

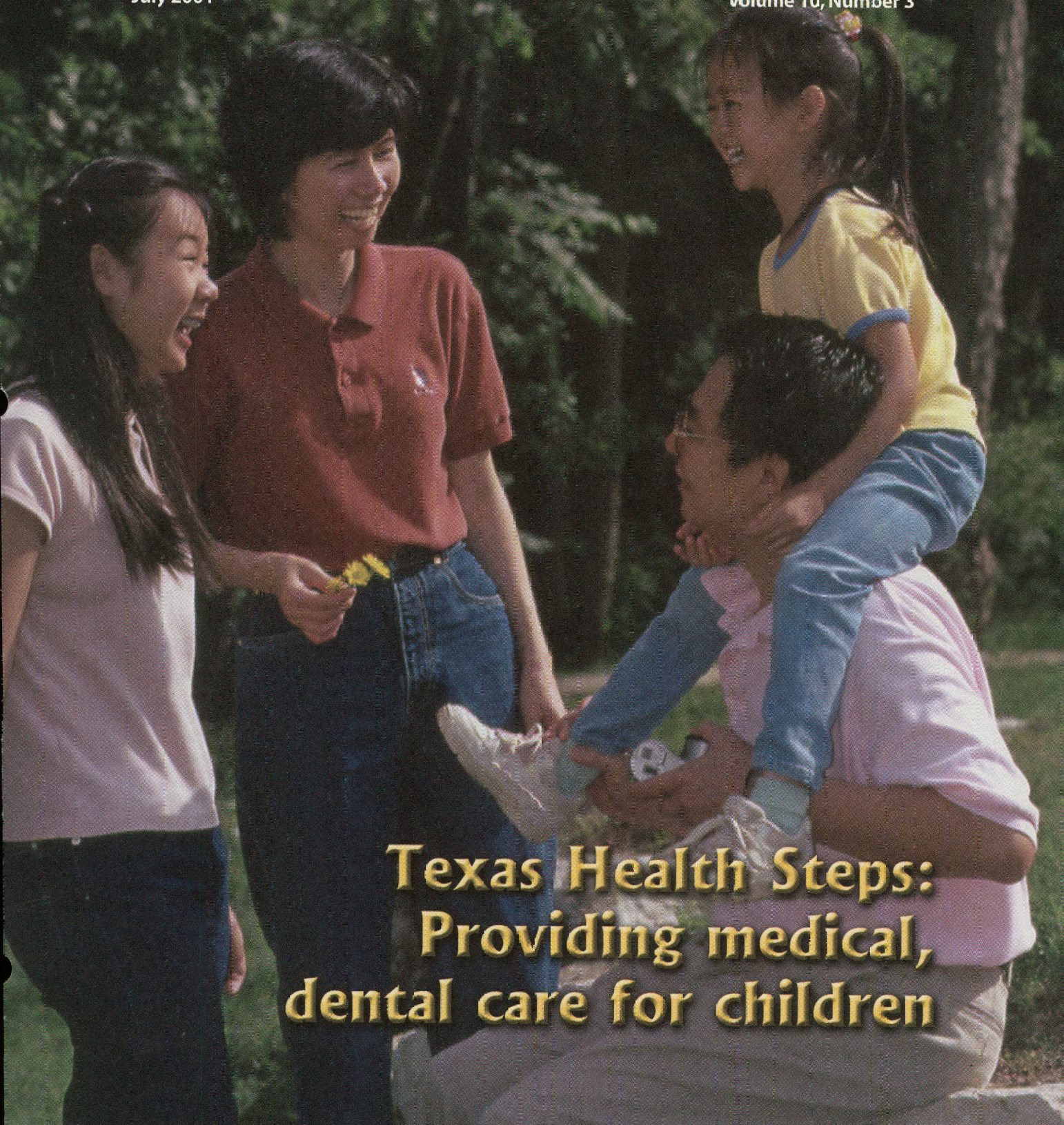
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Texas WIC NEWS

Special Supplemental Nutrition Program for Women, Infants, and Children

July 2001

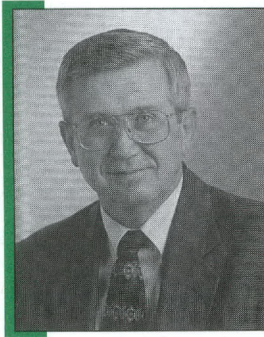
Volume 10, Number 3



**Texas Health Steps:
Providing medical,
dental care for children**

Legislative summary: Several issues may affect WIC staff

By Gerald D. "Gerry" Cannaday
Texas WIC Director



Listed below are summaries of the more pertinent bills approved in the recent legislative session that may impact WIC and other public health activities in the next biennium.

- ✓ House Bill 391 requires the Texas Department of Health (TDH) to develop minimum guidelines for the procurement, processing, and distribution of human milk by donor milk banks. Although the United States Department of Agriculture (USDA) prohibits WIC from issuing donor milk to WIC participants, this is viewed as a positive step toward the establishment of milk banks in Texas.
- ✓ House Concurrent Resolution 223 directs TDH to prepare a list of available foods and beverages that are naturally fortified with calcium and vitamin D and forward the list, along with a copy of this resolution, to the Texas Education Agency and to every school superintendent, school board, parent-teacher association, and primary and secondary school in the state.
- ✓ Senate Bill 11 grants patients the right to access and amend their medical records, and the right to know how their medical records are being used. It also establishes privacy for medical research, and provides the right to sue for misuse of medical records.
- ✓ Senate Bill 875 states the Health and Human Services Commission must include in their strategic plan a goal to encourage the full participation of fathers in programs and services relating to children and shall examine the rules of agencies to determine if those rules deter or encourage fathers' participation.

- ✓ Senate Bill 877 creates a committee of 10 members, appointed by and reporting to the Health and Human Services Commission, to advise the commission and TDH on policy, rules, and technology related to EBT in the WIC Program.

- ✓ Senate Bill 945 allows WIC to use more durable glossy paper for the approved foods brochure by exempting the brochure from the part of the government code that had been preventing it from being printed on this type of paper.

- ✓ Senate Bill 1454 establishes a Texas Food for Health Advisory Council. The purpose of the Council is to coordinate food-for-health research programs in this state, to promote the use of food-for-health research programs by fruit and vegetables growers in this state, to promote increased consumption of fruits and vegetables grown in Texas, and to coordinate research in an effort to produce more nutritious fruits and vegetables.

- ✓ Rider 18 is now Rider 14. This is the rider to the current general appropriations act which states TDH may distribute funds only to a contractor/provider who has made a good faith effort to comply with child abuse reporting requirements as set forth in Chapter 261 of the Family Code and the TDH policy on Rider 18. WIC contractors have always been required to report child abuse under the laws of this state. The rider imposes no additional requirement to report child abuse than what is required under the provisions of the Family Code.

If you would like to learn more about these bills, log on to <http://www.capitol.state.tx.us>

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Central office spotlight: The Marys of Moreton

By Doug Jumper
Texas WIC News Publication Coordinator



Mary Valdez, left, and Mary Dell Heitkamp are The Marys of Moreton.

They share more than the same first name of Mary.

They have answered the telephones, fielded questions, solved problems, and directed visitors around the WIC offices in the Moreton building in Austin together for the past eight years.

And during the interview for this story, they even finished each other's sentences.

These two "Marys" have worked together for so long that most people around state office do not call them by their individual names of Mary Valdez or Mary Dell Heitkamp, but rather by their collective name – The Marys of Moreton.

A typical day for the Marys of Moreton is spent answering the hundreds of telephone calls and handling the questions and problems that come with each call.

"The main WIC number is the first number listed under Texas Department of Health in the telephone directory," stated Mary Dell. "So we get calls for everyone at TDH, not just for the WIC program."

The Mary with the longest state tenure is Mary Valdez, a TDH staffer for the past 20 years. She and her husband of 37 years have two daughters, two grandsons, and a third grandson "on the way." When she is not answering phones, Mary likes to read, watch TV, travel, and spoil her grandkids – which she calls her "pride and joy."

Mary Dell Heitkamp has a 33-year-old son, a daughter who just graduated from Sam Houston State University, a son who just graduated from Canyon High School in New Braunfels, and a grandson. She enjoys reading and spending time at home with her children.

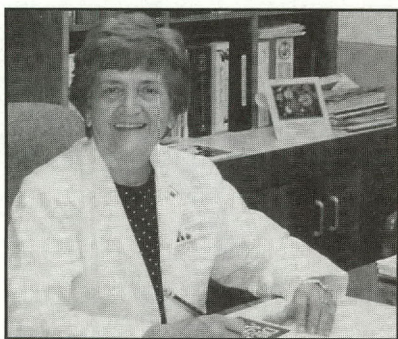
When asked about what they liked best about working in the WIC program – surprise – they had the same answer.

"The people."

"WIC is the best place to work because of our bureau chief, directors, and staff," said the Marys of Moreton in their usual collective way.

Local agency spotlight: Beatrice Duarte

By Doug Jumper
Texas WIC News Publication Coordinator



"We have the best
WIC program
in Texas."

The best way to motivate your staff is to train them well and allow them to make decisions.

This is the belief of Beatrice Duarte, M.P.H., M.P.A., R.D., the energetic WIC director at Local Agency 13 in Laredo and Webb County. "We have very strong and continuous training," said Beatrice. "This raises morale, makes our people feel good about what they are doing, and motivates some to get their college degrees."

Out of a staff of 73, Beatrice has 45 WIC certification specialists to assist her two registered dietitians and three degreed nutritionists with a caseload of more than 20,000 clients. "It is very difficult to get nutritionists here," noted Beatrice. "The WIC certification specialist program is a great opportunity for our people and it saves a lot of money."

Beatrice also has a talent for gathering money from charities and agencies to help fund programs at Local Agency 13. In the recent past, Beatrice convinced the United States Department of

Agriculture (USDA) to let her use \$200,000 to build and furnish three modular clinics in the impoverished colonias in Webb County. "The clinics have rooms for immunization, nutrition education, breastfeeding counseling, and for printing WIC vouchers," stated Beatrice. "And the clinics are located on county-owned property next to the community centers in each colonia." Beatrice also received a \$10,000 community involvement grant from the March of Dimes to purchase vitamins for the women in the WIC program.

Aside from her WIC duties, Beatrice has also been fortunate to live and study in many different countries. Since her birth in Colombia, she has lived in Argentina, Mexico, and Brazil. Following Brazil, her family moved to the United States where she has lived in Delaware and Texas. Beatrice is the mother of five children, all of whom hold graduate degrees, and grandmother to six grandchildren. For recreation, Beatrice and her husband play golf "whenever possible."

State agency commends PFA study coordinators, WIC staff



The state agency commends all of the Patient Flow Analysis (PFA) study coordinators and staff at WIC clinics across Texas for the time and effort they've spent on conducting and participating in PFA studies. These clinic teams continue to search for ways to improve their clinic operation systems and make a difference.

LA 7, City of Dallas Department of Environmental & Health Services
WIC Southeast Clinic

LA 11, Galveston County Health District
Texas City WIC Clinic

LA 26, Houston Health and Human Services
Denver Harbor WIC Clinic
Northwest WIC Center
Channelview WIC Center
La Nueva Casa WIC

LA 32, Brazos Valley Community Action Agency
Bryan WIC Clinic

LA 38, Corpus Christi - Nueces County Public Health District
Corpus Christi WIC Clinic

LA 39, Smith County Public Health District
Carthage WIC Clinic
Henderson WIC Clinic

LA 46, Brazoria County Health Department
Clute WIC Clinic

LA 53, Atascosa Health Clinic
Pleasanton WIC Clinic (2 studies)

LA 54, Tarrant County Health Department
Bedford Health Clinic
Lake Worth WIC Clinic
New York WIC Clinic
Haltom City Clinic

LA 56, San Angelo - Tom Green County Health Department
Ballinger WIC Clinic
Coleman WIC Clinic

LA 62, Paris-Lamar County Health Department
Paris WIC Clinic (2 studies)

LA 74, Brownwood-Brown County Health Department
Brownwood WIC Clinic (2 studies)

LA 76, Outreach Health Services
Bowie WIC Clinic
Burnet County WIC / Marble Falls
Cleburne Field Office
Commerce WIC Clinic
Dalhart Field Office
Decatur WIC Office
Gainesville Field Office
Lampasas WIC Clinic
Memphis Field Office
Mineral Wells WIC Office
Rockwall Field Office
Snyder Field Office
Stephenville Field Office

LA 83, Public Health Regions 9/10
Presidio WIC Clinic
Van Horn Rural Health Clinic

LA 88, Public Health Region 11
Alice WIC Clinic
Kingsville WIC Clinic

LA 90, Los Barrios Unidos Community Clinic
Los Barrios Unidos WIC Clinic
(2 studies)

If you don't see your clinic listed, conduct a PFA study and send it to the Support Training Section at the state office to get recognized.

Answers to common WIC policy questions

By Diane Salem

WIC Communications Coordinator

The local agency WIC staff across Texas encounter difficult policy situations on a daily basis. The WIC Policy and Communication Section staff would like to share some of the policy questions often asked from local agency staff.

Q

If a client has been determined ineligible due to being over income and there are other family members currently participating in WIC, the clinic will issue one last set of food vouchers to the children within their certification. Can the clinic issue one last set of food vouchers to the client being certified?

A

No. Current food vouchers can only be issued to clients who are within their certification period. Children still within the certification period will receive one set of food vouchers and a notice is provided to give 15 days before being terminated due to over income.

Q

A woman who was receiving Medicaid benefits while she was pregnant delivered her infant two days ago. The proof of income that will be used for the infant will be the woman's proof of Medicaid while she was pregnant. She has an older child that is also being screened for WIC services. Can the mother's proof of Medicaid while she was pregnant also be used for the older child?

A

No, because the mother is no longer pregnant. The child would need verification of another gateway program, if applicable, or household earnings such as check stubs, as proof of income.

Q

How do you determine the income from a military paycheck? What is excluded from the total income for military personnel?

A

The military check stub is called a Leave Earning Statement (LES). The amount of the Variable Housing Allowance (VHA) and the Basic Allowance for Quarters (BAQ) are excluded from the total amount of entitlements. The VHA and BAQ have been changed to Basic Allowance for Housing (BAH). Therefore, the BAH should be deducted from the total amount paid to the individual in the military.

Q

If an applicant is working and is using an assumed name, which name does the clinic staff document and is it okay to certify him or her?

A

The clinic staff should certify the individual under their correct name and document in the record that the person is working under an assumed name. The same is true for anyone else within the household, whether they are applying for WIC benefits or not.

Q

If a client loses her Family Identification (FID) card and does not have a picture ID, what should the clinic staff do?

A

A picture ID is not required for the replacement of a lost FID. Any form of identification listed in section one of State Policy CS: 02.0, Identification of a WIC Applicant, is acceptable proof to provide a duplicate FID. A picture ID is only required for food voucher issuance if the local agency has chosen to allow recipients to use their approved picture IDs when they do not have their FID at the time of food voucher issuance.

We hope the above information has answered some of your questions. If you have further questions, contact the Policy and Communication Section at (512) 406-0711 and ask to speak to your local agency's liaison.

Every family should create a home disaster plan

Patti Fitch, R.D.
Clinical Nutrition Coordinator

What would you do if basic services such as water, gas or electricity were cut off because of a disaster? While local officials and relief help will be on the scene after the disaster, they cannot get to everyone right away. In fact, you may be part of the local help that will be called into service.

The Federal Emergency Management Agency (FEMA) Family Protection Program and the American Red Cross' (ARC) Disaster Education Program are nationwide efforts to help citizens prepare for disasters of all types. They have excellent literature to assist you to prepare in advance for a disaster. Every family should have a disaster plan and this article can assist you in creating a plan for your family.

The following is an excerpt from FEMA's preparedness literature. You can obtain additional information from your local emergency management or civil defense office, or your local ARC chapter. Request free family protection publications by writing to:

FEMA
PO Box 70274
Washington, DC 20024



Where will your family be when disaster strikes? They could be anywhere – at work, at school or in the car. How will you find one another? Will you know if your children are safe?

Four steps to safety

1. Find out what could happen to you. Contact your local emergency management or civil defense office and ARC chapter and be prepared to take notes.
 - ☉ Request information on how to best prepare for natural disasters in your area.
 - ☉ Learn about your community's warning signals. What do they sound like? What should you and your family do when you hear them?
 - ☉ Find out how to help elderly or disabled persons, if needed.
 - ☉ Next, find out about the disaster plan at your workplace, your children's school or daycare center and other places where your family spends time.
 - ☉ Ask about animal care after a disaster. Animals may not be allowed inside emergency shelters due to health regulations.
2. Create a disaster plan. Meet with your family and discuss why you need to prepare for disaster. Explain the dangers of fire and severe weather to children. Plan to share responsibilities and work together as a team.
 - ☉ Discuss the types of disasters that are most likely to happen in your area. Explain what to do in each case.
 - ☉ Pick two places to meet:
 - ☉ Right outside your home in case of a sudden emergency like a fire.
 - ☉ Outside your neighborhood in case you can't return home. Everyone must know the address and phone number.
 - ☉ Ask an out-of-state friend or family member to be your "family contact." After a disaster, it's often easier to call long distance than locally. Other family members should call this person and tell them where they are. Everyone must know your contact's phone number.
3. Complete a checklist.
 - ☉ Discuss what to do in an evacuation. Plan how to take care of your pets.
 - ☉ Post emergency telephone numbers by phones, including fire, police, and poison control.
 - ☉ Teach children how and when to call 9-1-1 or your local emergency medical services number for emergency help.
 - ☉ Show each family member how and when to turn off the water, gas, and electricity at the main switches.
 - ☉ Check if you have adequate insurance coverage.
 - ☉ Teach each family member how to use the fire extinguisher and show them where it's kept. An ABC Class extinguisher will put out most types of fires.
 - ☉ Install smoke detectors on each level of your home, especially near bedrooms.
 - ☉ Conduct a home hazard hunt.
 - ☉ Stock emergency supplies and assemble a disaster supplies kit.
 - ☉ Take an American Red Cross first aid and CPR class.
 - ☉ Determine the best escape routes from your home. If possible, find two ways out of each room.
 - ☉ Find a safe spot in your home to hideout during disasters.
4. Practice and maintain your plan.
 - ☉ Quiz your kids every six months so they remember what to do.
 - ☉ Conduct fire and emergency evacuation drills.
 - ☉ Replace stored water every three months and stored food every six months.
 - ☉ Test and recharge your fire extinguishers according to manufacturer's instructions.

Emergency supplies

Keep enough supplies in your home to meet your needs for at least three days. Assemble a disaster supply kit with items you may need in an evacuation. Store these supplies in sturdy, easy-to-carry containers such as backpacks, duffle bags or covered trash containers. Include:

- ⊗ A three-day supply of water, at least one gallon per person per day, and food that won't spoil.
- ⊗ One change of clothing and footwear per person, and one blanket or sleeping bag per person.
- ⊗ A first aid kit that includes your family's prescription medications. Emergency tools including a battery-powered radio, flashlight, and plenty of extra batteries.
- ⊗ An extra set of car keys and a credit card, cash or traveler's checks.
- ⊗ Sanitation supplies.
- ⊗ Special items for infant, elderly or disabled family members.
- ⊗ An extra pair of glasses.
- ⊗ Keep important family documents in a waterproof container. Keep a smaller kit in the trunk of your car.

Home hazard hunt

During a disaster, ordinary objects in your home can cause injury or damage. Anything that can move, fall, break, or cause a fire is a home hazard. For example, a hot water heater or a bookshelf can fall. Inspect your home at least once a year and fix potential hazards.

If disaster strikes

- ⊗ Remain calm and patient. Put your plan into action.
- ⊗ Check for injuries, give first aid, and get help for seriously injured people.

- ⊗ Listen to your battery powered radio for news and instructions.
- ⊗ Evacuate, if advised to do so. Wear protective clothing and sturdy shoes.
- ⊗ Check for damage in your home:
 - ⊗ Use flashlights and do not light matches or turn on electrical switches if you suspect damage.
 - ⊗ Check for fires, fire hazards and other household hazards.
 - ⊗ Sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, turn off the main gas valve, open the windows, and get everyone outside quickly.
 - ⊗ Shut off any other damaged utilities.
 - ⊗ Clean up spilled medicines, bleaches, gasoline, and other flammable chemicals immediately.

Remember to:

- ⊗ Confine or secure your pets.
- ⊗ Call your family contact and do not use the telephone again unless it is a life-threatening emergency.
- ⊗ Check on your neighbors, especially elderly or disabled persons.
- ⊗ Make sure you have an adequate water supply in case service is cut off.
- ⊗ Stay away from downed power lines.

Now is the time to review your WIC clinic disaster plan

By Patti Fitch, R.D.
Clinical Nutrition Coordinator

We are approaching that time of year again, when the weather can change very quickly. It's been said about Texas weather, "If you don't like what you see, wait 30 minutes." Tornadoes, hurricanes, floods, and other disasters have a way of turning communities upside down. Disasters can strike quickly and without warning. What plan does your local agency have in place to handle the crisis? Do you or your staff have a role in the recovery process? Now is the time to review your WIC clinic disaster plan.

Hurricane or flood

These two disasters sometimes provide communities with enough time to follow a plan. If you know your area might be hit by one of these catastrophes, there are several steps you can take to secure the WIC clinic.

- ❶ Back up the computers. Decide in advance where, away from the clinic, you will keep the back up tapes.
- ❷ Network shutdown procedures should be implemented.
- ❸ If flood damage is possible, move equipment up as high as possible.
- ❹ Cover computers with plastic.
- ❺ Make sure you have a current list of your inventory.
- ❻ Have employee phone numbers available and up to date.
- ❼ Issuance logs should be moved to a safe, dry location.
- ❽ Check your sample formula supply. Make sure it is up off the floor, if possible.
- ❾ Locate a cellular phone in the event that normal phone lines are down.

Sudden disasters

Assess the damage to the clinic as soon as possible. If the building has been destroyed, or the computers are ruined or if it is impossible to resume WIC services at that location, contact the state office. A disaster recovery team will assist you in obtaining computers and the necessary equipment to continue providing services to the WIC participants. Our contract formula company will be contacted about providing ready-to-use formula if the water supply is a problem. The Federal Emergency Management Agency (FEMA) and the American Red Cross (ARC) will be available to assist the community.

There are several issues that have to be considered. How much damage was done locally? You know your clients. How many of them will come by to get their WIC food instruments before they travel to a relative's house? WIC food instruments are good all over Texas, so don't assume that if there is no store locally, participants won't want their WIC benefits.

Formula will be a special need. You will have sample formula to provide WIC infants if the local grocery stores are destroyed. A safe water supply is required for the concentrated and powdered formula. Make sure the family has a way of obtaining safe water for the formula. Our formula contract was written to include the provision of ready-to-use formula in case of a disaster. The formula company will provide infant formula as soon as possible. In the meantime, use sample formula and direct families to get water from FEMA or the ARC.

You can't always prevent disasters from occurring but you can be prepared to ease the recovery process. Take the time to review procedures with your staff so that, in the event of a disaster, everyone knows what their responsibilities will be.

Galactosemia makes a difference when choosing between powdered or liquid soy formula

By Mimi Kaufman, M.P.H., R.D., L.D.
Nutrition Consultant

Does it make a difference if a person with galactosemia gets powdered or liquid soy formula? New information tells us that it does.

Powdered soy formulas, when reconstituted, contain 14 mg. of galactose per liter compared with concentrated or ready-to-use formulas that contain 85 mg. of galactose per liter. The extra galactose comes from carageenan, which is added as a stabilizer. This is new information from the presentation, Update: Nutrition Management of Galactosemia by Kimberlee Matalon, Ph.D., R.D., L.D., at the Advances in Management of Inherited Metabolic Disorders Conference held in April 2001.

People with galactosemia cannot process galactose, one of the sugars naturally found in milk and milk products. Galactose is also found in organ meats, legumes, and some fruits and vegetables. If galactose is not restricted, people with galactosemia can suffer kidney failure, inflammation of the liver, stunted physical and mental growth, and cataract of the eyes.

If you have questions regarding galactosemia or other metabolic disorders, contact Mimi Kaufman at (512) 458-7111 ext. 3495 or mimi.kaufman@tdh.state.tx.us.

Top 10 reasons to send a nutritionist to the Dietetic Internship

Nancy Cise, M.S., R.D., L.D.
TDH Internship Coordinator

Top 10 reasons to send a nutritionist to the Texas Department of Health's Dietetic Internship:

- 10 Increased opportunity equals improved morale of nutritionists.
- 9 Local agencies gain registered dietitians (RDs) with minimal investment.
- 8 Interns become familiar with local health facilities, resulting in improved referral networks for WIC participants.
- 7 Local agencies gain a specialist in community nutrition.
- 6 RDs can perform high-risk counseling and approve most special formulas.
- 5 RDs can take an active role in their local agency's quality assurance program.
- 4 Local agencies gain employees with two-year work commitments.
- 3 Local agencies gain staff with management skills and ability to supervise.
- 2 Internship is an allowable WIC cost.
- 1 WIC state office will provide financial assistance to local agency during interns' training.

And here are the top 10 reasons for nutritionists to apply for the TDH Dietetic Internship:

- 10 Increased nutrition knowledge.
- 9 Build confidence.
- 8 Learn new skills.
- 7 Expand professional network.
- 6 Potential for promotion.
- 5 Sense of accomplishment.
- 4 Exercise mind.
- 3 Expand interests.
- 2 Make new friends.
- 1 See more of Austin.

There are three easy steps for local agency directors:

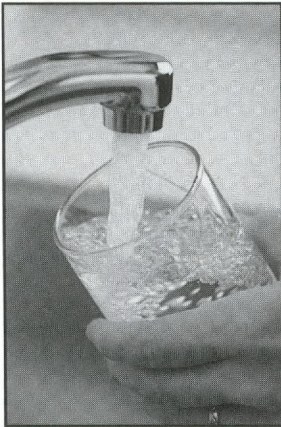
- Encourage applicants.
- Sign letters of recommendation.
- Identify your local agency's leave policy and pay back contract policy.

Also, keep a lookout for the 2002 WIC Dietetic Internship application. The WIC website now has the class of 2002 internship application along with other pertinent information.

For more information contact
Sherry Clark, M.P.H., R.D., L.D.,
Internship Director
at sherry.clark@tdh.state.tx.us
or go to internship website:
www.tdh.state.tx.us/wichd/nut/intern-intro.htm

Got water?

Matthew Harrington, M.S., R.D.
Clinical Nutrition Specialist



Water is essential for life. It makes up approximately 60 percent of the total weight of your body, and determines the nature of nearly every physiological process. In fact, water is so important that most humans would die in less than one week without it.

Water enters the body primarily by absorption from the gut and leaves the body primarily as urine excreted from the kidneys. The kidneys can excrete as much as several gallons of urine a day, or can conserve water by excreting less than 16 ounces a day. About 24 ounces of water are also lost every day by evaporation from the skin and lungs. Profuse sweating, which occurs with vigorous exercise or in Texas during the summer-like months of March through October, can dramatically increase the amount of water lost through evaporation. Only a little water is normally lost from the gut, however, as much as a gallon or more a day can be lost with prolonged vomiting or severe diarrhea.

When water intake equals water loss, the body's water is in balance or euhydration. To maintain water balance, healthy people with normal kidney function who are not sweating excessively should drink at least 32 ounces of fluid a day. However, drinking 64 ounces each day – eight 8-ounce cups – is generally recommended. Even more water is needed if you are physically active in Texas during the summer months.

A healthy person usually can drink enough water to balance excess water loss and maintain blood volume and the concentration of dissolved electrolytes (sodium, potassium, chloride) in the blood. However, a person may become dehydrated if unable to drink enough water to compensate for excessive water loss, as in protracted vomiting or severe diarrhea.

The amount of water in the body is closely related to the amount of electrolytes. The body works to keep total body water and the blood sodium level constant. When the sodium level is too high, water is retained in order to dilute the excess sodium. Thirst develops and less urine is produced. When the sodium level drops too low, the kidneys excrete more water to bring the sodium level back into balance.

Dehydration

Dehydration is a deficiency of body water, and it occurs when the body's output of water is greater than its intake. The deficiency of water usually causes the sodium level in the bloodstream to rise. Vomiting, diarrhea, the use of diuretics (drugs that cause the kidneys to excrete excess amounts of water and salt), excessive heat, fever, physical activity and decreased water intake for any reason can lead to dehydration. Certain diseases such as diabetes mellitus, diabetes insipidus, and Addison's disease can lead to dehydration because they cause excessive water loss.

At first, dehydration stimulates the thirst centers of the brain, causing a person to drink more fluid. If water intake does not keep up with water loss, dehydration becomes more severe. With severe dehydration, sweating will decrease and less urine is produced. Water then moves from inside cells into the bloodstream. If dehydration continues, the tissues of the body begin to dry out. The cells begin to shrivel and malfunction. Brain cells are especially susceptible to dehydration so that one of the primary signs of severe dehydration is mental confusion, which, if untreated, can lead to coma.

With the more common causes of dehydration, such as excessive sweating, vomiting, and diarrhea, electrolytes (especially sodium and potassium) are usually lost in addition to water. Therefore, dehydration is often accompanied by a deficiency of electrolytes. When electrolytes are deficient, water doesn't move as readily from inside of cells into the blood. As a result, the amount of water circulating in the bloodstream is further reduced. Blood pressure can drop, causing light-headedness, particularly upon standing. If water and electrolyte losses continue, blood pressure can fall dangerously low, resulting in shock and severe damage to many internal organs, such as the kidneys, liver, and brain.

Get Water!

For mild dehydration, drinking plain water may be all that is needed. However, when both water and electrolyte losses have occurred, electrolytes (salts) must also be replaced.

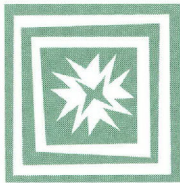
Flavored sport-type drinks are formulated to replace the electrolytes lost during vigorous exercise. These drinks can be used to prevent dehydration or treat mild dehydration. Save your money. Drinking plenty of fluids and consuming a little additional salt during or after exercise will work just as well. People with heart or kidney problems should consult their doctor about safely replacing fluids before engaging in exercise.

The underlying cause of dehydration should always be addressed. If someone has diarrhea, then drugs to treat or stop the diarrhea may be necessary in addition to replacing fluids. For example, if the kidneys are excreting too much water because the person has a deficiency of antidiuretic hormone, as can happen with diabetes insipidus, treatment with synthetic antidiuretic hormone may be needed. Once the cause of dehydration has been treated, people recovering from dehydration should be monitored to insure that oral intake of fluids is once again enough to maintain proper hydration.

The message is simple...
Get water to get good health.

Texas Health Steps: Comprehensive medical, dental care for children of low-income families

By Matthew Harrington, M.S., R.D.
Clinical Nutrition Specialist



In an effort to promote an understanding of the wide variety of health services offered to low-income children in Texas and to emphasize the importance of regularly scheduled check-ups, this article will spotlight the Texas Health Steps program.

Texas Health Steps (THSteps), known nationally as Early and Periodic Screening, Diagnosis and Treatment (EPSDT), is a comprehensive medical and dental prevention and treatment program for approximately 1.7 million Texas children of low-income families. EPSDT was enacted in 1967 as a mandatory service under Medicaid available to all Medicaid-eligible children.

The THSteps program

- ☐ emphasizes the identification and referral for treatment of medical and dental problems in Medicaid clients from birth through 20 years of age;
- ☐ helps clients find primary health care providers who are able to meet their health care needs;
- ☐ offers medical and dental care before health problems become chronic or irreversible;
- ☐ offers comprehensive services, e.g., immunizations, lead screening and physical examinations that are available statewide through private and public providers;

- ☐ encourages client use of preventive services;
- ☐ and expands client awareness of services offered.

As part of the Texas Medicaid program, the THSteps Comprehensive Care Program (CCP) provides services when there is a need for treatment of a physical or mental problem identified during a routine THStep check-up. CCP services also include treatment of problems identified by any health care professional regardless of whether a THStep check-up is performed.

How THSteps works

After a child has qualified for Medicaid services through the local Texas Department of Human Services (TDHS), she will be issued a Medicaid ID card (Medicaid Form 3087) each month of her eligibility. The Medicaid ID will indicate the services for which she is eligible, if she lives in a managed care area, the name of the managed care provider, and if she is due for a medical or dental check-up. A THSteps statement on the Medicaid ID indicates the THSteps services for which a client is currently eligible.

If the client does not have transportation to a medical check-up, THSteps staff will assist the client with scheduling transportation through the Medical Transportation Program (MTP). The MTP was established in 1974 to provide Medicaid-eligible clients with the most cost-effective means of transportation to Medicaid-allowable health care and dental services within a reasonable proximity of their residence. Reasonable proximity means the county in which the client resides or any adjacent county, or the location of the geographically closest provider that is medically appropriate. The MTP services are based on the Medicaid client's need for transportation and their medical or dental needs. For more information on MTP call toll-free 1-877-MedTrip (633-8747).

What is Medicaid?

With all of this talk about Medicaid eligibility and Medicaid form this and Medicaid form that, it's a good idea to explain the benefits of Medicaid.

Medicaid is health insurance for low-income families, children, and people who are elderly or have a disability. Unlike regular health insurance, they don't have to pay for it, and most services are free. Medicaid also covers out-of-pocket medical expenses for certain people, such as Medicare premiums, deductibles, and co-insurance costs. There are two types of Medicaid in Texas: traditional fee for service and Medicaid Managed Care (STAR). Under the traditional program, clients can get medical care from any doctor or provider who accepts Medicaid. Under the STAR program, clients have one provider who takes care of them. A TDHS caseworker will explain the type of Medicaid that is available in the client's area. The services are the same for both types of Medicaid.

Both types of Medicaid stress the advantages of establishing a "medical home" for the client's medical care. When a medical home is established for a client, a primary care physician determines the medical services that are needed, the providers that can offer the care and refers the client for those services. For clients who live in an area of the state where Medicaid Managed Care is

provided, the primary care physician can refer to the care providers who accept STAR coverage. In those areas of the state where traditional fee for service is provided, the primary care physician can refer to any provider who accepts Medicaid. Within the limits of the two plans, the client has the ability to choose the provider of her medical care, including her primary care physician or medical home. Services available to Medicaid clients are the same throughout Texas.

A newborn child is eligible for Medicaid for up to one year if all of the following conditions are met.

- ☑ The mother is receiving Medicaid at the time of the child's birth.
- ☑ The mother continues to be eligible for Medicaid or would be eligible for Medicaid if she were pregnant.
- ☑ The child is living with the mother.

The child's eligibility ceases if the mother relinquishes her parental rights or if it is determined that the child is no longer part of the mother's household.

What WIC can do

In your community, Medicaid eligibility is determined at the local TDHS office. So if you see WIC children who do not have a health care provider, don't have health insurance, and are not getting regular health check-ups, according to the periodicity schedule, please make sure they are referred to TDHS. Some WIC clients mistakenly think their WIC check-up is the same as a health check-up. It is important that we help them understand the difference.

If WIC participants would like more information about the THSteps program, they may call toll-free 1-877-THSteps (847-8377) or visit the website at www.tdh.state.tx.us/thsteps/index.htm.

2001 Medicaid Income Eligibility Guideline
Gross Monthly Income Screening Table

Family Size	WIC	TANF - Medicaid ¹							
	(185% 2001 FPIL)	Do Not Use For Eligibility Determination							
		TANF/Medically Needy		Children Six through 18 (100% 2001 FPIL) ¹		Children One through Five (133% 2001 FPIL) ¹		Pregnant Women and Children under One (185% 2001 FPIL) ¹	
		No Job	With Job ²	No Job	With Job ³	No Job	With Job ³	No Job	With Job ³
1	\$1,325	\$104	\$237	\$716	\$836	\$953	\$1,073	\$1,325	\$1,445
2	\$1,790	\$216	\$365	\$968	\$1,088	\$1,287	\$1,407	\$1,790	\$1,910
3	\$2,256	\$275	\$429	\$1,220	\$1,340	\$1,622	\$1,742	\$2,256	\$2,376
4	\$2,722	\$308	\$467	\$1,471	\$1,591	\$1,957	\$2,077	\$2,722	\$2,842
5	\$3,187	\$357	\$522	\$1,723	\$1,843	\$2,291	\$2,411	\$3,187	\$3,307
6	\$3,653	\$392	\$561	\$1,975	\$2,095	\$2,626	\$2,746	\$3,653	\$3,773
7	\$4,118	\$440	\$615	\$2,226	\$2,346	\$2,961	\$3,081	\$4,118	\$4,238
8	\$4,584	\$475	\$654	\$2,478	\$2,598	\$3,296	\$3,416	\$4,584	\$4,704
9	\$5,049	\$532	\$719	\$2,730	\$2,850	\$3,630	\$3,750	\$5,049	\$5,169
10	\$5,515	\$567	\$758	\$2,981	\$3,101	\$3,965	\$4,085	\$5,515	\$5,635
11	\$5,981	\$624	\$822	\$3,233	\$3,353	\$4,300	\$4,420	\$5,981	\$6,101
12	\$6,446	\$659	\$861	\$3,485	\$3,605	\$4,634	\$4,754	\$6,446	\$6,566
13	\$6,912	\$716	\$926	\$3,736	\$3,856	\$4,969	\$5,089	\$6,912	\$7,032
14	\$7,377	\$751	\$965	\$3,988	\$4,108	\$5,304	\$5,424	\$7,377	\$7,497
15	\$7,843	\$808	\$1,029	\$4,240	\$4,360	\$5,639	\$5,759	\$7,843	\$7,963
Add. Mem.	\$466	\$57	\$57	\$252	\$252	\$335	\$335	\$466	\$104

KEY

FPIL - Federal Poverty Income Level

1. Program counts the unborn child(ren) in the family size if the pregnant woman receives or is potentially eligible to receive benefits under the program.
2. Amounts are based on one person working and no child care deductions. If two people are working, add an additional \$120. If child care is paid, add the amount paid up to \$200 per child for each dependent under age two and \$175 per child for each dependent age two or older.
3. Amounts are based on one person working and no child care deductions. If two people are working, add an additional \$120. If child care is paid, add the amount paid up to \$200 per child for each dependent under age two and \$175 per child for each dependent age two or older.

THSteps Medical Checkups Periodicity Schedule For Infants And Children (0 through 9 Years)

The columns across the top of the schedule indicate the age a client is periodically eligible for a medical check-up. The first column on the left of the chart identifies each procedure that must be performed during the medical check-up.

Age ¹	INFANCY / EARLY CHILDHOOD									MIDDLE CHILDHOOD								KEY
	WEEKS		MONTHS							YEARS								
	Inpatient	2	2	4	6	9	12	15	18	2	3	4	5	6	8			
History																		
Family	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Neonatal	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Physical, Mental, Health Developmental	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Physical Examination²	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Measurements																		
Height/Weight/BMI	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Head Circumference	●	●	●	●	●	●	●	●	●	●								
B/P											●	●	●	●	●	●	●	
Nutrition		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Developmental		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Mental Health		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Sensory Screening																		
Vision Screening	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Hearing Screening	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Tuberculin Screening³								+	✓	✓	+	+	+	+	+	+	+	
Laboratory⁴																		
Newborn Hereditary ⁵ Metabolic Testing	●	●	✓	✓	✓	✓	✓	✓	✓									
Hgb or Hct ⁶					●	✓	●	✓	✓	●	✓	✓	✓	●	✓	✓	✓	
Lead Screening ⁷⁺					+	✓	●	✓	✓	●	+	+	+	+	+	+	+	
Hemoglobin Type ⁸	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cholesterol											+	+	+	+	+	+	+	
Immunizations⁹	●	✓	●	●	●	✓	●	✓	✓	✓	✓	✓	●	✓	✓	✓	✓	
Dental Referral¹⁰								✓	✓	●	●	●	●	●	●	●	●	
Anticipatory Guidance¹¹	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	

- KEY**
- Required, unless medically contraindicated or against parental religious beliefs.
 - ✓ Required as above, unless, already provided on a previous check-up at the required age and documented on the claim form with the date of service.
 - +
- If answers on high risk assessment questionnaires show a risk factor, further screening is required. Refer to footnotes for more information on items marked +.

- FOOTNOTES**
1. If a child comes under care for the first time at any point on the schedule or if any procedures are not accomplished at the appropriate age, the client must be brought up to date as soon as possible.
 2. A complete unclothed physical exam is required at each check-up. Older children are to be appropriately draped.
 3. In areas of low prevalence, administer the TB questionnaire annually beginning at 1 year. In areas of high prevalence, administer the TB skin test at one year, and once between 4 through 6 years. Administer the TB questionnaire annually beginning at age 2 and thereafter at other visits.
 4. Clients are not to be referred to a laboratory for completion of service. All blood specimens are to be submitted to the TDH chemistry lab for analysis.
 5. Newborn screening [hereditary/metabolic testing (hypothyroidism, PKU, galactosemia, sickle Hgb, CAH)] is required by Texas law before hospital discharge and again between 1 and 2 weeks old. Date and results of second newborn screening are to be documented. Patients are not to be referred to the local health department for testing.
 6. Hgb and Hct, done at a WIC clinic or in a provider's office, is acceptable within one month if date and value are documented.
 7. Mandatory blood screens at 12 and 24 months. Questionnaire acceptable at other visits. Refer to "Lead Screening Procedures" in Section 3 of the Texas Medicaid Service Delivery Guide.
 8. If Hgb type has been performed previously and results are documented in chart, it does not need to be repeated. Hgb type also is part of the newborn screening.
 9. Clients are not to be referred to the local health department for immunization. Vaccines must be obtained from the Texas Vaccines for Children Program at TDH and administered at the time of the check-up unless medically contraindicated.
 10. Dental referrals are required for all patients beginning at age 1. Patients are eligible for preventive dental check-ups every 6 months.
 11. Counseling/anticipatory guidance are a required integral part of each visit and must be face to face with the child's parent or guardian.

THSteps Medical Checkups Periodicity Schedule For Adolescents (10 through 20 years)

The columns across the top of the schedule show the ages a client is periodically eligible for a medical check-up. The first column on the left of the chart identifies each procedure that must be performed during the medical check-up.

Age ¹	CHILDHOOD				ADOLESCENCE							
	10	11	12	13	14	15	16	17	18	19	20	
History												
Family	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Physical, Mental, Health Developmental	●	●	●	●	●	●	●	●	●	●	●	
Behavioral Risks²	●	●	●	●	●	●	●	●	●	●	●	
Physical Exam³	●	●	●	●	●	●	●	●	●	●	●	
Measurements												
Height/Weight/BMI	●	●	●	●	●	●	●	●	●	●	●	
B/P	●	●	●	●	●	●	●	●	●	●	●	
Nutrition	●	●	●	●	●	●	●	●	●	●	●	
Mental Health Assessment	●	●	●	●	●	●	●	●	●	●	●	
Sensory Screening												
Vision Screening	●	●	●	●	●	●	●	●	●	●	●	
Hearing Screening	●	●	●	●	●	●	●	●	●	●	●	
Tuberculin Screening⁴	●	●	●	●	●	●	●	●	●	●	●	
Laboratory												
Hgb or Hct ⁵	✓	✓	●	✓	✓	✓	●	✓	✓	✓	✓	
Hemoglobin Type ⁶	✓	✓	●	✓	✓	✓	●	✓	✓	✓	✓	
STD Screening ⁷					+	+	+	+	+	+	+	
Pap Smear	+	+	+	+	+	+	+	+	●	●	●	
Cholesterol	+	+	+	+	+	+	+	+	+	+	+	
Immunizations⁸	✓	✓	✓	●	●	✓	✓	✓	✓	✓	✓	
Dental Referral⁹	●	●	●	●	●	●	●	●	●	●	●	
Anticipatory Guidance¹⁰	●	●	●	●	●	●	●	●	●	●	●	

KEY

- Required unless medically contraindicated or against parental religious beliefs.
- ✓ Required as above, unless already provided on a previous check-up at the required age and documented on the claim form with the date of service.
- +

FOOTNOTES

1. If a child comes under care for the first time at any point on the schedule or if any required procedures are not accomplished at the appropriate age, the client must be brought up to date as soon as possible.
2. Screening for adolescent behavioral risks is to include eating disorders, sexual activity, alcohol, (and other drug use), tobacco use, school performance, depression, and risk of suicide.
3. A complete uncloned physical exam is required at each visit with client appropriately draped.
4. In areas of low prevalence, administer the tuberculin questionnaire annually. In areas of high prevalence, administer the skin test between 11 through 16 years; administer the questionnaire annually at other visits.
5. Hgb and Hct, (if pregnant or breastfeeding) done at a WIC clinic is acceptable within one month if date and value are documented.
6. If Hgb type has already been performed and results previously documented in patient's chart, it does not need to be repeated. (Hgb type is part of the newborn screening).
7. For sexually active or high-risk adolescents, screening is to include, Pap smears for cervical cancer, evaluation for genital warts, cultures for gonorrhea and chlamydia, and blood test for syphilis and HIV. While all adolescents should be screened for the risk of HIV infection, actual testing is voluntary and requires the consent of patient. Refer to Section 2 of the Service Delivery Guide for more information on HIV screening and to the Adolescent Screening section for information concerning STD.
8. Patients are not to be referred to the local health department for immunization. Vaccines must be obtained from the Texas Vaccines For Children program at TDH. See Service Delivery Guide for information for vaccines for 19 through 20 year olds. Vaccines should be administered at the time of the check-up.
9. Dental referrals are required for all patients. Patients are eligible for preventive dental check-ups every 6 months.
10. Counseling/anticipatory guidance is a required integral part of each check-up and must be face- to- face. For adolescents, health guidance should include parenting, development, diet, physical activity, healthy lifestyles and injury prevention, including information concerning high risk behavior identified during the check-up. See Section 3 of the Service Delivery Guide for further information.

Is your nutrition education "On the Road to Excellence?"

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

Most of you tuned into to the April 26 and 27 broadcast of the USDA Southwest Regional teleconference, Nutrition Education On the Road to Excellence. Now is the time for the state and local agencies to work together to make sure that every WIC participant receives excellent nutrition education.

The teleconference was a multi-state project, led by Sondra Ralph, Regional Director, United States Department of Agriculture (USDA), Supplemental Food Programs, and Darlene Irwin, M.S., R.D., on loan to USDA from the City of Dallas' WIC program. As described in the March/April 2001 *Texas WIC News*, the workgroup has been meeting for the past 18 months to learn and promote ways to ensure integrity of nutrition education in the WIC programs of the Southwest region.

As we move forward to implement new methods and ways of providing nutrition education, let's look back at the some of the major principles we learned from the speakers in the teleconference.

☺ People come to WIC individually, some are ready to make a behavior change, and some are not. It's important to consider each participant, and provide information that is relevant to their situation and needs. For example, telling a mom that her child is overweight when she doesn't think being overweight is a problem is probably not going to have a major impact. However, if you explore her feelings first, and provide some positive information on the benefits of a healthy weight, you may have more success influencing her behavior and that of her family.

☺ People are very different in their belief system regarding their confidence in their abilities to make change. If you don't believe you have the ability to make a change, then it probably isn't going to happen. It's important for WIC counselors to understand and relate to their participants belief system and confidence in ability to make a change.

☺ Evaluate your efforts, as a program, a project or on an individual basis. Evaluation is necessary in order to measure achievement of objectives.

☺ WIC participants relate to emotional rather than factual messages about nutrition for their families. Put heart into your counseling techniques to help participants understand the importance of your message. They will be more receptive to the message if they know you care.

☺ Because WIC provides education for adults, we will be more effective if we pay attention to the special needs of the adult learner. These include physical limitations and past experiences. Our teaching methods should be reflective of the fact that adults are active learners.

☺ Facilitated learning is alive and well in New Mexico. More Texas WIC agencies should consider adapting their education to the facilitated method. Participants enjoy being an active part of the nutrition discussion. No-show rates have decreased and participant satisfaction has increased in New Mexico since adopting this method of education.

☺ "Hear a joke, and the laughter lasts only for a moment – discover how to use your own Comic Vision and the laughter lasts a lifetime," said trainer and humorist Tim Gard during the teleconference. Lighten up, smile, and above all, have fun! You will be a better person and your WIC participants will be better served.

☺ The state office will be sending out aids and information to help you use these techniques in Texas WIC nutrition education. Some of you are even more involved as volunteers and ethnography coordinators for the University of Nevada. As we move ahead with this effort, we will all learn and expand our understanding of how we can help WIC participants make changes in their nutrition for healthier families. And after all, that is the goal of the WIC Program.

News to use

By Tracy Erickson, R.D.

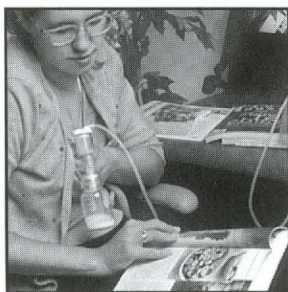
Breastfeeding Coordinator

and

Lynn Silverman, M.A., R.D.

Nutrition Education Consultant

Pump up your rates

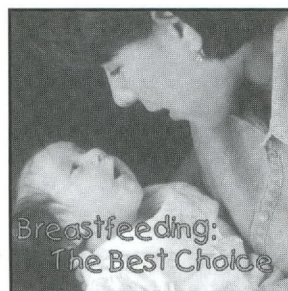


Since the initiation of the Texas WIC Breast Pump program, there has been a nine percent increase in the number of women being certified as breastfeeding in the first six months postpartum. These are women that survived those first few

difficult days and weeks of breastfeeding and have made it to their first postpartum WIC appointment still breastfeeding! Yea! For more information on the Texas WIC Breast Pump program go to:

www.tdh.state.tx.us/wichd/bf/bfpumps.htm.

New breastfeeding brochure



A new breastfeeding brochure, *Breastfeeding: The Best Choice*, is now available. The brochure explains the many benefits of breastfeeding and is illustrated with beautiful photos of infants and families. Use your Texas WIC

materials order form and stock numbers 13-184 (English) and 13-184-A (Spanish) to order.

Web sightings

Check out these recent additions to the WIC nutrition website, which is located at

www.tdh.state.tx.us/wichd/nut/nut1.htm.

- Breastfeeding
 - Breastfeeding promotion.
 - Breastfeeding ideas for the clinic and the community.
 - New breast pump information and inventory logs.
 - Frequently asked breastfeeding questions like, "My baby is teething and has bitten me twice. How do I get her to stop?"
 - World Breastfeeding Month theme for August 2001.
- Plans
 - Nutrition education plan.
 - Breastfeeding plan.
 - New state agency lesson plans including the new activity lessons or children and the new infant feeding lessons.
 - The updated nutrition education and breastfeeding publications table.
- Children
 - Teaching nutrition to children.

Other Web sightings

If you think those sites are cool, just wait till you link up with these out of sight web pages at www.nal.usda.gov/wicworks.

Explore the Sharing, Learning, and Research Centers. Within WIC Topics A-Z, you will find the following titles:

- Breastfeeding promotion and support.
- Childhood obesity.
- Children with special needs.
- Conferences and events.
- Folic acid information.
- Food safety.
- Gestational diabetes.
- Grants.
- Additional health-related sites.

The Children's Nutrition Research Center website, which can be found at www.bcm.tmc.edu/cnrc/factsanswers.htm#breastfeeding, contains an index of nutrition information and answers to frequently asked questions. Topics include:

- Anemia
- Breakfast
- Childhood obesity
- Colic
- Introducing solids
- Physical activity
- Premature infants
- Soy protein
- Spitting up
- Toddler nutrition

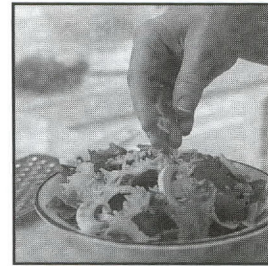
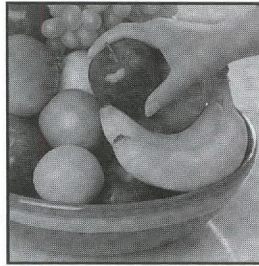
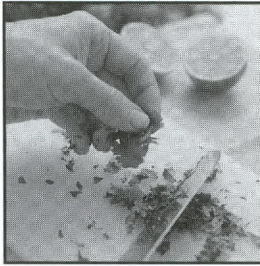
New from the American Cancer Society: Fresh Start Families

Do pregnant and parenting women at your clinic ask you for help to quit smoking? The American Cancer Society (ACS) has developed Make Yours a Fresh Start Family, a comprehensive program package for health care providers to help them counsel pregnant women and mothers about smoking.

The package includes a training guide for health care providers to provide cessation counseling for patients according to their readiness to quit smoking. The training is available in both train-the-trainer and self-study format. The program includes a guide for integrating the cessation counseling into an office setting. Two colorful, magazine-style guides written at a fifth-grade reading level, one for pregnant women and a second for mothers who smoke, address the unique concerns of pregnant and parent smokers, and recent quitters. These magazines are also available in Spanish.

For more information about the training, contact LuAnn Edwards at (512) 919-1800 in Austin, or to find an ACS office in your area, visit the ACS national web site at www.cancer.org.

Speaking of smoking, the TDH Office of Tobacco Prevention and Control website has everything you need to know about tobacco use, cessation and prevention, and youth awareness campaigns in Texas. For information call (512) 458-7402 or to find this hot site, go to www.tdh.state.tx.us/otpc/default.ht.



Seasonal recipes from The Happy Kitchen – La Cocina Alegre

La Cocina Alegre is a cooking school and nutrition education program that reaches low-income individuals and families right in their own neighborhoods. The community-based program works well because the students who take the cooking classes can then become the cooking-class educators.

This successful, train-the-trainer, cooking program brought to life by the Sustainable Food Center, in Austin, Texas, can come to your local agency. La Cocina Alegre classes make learning fun, and especially helps individuals and families who are at-risk for diet-related diseases such as diabetes, obesity, and heart disease. The core of the La Cocina Alegre program is a once-per-week, six-week series of informal classes, in English and Spanish. Classes teach:

- Cooking skills needed to prepare healthful, affordable and satisfying meals.

- Fundamentals of nutrition, based on the USDA Food Pyramid.
- How to read nutrition labels on packaged foods.
- How to plan meals and shop for food on a tight budget.

La Cocina Alegre educators use hands-on, concrete demonstrations and actively involve participants in the classroom. At the end of each weekly class, participants receive a bag of groceries containing all the ingredients needed to duplicate a recipe at home that same day. Graduates of the program may apply for further training to become certified team-teachers or community facilitators of the program. WIC staff or participants interested in the train-the-trainer programs may call (512) 385-0080. You can look at the Roasted Pumpkin Seeds seasonal recipe, one of four on the La Cocina Alegre website: www.main.org/sfc/happy_kitchen/index.html

How to submit news items, pictures to Texas WICNews

Have you always secretly wanted to be a news reporter? Or do you just wish you could get some publicity for the great work being done by your local agency? Submitting a news item to the Project News section of Texas WIC News is easier than you think!

If you know of a recent event that you would like to share with everyone in Texas WIC, write us a short news story and we will run it as soon as we can. If you are uncomfortable about writing a news story, just send us the facts and we will write it for you. Either way, please make sure your submission includes “the five Ws” of a news story – who, what, when, where, and why – along with your name, title, and phone number.

We also love to get pictures of your people and events. E-mail us your digital photographs (best), or send us your 35mm glossy-finish color prints (good) or color Polaroid prints (not as good), along with the names, titles, and subject of your photo. Also send us your name, title, and phone number so you can get credit for being the photographer. When taking your pictures, please remember to get as close as you can to the subject and make everyone stand close together.

If you have a story, a picture, a story and a picture, or just have questions, contact us in the following ways:

Doug Jumper
Publication Coordinator
Texas WIC News
1100 West 49th Street
Austin, TX 78756

Phone (512) 406-0700 ext. 238#
Fax (512) 406-0722
E-mail doug.jumper@tdh.state.tx.us

Texas WIC moves forward with EBT pilot project

By Mary Alice Winfree,
EBT Planning Division, Bureau of Nutrition Services

Texas WIC is moving forward with planning for an Electronic Benefits Transfer (EBT) system for the delivery of WIC program benefits. While the pilot is still planned for the El Paso area, including participants served by El Paso City-County Health Department Local Agency 33 and Centro de Salud Familiar La Fe Local Agency 28, the target date for implementation of the WIC EBT pilot has been rescheduled for February 2002. This will allow the needed time for additional technical design and development of the EBT system. The only other major change is the maximum number of family members that the EBT card will accommodate has been reduced to free up memory space.

As part of the EBT pilot program, Texas WIC will be conducting an evaluation of the costs and benefits gro-

cers will derive through participation in the EBT system. The purpose of the study is to develop a state/grocer cost sharing methodology to be used when the WIC EBT system begins statewide roll out.

As part of that evaluation, the costs to grocers using the paper voucher system must first be identified. During late April and May 2001, state staff conducted interviews and timing reviews with pilot area grocers. In addition, approximately ten retailers in other parts of the state will also participate in the study. From the interviews and data, Texas WIC will develop a base-line to compare to data obtained once the EBT system has been implemented in the pilot area. We plan to share the findings of these evaluations in a future story in Texas WIC News.

Breastfeeding experts to speak at Summit

By Janet Rourke, M.S.H.P., L.D., C.L.E.
Nutrition Training Program Coordinator

If you are interested in expanding your breastfeeding knowledge, we've got a great slate of breastfeeding experts scheduled for the Fourth Annual Breastfeeding Summit, Nov. 1-3, at the Holiday Inn Select in Dallas.

The list of experts includes:

- Dr. Jack Newman, an outspoken Canadian physician

- Paula Meier, founder of the Rush's Mother's Milk Bank
- Dr. David Page, a dentist and very staunch breastfeeding advocate.

Visit our website
www.tdh.state.tx.us/lactate/summit.htm for a complete agenda and more details on hotel, registration, exhibits, and the poster sessions.

Breastfeeding training schedule for 2001

Intensive Course in Breastfeeding, Phase I

Aug. 15 – 17
Lubbock, Texas

Texas Tech Campus
17th & University
Merket Alumni Center

Sept. 6 – 8
Houston, Texas

Memorial Hermann Northwest
Hospital
1635 North Loop West
Conference Rooms A–C

Oct. 24 – 26
Waco, Texas

Providence Health Center
6901 Medical Parkway
Auditorium

Intensive Course in Breastfeeding, Phase II

Sept. 26 – 28
Victoria, Texas

Citizens Medical Center
2701 Hospital Drive
Central Classroom

Oct. 15 – 17
Houston, Texas

The Woman's Hospital of Texas
7600 Fannin
Classroom 150

Oct. 17 – 19
Austin, Texas

Rosewood-Zaragosa
Neighborhood Center
2800 Webberville Road
Gymnasium

Nov. 7 – 9
Lubbock, Texas

University Medical Center
602 Indiana
Health Education Classroom

Dec. 5 – 7
Waco, Texas

Providence Health Center
6901 Medical Parkway
Auditorium

Peer Counselor Trainer Workshop

Sept. 11 – 13
Austin, Texas

Texas Department of Health
1100 W. 49th Street
M652

Mini Breastfeeding Management Program I (6 hour training)

Oct. 22
San Antonio, Texas

Santa Rosa Hospital

Mini Breastfeeding Management Program II (6 hour training)

Nov. 12
San Antonio, Texas
St. Luke's Hospital

Physicians Breastfeeding Course (4 hour training)

Available by request

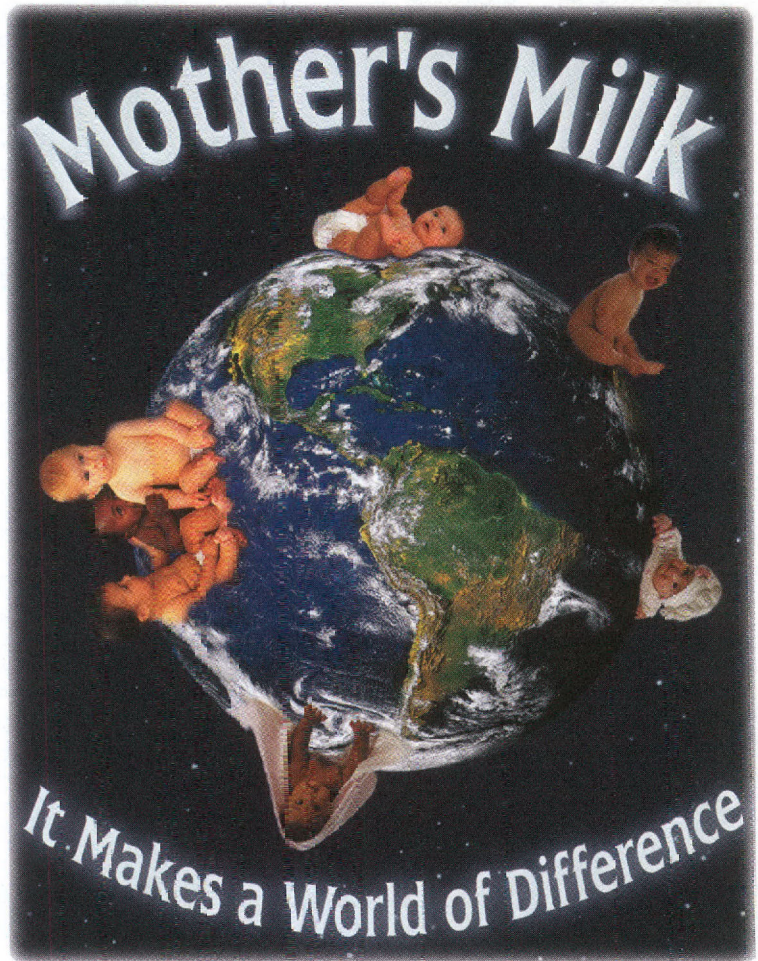
Texas Breastfeeding Summit

Nov. 1 + 3
Dallas, Texas
Holiday Inn Select


For more information on these
trainings, check our website
www.tdh.state.tx.us/lactate/courses.htm

To obtain a registration flyer,
please call (512) 406-0744,
fax (512) 406-0722 or email
janet.rourke@tdh.state.tx.us

August
is
World
Breastfeeding
Month



For information about subscriptions to *Texas WIC News*, e-mail doug.jumpe@tdh.state.tx.us, or call (512) 406-0700 ext. 238#.

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