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Texas

WIC News

January 1993

Special Supplemental Food Program for Women, Infants and Children



The New Year has arrived and, with it, new resolutions for the Texas WIC program. This year, we resolve to reach even greater numbers of the women, children and babies who come to us for

assistance from the WIC program.

We resolve to raise our standards of customer service to a new level of excellence and to ensure that we make the greatest effort to provide meaningful nutrition education and individualized care for the participants we serve.

Furthermore, we are dedicated to serving our WIC clients with greater efficiency and more compassion and patience, and to make extra efforts day after day to link our WIC participants to other health and social-service programs. By so doing, we hope to improve the quality of their lives and their children's lives.

We resolve to provide new staff training and to deliver new expertise and materials to our WIC colleagues in local agencies.

May we all work hard, do well and have an outstanding year of which we can all be proud.

I congratulate you on the successes of the past year, and I wish each of you and your families a prosperous and peaceful New Year.

Texas WIC News welcomes story ideas, articles, photos and artwork from each of our readers. Address any comments or corrections to Shelly Ogle at (512) 458-7111, ext. 3529 (rotary phones: 458-7444).

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Correction:

Project 87 was incorrectly identified as Project 82 in last issue's article on the breastfeeding mother of twins who used a supplemental nursing system.

Expansion

Reaching out for new WIC eligibles

By Marsha Walker
Outreach Coordinator

We begin this new year with the resources to provide nutrition education and healthy foods to more eligible families than ever before. This is a great opportunity to make a genuine difference. But, as you all know, it is also a great deal of work.

In order to certify new participants, we must first get them through the door of the WIC clinic. Once our mothers and children are in the clinic, we must treat them with respect and kindness--and so efficiently that they'll look forward to coming to WIC for their next visit. If their experience is positive, they'll tell others about WIC.

What kind of outreach delivers the best results?

The answer varies from city to city and group to group. The best outreach effort is the one that covers the most bases. The following strategies have been successful in many WIC local agencies in the

past several years. Try a few at your own site!

1. Word of mouth.

This is our most powerful means of letting people know about WIC benefits. Ask your WIC mothers to tell their friends and family members about the program. One popular way to do this is to hold a

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referral contest; the WIC participant who brings in the most potential clients wins a prize. Or hold a drawing. Each time a participant brings a friend or refers someone to the program, she gets her name put into the draw. At the end of the month, one, two, or more names are drawn,

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and prizes are awarded. Vendors are usually willing to donate prizes. Do this for two or three months, and reap big rewards while having a great time!

2. Make appointments at the Medicaid office. If you are not co-located with Medicaid, ask to set up a table at the Medicaid office one day a week to make appointments. We encourage referrals from Medicaid, but nothing is as effective as setting up shop right there.

3. Call the women who miss appointments and ask them to reschedule.

4. Open the WIC clinic on Saturdays for all services. Almost universally, this builds caseload quickly and, what's more important, it makes WIC services more accessible to working women and other families who have trouble reaching the clinic on weekdays between 8 a.m. and 5 p.m. Other successful options include opening at 7 a.m. and closing at 6 or 6:30 p.m.. Publicize these new hours.

5. Add new satellite clinics; extend the hours in the satellite clinic you have. Staff members at the Victoria WIC now work four 10-hour days each week. This allows them to travel an hour each way and still have an 8-hour clinic.

6. Visit local physicians and provide their office staff with WIC materials.

7. Designate a member of the WIC staff to be your outreach coordinator.

Give them adequate time to:

(a) Go to a large grocery store and, with the manager's permission, set up a table to pass out WIC information and make appointments.

(b) Bring fliers to the housing projects.

(c) Make sure that your local family planning clinics and Planned Parenthood have WIC literature.

(d) Speak to the local National Guard in

your area. There are lots of young families in the Guard!

(e) Put up WIC posters in schools, day-care centers, laundries, grocery stores and public health clinics.

(f) Ask church leaders for permission to put up WIC information in their churches.

(g) Ask the schools to send home information about WIC along with fliers on free and reduced school-lunch programs.

(h) Ask local newspapers and radio stations to include information about WIC and your clinic hours. Bring WIC advertisements for them to print or air.

Liaisons, projects matched to help expand '93 caseload

- **Projects 29, 30, 31, 60, 63:**

Lesla Ross Brown, (512) 458-7111 ext. 3431.

- **Projects 9, 10, 11, 13, 28:**

Linda Brumble, (512) 458-7111 ext. 3414.

- **Projects 32, 35, 39, 45:**

Victoria Cummings, (512) 458-7111 ext. 3457.

- **Projects 14, 20, 27, 34, 55:**

Jackie Dosch, (512) 458-7111 ext. 7652.

- **Projects 37, 43, 51, 52, 53:**

Jerri Finn, (512) 406-0777.

- **Projects 18, 44, 46, 56, 65:**

Ray Kreszniak, (512) 458-7111 ext. 7633.

- **Projects 15, 22, 23, 24, 59, 71:**

Jack Metz, (512) 406-0777.

- **Projects 72, 73, 74:**

Shelly Ogle, (512) 458-7111 ext. 3529.

- **Projects 40, 58, 62, 66, 67:**

Barbara Park, (512) 458-7111 ext. 3514.

- **Projects 3, 4, 42, 57, 61:**

Janet Rourke, (512) 458-7111 ext. 3425.

- **Projects 12, 19, 36, 49, 64:**

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- **Projects 21, 68, 69, 70:**

Jane Ulrich:

- **Projects 1, 7, 26, 33, 41:**

Marsha Walker, (512) 458-7111 ext. 3443.

- **Projects 5, 17, 25, 38, 48, 54:**

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- **Projects 81, 82, 83, 84, 85, 87, 88:**

Valerie Wolfe, (512) 406-0777.

Word from Washington

By Alberta C. Frost

Director, Supplemental Food Program, U.S.D.A.

A new leader

It is an honor to work with a program that does so much demonstrable good.

I am very pleased to be able to introduce myself to state and local administrators of the WIC program through the *Texas WIC News*. I joined the program at the beginning of November, although I have been with the Food and Nutrition Service for many years. This is my first opportunity to work with WIC, and I am busily reading and listening to all the WIC experts I can get my hands on. I want to learn all the things a director needs to know as soon as possible, which is no small task.

Most recently, I was the director of the Food Distribution Program at FNS, a post I held for six years. Before that, I directed our Nutrition and Technical Services and the Civil Rights divisions, and spent 14 years in various jobs with the Food Stamp Program. All these positions have been in Washington, D.C., which might lead you to believe that I'm from the East. However,

I was raised in Denver, got my undergraduate degree from the university in beautiful Boulder, Colo., and continue to have family spread across Colorado, California, Arizona and, indeed, Texas as well.

It is an honor to work with a program that does so much demonstrable good for low- and moderate-income women and children, not only because it provides access to nutritious foods and health care, but also because WIC is a gateway to so many important services that our clients need.

I understand that the Partners in Growth conference recently hosted by Texas WIC was a wonderful example of sharing innovative ways to provide high-quality service at a time when all of you are coping with rising caseloads. You are to be commended for such initiatives; this will continue to be a challenge for us well into the future.

It has always seemed to me that one of the great strengths of the FNS programs is the strong link among federal,

state and local program administrators. We all play a role in client service, and I look forward to working with you as a team and meeting many of you face to face.

We all have a full plate of things to do in this new year. In Washington, we continue to work on coordinating our activities with the wide variety of federal agencies and groups that have concern for the health and food needs of low- and moderate-income women and children.

We are also working on various approaches to streamlining and improving program accountability such as electronic benefit transfer and program automation. We are also examining the many issues that need to be addressed when Congress takes up reauthorization of the program in FY 1994. Currently, much of our time is focused on organizing a major breastfeeding promotion campaign, which is intended to facilitate the good work you already do in state and local problems.

All of this is very exciting and challenging. I will speak to these and other topics in future issues of *Texas WIC News*. Frequent and open communication is a key to our ability to be successful in what we do.

WIC baby's liver transplant successful

Mom was donor

A WIC baby in Longview, Anissa Tatum, born 13 months ago with a congenital liver disorder, is "doing great now" after her diseased organ was replaced by a portion of her mother's liver in transplant surgery this summer.

Jan Moseley, team leader of the Longview WIC clinic, says little Anissa was noticeably jaundiced when her mother, Leslie Jones, brought her to the WIC clinic this summer. Though Anissa

had been breastfed for six months, she wasn't gaining weight, the whites of her eyes were yellow and, overall, she was about "as yellow as a gourd," Moseley says. Jones, who had seen a physician shortly before, was told by WIC staffers "to get back to the doctor right now," says Moseley. Mom and babe were promptly hospitalized and operated on.

Moseley cites recent studies showing that breastfed infants never reject their mother's transplanted kidneys. She believes Anissa's liver transplant went well because Jones had nursed her little daughter. "If the child had not been breastfed," Moseley says, "who knows if the liver would have been accepted?"

Great-grandmother of WIC twins crochets hundreds of baby bonnets for Project 87

Karen Reynolds, a WIC mom of 16-month-old twin girls, Mallory and Nicole, has a very special grandmother. Lillian Schraider, 82, moved to Longview recently from Phoenix to live with Reynold's mother. Schraider, a generous woman, had volunteered in Phoenix with a group that made baby blankets and little hats for hospital newborns.

In her new Texas surroundings, she wanted to keep her hands busy. So, one day in October, her daughter called the WIC offices and announced that they had some crocheted hats to donate to the WIC babies. Soon a huge box arrived, packed tightly with more than 200 colorful handmade bonnets.

"All the hats had at least two colors in them," says Jan Moseley, Longview WIC team leader at Project 87. "The ladies gave us all different sizes--for toddlers, year-olds and newborns. "They tie under the chin with little ties that have tassels on their ends, and there's a tassel on the top of the hats, too, at the point." The hats look positively elfen.

Colors include baby pastels, mint green, hot pink, purple and bright yellow. The snuggly, cheerful bonnets were handed out to WIC clients. "All the moms just loved them," says Moseley. "They all wanted to write a thank-you note to the great-grandmother who crocheted them. It was awfully sweet of her to make them all and give them to us."

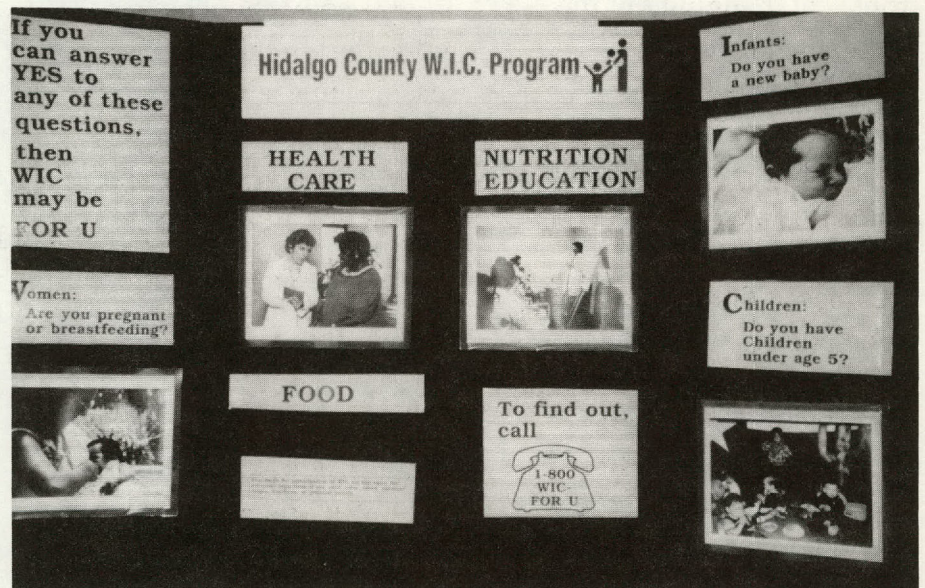


Prize bunnies for somebunny special

MaEster Diaz of San Juan in Hidalgo County holds her 5-year-old daughter, Rebecca Ibarra, a little artist who won first place in her age group for the drawing she submitted this summer to the statewide WIC art contest during Texas Breastfeeding Awareness Month in June. Rebecca holds her prize certificate and two soft, floppy-eared bunnies donated by Leticia Perez of the Somebunny Loves You store in McAllen.

Hidalgo County display board

In November, Project 12 staffers displayed this informative exhibit about WIC at an area health fair.



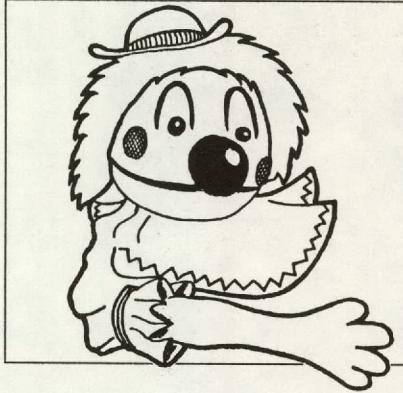
Chuckles wows 'em at parade

People cheered and waved as the WIC car glided past in Palestine's Christmas parade on Dec. 5, says Cassi Boucher, WIC nutritionist in the East Texas town.

"It was real cold that night," says Boucher, who participated in the evening parade along with nutrition assistants Karen Leidy and Shirley Nichols. Leidy's two daughters and Nichols' two sons also rode in the parade. "People would yell out, 'Hey, there's WIC!' as we passed," says Boucher, "and the clown was really popular." Chuckles, WIC's charismatic mascot clown, sat on Leidy's lap in the front seat, hanging out the window and waving cheerily to his friends.

The car, Nichols' white Oldsmobile, was decorated with shiny gold garlands and gold crepe paper streamers. Three bright green posters were hung from its sides and painted in fluorescent orange with information about WIC. White shoe polish on the rear window gave WIC's address and phone number.

"We all had a lot of fun," says Boucher, "and it was good to see how many people recognized WIC."



Project 61 ads, job training reach out to community

Posting weekly incomes

Project 61 staffers designed a Christmasy outreach ad that ran in a 17,000-copy shoppers' guide during the holiday season. In a sensible move, they listed income eligibility guidelines by weekly income for a family of four, instead of an annual income limit, since many people are paid weekly and think in those terms.

Reaching new mothers

A WIC flier is mailed out to every woman who delivers her baby at Jasper

Memorial Hospital. The flier talks about WIC, congratulates the mom on her little one's birth and lets her know that one out of three Texas babies will be WIC babies.

Letting teens know

A WIC ad called "What do you feed your baby before it's born?" was placed in the Jasper High School yearbook, and nutrition education classes are scheduled to begin at the high school this month.

Job programs

Project 61 uses two job programs offered by the Deep East Texas Council of Governments.

They report that, in the job-training program, they hire and train an employee who has *never* worked before. The new worker, whose salary is paid by DETCOG, stays for six months, earns needed work experience and often proves to be a great resource for WIC. After six months, if clinic funds allow, the already-oriented worker can be employed by WIC. A summer youth program hires young people for various tasks, and DETCOG pays them.

Recruitment contest at Region 1 awards participants

A contest to recruit new WIC clients is being held at several sites in Region 1. Staffers got donations such as can openers, lamps, pizza coupons and dinners for two from area restaurants and gift shops.

WIC participants are encouraged to join the contest by providing the name--or, better yet, bringing in--a person who's eligible for WIC but not yet being helped by the program..

The names of all contestants go into a hat; the same name can be put in time and again whenever a new referral is made. Winners are picked at the end of the month by the luck of the draw.

Response has been great, says Recy Moore, a community service aide in Temple. Referrals from 12 clients in just one WIC class resulted in 22 new signups. She says the idea came from the Partners in Growth conference.

Sharing the holiday spirit

Santa pays visit to Project 29



WIC clients at Project 29 in Richmond got a special holiday treat Dec. 18 at the clinic when Santa left his North Pole toyshop in the hands of his elves and came south to visit the WIC offices.

Santa happily posed for pictures with the kids--small and big--and joined others in enjoying some holiday refreshments.

Project 51 makes Christmas cards

In Sinton, staffers at Project 51 made cheerful Christmas cards for their WIC kids.

Each of the cards was personalized with the child's height and weight, and even the kiddo's hematocrit count.

And, so the kids would know how much each of them matters, there was also a message from Santa in each card.

A Good Idea

Finding bilingual nutrition graduates

In WIC projects across the state, nutritionists who can speak both Spanish and English are especially sought after for hiring.

But where can you find such a pool of qualified candidates for WIC jobs?

The answer, says nutrition consultant Abby November of the State Office, is found at Incarnate Word College in San Antonio, where many Hispanic students are professionally trained as nutritionists.

Learn about job-placement possibilities from Dr. Beth Senne-Duff or Mary Kay Sawyer Morse at (210) 829-3064, or Eleanor Young at (210) 567-4862.

Different cultures all equal

Respect each ethnic group

By Shelly Ogle
Outreach Writer

In counseling and educating WIC clients of various cultures and ethnic groups, it's important to always remember to respect and accept these clients' cultural beliefs and practices. Be aware that they're as equally valid as our own. This understanding and acceptance also applies to relationships among staff members, too.

Too often, people interpret the behaviors of others as being negative or inferior because they don't understand the underlying value system of the other person's culture. If an idea or practice conflicts with a client's values, exposure to them will not result in their acceptance.

The special challenge in cross-cultural counseling lies in its requirement that we work with clients without making judgments on the superiority of one set of values over another. For example, if we compare some values of various cultures with, say, Anglo-American values, we'll see big differences:

<u>Others</u>	<u>Anglo-Americans</u>
Fate	Personal control
Tradition	Change
Hierarchy	Equality
Group welfare	Individualism
Cooperation	Competition
Formality	Informality
Indirectness	Directness
Idealism	Practicality
Spiritualism	Materialism

A U.S.D.A. booklet on cross-cultural counseling gives the following examples of potential differences in values that could affect WIC counselors and their clients:

- Clients and counselors may differ on the value of time. If the client is not ruled by "being on time" and "not wasting time," then arriving at 11:30 for a 10 a.m. appointment seems perfectly appropriate.
- The idea of receiving food just for oneself, and not to be shared with other family members, may seem unacceptably greedy and selfish to a client from a culture where the group's welfare is always placed before the individual's.
- Extended family values and beliefs may forbid a client from following the dietary practices recommended by WIC. Perhaps decisions regarding food intake are made not by the client but by a family leader or through group consensus.
- A client may not believe that her health habits are related to well-being and may instead attribute ill health to "God's will." Thus, prevention may be viewed as a useless and even silly attempt to control her fate.

Put yourself in the place of a newcomer to Texas. Imagine how humorous and puzzling it must seem to them to see us busily boiling water to make tea, adding ice to make it cold again, adding sugar to sweeten it and then adding lemon to sour it.

The racial makeup of clients served by WIC in Texas is overwhelmingly Hispanic: 64 percent. Anglos account for 19 percent of clients and African-Americans make up 17 percent. Statistically, Asians and "others" don't even add up to 1 percent; this last group includes hundreds of Koreans, Kurds, Vietnamese, Cambodians, Nigerians and Arabs served across the state.

A 1992 survey filled out by WIC staffers on the ethnic food habits of their clients is now being analyzed by the State Office. A preliminary study of the results shows both a

diversity of ethnic beliefs on health practices and, at the same time, striking similarities across ethnic lines. For example, WIC clinics across the state report that both their Hispanic and African-American clients frequently feed herbal teas (particularly chamomile, or "manzanilla") to their infants as a means to prevent colic. Asians often feed rice water to their babies. New mothers of various ethnic groups also frequently avoid eating peppers, chili, beans or sour foods. And, just as many Westerners refer to food as "our daily bread," so do Koreans greet each other with the question, "Have you eaten your rice today?"

Some differences noted in the survey include attitudes towards breastfeeding, mother's weight loss, baby's eating abilities and doctors. Muslim women prefer female obstetricians. Anglo women want to lose



their postpartum weight as quickly as possible, even to the point of neglecting proper nutrition for themselves. Latinas of various subgroups often believe that a 40-day period, or six weeks, of bed rest for the mother should follow a birth, and during this time she should abstain from sexual activity,

stay away from stoves or heat (including the warmth of a man in bed with her), and sometimes avoid driving or bathing. Some African-American women resist breastfeeding (one reportedly called it a "repulsive sight"), and some

women from El Salvador are encouraged by their husbands to not breastfeed. On the other hand, Nigerians who breastfeed report eating lots of vegetables during this time. And Arabs, whether Muslim or Christian, are usually eager to breastfeed their babies.

Some tips on cross-cultural counseling

- Understand your own cultural values and biases.
- Be respectful of other cultures without being judgmental.
- Determine the need for an interpreter, and arrange for one if necessary.
- Ask how the client prefers to be addressed, and honor that request.
- Avoid body language that may be offensive or misunderstood.
- Promote change only to those cultural practices that are actually harmful.

WIC adapts to culture of West Texas Mennonites

By Carmen Keltner
Script Editor

How do you serve a group of Texans who speak only German or Spanish? A Mennonite colony in the Seminole area presents this challenge to the WIC workers there.

Susan Brooks, an outreach worker with the Maternal and Infant Care Access project, has provided a great deal of insight into this unique culture. Brooks, who grew up in this Mennonite colony, speaks English and German (and a little Spanish). She has translated some WIC materials into German.

Mennonite culture dates back to 16th-century Germany. Ancestors of the West Texas colony first immigrated to Canada, but moved to Mexico when the Canadians closed their schools. When problems arose in Mexico, a number migrated to West Texas.

Many contemporary Mennonites prefer to educate their own children to instill religious beliefs. The women tend to be subservient to men. Girls generally

attend school only through the sixth grade, marry young and have large families.

While in Mexico, the women did not learn Spanish, but the men did. Even if a health care worker speaks Spanish to the husband, however, the men are uncomfortable translating sensitive information into German for their wives.

Health care workers should also be aware of Mennonite suspicions, beliefs and remedies:

- If you are pregnant and reach too high, the umbilical cord will wrap around the baby's neck.
- If a baby is breech, Mennonites use chiropractics to try to turn the baby around.
- To determine if labor has begun, put your feet in hot water for 20 minutes. If the pains go away, it's not labor.
- If a pregnant woman is frightened during the first trimester by a spider, mouse or other creature, the baby may be born deformed. Or

the print of the creature may appear on the baby's body.

WIC serves about 700 participants in the Seminole area, and about one-third are Mennonites. WIC has improved nutrition among prenatal women and young children. WIC promotes breastfeeding, and a high percentage of these women nurse their infants.

Want to know more about Mennonites? Contact Susan Brooks, South Plains Public Health District, P.O. Box 1713, Seminole, TX 79360; (915) 758-2212 or (915) 758-3574.



Survey studies eating habits of Mexican-Americans

By Jackie Abels, M.A.
Nutrition Education Specialist

The Hispanic Health and Nutrition Examination Survey was conducted by the National Center for Health Statistics between 1982 and 1984 and surveyed 7,197 Mexican-Americans residing in the Southwest, including 2,702 Mexican-Americans in Texas. Researchers assessed frequency of food intake using a three-day food-intake questionnaire. Data for 57 specific food categories, such as tortillas, and 14 general food categories, such as dairy products, were collected. The majority of those surveyed were under 24 and at or below 185 percent of the poverty level.

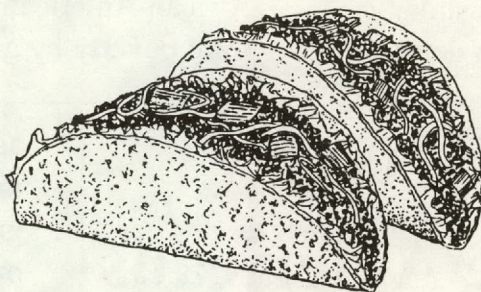
- Dairy products: The majority of children over the age of 5 failed to get three or more dairy products daily, and the majority of adults got fewer than two servings daily. Whole milk was by far the dairy product of choice among those in Texas.

- High-protein foods: Daily intake of meat alternates such as beans and eggs was higher than for meat protein foods in all age groups. The majority of those surveyed consumed one or more meat proteins daily, mainly in the form of beef and lunch meats. This was true for all age groups.

- Fats: The largest proportion of those surveyed consumed one to 1.9 high-fat foods

daily, mainly in the form of oil, salad dressings, butter and chips. Most used oil for frying foods, and used shortening more often than lard in cooking.

- Grain products: The majority of those surveyed consumed one to five grain products daily, mainly in the form of breads and tortillas. Flour tortillas were eaten more often than were corn tortillas.



Tacos can be stuffed with nutritious tomatoes, salsa, low-fat cheeses, lots of lettuce and cooked, mashed beans instead of refried beans.

- Fruits: Most surveyed ate fruit on a weekly rather than a daily basis, mainly in the form of citrus fruits. The lowest intakes were reported among infants and young adults ages 16-20.

- Vegetables: The vegetable most commonly eaten on a daily basis in all age groups was the potato. Only a third of the popula-

tions ate one or more vegetables daily. Again, the lowest intakes were among infants and young adults ages 16-20.

- Sweets: The majority of people surveyed, in all age groups, ate one to six sweets daily, with 10 percent of the population eating six or more daily, mainly in the form of table sugar, sodas and punch or fruit drinks. Intake was highest among children ages 1 to 5.

- Low-calorie foods: Intake of foods containing artificial sweeteners was low overall, but was highest among those ages 65 and older.

Stereotypes about poor challenged

By Carmen Keltner
Script Editor

Since the recession started in 1989, the number of poor has increased at a faster pace among non-Hispanic whites than among African-Americans, according to a recent report from the Center on Budget and Policy Priorities. The recession added 4.2 million people to the ranks of the poor. Some 51 percent of them (2.1 million) were white. African-Americans and Hispanics each accounted for 22 percent of the increase.

From 1989 to 1991, white children in poverty rose from 10 percent to 13 percent, a substantially larger increase than among minorities. Why are more whites sinking into poverty? The study points to deter-

iorating wages, an increase in female-headed families and a decline in the ability of governmental programs to lift people from poverty.

The study also challenged the perception that minorities benefit most from government aid.

Whites make up nearly half of low-income benefit programs providing cash assistance, food stamps and health care coverage to the poor and near-poor. Whites receive the majority of benefits under Social Security, Medicare and unemployment insurance. And whites are twice as likely as African-Americans or Hispanics to be lifted from poverty by government programs.

Agreement with WIC benefits Native Americans

By Carmen Keltner
Script Editor

Poor nutrition contributes to many health problems in Native Americans and Native Alaskans. Two agencies recently joined forces to improve health services for these Americans. In July 1992, the Indian Health Service and WIC signed an interagency agreement to coordinate serving the maternal and child health needs of Native Americans and Alaska Natives. The National Indian and Native American

WIC Coalition endorsed the agreement. In Texas, WIC serves about 750 Native Americans annually.

The two agencies are concerned with infant and perinatal mortality and morbidity, prenatal care, anemia, diabetes, obesity, substance abuse during pregnancy, dental health (including baby-bottle tooth decay), immunization and medical conditions resulting from a poor diet. The agreement enables the

agencies to refer clients to one another, share demographic information, serve on interdepartmental committees, include Indian State agencies in future WIC studies, promote breastfeeding and nutrition education and coordinate certification of participants.

For information, call Barbara Hallman, Chief, Policy and Program Development Branch, Supplemental Food Programs Division, Food and Nutrition Service, (703) 305-2730; or Karen Strauss, Chief, Nutrition and Dietetics Section, Clinical and Preventative Services Division, Indian Health Service Program, (301) 443-1114.

Training Calendar

Breastfeeding Educator Training

January 5-7, 1993 San Antonio

May 25-27, 1993 Tyler

July 27-29, 1993 Midland

Contact: Janet Rourke
(512) 458-7111 ext. 3425



Training for new directors of local agencies
Tentative: February 8-12, Austin
Contact: Tom Gosnell
(512) 458-7111 ext. 3428

PATIENT FLOW ANALYSIS TRAINING

All patient flow analysis training will take place in Austin at the TDH complex.

Phase II Training - January 19-20, 1993

Projects # 17, 27, 38, 43

Phase II Training - January 21-22, 1993

Projects # 10, 19, 24, 45, 47, 64

Phase I Training - January 27-28, 1993

Projects # 20, 21, 30, 49, 51, 57, 60, 63, 73, 84

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(512) 458-7111 ext. 3454



Nutrition Roundup

Publications and materials

WIC Works For You is a 1993 calendar developed by the Tri-County Health Department in Englewood, Colo. Each month features safety, health, nutrition and parenting tips and recipes that include one or more WIC foods. The calendar is available in English and Spanish. There is a minimum order of 500, at \$1.25 per copy (\$1.05 for the Spanish version). For orders of more than 1,000, the cost is \$0.88 per copy. Write to the Nutrition Division, Tri-County Health Department, 7000 East Belleview Ave., Suite 301, Englewood, CO 80111, or call (303) 220-9200.

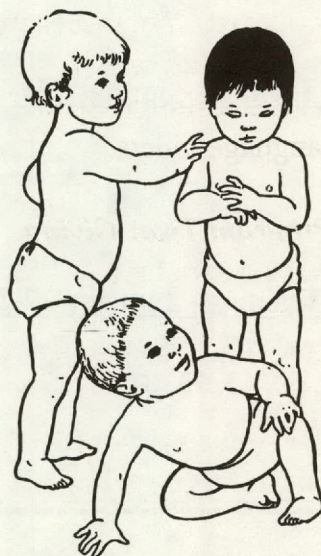
Kid's Club: Nutrition Learning Activities for Young Children is a nutrition-education program which was developed by the Indiana WIC program for use with preschool-age

children. Kid's Club program materials include a manual of lesson plans and supplementary activities, a songbook and cassette tape of nutrition songs, and a set of six puppets featuring the Kid's Club cast. Each lesson is designed to be used with the puppets.

This manual has a lot of great ideas and activities for educating young children. To use the lessons as designed would take several staff members, as six puppets are used. The cost for

the complete set is \$150. To order, contact Noteworthy Creations, Inc., at (317) 564-4167.

Mama, I Want To Be Healthy is a combination pamphlet/poster available in English and Spanish from Childbirth Graphics. It is a colorful, very attractive publication that includes information on prenatal care, smoking and the use of drugs, alcohol and caffeine during pregnancy. The pamphlet folds out into a poster with a creative rendition of the food pyramid. For a single copy, the price is \$2, but for orders of 100 to 200 the price drops to just \$0.28 each! Order from: Childbirth Graphics, P.O. Box 20540, Rochester, NY 14602. Phone (716) 272-0300 or FAX (716) 272-0716.



AIDS and Babies is a pamphlet available in English and Spanish from Childbirth Graphics. The pamphlet uses simple language and some graphic drawings to get the message about AIDS to pregnant and breastfeeding women. The discussion of AIDS is frank, yet the tone is positive and caring. For a single copy, the price is \$2, but for orders of 100 to 200, the price drops to just \$0.18 each! Order from: Childbirth Graphics, P.O. Box 20540, Rochester, NY 14602. Phone (716) 272-0300 or FAX (716) 272-0716.

Baby on the Way: Basics is available now in its 1992 issue. This low-literacy publication is developed by the American College of Obstetricians and Gynecologists. Its 1991 issue was featured in the February 1992 issue of *Texas WIC News*. Write to Baby on the Way Basics, 636 Avenue of the Americas, New York, NY 10011. Phone (212) 989-8181 or FAX (212) 989-7316.



Video review

Each of the following three *Project Future: Teen pregnancy, Childbirth and Parenting* videos is produced by Vida Health Communications, Inc., 6 Bigelow St., Cambridge, MA 02139, (617)864-4334.

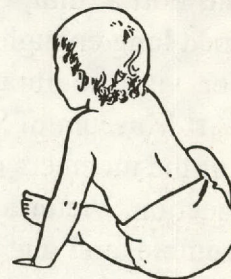
Program One: Your Pregnancy, Your Plan
1991, English only, 45 minutes (two segments), \$395.

This refreshing video is geared toward pregnant teens and features real teen moms of various ethnic backgrounds and some of their partners talking about what it means to be a teenager and pregnant. Filled with humor and very tender moments, this is an excellent motivational video for anyone working with teens. The State Agency will be purchasing one video per each local agency to accompany our teen module. State production staff will be producing a similar Spanish-language video.

Program Two: Giving Birth To Your Baby
1991, English only, 40 minutes (three segments), \$395.

This informative video chronicles the birth experi-

ences of three of the teens featured in Program One (see above). It is an excellent educational video and would be useful as a waiting-room video or for a participant video-loan program. It contains no nutritional education and would not be approved as a nutrition-education expense.



Program Three: Your New Baby, Your New Life
1991, English only, 60 minutes (three segments), \$395.

This is also an informative video that covers infant feeding and parenting. Although the quality is excellent, it does not promote breastfeeding and refers to WIC as a program that provides free formula. This video has some great parenting tips and, if you do decide to purchase it, you can show it in segments, fast-forwarding through the parts that aren't complimentary to breastfeeding or WIC. We have informed Vida about our objections, and we hope it can be edited differently in the future.

Beautiful Beaumont impresses vendor trainers

By Linda Brumble

Local Agency/Vendor Training Specialist

How many of you have ever visited Beaumont, Port Arthur, Orange or Kountze and stopped long enough to soak up the local color, visit the library in Beaumont or tour the Art Museum of Southeast Texas?

Two of the members of the State Office training section, Victoria Cummings and Linda Brumble, and one vendor monitor, Kathy Sanders, visited the area October 20-22, 1992, when they conducted training for area vendors. With five sessions to conduct in a 2-1/2-day period, there wasn't much time for sightseeing. But since the training was held in the new, glass-enclosed library, visiting it was mandatory. Local color was provided by the vendors themselves, whose managers and cashiers were a delightful mixture of Texas/Louisiana cultures, sporting names like Dekerlegand and Fontenot and Brouffard, reflecting a French heritage.

The training itself was a big success, even though turnout was less than expected. Vendors were eager to know which foods were allowable on the WIC program and why. Most questions related to what the term "least expensive" on the card really means and why the penalty for redeeming wrong formula is so severe.

What is "least expensive"?

Trainers thoroughly discussed the term "least expensive." Most stores interpret the term to mean "store brand," because in many instances the store brand is the least expensive. But perhaps the term should be

modified to say "least expensive at the time." Three possible circumstances could affect pricing and change the "normal" least-expensive brand to another label.

(1) If the store brand is normally the least expensive, but the stock is depleted, the least expensive brand becomes the next least expensive still on the shelf.

(2) If a name brand is put on sale and is priced cheaper than the store brand, then the name brand is the least expensive until it goes off sale.

(3) If a WIC participant brings in a coupon for a name-brand WIC item and the coupon reduces the price below that of the store brand, then the name brand becomes the least expensive for that one redemption only.

Within food categories, there can be subcategories of "least expensive." For example, a WIC participant with a juice card for six 46-ounce cans of juice may buy two cans of the least-expensive apple juice, two cans of the least-expensive orange juice, one can of the least-expensive pineapple juice, and one can of the least-expensive grapefruit juice--or any combination of the above.

The concept of "least expensive" will not change when the new voucher system is implemented.

Issuing infant formula

According to WIC Policy FD 30.1, a vendor who exchanges WIC cards for incorrect formula is administratively terminated

from the WIC program. Currently, the only formulas that can be exchanged for the infant-formula (140) card are Isomil and Similac *with iron*.

Why issue only Isomil or Similac with iron and not Enfamil, Prosobee or SMA? The WIC program signed a contract beginning October 1, 1992, with Ross Laboratories, makers of both Isomil and Similac with iron, agreeing to sell only their formulas. For each can of Similac with iron or of Isomil sold, the WIC program is rebated a certain amount of money. Last year, the total rebate amount came to approximately \$68 million, or one-fifth of total program revenues. Anticipated amounts for this year are even higher. Each of these rebated dollars serves more infants in Texas.

It's essential to redeem cards for Similac *with iron* (yellow stripe), and not Similac *low iron* (green stripe) because the diet of WIC babies is typically low in iron. Iron has been linked to the development of brain cells, and thereby increases the learning potential of the individual. Why is the penalty of issuing the wrong formula so severe? If vendors are suspected of selling formula made by a competing com-

pany, Ross Laboratories might have grounds for termination of its contract. If vendors don't sell formula with iron, the ultimate goal of the WIC program would be thwarted, and the quality of the program undermined. Neither outcome can be tolerated. The first threatens the number of people served; the second threatens their health.

With the new voucher system, the name of the formula to be issued will be printed on the voucher, making the vendor's job easier. The penalty for incorrect issuance will remain identical to the

current policy.

While the trainers hope that the vendors learned from them, the exchange of information was reciprocal. The trainers learned about the peculiarities of WIC-card redemption in this area. They enjoyed good food at local eateries, saw a panorama of picturesque pines in Orange, absorbed the ambiance of the commissioner's court in Kountze and, oh yes, enjoyed classical music and beautiful artwork at the Art Museum of South Texas. A visit to the Babe Zaharias Museum may just have to wait until vacation time.

Welcome back to WIC

Linda Brumble, shown here with her granddaughter, Mandy Lanier, rejoined WIC in August 1992 after a three-year absence.

Brumble first began working with WIC in 1978 as an accountant in the training section in Harlingen. She moved to the State Office in Austin in 1979 and worked for two years as a financial project monitor. Brumble then became head of the vendor monitoring section until the late '80s, making sure that grocery stores were selling the right WIC foods and understood the WIC rules. In 1988, Brumble became chief accountant under Joe Serrano, then head of the payment and reporting section and now chief accountant over payments. In 1989, Brumble moved to Lubbock, where she attended Texas Tech—she's just a thesis shy of a master's in English.

"Most people who remember me would probably remember me as Linda Wright," says Brumble, who remarried after she left WIC in 1989.

She's now writing a vendor manual to accompany the new, automated food-delivery system. She'll train all Texas WIC vendors on how to use the new system: what vouchers look like, how to fill them out and how to send in payments. She's also busy with retraining vendors on which foods are allowable.



Breastfeeding Update

Educating the reluctant breastfeeder

Ethical strategies of encouragement--and acceptance

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

Sometimes we get so excited about promoting breastfeeding that we ride roughshod over our participants' feelings and opinions. We've been converted to the wonders of breastfeeding (if we weren't already believers), and we can't understand why everyone else doesn't believe, too. I learned the dangers of this single-mindedness the hard way when I first started teaching childbirth education.

Shortly after the first childbirth class I ever taught, one of my students called me with a question. She was a week past due and wanted to talk about natural methods of inducing labor. But instead of answering her questions, I asked her emphatically, "Why are you in such a hurry to have

the baby?" She explained that her doctor was talking about starting chemical induction, but that she preferred trying something more natural.

Our conversation continued pleasantly --or so I thought. I never heard from the woman again. No excited call about the baby's happy birth. No requests to write her a recommendation for teacher training, as she had planned. And certainly no more questions. I did hear through the grapevine that all went well with the birth.

At first, I was hurt and angry. I had taught this woman, invited her into my home, talked with her at length on the telephone--done everything possible to be a good educator. But I had missed the crucial element. When this



woman called me to answer the question that was important to her, I failed. I did answer the question, it's true--but first I tried to force my beliefs on her. I minimized the value of her question. Even worse, I didn't listen to her.

The end result? I lost access to her.

If she had other questions about childbirth, baby care or breastfeeding, she wasn't going to ask me. Her questions either went unanswered or were perhaps answered by someone who might not have had the welfare of this woman and her baby at heart--a busy nurse with numerous other questions to answer, or someone not committed to breastfeeding.

How can we be effective educators and promote breastfeeding if the woman we're talking to disagrees with us, or says something we don't want to hear?

In breastfeeding counseling, informed consent means giving a woman all the information you can about breast- and formula-feeding, even if she has plans to formula-feed.

This may seem insensitive or fanatical, but to do less would be unethical. It would keep the woman from making an informed decision--and it would give her grounds for complaint. We must be responsive to our participants, but not make decisions for them.



Cultural sensitivity in breastfeeding promotion

We often work with people who come from other countries or other cultures. Some of these cultures do advocate breastfeeding. In others, women may breastfeed, but differently than we teach. Maybe they withhold colostrum, or perhaps they provide the baby nothing but breastmilk into the second year, or do something else unfamiliar.

When women from these cultures are in the United States, they sometimes want to throw off their traditional ideas. They think it's "American" to choose not to breastfeed at all. We all know to

respect cultural differences. It's important to handle these differences very gently, especially when we think adherence to them may actually harm the baby or reduce the chance for successful breastfeeding.

To be culturally sensitive, we must be aware of our own beliefs, attitudes and culture. This self-awareness will lead to a natural respect for divergent belief systems.

It allows us to convey a more sincere message to our various clients that we truly care about them and their ideas.

We should support women even if they make decisions that we wouldn't make, such as weaning a baby in the first three months, and we should try to help the mother correct any problem that might be influencing her decision to wean. It's also important to dispel any misinformation while helping a woman make her decision whether to breastfeed. Giving clear, comprehensible facts about breastfeeding is providing a valuable service. We want our clients to feel that they have made the best decision they can, based on their values, beliefs and the best information available to them.

Sometimes, when a woman chooses not to breastfeed, her reasons may be deep-seated--maybe even unknown to her. She may have had a childhood experience, or even a more recent

one, that has taught her not to value her body or her breasts. Trying to convince this woman to breastfeed is probably not an effective use of our time and does not get at what the woman really needs--counseling or self-help. But, by the same token, we should not assume abuse or trauma and automatically refer a woman for counseling if she chooses not to breastfeed.

But, at some point, we must accept the woman's decision. Help her to feel good about herself as a mother. Maybe, in her next pregnancy, the woman will remember your respectful acceptance of her decision. She might return to the project and visit with you, and she may choose this time to breastfeed, all because she sees that we

care about her
and her baby.



Walking a fine line

We have to walk a very fine line between breastfeeding promotion and badgering, and learning how to find this line may take some trial and error.

To effectively promote breastfeeding, we know we must mention it regularly throughout a woman's pregnancy. Indeed, some programs report that when they mention breastfeeding at every prenatal visit, women who had started out adamantly against the idea sometimes end up breastfeeding. Some women say, "No, no, no!" right up until the baby is placed in their arms and starts to root. Then the magic--and the rightness--of the moment takes over. And there's a new breastfeeding couplet.

But the other side of this story is far less happy: One pregnant young woman told her mother how much she hated going to the WIC clinic because all she ever heard was "Breastfeed!" Alienating participants will probably never make believers out of them.

Peer counselors

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

I have heard stories from our breastfeeding counselors about their daily encounters with WIC mothers, that touch my heart and bring tears to my eyes. Since these stories have been heard by so few people, I would like to share a few of them with you.

Breastfeeding premie

During Shelly Rodriguez's very first week as a peer counselor at Austin/Travis County WIC program, she began helping a woman in her seventh month of pregnancy who was considering breastfeeding.

"I called her a week later to check on her and found she had just come home from the hospital," says Rodriguez, "and her premature daughter was still in ICU. I asked if she was giving her daughter breastmilk, and she said that she didn't know she could. I explained the benefits of breastmilk for the premature baby and talked with her about pumping her milk and putting the baby to the breast as soon as possible.

"She told me they were giving the baby a special premature formula. I told her I understood that premature breastmilk was specially designed for the premature infant. I explained to her that breastmilk was so special and so important for the baby, but that only the mother could provide it. The doctors and the nurses can only do so much, but this was something she could do.

"I called the peer counselor coordinator and the breastfeeding coordinator to see what they thought about the premature formula. They both said the breastmilk would be better and that we could help her get a pump. When I called the mom back, I didn't get her, but I did talk to her husband.

"I saw her the next week at the clinic, and she told me the baby was getting breastmilk, and I threw my arms around her and I hugged her. I was so proud of her. She said the doctor was very supportive when

she told him she wanted to give the baby breastmilk."

Meeting cultural needs

When a Hispanic mom asks peer counselor Maria Rendon in Austin about breastfeeding practices that are traditionally accepted by her family, Maria tries to balance tradition and current breastfeeding knowledge in her response.

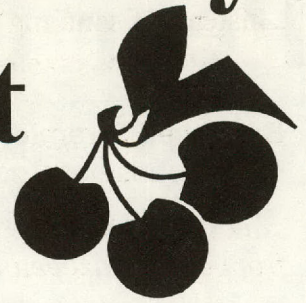
"When a mom asks me about feeding her baby manzanilla (chamomile) tea, I tell her, 'Poco, poco.' A little bit is probably OK, but I make sure she knows how important colostrum is and that she shouldn't replace a whole feeding of breastmilk with tea or water or anything else."

Expanding services

After several months of working with moms at LBJ Hospital, Houston peer counselor Cenaida Salinas's expertise has won the hearts of the nursing staff. The patient-discharge nurse asked for Cenaida's help in presenting the breastfeeding portion of the discharge class. Cenaida's assistance is doubly valuable, because she presents the class in English and Spanish.

We would love to print your success stories; please send them to us.

Moderation and variety keys to healthy diet



By Abby November, R.D., L.D., M.S.
Nutrition Consultant

U.S. Dietary Guidelines have been developed by the U.S.D.A. for all citizens over the age of 2. These guidelines suggest that food providers:

- Offer a variety of foods.
- Maintain healthy weight.
- Limit total fat intake (reduce saturated fats and cholesterol).
- Increase fiber (eat plenty of vegetables, fruits, whole grains).
- Use sugar(s), salt and sodium in moderation.
- Promote an alcohol- and drug-free lifestyle.

The pregnant and breastfeeding mother, the toddler over 2 years and the preschool child up to age 5 will benefit from the above guidelines. The long-term goal of these guidelines is to improve the health and well-being of our nation and prevent diet-related disease (certain cancers, cardiovascular disease and diabetes). The key words are moderation and variety. Using WIC foods and WIC nutrition guidance, one can meet these guidelines as well as enjoy delicious and nutritious snacks and meals. Choosing low-fat or skim milk, fortified grain products and juices is as excellent beginning. Give your WIC kids a good start by incorporating some if not all of the dietary guideline. Limiting high fat and sugared snacks is an excellent tip to moms concerned about waistlines (for themselves and kids).

The National Cholesterol Education Program recommends, for all Americans over the age of 2 years, consuming 30 percent of calories from fat (of that 30 percent, only 10 percent should be from saturated fat). Studies indicate that children from 2 to 12 consume approximately 36 percent to 38 percent of their total calories as fat, much of it from snack items (high-saturated fat), and foods from home, school and fast-food restaurants.

Parents, child caregivers and food-service personnel can modify menus to lower fat and sugar without compromising children's calorie needs--or food preferences--or overextending budgets. Nutritionists recommend that you begin incorporating current recommendations gradually and in moderation. For example, when making muffins, cookies, and other baked goods, try substituting unsweetened applesauce for some of the sugar, and substitute yogurt for the fat. Both of these ingredients are readily available, supply important nutrients and maintain the texture, moisture and flavor of the original recipe.

If possible, limit convenience foods that can't be modified. If you cannot use fresh fruits and vegetables, choose frozen foods over canned, which are high in sodium or sugary syrups. If you have to use canned fruit, make sure the fruit is in "lite" syrup or its own juices. Try different methods of

preparation. Oven-baking chicken or fish rather than frying it will reduce the fat content. The same is true of steaming food instead of sautéing them in butter, fat or oil.

Children's tastes in foods often influence menus. However, a number of popular items support the guidelines. Pizzas and tacos, for instance, are relatively low in fat and sodium. On pizzas, substitute vegetables such as mushrooms and red and green peppers for pepperoni and use low-fat mozzarella instead of high-fat cheeses. Other ethnically appropriate menus can also be modified to reduce fat and sugar. Avoid regular use of processed meats. Hot dogs, for example, even most containing chicken and turkey, have added salt and fat.

Most kids like sweets. You can still include them on your menus. Just fortify cookies and cakes with whole grains, dried fruits and nuts for kids 3 years and older.

Food alone is not enough to ensure a healthy child. Beginning in preschool years, children need appropriate role models. Encourage exercise for kids of all ages at least three times a week to aid weight control, blood pressure and cholesterol levels.

Energy needs during periods of active growth may vary depending on the individual child. Thus, setting arbitrary nutritional levels is often unrealistic. Moderation is the key.

Checklist for child caregivers, day-home providers and preschool-program directors:

- Review your menus.
- Try to modify the amount of fat, cholesterol and sugar in recipes.
- Offer low-fat alternatives.
- Bring nutrition education into the child-care center and your home.
- Check product specifications for percentage of fat in foods, including commodities.
- Modify preparation methods.

Prenatal care thwarts very-low birthrates



7 lbs. 11 oz.



3 lbs. 2 oz.

Poor women participating in the WIC program give birth to fewer very low-birthweight (VLBW) babies, a study conducted for the U.S. Department of Agriculture has found. The study noted that VLBW decreased by as much as 55 percent when mothers participated in WIC.

VLBW, defined as a birthweight of less than 1,500 grams, or 3.3 pounds, is rare. In the five states that were studied, VLBW rates ranged from 1.9 percent of Medicaid newborns in Minnesota to 2.9 percent in North Carolina. But the financial cost for treating a VLBW baby is high, often 9 to 12 times the cost of care for normal-weight newborns, and infant mortality rates are over 40 times higher.

The study examined data from 1987-88 WIC, Medicaid and Vital Records files for Florida, Minnesota, North and South Carolina and Texas. In all states but Minnesota, WIC participation significantly decreased the chances of VLBW deliveries. WIC also saved federal Medicaid dollars. In every state except Minnesota, WIC participation saved Medicaid between \$2.3 and \$4.5 million. For each VLBW birth prevented, \$12,083 to \$15,385 is saved. Savings do not take WIC spending into account.

Sharing with Maternal & Child Health



By Patty Stone, M.S.H.P., C.H.E.S.
M&CH Health Education Consultant



Making healthier babies

This fall, the Maternal and Infant Care Access (MICA) project received the Texas Rural Health Association's award for "The Program that Made a Difference in Texas Rural Health." MICA also received the Texas Perinatal Association's "Most Innovative Program" award.

The MICA project was a four-year Healthy Generations grant project based in Public Health Region 3, headquartered in El Paso, and coordinated by M&CH, Austin. The grant ended its fourth year on September 30, 1992, but MICA activities will continue through M&CH block grant money.

The objective of MICA was to develop a system of case management to aid in reducing the infant mortality rate and the incidence of low-birthweight babies. Through community outreach and community

involvement using specially trained outreach workers (supervised by R.N. case managers), MICA proved that it is possible to make a difference in the health-care system for high-risk, low-income pregnant women and their infants in the 36 counties in this public health region in West Texas. There has been a marked decrease in the infant mortality rate and in the number of low-birthweight babies. Women are coming in earlier for prenatal care and are keeping monthly appointments. There is a 98 percent to 100 percent compliance in newborn screening and immunizations. Family planning clinics have more than tripled. It's reaching out to our neighbors, and it works.

What made the MICA project work? First, the right people were hired for the job. MICA outreach

workers were selected from the communities they served. Second, outreach workers were fully oriented to their jobs before going to work, which the nurses loved. Lastly, individual creativity was not stifled. Perimeters were put into place, but each outreach worker was allowed to "do her own thing."

The MICA project developed pamphlets, posters, a statewide toll-free information and referral line (1-800-4-BABY LOVE), door-hanger notices used in neighborhood door-to-door canvassing for health-care needs and a post-paid, self-referral postcard. All are available for use statewide. Also, MICA purchased multiple copies of 10 different prenatal-care and child-care videos. Copies of each of these videos have been placed in the TDH Media Library for public use.

Directory

Texas WIC Projects

- 1. Austin Health and Human Services-Travis County Health Department (Travis)**
 327 Congress, Suite 500
 Austin, TX 78701
 Phyllis Day, R.D. L.D., WIC Program Director
 Sheree Scudder, Breastfeeding Coordinator
 PHONE: 512-476-0634 FAX: 512-476-5435
- 3. Cameron County Health Department (Cameron)**
 186 North Sam Houston Blvd.
 San Benito, TX 78586
 Yvette Salinas, Nutritionist, WIC Nutrition Coordinator
 Mary Lou Saldivar, Breastfeeding Coordinator
 PHONE: 210-399-0185 FAX: 210-3990183
- 4. Su Clinica Familiar (Kennedy, Willacy)**
 4501 South Expressway 83
 Harlingen, TX 78550
 Mona Hollander, WIC Coordinator/ Nutritionist
 Elsie Graham, Breastfeeding Coordinator
 PHONE: 210-689-2196 Ext. 2425
 FAX: 210-689-5937
- 5. Driscoll Health Center-WIC Program (Nueces)**
 3533 South Alameda
 P.O. Box 6530
 Corpus Christi, TX 78411
 Monica Stender, M.A., R.D., L.D., Project Director
 Sharon Swize, Breastfeeding Coordinator
 PHONE: 512-387-9036 FAX: 512-387-3987
- 7. City of Dallas, Department of Health and Human Services (Dallas)**
 3200 Lancaster Road, Suite 230-A
 Dallas, TX 75216
 Marie Zaczkowski, M.S., R.D., L.D., WIC Manager
 Nadirah McCoy-Shepard, Breastfeeding Coordinator
 PHONE: 214-670-1971 FAX: 214-670-7539
- 9. Community Action Council of South Texas (Starr, Duvall, Jim Hogg, Zapata)**
 111 Pete Diaz, Jr. Avenue
 P.O. Drawer 98
 Rio Grande City, TX 78582
 Joel A. Salinas, WIC Director
 Graciela Requenez, Breastfeeding Coordinator
 PHONE: 512-487-2585 Ext. 246
 FAX: 512-487-2871
- 10. Grayson County Health Department (Grayson)**
 515 North Walnut
 Sherman, TX 75090
 Jo Ticknor, R.D., Nutritionist
 Christine Tatarsky, Breastfeeding Coordinator
 PHONE: 903-893-0131 465-2878
 FAX: 903-892-3776
- 11. Galveston County Health District (Galveston)**
 1207 Oak Street
 P.O. Box 939
 La Marque, TX 77568
 Theresa Bette, WIC Program Manager
 Eva Cuellar, Breastfeeding Coordinator
 PHONE: 409-938-2257 FAX: 409-938-2443
- 12. Hidalgo County Health Department (Hidalgo)**
 1304 South 25th
 Edinburg, TX 78539
 Norma L. Longoria, L.D., Project Director
 Sonya Fernandez, R.D., Breastfeeding Coordinator
 PHONE: 210-381-4646 FAX: 210-380-4056
- 13. City of Laredo Health Department (Webb)**
 2600 Cedar Avenue
 P.O. Box 2337
 Laredo, TX 78040
 Elisa R. Perez, Nutrition/WIC Supervisor,
 Breastfeeding Coordinator
 PHONE: 512-723-2051 Ext. 279
 FAX: 512-726-2632
- 15. UT Medical Branch-Montgomery County Health Department (Montgomery)**
 301 South 1st, Suite 209
 Conroe, TX 77301
 Joanna Stephens, R.N., WIC Director
 Joe Gomez, Mary Fowler, Breastfeeding Coordinators
 PHONE: 409-760-6901 FAX: 409-760-6966
- 17. UT Health Science Center (Harris)**
 6410 Fannin Street, Suite 522
 Houston, TX 77030
 Karen Gibson, R.D., L.D., WIC Director, Breastfeeding
 Coordinator
 PHONE: 713-792-4700 FAX: 713-794-4112

- 18. Community Council of Bee County (Bee)**
510 West Crockett
Beeville, TX 78102
Mary Jane Cano, Project Director, Breastfeeding
Coordinator
PHONE: 512-358-1865 FAX: 512-358-8800
- 19. Vida y Salud-Health Systems, Inc. (Zavala, Dimmit, LaSalle, Uvalde)**
308 South 3rd Avenue
Crystal City, TX 78839
Ofelia Juarez, Project Director
Maria Elena Garza, Breastfeeding Coordinator
PHONE: 210-374-2301 Ext. 58 FAX: 210-374-3364
- 20. South Plains Health Provider Organization, Inc. (Hale, Bailey, Castro, Crosby, Deaf Smith, Floyd, Lamb, Motley, Parmer, Swisher)**
2807 West 7th
Plainview, TX 79072
Barbara Khaleeq, M.S., R.D., WIC Director,
Breastfeeding Coordinator
PHONE: 806-293-0182 FAX: 806-293-7354
- 21. Wichita Falls-Wichita County Health District (Wichita)**
1700 Third Street
Wichita Falls, TX 76301
Polly Tonemah, M.S., R.D., WIC Project Director,
Breastfeeding Coordinator
PHONE: 817-761-7809
- 22. Waco-McLennan County Public Health District (McLennan)**
225 West Waco Drive
Waco, TX 76707
Carolyn Scott, Ph.D., R.D., L.D., WIC Director
Jane McBride, Breastfeeding Coordinator
PHONE: 817-750-5474 FAX: 817-750-5663
- 23. Walker County Health Department-WIC Program (Walker)**
119 Highway 75 North, Suite 15
Huntsville, TX 77340
Carolyn Baker, Administrator
Margaret Lovell, R.D., Breastfeeding Coordinator
PHONE: 409-295-7046 FAX: 409-295-4257
- 24. United Medical Centers (Maverick, Kinney)**
Bliss/Adams Street
Eagle Pass, TX 78852
Guadalupe Fuentes, L.V.N., WIC Supervisor
Dolores Lozano, Breastfeeding Coordinator
PHONE: 512-773-1105 FAX: 512-773-1419
- 25. Fort Worth Department of Public Health (Tarrant)**
1800 University Drive
Fort Worth, TX 76107
Louella J. Williams, R.D., WIC Director/Nutrition
Joan Salter, Breastfeeding Coordinator
PHONE: 817-871-7215 FAX: 817-871-7335
- 26. Houston Health and Human Services Department (Harris)**
8000 North Stadium, Box 19
Houston, TX 77054
Faye Walker, R.D., L.D., M.S., WIC Program Director
Vera Petteway-Nyormoi, Breastfeeding Coordinator
PHONE: 713-794-9096 FAX: 713-794-9348
- 27. South Plains Community Action Association, Inc. (Cochran, Dawson, Dickens, Gaines, Garza, Hockley, King, Lynn, Terry, Yoakum)**
411 Austin Street
P.O. Box 610
Levelland, TX 79336
Pat Smithwick, R.D., Nutritionist, Program Director
Barbara Brackeen, L.V.N., Breastfeeding Coordinator
PHONE: 806-894-6104 FAX: 806-894-5349
- 28. Centro de Salud Familiar La Fe, Inc. (El Paso)**
700 South Ochoa Street
P.O. Box 10640
El Paso, TX 79996
Mary C. Bryant, Nutritionist, Breastfeeding Coordinator
George Villarreal, Breastfeeding Coordinator
PHONE: 915-545-4550 FAX: 915-545-2564
- 29. Fort Bend Family Health Center, Inc. (Fort Bend, Wharton)**
400 Austin Street
Richmond, TX 77469
Betty Hill, WIC Administrator
Jeanne Lober, Breastfeeding Coordinator
PHONE: 713-342-4530 FAX: 713-342-3832
- 30. City of Port Arthur Health Department (Jefferson)**
603 East 6th Street
P.O. Box A
Port Arthur, TX 77640
Barbara Queen, Nutritionist, WIC Supervisor
Yvonne Tyler-Howard, Breastfeeding Coordinator
PHONE: 409-983-8824 FAX: 409-983-8889
- 31. Bell County Health Department (Bell)**
509 South 9th
P.O. Box 3745
Temple, TX 76501
Evelyn Jez, Program Manager, Breastfeeding Coordinator
PHONE: 817-778-1511 FAX: 817-778-6914
- 32. Brazos Valley Community Action Agency (Brazos, Grimes, Leon, Robertson, Madison)**
111 South Main Street
Bryan, TX 77803
Sally Thane, Administrator Health Services
Angela Petty, Breastfeeding Coordinator
PHONE: 409-779-5211 FAX: 409-822-9268
- 33. El Paso City-County Health District (El Paso)**
222 South Campbell
El Paso, TX 79901
Donna T. Seward, Chief, WIC Division
Ines M. Cruz, Breastfeeding Coordinator
PHONE: 915-543-3592 FAX: 915-543-3541

- 34. Abilene-Taylor County Public Health Department (Taylor)**
2241 South 19th Street
Abilene, TX 79605
Rita Portlock, WIC Director
Paula Exum, Breastfeeding Coordinator
PHONE: 915-692-1680 FAX: 915-692-8300
- 35. Denton County Health Department (Denton)**
300 North Carroll Boulevard, Suite B
Denton, TX 76201
Amanda Goff, R.N., Project Director
Trisha Battle, R.D., L.D., Breastfeeding Coordinator
PHONE: 817-565-8665 FAX: 817-383-3280
- 36. City of San Marcos (Hays, Bastrop, Caldwell, Comal, Guadalupe, Kerr, Kendall, Gillespie, Bandera)**
630 East Hopkins
San Marcos, TX 78666
Eddie Ortega, WIC Director
Laurie Lodusch, Breastfeeding Coordinator
PHONE: 512-353-5303 FAX: 512-396-7471
- 37. Victoria City-County Health Department (Victoria, Calhoun, DeWitt, Jackson, Goliad)**
2205 East Lone Tree Road
Victoria, TX 77901
Patricia Patterson, L.V.N., WIC Administrator
Deborah Perry, Breastfeeding Coordinator
PHONE: 512-578-2884 FAX: 512-578-6627
- 38. Corpus Christi-Nueces Co Public Health District (Nueces)**
1702 Horne Road
Corpus Christi, TX 78416
Patricia M. Smith, R.N., WIC Supervisor
Deborah Escobar, L.D., Breastfeeding Coordinator
PHONE: 512-855-0531 FAX: 512-853-9017
- 39. Tyler-Smith County Public Health District (Smith, Cherokee)**
601 East Valentine Street
Tyler, TX 75702
Joyce Woodard, R.D., L.D., WIC Project Director
Barbara Fay, L.V.N., Breastfeeding Coordinator
PHONE: 903-592-7635 FAX: 903-531-1166
- 40. Beaumont City Health Department (Jefferson)**
950 Washington (P.O. Box 3827)
Beaumont, TX 77704
Judy Cornelius, WIC Director
Janelle Anderson, Breastfeeding Coordinator
PHONE: 409-832-4000 Ext. 3614 FAX: 409-832-4270
- 41. San Antonio Metropolitan Health District (Bexar)**
332 West Commerce Street
San Antonio, TX 78285
Charles Pruski, WIC Program Supervisor
Teresa Claus, Breastfeeding Coordinator
PHONE: 512-225-1870 FAX: 512-226-2356
- 42. Williamson County Health District (Williamson)**
100 West 3rd
P.O. Box 570
Georgetown, TX 78627
Karen Wilson, M.P.H., R.N., WIC Director
Sara Goodrich, Breastfeeding Coordinator
PHONE: 512-869-4445 FAX: 512-869-3110
- 43. Gonzales County Health Agency, Inc. (Gonzales)**
P.O. Box 1890
Gonzales, TX 78629
Emma Garza, WIC Coordinator
Aurora Gotthardt, LVN, Breastfeeding Coordinator
PHONE: 512-672-7083 FAX: 512-672-6430
- 44. City of Del Rio-WIC Program (Val Verde)**
200 Bridge Street
Del Rio, TX 78840
Eva Sotelo, L.V.N.
Elva Reyna, L.V.N., Breastfeeding Coordinator
PHONE: 210-774-8605 FAX: 210-774-8542
- 45. Cross Timbers Health Clinic, Inc. (Comanche)**
1100 West Reynosa
P.O. Box 30
DeLeon, TX 76444
Jerry Bush, Executive Director
Theresa Aguerro, Breastfeeding Coordinator
PHONE: 817-893-5895 FAX: 817-893-5222
- 46. Brazoria County Health Department-WIC Program (Brazoria)**
1108-C East Mulberry
Angleton, TX 77515
Susan Peace, M.S., Director, Breastfeeding Coordinator
PHONE: 409-849-9741
- 47. Dallas Inter-Tribal Center (Dallas)**
209 East Jefferson
Dallas, TX 75203
Sharon Belindo, R.D., L.D., Nutrition Director
Rebecca Wilson, Breastfeeding Coordinator
PHONE: 214-941-1050 FAX: 214-941-6537
- 48. Harris County Health Department (Harris)**
2501 Dunstan
P.O. Box 25249
Houston, TX 77265
Victoria Bowie, M.S., R.D., WIC Program Director
Kari Kaiser, R.D., L.D., Breastfeeding Coordinator
PHONE: 713-620-6820 FAX: 713-620-6897
- 49. Frio County - WIC (Frio)**
505 East Medina
Pearsall, TX 78061
Judith Weiblen, WIC Director, Breastfeeding Coordinator
PHONE: 210-334-8652 FAX: 210-334-4881

- 51. San Patricio County Health Department (San Patricio)**
313 North Rachal
Sinton, TX 78387
Evelyn Sinast, WIC Director/Coordinator
Lydia Ortiz, Breastfeeding Coordinator
PHONE: 512-364-3304 FAX: 512-364-4518
- 52. Cause, Inc. (Hill)**
233 East Elm
P.O. Box 438
Hillsboro, TX 76645
Rita Taylor, WIC Director
Guadalupe Garcia, L.V.N., Breastfeeding Coordinator
PHONE: 817-582-3319 FAX: 817-582-8266
- 53. Atascosa Health Clinic, Inc. (Atascosa)**
310 West Oaklawn Road
Pleasanton, TX 78064
Jo Alaniz, Program Director
Rachel Garcia, Breastfeeding Coordinator
PHONE: 210-569-2388 FAX: 210-569-8538
- 54. Tarrant County Health Department (Tarrant)**
1800 University Drive, Room 108
Fort Worth, TX 76107
Ann Salyer-Caldwell, M.P.H., R.D., WIC Director
Terry Hajny, Breastfeeding Coordinator
PHONE: 817-871-7577 FAX: 817-871-7335
- 55. Amarillo Bi-City County Health District (Potter, Randall)**
411 South Austin
Amarillo, TX 79106
Margaret Payton, R.D., M.B.A., WIC Director
Mary Jean Adams, Breastfeeding Coordinator
PHONE: 806-371-1120, 1121 FAX: 806-378-3018
- 56. San Angelo-Tom Green County Health Department (Tom Green, Coleman, Runnels)**
72 West College
San Angelo, TX 76903
Gloria Hale, R.N., WIC Program Director
Linda Susan Lamb, Breastfeeding Coordinator
PHONE: 915-657-4396 FAX: 915-658-7180
- 57. Community Health Service Agency, Inc. (Hunt)**
2822 Washington
P.O. Box 1908
Greenville, TX 75401
Viola Ozuna, WIC Director, Breastfeeding Coordinator
PHONE: 903-455-5994 FAX: 903-454-4621
- 58. Angelina County and Cities Health District (Angelina)**
202 South Bynum
Lufkin, TX 75901
Barbara Dubose, WIC Director,
Breastfeeding Coordinator
PHONE: 409-637-7242 FAX: 409-632-2640
- 59. Barrio Comprehensive Family Health Care Center (Bexar)**
1102 Barclay
San Antonio, TX 78207
Gloria Muniz, WIC Director
Aurora S. Flores, Breastfeeding Coordinator
PHONE: 210-434-3122 FAX: 210-434-0402
- 60. Matagorda County Hospital District (Matagorda)**
1115 Avenue G
Bay City, TX 77414
Mildred Hawkins, L.D., WIC Director,
Breastfeeding Coordinator
PHONE: 409-245-9848 FAX: 409-245-1525
- 61. Jasper-Newton County Health Department (Jasper, Newton, Sabine, St. Augustine)**
Administrative Office
139 West Lamar Street
Jasper, TX 75951
Nita Rhame, R.N., Program Director
Rebecca Jourdan, L.V.N., Breastfeeding Coordinator
PHONE: 409-384-6829 FAX: 409-384-7861
- 62. Paris-Lamar County Health Department (Lamar)**
740 S.W. 6th Street
P.O. Box 938
Paris, TX 75460
Barbra Francis, R.N., WIC Director, Breastfeeding
Coordinator
PHONE: 903-784-1411 FAX: 903-737-9924
- 63. Hardin County-WIC Program (Hardin)**
Hardin County Courthouse
P.O. Box 2079
Kountze, TX 77625
Mary Adams, L.V.N., WIC Director,
Breastfeeding Coordinator
PHONE: 409-246-5191, 5192 FAX: 409-246-3277
- 64. Medina County-WIC Program (Medina)**
3103 Avenue G
Hondo, TX 78861
Linda Fillinger, R.N., WIC Director,
Breastfeeding Coordinator
PHONE: 210-426-4393 FAX: 210-426-4493
- 65. Texarkana-Bowie County Family Health Center (Bowie)**
902 West 12th Street
Texarkana, TX 75504
Candis Mauldin, L.V.N., WIC Coordinator,
Breastfeeding Coordinator
PHONE: 903-792-0819 FAX: 903-793-2289
- 66. Orange County Health & Welfare Department-WIC Program (Orange)**
2014 North 10th Street
Orange, TX 77630
Cynthia Wilhoit, R.N., WIC Director
PHONE: 409-883-6119 FAX: 409-883-6168

- 67. Corsicana-Navarro County Public Health District (Navarro)**
 PO Box 518
 508 North Main Street
 Corsicana, TX 75110
 Emily Carroll, R.N., WIC Director,
 Breastfeeding Coordinator
 PHONE: 903-874-6731 FAX: 903-872-7215
- 68. Community Council of Southwest TX, Inc. (Uvalde, Real, Edwards)**
 713 East Main Street
 Uvalde, TX 78802
 Clovis Caldwell, WIC Director
 PHONE: 210-278-6268 FAX: 210-278-4281
- 69. Community Council of South Central TX, Inc. (Guadalupe)**
 205-A East Court Street
 Seguin, TX 78155
 Susan Murphy, WIC Director, Family Planning
 Marjorie Pierce, Breastfeeding Coordinator
 PHONE: 210-372-3690 FAX: 210-372-5354
- 70. Chambers County Health Department (Chambers)**
 Courthouse Annex
 1222 Main Street (P.O. Box 670)
 Anahuac, TX 77514
 Glenda Pearce, R.N.
 Nell Billnoski, L.V.N., Breastfeeding Coordinator
 PHONE: 409-267-6679 FAX: 409-267-3962
- 71. Collin County Health Care Services-WIC Program (Collin)**
 825 North McDonald
 McKinney, TX 75069
 Denise Wolf, WIC Coordinator, Nutritionist, Breast-feeding Coordinator
 PHONE: 214-548-5500 FAX: 214-548-7825
- 72. People For Progress, Inc. (Nolan)**
 301 West Arkansas
 Sweetwater, TX 79556
 Sharon Sparks, L.V.N., WIC Director, Breastfeeding Coordinator
 PHONE: 915-235-8455 FAX: 915-235-4950
- 73. Centro Del Barrio, Inc. (Bexar)**
 301 Frio
 San Antonio, TX 78207
 Karen Finstuen, R.D., WIC Director,
 Breastfeeding Coordinator
 PHONE: 210-924-6004 FAX: 210-977-9326
- 74. Brownwood-Brown County Health Department (Brown)**
 PO Box 1389
 Brownwood, TX 76804
 Georgia Harris, WIC Director,
 Breastfeeding Coordinator
 PHONE: 915-646-1514 FAX: 915-646-0938
- 81. Region 1 WIC Program (Public Health Region 1)**
 2408 South 37th Street
 Temple, TX 76504
 Jacquelyn McLaughlin, Program Manager
 Terri Sherry, L.D., Breastfeeding Coordinator
 PHONE: TEX-AN 820-2201 FAX: 817-778-4066
- 82. Region 2 WIC Program (Public Health Region 2)**
 1109 Kemper
 Lubbock, TX 79403
 Frannie Nuttall, R.D., WIC Director/Nutritionist
 Shari Davenport, Breastfeeding Coordinator
 PHONE: TEX-AN 840-1088, 840-1089
 FAX: 806-655-7159
- 83. Region 3 WIC Program (Public Health Region 3)**
 Administrative Headquarters
 602 North Baird, Suite 100
 Midland, TX 79701
 Judith Harden, WIC Program Director
 Leonora Sevcik, R.N., Breastfeeding Coordinator
 PHONE: TEX-AN 840-1063 FAX: 915-683-4751
- 84. Region 4 WIC Program (Public Health Region 4)**
 10500 Forum Place, Suite 430
 Houston, TX 77036
 Veronica Brown, R.D., WIC Program Director,
 Breastfeeding Coordinator
 PHONE: TEX-AN 851-3000 FAX: TX 851-3102
- 85. Region 5 WIC Program (Public Health Region 5)**
 2561 Matlock Road
 Arlington, TX 76015
 Jane Schwarz, R.D., L.D., Program Manager
 Susie Carter, P.L.D., Breastfeeding Coordinator
 PHONE: TEX-AN 833-9011 FAX: TX 833-9245
- 87. Region 7 WIC Program (Public Health Region 7)**
 Texas Department of Health
 1517 West Front Street
 Tyler, TX 75702
 Susan Bennett, R.D. L.D., WIC Director
 Jan Moseley, Breastfeeding Coordinator
 PHONE: TEX-AN 830-6316 FAX: TX 830-6222
- 88. Region 8 WIC Program (Public Health Region 8)**
 601 West Sesame Drive
 Harlingen, TX 78552
 Rosa Carillo, L.D., WIC Director,
 Breastfeeding Coordinator
 PHONE: 512-888-7762 FAX: TX 820-4505



8lbs. 3oz.



7lbs. 9oz.



8lbs. 7oz.



9lbs. 2oz.



7lbs. 11oz.



3lbs. 2oz.

WITHOUT THE PROPER EARLY PREGNANCY CARE, YOUR BABY MAY NOT LEAVE MUCH OF AN IMPRESSION.

The results are painfully clear.

Without the proper early pregnancy care, you run the risk of having a baby that's born too small.

Sadly, babies born at a lower birth weight can have many more problems than a normal weight baby.

Yet, there's a very simple step you can take to help make sure your baby is born healthy.

Just call us. Because getting the proper care

as soon as you know you're pregnant can make all the difference.

Even if money is a problem, the Women, Infants and Children Program (WIC) can help, with free food and health services for you and your baby.

So call us today.

We'd like to help make sure the only impression your baby leaves is a healthy one.

WIC

WOMEN, INFANTS & CHILDREN PROGRAM

1-800-942-3678

Texas Department of Health

... or call your local WIC clinic.

Standards for participation in the program are the same for everyone regardless of race, color, national origin, sex, or handicap.

Footprints

This poster is part of a new Texas WIC media campaign to be launched this month. The campaign will feature two television PSAs, one aimed at pregnant women and one targeting children. The radio PSAs and several newspaper ads will be included in a package for each project. Materials are available in both Spanish and English. Also, postcards with *Footprints* on the front will be sent to physicians, midwives and other health professionals who refer to WIC. The new campaign aims to increase public knowledge about the WIC program and its benefits.

Texas Department of Health
Bureau of WIC Nutrition
100 W. 49th St.
Austin, Texas 78756

Debra Stabeno, Bureau Chief

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