.
Director, Public Health Nutrition



If you've ever wondered why some of your WIC participants are eager to

make dietary changes and others aren't, you need to learn more about the "stages of change" model.

Developed in the early 1980s by psychologists James Prochaska, Ph.D., of the University of Rhode Island and Carlo DiClemente, Ph.D., of the University of Houston, this model is based upon an individual's readiness to change a health-related behavior. Examples of such change include quitting smoking, getting more exercise, or eating a low-fat diet. To be effective, health educators need to tailor their messages to the targeted individual's stage of change.

The model contains five stages:

1. The *precontemplation* stage occurs with individuals who are not yet considering a behavior change.
2. During the *contemplation* stage, individuals start to consider the feasibility and costs of changing a behavior.
3. As individuals progress, they move on to the *preparation* stage, where a decision is made to take action and change.
4. When individuals begin to modify their behavior, they're in the *action* stage, which usually takes three to six months.
5. After successfully negotiating the action stage, individuals move to the *maintenance* stage, during which the change is sustained.

Keeping these stages in mind, Texas WIC nutrition educators should be mindful of where an individual currently is in the cycle of change.

For example, teaching a precontemplator *how* to eat a low-fat diet wouldn't be as effective as discussing the pros and cons of a low-fat diet. With this information instead, the precontemplator can begin considering a change, thus moving to the contemplation stage.

This model gives WIC educators food for thought as they develop new lessons. To learn more about

the stages of change, refer to the article "Stages of Change: A Framework for Nutrition Interventions" published in the July/August 1996 issue of *Nutrition Today*.

The summer workshop's presentation on the five stages of change was conducted by Gina Akin, program development coordinator for the TDH Health Promotion program, and Claire Heiser, M.S., R.D., L.D., a chronic-disease nutrition consultant with the TDH Bureau of Clinical and Nutrition Services.

Overcoming barriers to breastfeeding promotion

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



Have you ever made a mandala? Attendees at this session have!

A mandala is a drawing to help you overcome an obstacle. Cathy Liles, I.B.C.L.C., had attendees draw their best personal quality, their breastfeeding-promotion objective, their barriers to meeting this objective, their action plan for overcoming these barriers, and their personal motto.

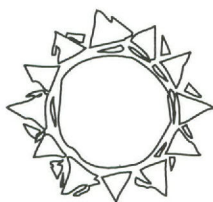
Each person then shared her mandala with the group, and a lively discussion was held on overcoming barriers.

Next, the stages of change in breastfeeding promotion were discussed by Janet Rourke. These stages range from "There is no problem" through "I see the problem, and I want to try and find a solution" to "We were successful in our breastfeeding-promotion efforts, and we want to share our results with others."

By identifying which stage a person is in, you can target your message to help him or her move to a higher level in the process. Action plans for overcoming barriers included questioning others' motives, finding allies, acting jointly with others, developing strategies, and joining worldwide efforts.

Keeping children's 'Wonder Box' filled with fun and exciting lessons

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



Children love surprises, and surprises can be used to help them learn.

Barbara Mayfield, a nutrition consultant and former coordinator of the

White/Carroll County WIC Program in Indiana, brings wonder and surprise to nutrition education for the preschool set with "Wicky's Wonder Box" and puppets.

Using the element of surprise, she turns lessons about fruits and vegetables, hand washing, and tooth brushing into moments of mystery and excitement.

The Wonder Box, a simple shoe box and lid covered inside and out with shiny foil or bright metallic paper with stickers of stars and pyramids, enables the educator to hide a mundane bar of soap, toothbrush, or apple in order to generate lots of eagerness to see what's inside.

Mayfield demonstrated her style with a group of children. "Who knows what this is?" she asked them, pulling out a bar of soap.

The thrilled youngsters yelled, "A bar of soap!"

"That's right! Very good!" she said. "What do we do with it?"

"We wash our hands!" the kids called out.

"Yes!" she answered. "And how many of you have used it today? Let's all wash our hands now!"

Songs and rhymes also help children learn, and they love them. Mayfield created a curriculum called *Kids' Club* to use songs to teach nutrition education.

She wrote dozens of songs set to familiar childhood tunes with messages such as "When I eat WIC super foods, I grow, I grow," set to the tune of *When Johnny Comes Marching Home Again*, and "Dairy is Dandy," set to the tune of *Yankee Doodle Dandy*. She also created a lively activity called "Let's All Exercise," set to the tune of *Father Abraham Had Many Sons*.

Mayfield reminds us that even educators with poor singing voices should not shy from such songs. "Children don't care how adults sing," she said. "And they love to laugh!"

How do we manage children?

Teaching children poses challenges. Let mothers corral their rowdy children, but don't worry if they get rowdy.

How to get their attention? Whisper. Ask them to clap three times if they can hear you. Praise one child, and others will imitate that child to also get praise.

Each child needs to take a turn, even shy ones, advises Mayfield. This protects their self-esteem.

How to get shy children to take a turn? Just take it for them. Ask them, "Would you like me to take your turn for you? Yes? OK." Ask for the shy children's input while taking their turn, and they'll feel included and important.

Mayfield's simple secrets

1. Be sold on what you're doing. Show enthusiasm even if you're totally tired. "Fake it! Within about 30 seconds you'll feel it," says Mayfield.

2. Care about the children. "Show caring with facial expressions, tone of voice, and body movements," Mayfield advises. "Practice in front of the mirror. Bring your face to their level, eye to eye. Make special name tags. Use their names. Praise them. Offer appropriate touches."



Barbara Mayfield teaches workshop attendees to turn nutrition-education lessons for kids into magic and fun.

Following these simple steps models good parenting and builds the child's self-esteem. You let children know that they are special just for being themselves. Praising increases their sense of competence.

Parents glow when they see someone else praising their kids. Mayfield explains these insights and more in helpful detail in her *Kids' Club* curriculum.

Importance of teaching preschool children

Children remember into adulthood what they had learned before the age of 5. Need proof? Did you learn the ABCs as a child? Try singing the ABCs now. Can you do it? Sure, you can.

Now, did you nutritionists learn the Krebs Cycle in college? Try drawing its diagram of the metabolic pathway now. Can you still do it? No way! You can probably think of thousands of things from early childhood that you can still do and many fewer from later life.

"At no time in life do you learn the volume of information that you

do from birth through first grade," says Mayfield.

Preschoolers form habits for a lifetime. Smart health educators can charm children with nutrition education made magic through song, play, and surprise.

It takes the magic of nutrition education offered the Mayfield way to overcome children's steady diet of cartoons and commercials showing skinny Barbies, Ken dolls, and superheroes living in a TV land of sugary cereals, candies, and pastries.

To show how early habits and learning can predict adult behavior, Mayfield revealed that Indiana officials observe the behavior of second-graders to determine how much prison space they'll need later.

We may never know if nutrition education at WIC helps children stay out of trouble later, but, if we are what we eat, then children who eat healthier, stay active, and have good self-esteem will have better tools to make better choices.

So, take the oath now that the rest of us took at Mayfield's session: "I promise to teach nutrition to young children sometime this year."

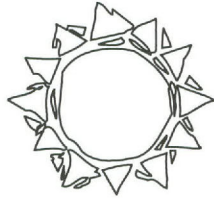
Mayfield's *Kids' Club* curriculum is being revised and will be available by autumn. If you are interested in using the *Kids' Club* curriculum in your local agency, contact Mary Var Eck at (512) 458-7440.



Counseling clients to lose weight without dieting

By Mary Van Eck, M.S., R.D.

Nutrition Education Coordinator



Diet counseling is often a frustrating challenge to both the client and the nutrition professional. In spite of the \$30 billion diet industry, most people can't

diet successfully. Dieting can frequently cause what Cross calls a "diet backlash," including sluggish metabolism, feelings of guilt, social withdrawal, and, most seriously, eating disorders. In fact, many diets cause more harm than good.

Intuitive eating

To address these issues, nutrition consultant Michelle Cross, R.D., advocates the "non-diet" or "intuitive-eating" approach to weight control. Instead of providing weight-loss strategies and information, this method focuses on the underlying issues in the overweight client's life.

For example, a traditional diet-counseling session would likely include teaching about fat and calories, whereas the non-diet approach would focus on the client's internal cues and social issues about food and dieting.

Reading physical cues

One of the most important aspects of the non-diet approach is the attempt to identify an individual's true signs of physical hunger and fullness. Because we are so often caught up with what our minds tell us about food and eating, we can no longer easily identify these physical signs.

Cross has found in her practice that, when such identification is made, the client is much more able to learn, accept, and practice healthy eating behaviors, which are the key to any weight-control program. The non-diet approach teaches the individual to respond to physical cues, not societal ones.

Encouraging physical activity is also important to this counseling approach, which emphasizes the stress-relieving and energizing aspects of physical activity. Many overweight individuals are physically inactive, which hinders a healthy lifestyle. Improvements in health can often be realized simply through a moderate exercise program.

Last resort

The non-diet approach to weight loss is encouraged as a last resort when the individual no longer believes that she can benefit from a traditional diet program.

Cross said that many clients, after the initial visit with her or her associates, go back to trying a traditional weight-loss program, but most eventually return when they are ready for the non-diet approach.



Sample lessons spark eagerness for creativity

By Rachel Jule Edwards
Nutrition Education Specialist



Who says you can't teach an old dog new tricks? Lots of new nutrition-education

tricks were being shared and learned at "Hands-On Nutrition Education Ideas," presented by Ann Sullivan, M.P.H., R.D., L.D.

Sullivan, former state-agency staffer and writer of the song *Pyramid Rap* featured in a Texas WIC video of the same name, involved the group in many fun and interactive activities. After the hands-on session, many attendees said that they felt "motivated" and "eager" to teach and write their own lessons. Here's a description of the session.

Strategies for teaching creatively

How can we get adults to learn and put into practice what they've learned? Creativity is the key. Adults want to learn practical and easy-to-remember information, but they need the information presented creatively.

Below are five key creative teaching strategies that will help you conduct nutrition-education classes and write your own lessons more effectively:

1. *Grab the learners' attention with an icebreaker* to break the tension, get people to talk to each other, and allow learners to share something about themselves.

2. *Present a practical message* through lecture, demonstrations, videos, humor, props, and visuals.

Involve learners in activities that reinforce your message.

3. *Involve learners in activities that reinforce the message* through facilitated discussion, small-group problem-solving, games, and hands-on practice.

4. *Provide take-home strategies* by sending participants home with an activity or learning aid such as handouts or activity sheets. Have the clients describe how they'll use the information at home. Ask them to share something they learned with a friend or family member, or "assign" them a specific task.

5. *Follow up with participants* to review the topic and take-home tasks, answer questions, and announce any related educational events or opportunities.

Sample lessons reviewed

To give attendees new lesson ideas to use with their clients, Sullivan presented them with eight sample lessons, each complete with an icebreaker, message content, learner involvement, and take-home learning activities.

The group took part in the icebreakers for six of the lessons and discussed their ideas about each part of the lessons.

For example, let's look at the sample lesson, "Pyramid Meal Planning." Its message is for clients to plan meals from the base of the food-guide pyramid and to just use small amounts of foods from the top of the pyramid.

The lesson includes four of the above-described five strategies for creative teaching:

Icebreaker:

If you were a food, what would you be? *or*

What is your family's favorite meal?

Present the message:

Review the pyramid, and explain "pyramid meal planning" with examples.

Learner involvement:

"Pyramidize" sample meals. Ask each participant to describe a routine family meal, use the food-guide pyramid to understand its nutritional value, and revise it for optimum nutrition. Demonstrate cooking a "pyramid-based" one-dish recipe.

Take-home learning:

Ask participants to share the lesson's message with a friend or family member, or have them assess three meals in the next three days. Hand out pyramid magnets or the General Mills pyramid brochure.

Sullivan's other seven sample lessons were:

- ◆ "Recipe Makeovers"
- ◆ "Read Any Good Labels Lately?"
- ◆ "5 A Day"
- ◆ "Got Calcium?"
- ◆ "1% or Less!"
- ◆ "Top O' the Pyramid To You!"
- ◆ "Variety is the Spice of Life!"

Sullivan's session was just what everyone needed to stay motivated and creative. If you participated in it, take what you learned and put it into practice with your staff and your nutrition-education classes.

Herbs should be used with care during pregnancy, lactation

By Chan McDermott, M.P.A.
Breastfeeding Promotion Projects Specialist



My 6-year-old son was watching a television show recently in which a baby dinosaur got sick and needed to be treated. His medication? Moldy bread! My son found

this hilarious, but I used the opportunity to tell him a little about the history of modern medicines such as penicillin.

Our discussion was brief and simplistic, but Texas WIC local-agency and state-agency staff members who heard herb expert Mark Blumenthal's presentation, "Safety Considerations of Using Herbs During Pregnancy and Lactation," received much more thorough and complex information.

Herb use nothing new

Blumenthal, the president of the Austin-based American Botanical Council, began his talk by giving some history about the use of herbs. As he pointed out, most modern medicines were originally derived from plant products.

Herb use has grown recently in the United States, in part due to new immigrants bringing cultural traditions with them. In other countries, though, herbs have long been recognized as valid options in medications and supplements.

For example, says Blumenthal, medical doctors in Germany are trained as rigorously in the use of herbs as they are in non-herbal, conventional medicine. Eighty percent of the world's population still relies on herbs and medicinal plants, he says.

Herb use by Texas WIC clients

This information is significant for WIC local-agency staffers, as they may get questions about using herbs during pregnancy or lactation, or may encounter moms who are actively doing so. Mothers who use herbs for themselves are probably using them for their children, as well. The most frequently reported use of herbs by Texas WIC clients is that of chamomile or manzanilla tea

to soothe a fussy baby. Fortunately, Blumenthal considers this widely used herb to be quite harmless. Not all herbs are good for pregnant or lactating women or their children, though.

First, clients must be reminded that, even though herbs are natural, they can still be very powerful. People should not use herbs or medicinal plants without sufficient information regarding their effects, dosage, and potential dangers.

Useful herbs

Blumenthal indicated that the following herbs, among others, can be considered safe during pregnancy if ingested in recommended dosages:

Chamomile or manzanilla — an antispasmodic which can help upset stomachs.

Vitex or chaste-tree berries ("monk's peppers") — normalizes female hormonal activity.

Echinacea — for colds, viruses.

Garlic and onion — can reduce LDL cholesterol (low-density-lipoprotein cholesterol).

Ginkgo — improves circulation.

Red raspberry leaf — tones the muscles of the uterus.

Herbs to avoid while pregnant

The following is a partial list of herbs generally considered to be contraindicated, or *not* recommended, during pregnancy:

- ◆ Autumn crocus
- ◆ Barberry root
- ◆ Blue and black cohosh

- ◆ Celandine
- ◆ Coltsfoot leaf
- ◆ Comfrey
- ◆ Fennel oil
- ◆ Feverfew
- ◆ Goldenseal
- ◆ Indian snakeroot
- ◆ *Injectable* echinacea
- ◆ Juniper berries
- ◆ Kava kava root
- ◆ Licorice root
- ◆ Pennyroyal
- ◆ Petasite root
- ◆ Rue
- ◆ Sage leaf
- ◆ Senna
- ◆ Tansy.

Ginger root, which is often suggested for motion sickness and nausea, is contraindicated during pregnancy on some lists.

However, Blumenthal believes that it can be used safely.

Herbs to avoid while lactating

Some herbs that are contraindicated while lactating include:

- ◆ Basil
- ◆ Coltsfoot leaf
- ◆ Indian snakeroot
- ◆ Kava kava root
- ◆ Petasite root
- ◆ Senna.

Finally, Blumenthal also mentioned that *mint* or *mint oil*, which is often used to sooth an upset stomach, is contraindicated in children younger than 4 because it can cause powerful gagging.

For more information on the use of herbs and medicinal plants, contact the American Botanical Council at (512) 331-8868 or visit its Web site at www.herbalgram.org.

Great customer service comes from commitment

By Victoria Cummings, M.P.H.
Training Specialist



What if Texas WIC could be known as a program which contributes to the health of a community *and* provides great service?

At the presentation, "A Commitment to Service!!," attendees discussed personal and organizational commitment to customer service.

The characteristics of highly successful organizations were studied and were seen to include:

- ◆ A strong vision.
- ◆ Visible management.
- ◆ Frequent talk about customer service.
- ◆ Customer-friendly service systems.
- ◆ Hiring, training, and promoting of employees oriented to customer service.
- ◆ Measuring customer service and making that information available to employees.

One way to improve customer service is to conduct a "service profile." Take a look at your external customers (WIC participants, vendors, other health-care and social-service providers) and ask yourself the following questions:

- ◆ What do they see as your strengths?
- ◆ Do they enthusiastically refer clients to your WIC program?
- ◆ What kind of service is your program known for?

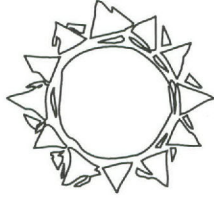
Improving customer service must also include trying to determine your customers' needs. Customer surveys, customer advisory panels, and "mystery customers" can be used to get valuable feedback from your customers about their needs, experiences, and expectations.

Attendees suggested using customer-evaluation cards to get customer feedback in WIC clinics. They also suggested encouraging WIC participants to serve on customer-service panels to improve service to clients.

A critical component to the success of any customer-service strategy is that the commitment to great customer service must be a commitment throughout the entire organization. At Texas WIC, let's remember that the customer comes first.

SMART class brings new approaches to nutrition education

By Chan McDermott, M.P.A.
Breastfeeding Promotion Projects Specialist



What do you get when you put a whole passel of state-agency staff, a hefty dose of theatrics, and a 20-pound block of ice together at the annual nutrition-education and breastfeeding-promotion conference? You get the "SMART class," a 90-minute presentation on new approaches to nutrition education.

In the session, four consecutive mini-classes each focused on a different way to teach classes. Also included were icebreakers, coordinated by Gloria Martinez, quality-assurance monitor; and evaluations, conducted by Chan McDermott, breastfeeding-promotion-projects specialist.

The first mini-class focused on facilitated discussion, use of visual aids, and role playing. It was organized by nutritionist Rachel Jule Edwards and quality-

assurance monitor Donna Sundstrom. The icebreaker, prepared by training specialist Carol Filer, involved asking participants to introduce themselves, describe their favorite noise, and then imitate the noise.

The second mini-class offered tips for reading to children, parental involvement in literacy, and resources for locating children's books with positive nutrition messages. It was led by quality-assurance monitor Selena Sullivan, breastfeeding-promotion specialist Laurie Coker, and training specialist Sara Goodrich. Several children participated, listening to a reading of *The Hungry Caterpillar* by Eric Carle and then making bookmarks.

Cindy Galvez, a nutritionist with Project 77 in Galveston, conducted the second class' opener, when the children named their favorite *Sesame Street* character and explained why they favored it. An opener differs from an icebreaker in that it relates specifically to the class topic. The presenters stressed that children should be offered multicultural



Workshop attendees and presenters, above and below, practice conducting part of a nutrition-education mini-lesson to children.



stories and that parents do not have to be literate to enjoy books with their children — stories can be made up from pictures alone.

After a brief break featuring Coker and McDermott discussing comfort foods in “Cooking Fun with Laurie and Chan,” a parody of a *Saturday Night Live* skit poking fun at slow-paced cable-access productions, the presentation continued.

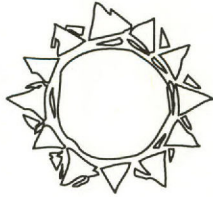
The third mini-class involved the entire audience in hands-on food demonstrations with no kitchen. Under the direction of quality-assurance monitor Lisa Rankine, participants prepared eight simple snacks and came up with ways to work the items into nutrition lessons. Training specialist Anna Garcia led some audience members in an icebreaker called the group handshake, which enabled everybody to meet everybody else in a fun, relaxed manner.

The last mini-class, led by Coker and nutritionist Wendi Caudill, presented ideas for local-agency staff interested in writing lessons. The presenters took the audience through the steps involved in developing a lesson and stressed that anyone with motivation could write a lesson. Another key point was that, in writing lessons, staff should not feel bound to the format developed by the state agency, but should strive to develop the most effective format possible.

In the last moments of the class, ice sculptor and quality-assurance monitor Paula Kantor revealed the sculpture she had worked on throughout the SMART Class: two ice hands, to represent the presentation’s handy, hands-on topics.

Promoting breastfeeding with dads

By Jewell Stremmer, C.L.E.
Peer Counselor Coordinator



If dads had more information about breastfeeding, if they knew how discreetly it can be done, if they understood how much healthier breastfed babies are, if they understood the cost savings, more dads would encourage their wives to

breastfeed their babies.

This is the word from an expert panel of four experienced WIC dads that gave tremendous insight on promoting breastfeeding with dads.

All of the dads on the panel said that their wives had shared information with them that made them aware of the many benefits of breastfeeding. Some of the dads had older children who had been formula-fed and younger children who had been breastfed; these dads overwhelmingly endorsed breastfeeding as better for the baby and better for the family.

They said it would be a tremendous help to WIC fathers if the program targeted dads in its breastfeeding-promotion materials and included dads in WIC classes when possible.

One of the issues discussed by the panel was whether dads felt jealous or left out when their wives were breastfeeding. Two said that they had heard other dads say this, but they didn’t understand why anybody would be jealous of it.

A third dad said he understood the feeling of being left out, so he rushes home from work every day to be with his baby, he wishes he could breastfeed his baby like his wife does, and he looks for ways to be part of the breastfeeding experience.

WIC staff who attended the session reported wishing that other dads could hear the panel’s comments. Conference sessions were audiotaped, and local agencies can order cassette tapes for WIC dads to check out or for WIC moms to share with their husbands. See the back cover of this issue of *Texas WIC News* for information on ordering audiotapes of the workshop’s “Promoting Breastfeeding with Dads” session.

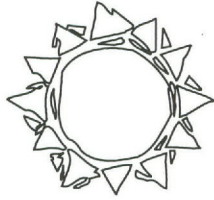


Texas WIC clients represent many nations

Breastfeeding throughout the world

By Janet Rourke, M.S.H.P., L.D., C.I.E.

Breastfeeding Promotion Coordinator



A panel of local-agency staffers brought the world to the summer workshop's session, "Food and Cultural Beliefs — Pregnancy and Lactation," by presenting information on the ethnic, religious, and lifestyle differences among their client populations.

East Texas groups were described by Shannon O'Quin, breastfeeding promotion coordinator at Project 87 in Tyler.

South Texas Hispanics were discussed by Mary Lou Saldivar, breastfeeding promotion coordinator at Project 3 in Cameron County.

Nadirah Muhammad, breastfeeding promotion coordinator at Project 7 in Dallas, gave insight on the many different ethnic and religious populations served by her agency.

Migrant farmworkers and the homeless were other groups discussed. Donna Durbin, a clinic supervisor at Project 1 in Austin, described the capital's homeless population. Having lived as a migrant farmworker herself for 19 years, Ofelia Caballero, breastfeeding coordinator at Project 19 in Crystal City, presented her firsthand knowledge of these workers and their needs.

Each panelist described the foods usually eaten by these groups, as well as any special foods eaten during pregnancy and lactation. They also described breastfeeding beliefs common to these groups.

Although there were many highlights in this session, the attendees really seemed to enjoy the lively discussion of Mexican folkways practiced in South Texas. Many shared information about the populations they serve.

If your clients include a distinct population group and you would like to share your knowledge of it at next year's Nutrition Education and Breastfeeding Promotion Workshop,

contact Janet Rourke at (512) 406-0744.

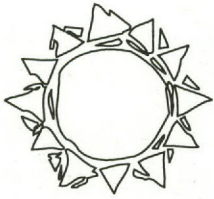
Rourke is also available to help anyone wanting to know more about any particular group. For next year's workshop, we'd like to hear about Southeast Asians, Mennonites, Russians, Koreans, and any other population served by your local agency.



Approvals for non-contract formulas

By Wendi Caudill

Nutrition Education Specialist



Texas WIC offers its clients a choice of Similac or Isomil infant formulas. Both

are WIC contract formulas.

Any other infant formula is considered a non-contract formula, and its issuance is subject to approval. One of the sessions at this year's Nutrition Education and Breast-feeding Promotion Summer Workshop addressed the appropriate issuance of non-contract formula and the documentation needed to approve such issuance.

Nutrition training specialist Anita Ramos discussed the following WIC procedures:

- ◆ Policy FD:24.0, Issuance of Contract Formula.
- ◆ Policy FD:24.2, Issuance of Non-Contract Formulas and Medical Nutritional Products.
- ◆ Use of the 999 formula code when making data entries on the computer.

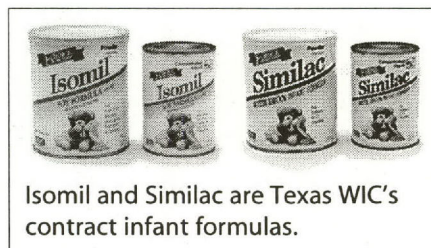
Documenting approvals

The most important thing to keep in mind is the computer documentation of any issuance of non-contract formula. Look at the list below to make sure you are documenting each item correctly:

- ◆ Name of formula.
- ◆ Amount to be issued.
- ◆ Reason for issuance.
- ◆ Length of issuance.
- ◆ Current height/length and weight (Note: A child's data must be no older than 30 days; an infant's no older than seven days).

- ◆ Diet history of current and previous formulas, and the baby's resulting symptoms.
- ◆ Date approved at local agency.
- ◆ Formula prescriptions for both initial issuance and renewal request.

Check with your local-agency director to see if your clinic needs to also fill out the WIC Program Non-Contract Formula Prescription Form; the state agency does not consider the form mandatory, but many local agencies require it.



Isomil and Similac are Texas WIC's contract infant formulas.

Approval for issuance of non-contract formulas has four authorization levels, each dealing with different reasons for the issuance and requiring different documentation:

Level I

- ◆ No prescription required.
- ◆ CPA can approve.

Level II

- ◆ Prescription required.
- ◆ Prescription by an M.D., D.O., P.A., N.P. is needed, as well as approval by local-agency R.D./L.D., degreed nutritionist, or state-agency R.D.

Level III

- ◆ Prescription required.
- ◆ Prescription by an M.D., D.O., P.A., N.P. is needed, as well as approval by local-agency R.D./L.D. or state-agency R.D.

Level IV

- ◆ Prescription required.
- ◆ Prescription by an M.D., D.O., P.A., N.P. is needed, as well as approval by state-agency R.D.

The Texas WIN computer system is programmed to supply appropriate formula codes when issuing food vouchers. If the system does not have a code for a non-contract formula, or if an awkward amount of formula has been requested, the formula code of 999 should be used.

Being proactive

Loise Gilmer, state-agency nutrition consultant for children with special health-care needs, stressed the importance of using positive communication to form a better working relationship between local agencies and medical professionals in the community. Although local-agency CPAs and R.D.s can approve issuance of the first three levels of non-contract formulas, the state agency remains available to provide any technical assistance when necessary.

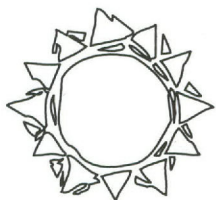
Remember, each person needs to be evaluated on a case-by-case basis. Here are some tips to help your evaluation:

- ◆ Gather as much information about the client as possible.
- ◆ Obtain the exact diagnosis from the M.D.
- ◆ Find out why the M.D. has requested that particular formula.
- ◆ Be proactive when dealing with medical professionals.

In order to provide non-contract formula to those in need, WIC needs to closely examine all information and, when appropriate, offer alternatives that will not hinder the dietary needs of the infant or child.

Remember, be proactive.

WIC staffers' earth-wise art connects recycling to breastfeeding, nutrition education



Each year at the Nutrition Education and Breastfeeding Promotion Summer Workshop, local-agency staffers enter an art contest to demonstrate

their talent, creativity, and imagination.

A hat contest was held in 1995, a crazy-sunglasses contest in 1996, and a trash-art contest this year.

Breastfeeding

By Nancy Liedtke, M.S.

Breastfeeding Promotion Nutritionist

Eight local agencies used recyclable items to design works of art that promote or depict breastfeeding. These items won't find their way to any dump site. Instead, they will be masterpieces for a clinic's waiting-room table or wall, visual aids for breastfeeding classes, and conversation pieces for participants.

The winner of this year's breastfeeding-promotion trash-art contest was Project 26, Houston Health and Human Services Department. Staff and peer counselors designed their entry, *Breastfeeding Women in Different Cultures*, consisting of wall hangings of a woman



Bridget Zanovich of Project 26 in Houston displays the first-place breastfeeding art pieces.

breastfeeding and pictures of women nursing in different positions.

The contest was close, and all of the contestants earned votes for a job well done:

- ◆ *Breastfeeding is Best* — *Dar Pecho es Amor*, Project 44, City of Del Rio.
- ◆ *The Fruits of Breastfeeding*, Project 59, Barrio Comprehensive Family Health Care Center, San Antonio.
- ◆ *Mom's Room*, Project 20, South Plains Health Provider Organization, Plainview.
- ◆ *Mother Nature*, Project 9, Community Action Council of South Texas, Rio Grande City.
- ◆ *Nature's Room*, Project 12, Hidalgo County Health Department, Edinburg.
- ◆ *Reflections in Metal*, Project 34, Abilene-Taylor County Public Health Department.
- ◆ *Your Milk Does Their Bodies Better*, Project 44, City of Del Rio, Del Rio site.



This model of a mother-friendly work-site's breastfeeding room was created by Project 12 in Hidalgo County.

'Trash-art' contest entries were all created with recyclable and recycled items.



Nutrition education

By Wendi Caudill
Nutrition Education Specialist

At this year's summer workshop, nine local agencies submitted entries to an art contest that encouraged participants to create a piece of nutrition-education art using trash and recyclable items.

Project 17, the University of Texas Health Science Center at Houston, won the nutrition-education trash-art contest with *Choose Healthy Foods WIC Train*.

Designed by Terri Lew and Cathy Plyler, this still-life sculpture teaches viewers about the

healthy foods provided by the WIC program.

The following art pieces were also admired at the workshop::

- ◆ *5-A-Day All Summer Long*, Project 20, South Plains Health Provider Organization, Plainview.



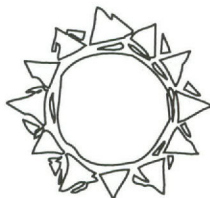
Terri Lew and Cathy Plyler designed this WIC train.

- ◆ *5-A-Day Smart Moo-ves Wreath*, Project 9, Community Action Council of South Texas, Rio Grande City.
- ◆ *Farmers Market/5-A-Day Promotion*, Project 34, Abilene-Taylor County Public Health Department.
- ◆ *Go Shop*, Project 7, City of Dallas Department of Environmental and Health Services.
- ◆ *The Junk Food Monster*, Project 12, Hidalgo County Health Department, Edinburg.
- ◆ *Junk Yard*, Project 54, Tarrant County Health Department, Fort Worth.
- ◆ *Miss WIC Approved*, Project 70, Chambers County Health Department, Anahuac.
- ◆ *Pack A Sack of Nutrition*, Project 76, Outreach Health Services, Amarillo.

Latest research on breastfeeding

By Jeanne Fisher, M.S.N., R.N., I.B.C.L.C.

Breastfeeding Promotion Nurse



Judy Hopkinson, Ph.D., an assistant professor at the Baylor College of Medicine, discussed nine current articles at the workshop session, "Breastfeeding Research Update."

She based her selection on the use of good research, respect for the authors' works, and practical interest to WIC.

Hopkinson explained that science must be put in context. Research, when used appropriately, will have practical applications for us. One published article should not be enough to change our practice, but when combined with many works, it gives us guidance in teaching and helping others. Hopkinson feels that science can also learn much from us.

Hopkinson's overview of these articles was clear and understandable. She offered practical application in our work with mothers and infants, encouraging us to read these and other articles for ourselves.

In reviewing the nine articles, Hopkinson made the following points:

• Broccoli and colic

Cruciferous foods such as broccoli, cauliflower, and cabbage seem to trigger colic symptoms in some breastfed infants. No single food produces colic symptoms in all children, but some children do seem to be sensitive to something the mother has eaten. The mother does not need to eat a lot of that particular food for the baby to be fussy. We can help mothers find other foods to substitute for the offending item.

"Maternal Intake of Cruciferous Vegetables and Other Foods and Colic Symptoms in Exclusively Breast-fed Infants," by K. Lust, J. Brown, and W. Thomas in the *Journal of the American Dietetic Association*, 1996, Vol. 96, No. 1, pages 47-48.

• Breastfed kids' IQ unaffected by PCBs

PCBs, chemicals used in agriculture, seem to have an effect during pregnancy on fetal

brain growth, but breastfed children exposed to PCBs through mother's milk showed no effect on their IQs.

"Intellectual Impairment in Children Exposed to Polychlorinated Biphenyls in Utero," by J. Jacobsson and S. Jacobsson in the *New England Journal of Medicine*, 1996, Vol. 335, pages 783-789.

• WIC leads rise in U.S. breastfeeding rates

Breastfeeding rates continue to rise in the United States. The fastest growing increase is among the WIC populations. Workshop attendees were happy to be given instructions to applaud ourselves joyously.

"The Resurgence of Breastfeeding in the United States," by A. Ryan in *Pediatrics*, 1997, Vol. 99, No. 4, page E12.

• Safe storage of human milk

Storage time is a common concern for employed mothers who collect their milk. This study shows a shorter safe storage time for human milk than many recent studies have suggested. Because WIC has been conservative in its estimates, our recommendations do not need to be changed at this time.

"Breastfeeding and the Working Mother: Effect of Time and Temperature of Short-term Storage on Proteolysis, Lipolysis, and Bacterial Growth in Milk," by M. Hamosh et al. in *Pediatrics*, 1996, Vol. 97, No. 4, pages 492-498.

• Mom's stores of vitamin B₆ go to breastfed infant

The status of vitamin B₆ in exclusively breastfed infants is directly related to the status of vitamin B₆ in the mother six months after delivering her baby. This study confirms that the mother's body stores are used for the baby. Its results indicate that we should



encourage nursing mothers to include foods high in vitamin B₆ in their diet, such as meats, poultry, fish, milk, eggs, yeast, bran, and leafy vegetables.

“Risk of Low Vitamin B₆ Status in Infants Breast-fed Exclusively Beyond Six Months,” by K. Heiskanen et al. in the *Journal of Pediatric Gastroenterology and Nutrition*, 1996, Vol. 23, pages 38-44.

• Vitamin K for babies

Mothers who were given five milligrams of vitamin K each day had an increase in vitamin K levels in their milk, with a resulting increase in the breastfed infants’ vitamin K levels. Foods high in vitamin K are gelatin, peanuts, broccoli, and cauliflower.

“Improving the Vitamin K Status of Breastfeeding Infants with Maternal Vitamin K Supplements,” by E.R. Greer et al. in *Pediatrics*, 1997, Vol. 99, No. 1, pages 88-91.

• Oxytocin released while breastfeeding soothes moms

Lactation affects our behavior, who we are, and how we feel about ourselves. Two articles describe the ways in which oxytocin helps us have positive feelings for our babies.

Release of oxytocin while breastfeeding increases our pain threshold, increases calmness, and

decreases anxiety. Oxytocin dilates blood vessels, which increases body temperature. Skin-to-skin contact and massage also help to release oxytocin.

“Breastfeeding: Physiological, Endocrine and Behavioral Adaptations Caused by Oxytocin and Local Neurogenic Activity in the Nipple and Mammary Gland,” by K. Uvans-moberg and M. Eriksson in *Acta Paediatr*, 1996, Vol. 85, pages 525-530.

“Stress, Arousal, and Gene Activation at Birth,” by H. Lagercrantz in *News of Physiology Science*, 1996, Vol. 11, pages 214-217.

• Breastfeeding improves children’s bone mineralization

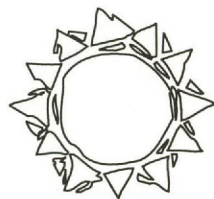
Bone density in premature infants is crucial to their growth and strength. Calcium and phosphorus are low in babies fed human milk in

the early postpartum period. In following these infants for five years, however, it was found that the more unsupplemented human milk these children received, the more bone mineralization they had. In the groups that received their own mother’s milk, those who received only their own mother’s milk had the best bone mineralization, followed by those who were supplemented with donor milk. Infants whose mother’s milk was supplemented with human-milk fortifiers did better than those receiving artificial formula only.

“Early Diet of Preterm Infants and Bone Mineralization at Five Years,” by N. Bishop, S. Dahlenburg, M. Fewtrell, et al. in *Acta Paediatrica*, 1996, Vol. 85, pages 230-36.

Case studies highlight individual responses

By Jeanne Fisher, M.S.N., R.N., I.B.C.L.C.
Breastfeeding Promotion Nurse



Four case studies were presented to workshop attendees. Each case followed a typical process of helping mothers, and each began with an initial assessment of mother and infant.

We asked questions about the findings and suggested recommendations that we might have offered to the mother. We listened to the process of helping a mother determine a course of action, and learned what took place at the next follow-up visit.

Each case varied in how it started. The mothers’ decisions were not always what breastfeeding advocates would have chosen for

them. We felt that the outcomes were not always ideal.

The advantage of case-study presentations is to see that there are many ways to approach any situation, and to see that mothers must be given the right to decide for themselves what will work best in their lives.

We learned from this presentation that helping mothers will result in responses as individual as the mothers and babies themselves.

The four case studies were presented at the workshop by Cathy Liles, B.B.S., I.B.C.L.C.; Judy Hopkinson, Ph.D.; Maryann Todd-Thompson, R.N., B.S.N., I.B.C.L.C.; and Jeanne Fisher, R.N., M.S.N., I.B.C.L.C.

Recognizing the professionalism of peer counselors

By Jewell Stremmer, C.I.E.
Peer Counselor Coordinator



Creating a career ladder for experienced breastfeeding peer counselors, advocating for the peer-counselor program with WIC and hospital staffs, creating interactive training sessions, and expanding the peer counselors' role were just a few of the topics explored by breastfeeding

coordinators in the pre-conference workshop, "Nurturing a Precious Resource."

Career growth for experienced counselors

The coordinators also proposed ways to recognize counselors with a year or more of service. They felt that experienced counselors should have "senior" status. Many wanted to recognize the commitment of these long-term counselors by offering them the opportunity to work more hours

and to attend advanced training programs, which could help them reach long-term career goals.

A "senior" peer counselor's job description might include teaching segments of the peer-counselor training for new peer counselors and being "followed" by new counselors in the clinics. Senior counselors could teach breast-

feeding classes in doctors' offices, hospitals, or adjacent health clinics.

The expertise of advanced breastfeeding peer counselors is already being put to use in Texas WIC local agencies. Some counselors have given in-service trainings to staff.

Others assist with their local agency's community outreach and breastfeeding outreach. They have appeared on radio or TV talk shows and have been interviewed for newspaper articles.

Tools available for advocating

The breastfeeding coordinators discussed advocating for the peer-counselor program with WIC administrators and co-workers and with hospital staffs. They agreed that a key issue in promoting the program to hospitals is informing hospitals of the peer counselors' rigorous training. Breastfeeding coordinators often provide hospitals with a copy of the training manual for review.

Workshop attendees reported that many colleagues, especially hospital staffers, are impressed with the peer-counselor referral system. The colleagues are reassured to hear that peer counselors help mothers with normal breastfeeding situations and are trained to refer cases that are beyond normal.

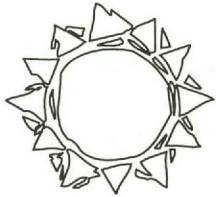
Workshop participants also reviewed promotion materials such as statistical charts, newsletter articles, a bibliography of research articles, and the video *WIC Peer Counselors Share Their Experiences*.



Julia Valdez, shown above in 1993 helping a new mother nurse her baby, exemplifies the successes of Texas WIC breastfeeding peer counselors. An award-winning community activist and former welfare mom, Valdez later acquired a full-time position with Project 1 in Austin as an administrative associate.

Breastfeeding awards presented

By Nancy Liedtke, M.S.
Breastfeeding Promotion Nutritionist



The Nutrition Education and Breastfeeding Promotion Workshop is the time of year

to recognize breastfeeding efforts in the state of Texas.

Debra Stabeno Breastfeeding Promotion Award

Workshop participants voted for Judy Hopkinson, Ph.D., to be awarded the 1997 Debra Stabeno Breastfeeding Promotion Award, which honors a non-WIC individual who has helped WIC better promote and support breastfeeding.

Hopkinson, an assistant professor at Baylor College of Medicine, has been involved in lactation research at USDA/ARS Children's Nutrition Research Center for 17 years. She has provided consultation services to the Texas Department of Health, La Leche League, and the editorial review board of the *Journal of Human Lactation*.



From left, Linda Buck from Project 88, Virginia Greer from Project 94, Holly Hall and Sheila Edwards from Project 11, and Guadalupe Gaona from Project 73 show off their awards for making a difference during last year's World Breastfeeding Week activities.

A presenter at the 1997 Nutrition Education and Breastfeeding Promotion Workshop, Hopkinson works directly with mothers participating in her research studies and helps to assist them with any breastfeeding problems.

As an instructor for Texas WIC's Intensive Course in Breastfeeding Phase I for the past three years, Hopkinson has trained thousands of health-care providers.

Five of the 32 were awarded at the workshop for making a difference; their activities are described in the May 1997 issue of *Texas WIC News*.

- ◆ Project 94, Texas Tech WIC, Midland clinic (formerly with Project 83), Most Creative.
- ◆ Project 88, Jim Wells County WIC, Alice clinic, Most Informative.
- ◆ Project 88, Brooks County WIC, Falfurrias clinic, Most Entertaining.
- ◆ Project 73, El Centro Del Barrio WIC, San Antonio, Most Community Oriented.
- ◆ Project 11, Galveston County Health Department WIC, Texas City clinic, Most Unusual.



Cathy Plyler of Project 17, left, and Sylvia Torrente of Project 1 display certificates for having the most born-to-WIC breastfed babies while Maria Arroyo, right, shows off her "U Touch My Heart" award.

World Breastfeeding Week awards

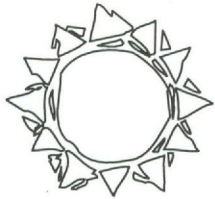
WIC staff from 32 local agencies sent information to the state agency about their 1996 World Breastfeeding Day celebrations, and their activities were included in a World Breastfeeding Week planning notebook for the 1997 event.

Readers can get more information about the 1996 World Breastfeeding Day activities of the 32 local agencies by calling breastfeeding-promotion nutritionist Shirley Ellis at (512) 406-0744 or by e-mailing her at sellis@wicsc.tdh.state.tx.us.

Breastfeeding support for babies with special needs

By Laurie Coker

Breastfeeding Promotion Specialist



While parents of all babies are anxious to provide the very best of

care, parents of infants with special needs face an even greater challenge. They may be separated from their babies for longer periods immediately following birth, making breastfeeding and bonding more difficult. Their babies may lack the strength to latch on or may not be able to have a strong suck.

These parents may need extra support, but the health and emotional advantages of breastfeeding make it worth the effort.

Breastfeeding stimulates brain activity, promotes weight gain in premature infants, and produces antibodies to fight infection. It may be the easiest method of providing milk to an infant with a cleft lip because the breast is more pliable and malleable than other infant-feeding methods.

The conference session, "Supporting the Special-Needs Breastfeeding Baby," was led by Maryann Todd-Thompson, R.N., I.B.C.L.C., clinical director of Mom's Place, a breastfeeding resource center in Austin.

She gave participants information on how to counsel parents of preemies (babies born with a gestational age of 37 weeks or less), infants with cleft lip or cleft palate (cleft or fissure in the lip or in the hard or soft palate), and parents of infants with Down syndrome

(congenital condition of moderate to severe mental deficiency).

Helping parents accept their baby's condition by acknowledging what is beautiful about the infant will set the tone for a relaxed, open rapport and may enhance the effectiveness of counseling.

When mother and baby are separated at birth, says Todd-Thompson, it is recommended that the mother use an electric breastpump with double-pumping attachments and initiate pumping within six hours after her infant's birth. As long as the baby is unable

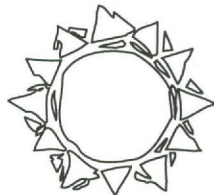
to be put to the breast, the mother should pump eight or more times in a 24-hour period, such as pumping for 15 minutes every three hours.

Todd-Thompson is working with the state agency's breastfeeding-promotion section and with TDH Early Childhood Intervention staff to develop a brochure and mini-poster targeting parents of infants with special needs and the health-care professionals who work with these families.

Field coordination urged between WIC and ECI

By Mary Van Eck, M.S., R.D.

Nutrition Education Coordinator



Jay Allsma, R.N., the unit manager of the Infant-Parent Program with the Early

Childhood Intervention Program, emphasized the importance of coordination between WIC and ECI. He discussed the similarities shared by both programs in terms of goals and client population.

ECI is a statewide program that serves Texas families with babies and toddlers up to age 3 with developmental delays and disabilities. Professionals in many disciplines — including dietitians,

speech and occupational therapists, and medical professionals — provide services for ECI clients in every area of the state.

For further information about the program in your area or to discuss how your Texas WIC local agency can better coordinate services, call the ECI state office at (800) 250-2246.



Texas
Interagency
Council on
**Early Childhood
Intervention**

When pregnant moms use alcohol

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



A large audience of local-agency staffers gathered for the pre-conference

presentation, "What Every WIC Staff Member Needs to Know About Fetal Alcohol Syndrome." The three-hour seminar provided background information on fetal alcohol syndrome and other alcohol-related birth defects.

The attendees learned that children with fetal alcohol syndrome have facial deformities, growth retardation, and problems with speech, behavior, hyperactivity, learning, and stress.

Fetal alcohol syndrome is a more common cause of mental retarda-

tion in babies than Down syndrome and spina bifida combined.

Alcohol use by women of child-bearing age in Texas is higher than in the United States as a whole. Experts warn that there is no safe amount of alcohol that a woman can drink during pregnancy.

However, fetal alcohol syndrome has a rare advantage over most other birth defects: It is 100 percent preventable.

Health-care professionals can help prevent fetal alcohol syndrome in two ways:

- ◆ Helping pregnant women to totally avoid alcohol.
- ◆ Helping women who use alcohol to avoid pregnancy until they are able to abstain from alcohol.

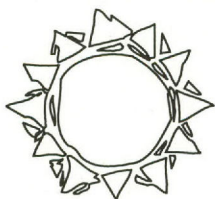
The session was presented by three panelists:

- ◆ Mary Ethen, M.P.H., epidemiologist and fetal-alcohol-syndrome specialist for the Texas Birth Defects Monitoring Division.
- ◆ Jerry Ann Robinson, M.A.R., M.A.H.S., project director for the Texas Office for Prevention of Developmental Disabilities.
- ◆ Lynn Silverman, M.A., R.D., WIC nutrition-education specialist in the Division of Public Health Nutrition and Training.

To find out more about alcohol-related birth defects, call Mary Ethen at (512) 458-7232.

Keeping those smiles healthy

By Rachel Jule Edwards
Nutrition Education Specialist



Teaching parents about "white spots" and baby-bottle tooth decay could

help prevent major dental problems for children in WIC, said Nana Lopez, D.D.S., M.P.H., guest speaker from the TDH Children's Dental Health Bureau.

Lopez gave an overview of the etiology of tooth decay and the formation of white spots, treatment and reversibility of white spots, and prevention of baby-bottle tooth decay.

The December 1996 issue of *Texas WIC News* contains further information about white spots.

A related presentation was made by Sandy Tesch, R.D.H., M.S.H.P.

A dental-program specialist with the TDH Children's Dental Health Bureau, Tesch discussed a team formed to standardize statewide dental-health messages. Called OSPIT (Oral Health Standardized Promotion and Implementation Team), the team is developing training materials that include a workbook, a nutrition-education video, and a take-home brochure.

Training began in July. It will

continue until each WIC staffer who has direct contact with clients has been trained regionally or in Austin.

Regional dental directors will contact WIC directors to set up training for WIC staffers, and each Texas WIC clinic will be receiving the dental-health video this month for clients to view.

The training itself will take two hours or less.

Standardizing the state's dental-health message is the training's goal. "It's very important that all Texas Department of Health programs provide parents with the same and correct information," says Tesch.



Second of a 2-part series

Multiples, preemies often share nutritional needs

By Loise A. Gilmer, M.S., R.D., C.S., C.N.S.D., L.D.

Nutrition Consultant, Children with Special Health Care Needs

Joy. Excitement. Fear. Anxiety. Parents experience conflicting emotions during the pregnancy and birth of their multiples. Even when filled with the wonder of birth, parents of multiples often face the nagging fact that multiples — twins, triplets, and babies born with three or more siblings — are at a greater

risk for prematurity and low birthweight than are babies born alone.

Premature, low-birthweight infants can have complications affecting any of the body's systems and requiring the care of different medical professionals, including nutritionists. Preemies often need aggressive nutritional care to encourage "catch-up growth" and development.

Feeding methods

The feeding method — breast or bottle, parenteral or enteral — is determined after evaluating the infant's gut maturity, medical condition, and ability to suck and swallow. Twins, even identical ones, may differ greatly in development and maturity. One twin might breastfeed or bottle-feed immediately after birth while the other needs an alternative feeding method that allows time for the baby to mature.

Infants born before 34 weeks to 36 weeks of gestation may not have the "nipping" skills to breastfeed or bottle-feed. In fact, at any gestational age, newborns can have complications that delay the suck-swallow reflex.

Breastfeedings or bottle feedings

Breastfeeding can begin with preemies born as early as 32 weeks of gestation, if the infants are ready. It may seem overwhelming to breastfeed more than one baby, particularly when they are undergoing medical complications and long hospital stays, but it should be done if at all possible.

Human milk provides immunological and growth factors that cannot be reproduced in infant formulas. For preemies, a human-milk fortifier can be added to breastmilk to increase its nutrient content.

Bottle-fed preemies use a special soft nipple that is easier for the infant with a weak suckling ability. Preemies are fed premature-infant formulas designed for their immature gut and increased nutrient needs.

Parenteral and enteral feeds

Preemies or low-birthweight infants may often need "parenteral" — or intravenous — feeds for their nutritional needs until their gut matures and complications are stabilized. Parenteral feeds are monitored closely and provide all of the nutrients, vitamins, and minerals of a normal diet. They can be used as long as needed.

Enteral feeds are tube feedings, usually of preemie baby formula or expressed breastmilk. A small tube is passed through the preemie's nose or mouth, and nutrients fed

Tips for breastfeeding multiple babies

First, be patient with your babies and with yourself.

Remember, it is possible to produce enough milk to feed all of your babies.

Practice, practice, practice, to get comfortable nursing. The more you do it, the easier it will become.

Experiment! Learn these different ways to bring your babies to the breast(s):

- The football hold, with each baby tucked under one arm.
- The cradle hold, with each baby's head in the crooks of your arms.
- Hold two babies to your breasts, with each baby facing in the same direction and nursing. If you have more than two babies, you can use your foot to rock a third (and fourth) in a baby seat.

Get comfortable! Use pillows, lie down in bed, or curl up in front of the TV or with a good book. You need the time to get off your feet and relax. Take advantage of it.

Eat and drink often. When you're nursing more than one baby, you need to keep your strength up.

Always call an event's contact person before finalizing any travel plans.

through it are deposited in the baby's stomach or intestines. Enteral feeds deliver nutrients to infants who have not yet developed their "nipping" ability.

Chances good

The good news is that multiples now have a much better chance of meeting their growth potential. Aggressive nutrition care and recent advances in medicine have both contributed to making their improvement more likely.

Where to learn more

Parents can seek additional guidance in caring for their multiples from medical professionals, hospital sources, their local La Leche League, and local twin- and triplet-support groups.

A national resource for information and advice about multiples is Twin Services. Its phone number is (510) 524-0863, and its address is:

Twin Services
P.O. Box 1006
Berkeley, Calif. 94709.



References

- Bryan, E. *Twins, Triplets, and More: Their Nature, Development and Care*. St. Martin's Press, New York, 1992.
- Ekvall, S.W. (Ed.). *Pediatric Nutrition in Chronic Diseases and Developmental Disorders: Prevention, Assessment, and Treatment*. Oxford University Press, New York, 1993.
- Queen, P.M. & Lang, C.E. (Eds.). *Handbook of Pediatric Nutrition*. Aspen Publishers, Inc., Gaithersburg, Md., 1993.

August

Aug. 21 — "First Things First," Dallas. One-day class on life-management and time-management lessons from Steven Covey's *Seven Habits of Highly Effective People*. For more information, call the WIC training staff at (512) 406-0740.

September

Sept. 4-5 — "Women and Children First Conference," sponsored by Parkland Hospital's Women and Children Services, CityPlace Conference Center, Dallas. For more information, call Shelly East at (214) 590-8782.

Sept. 10-11 — "Setting the Pace in World Health Care: Showcase on Success," 13th annual conference of the Texas Rural Health Association, Omni Bayfront Hotel, Corpus Christi. For more information, call Frank Jacks at (512) 451-5212.

Sept. 10-12 — Intensive Course in Breastfeeding, Phase II, College Station. Two and a half days of in-depth training following up on concepts from three-day Phase I session. For more information, call Missy Hammer at (512) 406-0744.

Sept. 11 — Immunization Update Teleconference. Call (800) 252-9152.

Sept. 17-18 — Patient Flow Analysis Phase II, Austin. Learn to analyze PFA study results and put solutions into effect in the clinic. Open only to Patient Flow Analysis Phase I grads. For more information, call Carol Filer at (512) 406-0740.

Sept. 23-25 — Competent-professional-authority orientation, Austin. Three days of training on screening techniques, breastfeeding promotion, high-risk conditions, allowable foods, formula determination, nutrition education, counseling, outreach, and civil rights. Call Liz Bruns or Anita Ramos at (512) 406-0740.

Sept. 23-25 — Peer Counselor Trainer Workshop, Austin. For breastfeeding coordinators to learn to train breastfeeding peer counselors and to plan a peer-counselor program. Call Jewell Stremmer or Missy Hammer at (512) 406-0744.

Sept. 24-25 — Patient Flow Analysis Phase I, Dallas Regional Training Center. Hands-on introduction to PFA with instructions for planning and completing a PFA study in a WIC clinic. Call Carol Filer or Anna Garcia at (512) 406-0740.

Sept. 24-26 — "Back to the Future," 24th annual conference of Texas State Foster Parents Inc., Omni Southpark Hotel, Austin. For more information, call Susie Long at (888) 992-6147.

Sept. 29 - Oct. 1 — "TEXGENE & The Sickle-Cell Disease," Best Western Inn, Harlingen. For more information, call Mae Wilborn at (512) 458-7111, ext. 2071.

October

Oct. 2-4 — "CASA: Completes the Circle," 8th annual conference of the Texas Court Appointed Special Advocate Inc., Renaissance Hotel, Houston. For more information, call Lynn Blanco at (512) 473-2627 or (800) 770-8042.

Oct. 3 — Valley Perinatal Workshop, Holiday Inn Sunspree Hotel, Padre Island. Sponsored by TDH and Texas Perinatal Association. Call (210) 444-3213.

Oct. 6-9 — "Stephen Covey's Seven Habits of Highly Effective People," San Antonio. Three-and-a-half-day course to examine effectiveness in personal and professional areas. For more information, call any member of the WIC training staff at (512) 406-0740.

Oct. 14 — "Seven Habits Advanced Applications," Dallas. The next level of effectiveness training for graduates of "Seven Habits of Highly Effective People" training course. For more information, call (512) 406-0740.

Oct. 14 — Mini Breastfeeding Basics Workshop, San Antonio. For more information, call Missy Hammer at (512) 406-0744.

Oct. 14-16 — Second annual Immunize Texasize Conference, San Antonio. For more information, call Candy Cates at (512) 458-7284.

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

Launched projectiles dangerous

Water balloons can cause serious eye injuries

By Marie Garland, R.N.
WIC Immunization Coordinator



The May 1997 issue of *Ophthalmology* warns that water balloons launched by slingshots can inflict damage to vision and even result in life-threatening injuries. With maximum forces nearly equal to those of rifle bullets, water-balloon projectiles can perforate a cornea, rupture an eye globe, or fracture the bony orbit of an eye. Even water balloons thrown by older children or adults can carry enough force to severely injure a smaller child.

The kinetic energy of launched water balloons was determined by the study's author, John D. Bullock, M.D., of the Wright State University School of Medicine in Dayton, Ohio, and his colleagues. Measuring in a unit of energy known as a joule, Bullock et al. found that the maximum kinetic energies generated using slingshots were 176 to 245 joules in actual experimental studies. In theoretical studies, energies of 141 to 232 joules were found. These energies are comparable to or greater than the kinetic energy experienced in a variety of objects well known to cause serious ocular injury, including some rifle bullets.

In the *Ophthalmology* article, the authors describe 17 cases of patients with eye injuries related to water balloons. Specific injuries sustained by patients ranged from traumatic cataracts, retinal hemorrhages, and macular hole formation to eyelid lacerations and fractures of the bony orbital wall.

To further demonstrate the impact of these toys, researchers launched a water balloon at a stationary watermelon 20 feet away. When hit by the balloon traveling at 40 meters per second, with a kinetic energy of 240 joules, the watermelon exploded.

The authors conclude that launched water balloons represent a serious threat to vision. "It remains the responsibility of health-care professions to publicize such dangers, especially to parents who, presumably, have some influence over the purchase of such items," they write. "Indeed, the medical profession, legal profession, government, insurance industry, and general public should be aware of the enormous dangers proposed by the use of elastic slingshots that are advertised improperly as 'toys.'"

Please consider posting this information if your clinic has a bulletin board on summer activities for children.

Third in a 3-part series

Providing meaningful on-the-job training

By Victoria Cummings, M.P.H.
Training Specialist

If you wanted to make a high-quality shirt, which of the following methods would you choose?

1. Select a pattern and high-quality fabric, carefully cut the fabric, and follow the pattern instructions to make the shirt.

2. Take a burlap sack, cut it to approximate proportions, cut in a hole for your head, and glue it together.

In both cases, you'll end up with a product that covers the upper part of your body, but the product's quality depends a lot on the effort you put into making it.

Sometimes, we approach on-the-job training (OJT) more like the burlap sack and less like the quality shirt, with its predictable results.

In the previous two parts of this series, we have talked about the benefits of providing structured OJT and choosing the right person to deliver the training. Now, let's look at how to make OJT meaningful for the employer and employee.

Making it meaningful

Commit to high-quality OJT. The organization and management must make the time, effort, and resources required to make high-quality OJT a priority. Some WIC directors provide up to six weeks of on-the-job training for new employees.

Start with a needs assessment. The first step should be a look at

what employees already know and how well they know it. For example, a former peer counselor may be

very familiar with diet recalls, but may be completely lost at the computer.

Keep performance objectives clearly in mind.

Performance objectives define what you want the employees to know how to do and how well they should know how to do it. For example, does the new nutritionist need to know how to issue vouchers and, if so, how well must she know it?

Follow a checklist. After outlining the tasks of the job into logical steps, many employers choose to follow a checklist when training. This helps keep the training on track and lets everyone see what has been covered. It also ensures consistency.

Tell and show them how to do it. Explain clearly, pacing your explanation in response to the trainee's readiness and body language. Eyes that are glazed over may indicate too much information given too soon. New trainees are often too intimidated to ask a question, but their body language can communicate confusion.

Determine the best ways to deliver the training. Are there videos, self-paced manuals, or other reference materials available to supplement the OJT? Initially, the focus should

be on the need-to-know information; the nice-to-know information will have to come later. Break the information down into small chunks, covering simple concepts before covering the difficult ones.

Set up opportunities for early successes. For example, sometimes new employees will be asked to cover the phone, but the job often sets them up for failure and frustration because they don't know the required information that many customers want.

Following up

In an "employee moment of truth," new employees should be able to demonstrate what they have learned. You must *see* what they have learned and be willing to provide feedback and retraining if necessary.

When checking back in with the trainees, don't just ask them, "How's it going?" Instead, ask them to again demonstrate the skill or procedure they had learned. Be sure that the new employees have not developed bad habits or adopted any shortcuts that might lead to mistakes. If necessary, retrain them.

Training a new employee takes a lot of time, effort, and resources, but the payoff is a high-quality workforce ready to serve your customers and carry out the missions of your organization.



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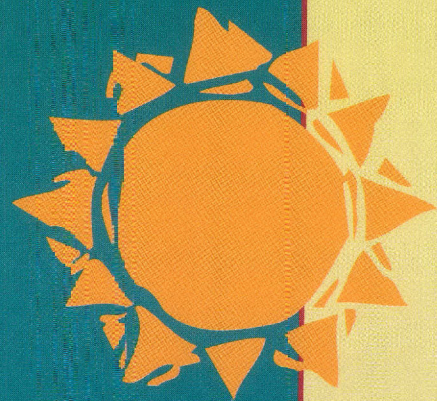


Hear it for yourself

Audio recordings were made of the sessions at this year's Nutrition Education and Breastfeeding Promotion Workshop.

To borrow copies for yourself, just call the TDH Audiovisual Library at (512) 458-7260. Tell them the name of the session you're interested in.

If you'd like copies of the cassette tapes to keep, call Jewell Stremmer at (512) 406-0744. You can then lend them to WIC clients or staffers for at-home learning.



To subscribe to *Texas WIC News*, e-mail sogle@wic.tdh.state.tx.us or call (512) 458-7111, ext. 3478.



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