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Texas

February 1993

WIC News

Special Supplemental Food Program for Women, Infants and Children



Our Civil Rights

**Freedom
from being
discriminated
against due to
race, color,
religion,
national origin,
gender, age or
disability**



Publications
Texas State Documents

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Dallas Public Library

First in a series:

Nutrition for the child with disabilities

**From Debra Stabeno
WIC Bureau Chief**



Putting people first is not just a policy of the Texas WIC program, it's our purpose. WIC is here to serve participants and to make their lives better and the future of their children brighter.

Respect for each

participants' civil rights is an integral part of the service we provide. Each WIC participant, each job applicant and each WIC employee has the right to be free from any form of discrimination. This is not just expected; it's required.

Our population is large and diverse. We serve many nationalities, many individuals with varied religious beliefs and many ethnic groups. It's not always easy to know the right thing to say or not say, and it *is* possible to discriminate against a person without meaning to or even realizing that you have done so. For this reason, Texas WIC is renewing its efforts to conduct civil rights training in all of our WIC projects. Currently, we post non-discrimination information in English and Spanish at all WIC facilities, and our educational materials are available in multiple languages--and on tape and close-captioned. We feel that it is our role to lead in respecting and protecting the civil rights of the people who come in contact with WIC.

Although WIC has already established a process for handling civil rights complaints, a new process will be implemented by the Texas Department of Health in the near future. It is being established by the newly formed Office of Civil Rights. When implemented, the policy will provide additional avenues to process civil rights complaints by WIC participants and TDH clients and employees.

Texas WIC News

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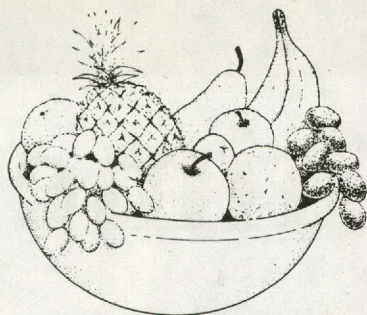
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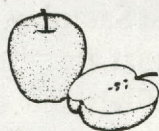
Texas WIC News welcomes story ideas, articles, photos and artwork from each of our readers.



A new policy now requires WIC participants to sign release forms when agreeing to appear in photographs or to be identified in stories in the newsletter. These forms can be rushed to projects by fax or mail.



Address any comments or corrections to Shelly Ogle at (512) 458-7111, ext. 3529 (rotary phones: 458-7444).



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February 1993

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Making more time

How some WIC projects are expanding hours to reach teens, working mothers

By Carmen Keltner
Script Editor

The time crunch--it seems to be the condition of life in the '90s. As WIC expands to more and more Texans, WIC projects across the state are working to accommodate clients.

"WIC has better PR in the community when we show people we value their time," says Margaret Payton, director of Project 55 in Amarillo.

Marie Zaczkowski, director of Project 7 in Dallas, says WIC must offer working people more options because WIC may be the only program they qualify for. "This may be the one thing that can make a difference," she says.

All Amarillo clinics are open from 7 a.m. to 6 p.m. Monday through Friday. To accomplish this, staffers work four 10-hour days on a staggered basis. Personnel who work on Mondays have Fridays off, and vice

versa. "The staff really loves those three-day weekends," Payton says.

Working WIC mothers tend to take advantage of the 7-to-8-a.m. and after-5-p.m. time slots, according to Payton. The project is planning to offer even longer evening hours twice a week to accommodate the expansion.

The Amarillo project has also been working for the past 18 months on improving patient flow in the clinics. "We've cut down on the number of times we

have to move a client and a chart," Payton says, adding that word has gotten around in the community that participants don't have to spend so much time in the clinic.

Payton says that their highest no-shows occur between 2:30 and 3:30 p.m. when moms are picking up kids from school. The project staff uses such slow times to call participants to remind them of appointments or to reschedule no-shows. Reminder postcards have also proved helpful, Payton says.

Dallas has offered extended hours for many years, but is expanding more now. Dallas participants seem more comfortable coming in on Saturdays rather than evenings, says Zaczkowski. Dallas is also conducting some Saturday walk-in clinics that are advertised with fliers and mentioned to callers.



Four Dallas clinics are currently open one Saturday per month, and all will have Saturday hours by April. Some offer after-work hours. "Our goal is to make people self-sufficient," Zaczkowski says. Expanded hours help working people because they don't have to take time off from their jobs or lose pay to participate in WIC.

This option works well for teen moms, Zaczkowski points out. "We have an obligation to help keep girls in school. We tell the school districts about the expanded hours and encourage them to keep the girls in class."

Zaczkowski believes that the expanded hours have helped prevent no-shows because participants aren't forced into the 8-to-5 time frame. Like many projects, Dallas holds

make-up classes for no-shows and stamps the time and date in participants' voucher folders.

To assist projects with serving participants outside the regular working hours, WIC Automation has extended its hours, too. Clinic staff who have questions or problems with computers can call the WIC central office from 8 a.m. to 8 p.m. Monday through Thursday, 8 a.m. to 5 p.m. Friday and Saturday. (The staff takes lunch from noon to 1 p.m. on Saturday.)

The extended-hours staff is a "skeleton crew," so projects should limit their questions to automation problems, not looking up WIC ID numbers, stresses Kim Stewart, WIC's system support supervisor.

If you're calling from a Tex-An phone system, you

can reach System Support at 8-823-2700; projects not on Tex-An can dial long-distance at (512) 406-0700.

Another innovation should help projects save time with participants who are transferring from another clinic or who need to be reinstated. Beginning soon, project staff may issue new WIC ID numbers to transfers and reinstated clients who do not know their original ID numbers. Projects will be notified when they can begin issuing new numbers to these participants.

"As we approach serving a higher percentage of the eligible population, we can't do the same things we've done for the last 20 years," said Zaczkowski. "Our program has changed because our client has changed."



Bagpiper wails for Project 29

Betty Hill, WIC administrator for Project 29 in Richmond, reports that their Christmas activities this past holiday season had a special Scottish twist.

On Dec. 18, as several hundred people, including lots of WIC kids, crowded the Fort Bend Family Health Center lobby getting their pictures taken with Santa (120 photos were shot in just the first hour), they all heard an unusual wailing sound.

"Everyone's mouths were just hanging open," Hill says, as a bagpiper in full Scots dress strode into the group and serenaded them with Christmas songs played as only a bagpiper can: in melodic beauty punctuated by bleats, squeals and mooing moans.

"It was lots of fun," says Hill, adding that the kilted musician is the father of personnel director Karen Hall visiting for the holidays from his home in California.



Clerks kind in Kountze



Two Hardin County WIC clerks at Project 62 brought toys to the clinic in December and distributed them to make a merry Christmas for some WIC clients who otherwise would not have had much cause for being jolly. Project director Mary Adams praises them both for going beyond their daily duties.

Above, Jackie Anders, who started the project the previous Christmas, shares some toys with a little guy.

Left, Melissa Barclay and a friend play with a fiery red sportscar.

Accidental spotlight on TV

The WIC program got some unexpected television publicity in Lufkin recently, and WIC staffers at its project were pleased.

It seems that a television station was doing a news story at the unemployment office about unemployed

people in East Texas. As the reporter was standing by a door and speaking into the camera, someone opened the door and walked in, accidentally displaying a large WIC poster for everyone out in TV-land to see and admire.

Health events 1993 calendar

March

National Nutrition Month

April

National Child Abuse
Prevention Month

May

Mental Health Month
9th-15th: National Alcohol
and Other Drug-Related
Birth Defects Week
National Safe Kids Week

June

National Dairy Month

August

Texas Breastfeeding
Awareness Month
1st: World Breastfeeding
Day

September

Children's Eye and Health
Safety Month

October

Child Health Month
Family Health Month
Sudden Infant Death
Syndrome Awareness
Month
4th: Child Health Day

November

Child Safety and Protection
Month

December

Safe Toys Month

Project 52 hosts open house at new Hillsboro offices

Rita Taylor, WIC director at Project 52, reports that their offices were recently moved to 137 S. Waco St. in Hillsboro. "The new location is on one of the main roads in Hillsboro, so we are more accessible," says Taylor.

An open house was held in the new, roomier offices on Jan. 14 from 9:30 a.m. to 3 p.m.. About 15 to 20 people attended, including Mary Alice Winfree and Jack Metz, division director of local agency/vendor management, from the State Office.



Celebrating: Guadalupe Garcia, L.V.N., breastfeeding coordinator; Olga Cavazos, WIC coordinator; Carolyn Bilderbock, L.V.N.; Oralia Alvarado, clerk supervisor; Jane Anderson, Cause, Inc. executive director; Rita Taylor, WIC program coordinator; Mercy Fuentes, Mexia clerk; Debbie Steele, L.V.N., Mexia, and Kimberly Irwinsky, clerk. Not pictured is Blanca Brown, clerk.

Members from the board of directors of Cause, Inc., also came and enjoyed home-made cookies (oatmeal and peanut butter) and punch.

The new building is an improvement: "a whole lot nicer," says one clerk. "There's a big room for a classroom, air-conditioning that works and a heater in good condition." The director and two nurses each get her own small office, too.

Project 52 is growing. Taylor recently hired a new L.V.N. and another clerk, and has plans to hire a new L.V.N. for the project's Mexia site.

New Alamo site

Dignitaries join Project 12 staffers on Dec. 14 for a ribbon-cutting ceremony at the new site in Alamo that served 1,136 clients in December: Janice Prickett, chamber of commerce manager; Lalo Arcaute, county commissioner; Mary Lou Flores, San Juan WIC clerk; Edgar Ruiz, county judge; Rosa Vela, Alamo WIC staffer; Norma Longoria, Project 12 director; Ofelia Garcia, clerk; Dora Longoria, county nursing director; Aida Flores, clerk; Celia Alaniz, chamber of commerce director; Elda Hernandez, Alamo



WIC clerk; Sonya Fernandez, WIC breastfeeding coordinator; Diana Jaramillo, San Juan WIC clerk.

Survey of callers shows high participation rate

By Valerie Wolfe

Supervisor

Information & Response Management

Many of our WIC participants have their first contact with the program when they pick up their phone and call the 1-800-WIC-FOR-U WATS line operated by state agency staff. Though the WATS line has been in operation for several years, the number of callers has risen dramatically due to the tremendous expansion and outreach efforts by local agencies and the state agency.

Calls average 3,000 a month, with an all-time high of more than 5,500 answered last June. With the number of calls coming in so heavily, an attempt was made to see how many callers actually followed up and became certified as new WIC participants.

A survey to answer this question was prepared and sent out late last spring to



Callers to the WIC program's WATS line were surveyed.

about 8,000 people who had called the WATS line. More than 1,300 callers responded: an unusually high return rate of about 17 percent (remarkably higher than the standard response rate of just 2 or 3 percent) that gave a good statistical return of data to work with.

Results mostly positive

Almost 90 percent of the respondents followed up their initial calls and got a WIC appointment.

And, of those who scheduled an appointment, 93 percent were successfully certified as new WIC participants.

Service by the clinic staff was reported as being friendly and respectful by more than 90 percent of those who sent their surveys back. But, about 10 percent of the respondents felt that

the staff was not helpful or treated them rudely.

The average wait for an appointment was a little longer than 12 days.

The average time spent at the clinic was 2.3 hours.

Most respondents reported they did have a nutrition education class. (This question could have been misleading since first-time certification appointments do not include a class since participants are individually counseled at the time of their certification.)

Praise--and criticism

Many callers took the time to respond with comments which included elaborate praise for the program, suggestions for improvement, requests for different cereal or formula choices, and some very explicit criticism about the service they received. Many of the comments were touching tributes to the dedication of the staff and the overall benefits of the program.



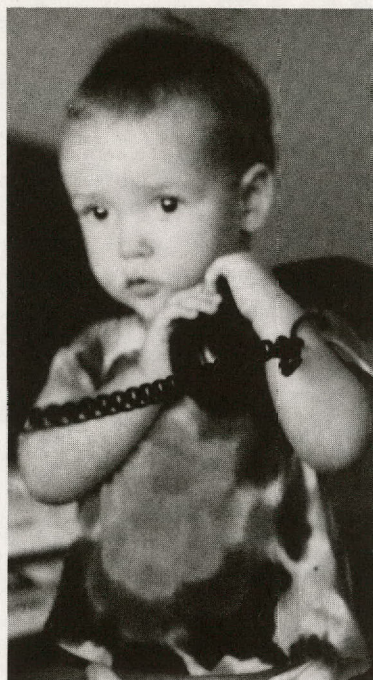
One participant wrote, "The WIC program is not only helpful but also educational. The employees are friendly and teach the value of good nutrition."

Another commented, "I would like to thank you guys for helping families like ours! I don't know what we would have done without it. I would like to say the ladies were excellent."

Many more comments expressed thanks, appreciation and blessings to WIC.

Critical responses indicate that more attention should be paid to trying to speed up the certification/card pickup process and making sure applicants understand why they don't qualify for WIC, how food choices are made and

why we believe nutrition education is necessary.



One participant wrote, "While everyone at the clinic was nice, they do not help, nor do they have signs, etc., to tell new clients what to do or where to go." Other respondents felt there was too much red tape, clinics were hard to reach on the

phone and more hours were needed at times convenient for working participants.

Last but, of course, not least, some people reported being treated rudely. "I felt that (staff) were unhappy with their jobs and treated the people there with great disdain," wrote one WIC mother.

Surveys were anonymous, and the local agencies were not identified as part of the survey information. Results demonstrate the WATS line to be a successful outreach tool; a similar survey will be sent out at the end of this fiscal year.

Hello and goodbye: **Changing faces in nutrition education**

By Elaine Goodson, M.S., R.D., L.D.
 Nutrition Education Coordinator

We regret that Jackie Abels is leaving the Texas WIC nutrition education section. She has brought many skills and innovative ideas to our efforts in the two years she's been with us: pamphlet revisions, lots of teen-pregnancy work, adult education and presentations to national and state conferences.

We want to congratulate her and her husband, Barry, on their firstborn, expected to arrive July 20. We will miss Jackie and believe that she'll not only miss us but also the mild and pleasant Texas weather--she's moving to cold and windy Chicago. But she'll stay with WIC, starting Feb. 1 as the local agency nutrition education coordinator for the Community Economic Development Association of Cook County.

Barbara Bremner is our new staff member in nutrition education. She has a master's degree from Cornell in community nutrition, experience in writing nutrition education pamphlets and

training in focus groups. She earned her bachelor's degree in dietetics from the University of Natal in South Africa, her native land. We're delighted that she's with us.



Barbara Bremner, left, now works on nutrition education at the State Agency. After two years with the section, Jackie Abels is moving to new surroundings and a new job in Chicago--and a new baby.

New directors' orientation set for March

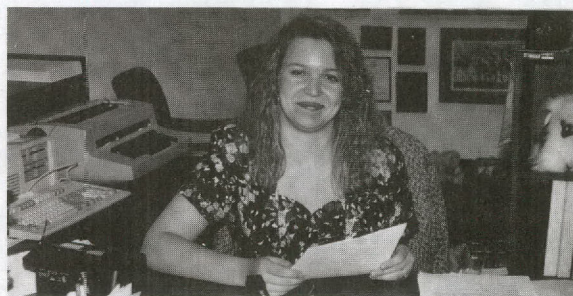
By Victoria Cummings, M.P.H.
 Training Officer

Orientation training for newly hired local agency directors has been rescheduled to March 8-11, 1993. The four-day training will be conducted in Austin.

The orientation presents a broad overview of the WIC program and covers the directors' responsibilities in such areas as nutrition education, training, vendor monitoring, local agency monitoring, outreach, breastfeeding promotion and contracts and financial management.

For further information, contact Tom Gosnell, training section coordinator, at (512) 458-7111 ext. 3428.

More liaison help



A new communications coordinator has joined the staff at the information and response management section in Austin. Since the beginning of the year, Betsy Coats has been serving as a liaison between the state and local agencies and participants, answering complaints and inquiries.

Our Civil Rights

Children active in start of civil rights movement

By Herman Horn, M.P.A.
Lead Compliance Specialist
TDH Office of Civil Rights

Children have played an important part in the history of the civil rights movement.

Theirs may not be household names, but Harry Briggs Jr., Ethel Belton, Dorothy Davis, Linda Brown and Spottswood Bolling were the children who filed suits to get into white schools. Their cases resulted in the landmark *Brown vs. Board of Education* ruling by the U.S. Supreme Court in 1954 that declared racial segregation of public schools unconstitutional.

When the killers of Emmett Till, a 14-year-old black youth from Chicago visiting Mississippi in 1955, were found not guilty of his murder, people across the nation were outraged.

Students of all races and ages were involved in the sit-ins and marches across the South that helped change America.

The world was shocked when 959 children (ages 6 to 18) were arrested in Birmingham, Ala., on May 2, 1963, after demonstrating against segregation and being set upon by police attack dogs and blasted with high-pressure water hoses.

Earlier, in 1957, the nation's conscience had been touched by the children in Little Rock, Ark., who braved indignities, taunts and harassment when they became the first blacks to attend a previously segregated high school. They were called the "Little Rock Nine":

Jefferson Thomas, Carlotta Walls, Gloria Ray, Elizabeth Eckford, Thelma Mothershed, Melba Patillo, Terrance Roberts, Minniejean Brown and Ernest Green.

Whether integrating schools, demonstrating against unequal treatment or losing their lives, children have made significant contributions to our civil rights.

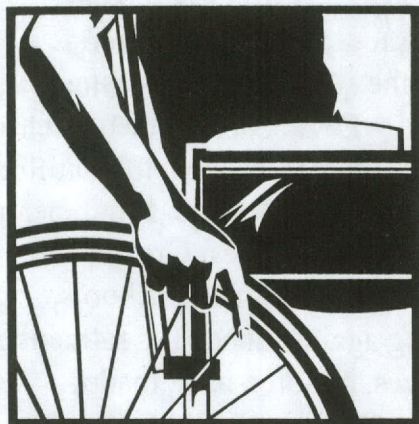


ADA: New challenges

By Carmen Keltner
Script Editor

What could be the harm in making a joking remark about the mental state of one of your employees? For instance, you might say, "Oh, Joe, don't be so paranoid!" A remark like this recently resulted in a claim, still in process, under the Americans with Disabilities Act (ADA). When "Joe" received a poor performance review, he claimed he was being discriminated against for being perceived as having a mental illness.

This example brought home the point that supervisors should *never* suggest, even casually or in jest, that an employee has a physical or mental disability.



Many other ADA issues were discussed at the "Civil Rights in the 90s" conference held in Austin in December, but space permits us to hit only the high points of the sessions.

Definitions

The ADA guarantees persons with disabilities access to employment, public accommodations, transportation, public services and telecommunications. Title II of the ADA specifically prohibits state and local governments from discriminating in their programs and activities against people with disabilities.

A disability is defined as (1) a physical or mental impairment that substantially limits one or more of the major life activities of a person, (2) a record of this impairment, or (3) being regarded as having such an impairment.

Physical impairments include physiological disor-

ders or conditions, cosmetic disfigurement or anatomical loss.

Mental impairments include mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.

Major life activities include caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Protection is also extended to people who are associated with a person fitting into any of the above categories.

Responsibilities of public-sector employers

You have a responsibility to avoid discriminating against job applicants and employees with disabilities. Applicants or employees are eligible for a job if they can perform the job's "essential functions."

Here are some tips on avoiding discrimination in employment:

- If you have not already done so, analyze all the jobs in your agency and provide a written job description that includes essential functions. The employer determines what are essential functions and reasonable accommodations.

- Post nondiscrimination information in the employment area in both English and Spanish.

- Be prepared to make accommodations in the application and training process. For instance, you may need to provide a Braille printout of a skills test for applicants.

- When interviewing applicants or employees, never ask them if they are disabled. Even if the disability is apparent, do not comment on the disability. Instead, ask how they will perform the essential functions of the job.

- If the applicants or employees want an accommodation (such as a special phone for the deaf or a wheelchair ramp), they must first inform you that they have a disability.



- Never discuss a person's disability. Instead, discuss performance or behavior.

An excellent source for more information on ADA employment issues is the booklet, *Ready, Willing and Available: A Business Guide for Hiring People with Disabilities*, published by the President's Committee on Employment of People with Disabilities and obtainable by calling (202) 376-6200.

Contractor responsibilities

As contractors with the WIC program, local agencies as well as the State Agency are liable under the

law. Your project must not discriminate against people with disabilities in employment or in customer service.

Here are some tips on compliance:

- **Physical accessibility:** Are you in violation of the ADA if your clinic site lacks a ramp for wheelchairs? Yes and no. If you have job applicants, employees or participants who use wheelchairs, you will have to build a ramp unless the cost creates "an undue burden." If a lawsuit arises, WIC, your project and the building owner are all at risk.

- **Contracts for services:** Your program must be accessible to participants with disabilities. If building a ramp would present an undue burden, you may be able to accommodate the participant in another way. Home visits providing equal services will work in some cases. And a WIC grocer should deliver WIC foods if the store is unaccessible.

For more information on the ADA or other disability matters, call the Texas State Library's Disability Reference Center at 1-800-252-9605 (or, in Austin, call 463-5458).

Putting people first

A good way to treat those with disabilities--and everyone else, too

By Carmen Keltner
Script Editor

Is it okay to pet or play with a dog guide belonging to a person with a disability?

If a person using a wheelchair is having difficulty getting a door open, should you automatically help out, or should you ask if your assistance is needed?

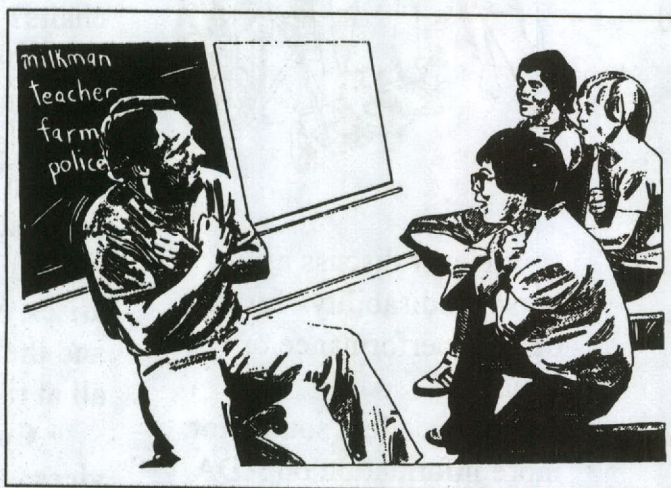
If you're having trouble understanding someone with a speech impairment, is it OK to ask the person to repeat the word or sentence?

Learning the rules

The above questions are all things that may come up at your clinic as more people with disabilities enter our workplaces as job applicants, employees and clients.

In spite of the estimate that there are 43 million Americans with disabilities, most of us have had very little experience interacting with people who are disabled.

The good news is that there are many resources available to provide sensitivity training in this area. People with disabilities



have developed an etiquette for various situations they encounter in the nondisabled world. We will all be more comfortable when we know these rules.

People in the disability movement say that putting people first is the first rule of

communicating with and about people with disabilities. And isn't that what we should do with everyone?

Instead of saying "a deaf child," or "the blind woman," phrase your speech so that the person comes first: "a child with a hearing impairment," "a woman who is blind." Speaking and writing this way helps us remember that a disability is just one of many characteristics a person may have.

Resources for staff training

The Texas Rehabilitation Commission offers a number of resources. Its publication, *Meeting People with Disabilities* (and a video by the same name), offers the following suggestions to deal with the three situations described above:

- When a dog guide is in harness, it is working. Never pet or play with the dog because distracting it from its work can be frustrating and even dangerous to the dog's owner.

- It's OK to offer your help to someone, but ask first. Or wait to be asked for help.

- It's OK to ask people who are deaf or people who have speech impairments to repeat what they say if you don't understand them the first time.

These and other matters are covered more extensively in the 22-minute video, an excellent tool for staff training. You can borrow a copy by calling either the TRC Library at (512) 483-4241 or the Texas State Library's Disability Reference Center

at 1-800-252-9605 or (512) 463-5458. (Borrowers pay return postage.)

Another resource available from the State Library is the book, *Business and Social Etiquette with Disabled People: A Guide to Getting Along with Persons Who Have Impairments of Mobility, Vision, Hearing or Speech*. The guide recommends, for instance, that you take a seat when talking for any length of time with a person using a wheelchair. Taking a seat puts you at the same level.

Interacting with people who are disabled primarily takes common sense and common courtesy. The most important thing to remember? Treat people with disabilities the way *you* like to be treated.

Celebrate Black History Month all year long

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

Carter G. Woodson would be proud. When he initiated Negro History Week in 1926, he probably wished, but never expected, for it to bloom into what we today call Black History Month. Today, the month of February is celebrated by schools and organizations all over America.

In a larger sense, the month commemorates the overall struggle for civil rights in the U.S., which grew out of a need to ensure all Americans of their rights without regard to--

but with respect for--racial, religious, sexual or other differences.

This year's theme is "African-American Scholars, Leaders, Activists and Writers." In celebration of the month--or even anytime throughout the year--WIC

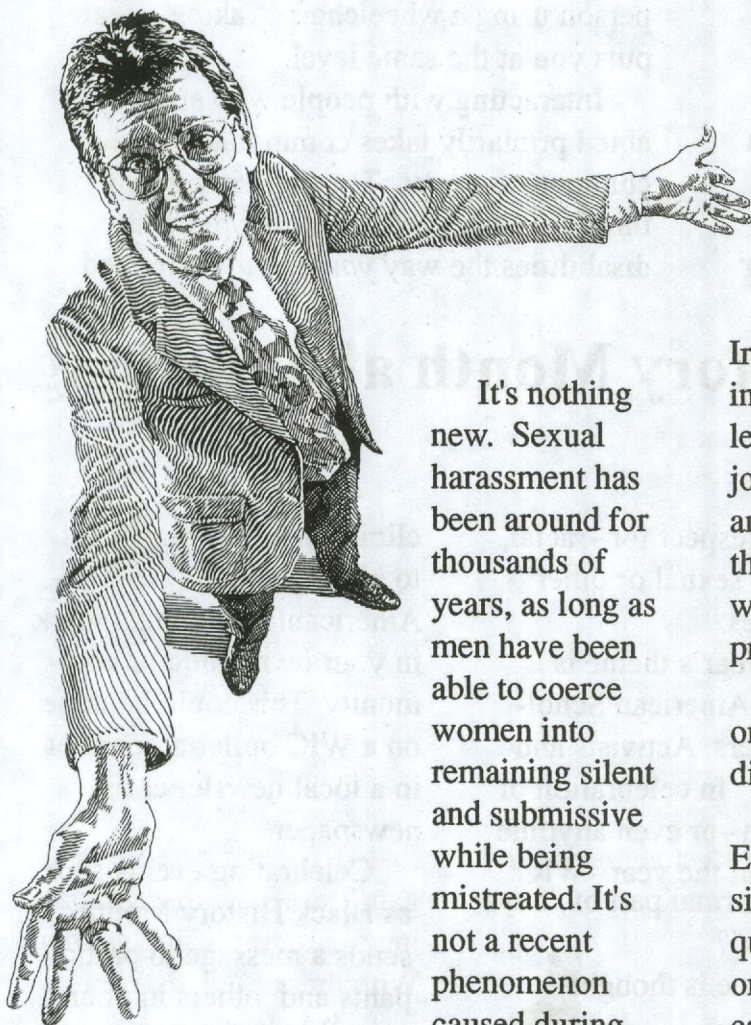
clinics in Texas may want to highlight some African-American(s) making a mark in your own clinic or community. This could be done on a WIC bulletin board or in a local newsletter or newspaper.

Celebrating events such as Black History Month sends a message to participants and others in your community that different cultures are recognized and respected for their contributions to the community and to the wider American culture.



Recognizing the familiar face of sexual harassment

By Shelly Ogle
Outreach Writer



It's nothing new. Sexual harassment has been around for thousands of years, as long as men have been able to coerce women into remaining silent and submissive while being mistreated. It's not a recent phenomenon caused during the past few de-

cadecades by women entering the workplace either because of unmet needs fueled by the deteriorating economy or more job opportunities due to the feminist struggle.

Ninety percent of harassment cases involve men harassing women; only 1 percent involve women harassing men. Same-sex harassment accounts for the remaining 9 percent.

Sexual harassment is a form of sex discrimination, and it violates the Civil Rights Act of 1964.

Ironically, protection from sex discrimination was originally added to the 1964 legislation by a Southern lawmaker as a joking attempt to derail passage of the act and protect his state from desegregation of the races. He assumed no one in Congress would vote for anything as preposterous as protection from sexual discrimination.

Well, his segregationist plan backfired on him, and now protection from sexual discrimination and harassment is the law.

Sexual harassment is defined by the Equal Employment Opportunity Commission as unwelcome sexual advances, requests for sexual "favors" and other verbal or physical conduct of a sexual nature that cause a reaction--whether submission or rejection--that explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

In sexual harassment, the harasser might be the victim's supervisor, co-worker, an agent of the employer's, a supervisor in another area or even a non-employee.

The victim does not have to be the person who is harassed but could be anyone affected by the offensive conduct.

Economic injury to the victim--such as being discharged from her job--is not a prerequisite for legal recognition of sexual harassment.

The harasser's conduct must be unwelcome in order for it to be considered sexual harassment.

The conduct can consist of the following:

- Staring.
- Derogatory remarks and sexual jokes.
- Pinching and touching.
- Displaying sexual pictures.

Employers can be held liable for tolerating sexual harassment in the workplace. They should clearly communicate to employees that it will not be tolerated, and should open effective grievance processes (see page 18 for WIC's procedures). When a complaint

is made, employers should respond quickly with appropriate action.

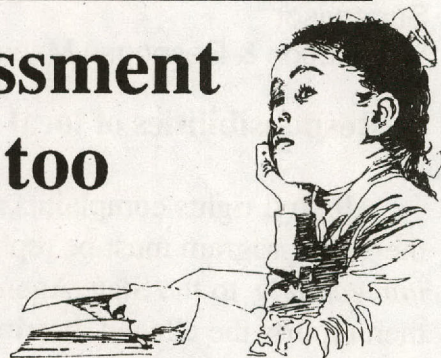
Prevention is the best cure. Teach your daughters to challenge any sexual harassment. Don't let them learn the self-defeating skills

of acquiescence. Instead, teach your sons.

Tell them they have no more rights than their sisters. Teach your sons to respect women as equals with an equal right to be treated with dignity.

Sexual harassment affects kids, too

By Herman Horn, M.P.A.
Lead Compliance Specialist
TDH Office of Civil Rights



Recently, a 7-year-old in Minnesota and a 9-year-old in Illinois came forward with charges that other students had sexually harassed them at school. One school official, commenting on the Illinois case, called the charge of child-to-child sexual harassment "too far out."

But is it really? Is the teasing, joking and touching that some girl students endure simply a normal part of "boys being boys"?

The issue is thought-provoking, since a similar response is often used to excuse the behavior of men accused of sexually harassing women. Most likely, the courts will come to define

whether one child can sexually harass another.

But there's a larger issue to consider: How can we expect our children to grow up with a mutual respect for each other, yet at the same time condone certain behavior in them that we later deem inappropriate in adults?

Our children need to learn to respect others regardless of any discriminating factor, including gender. With that foundation set in the formative years, sexual harassment might be eventually placed in the dark corner of our history where it belongs, along with slavery and segregation.

How WIC handles civil rights complaints

By Valerie Wolfe

Supervisor

Information & Response Management

Responsibilities of local agencies

All civil rights complaints received by the WIC program must be reported *immediately* to the State Agency, which then reports the alleged discrimination to USDA for investigation.

Certain information is always needed by USDA for it to proceed with an investigation. Local agency staff should make every effort to obtain the following:

- Complainant's name, address, phone number or other means of being reached.
- Specific location where the incident occurred.
- Nature of the incident that led the complainant to feel that discrimination had occurred.
- Basis on which the com-

plainant feels discrimination exists (race, color, national origin, age, sex or disability).

- Names, job titles and business addresses of persons who may have knowledge of the discriminatory action.
- Date or dates during which the alleged discrimination occurred or, if it was continual, the duration of such actions.



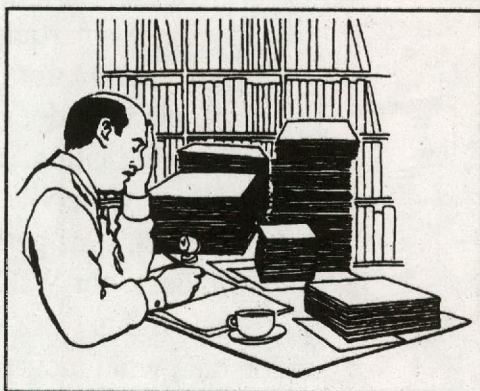
USDA bars the State Agency from contacting a local agency director to let her know of a possible civil rights complaint against her WIC project. The federal agency insists on being the first to inform her of the complaint.

An anonymous complaint will be handled the same as any other complaint. Third-party complaints are also accepted.

The local agency must inform the complainants of their rights to file a complaint on their own with the State Agency, the regional USDA civil rights office or with the Secretary of Agriculture in

Washington, D.C. Addresses and phone numbers must be provided to the complainants if they want to pursue the complaint on their own.

The local agency must always notify the State Agency, regardless of whether the complainant decides to notify any of the above-mentioned parties.



The USDA investigation includes a review of a cross sample of casefiles from the local agency.

In the hands of the Feds

At the State Agency, the information and response management staff will document the complaint and inform USDA of it. From that point on, the State Agency will usually no longer be involved in the investigation.

At USDA, the Office of Civil Rights (OCR) will prepare an investigation plan, taking into consideration any results of prior complaint investigation of that local agency, including any court orders in effect.

The OCR will tell the local agency its intention to visit the local agency to investigate the complaint. Often, this is the first knowledge a local agency director even has that a complaint has been filed against the agency.

The State Agency is not permitted to

discuss information about the complaint with the local agency staff. An exception is made, however, if an immediate problem the complainant is having with service delivery can only be solved by discussing the complaint between state and local staff.

Complaints investigated

USDA will then conduct an on-site investigation, including:

- An opening conference with local agency staff.
- Interviews with the complainant and the complainants' witnesses.
- Review of newly submitted data.
- Direct observation.
- Interviews with local agency staff and participants.
- Review of a cross sample of casefiles (certified, denied and terminated).



The USDA investigation at a local agency ends with a conference about any findings.

• At least one contact with a community grass-roots organization in the area.

• An exit conference to discuss any findings.

The State Agency is not informed, in

most cases, of the outcome of the USDA investigation.

USDA seeks proof by a preponderance of

the evidence. Unsubstantiated statements of conclusion and inference, as well as unsupported, broad, sweeping statements by the complainant, are not acceptable proof of a civil rights violation.

Complaints usually must be filed within 180 days of the alleged incident.

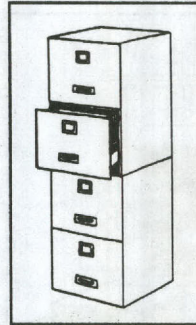
Employee complaints handled internally

If local agency staff members complain to the State Agency of discrimination (in hiring practices, promotions, etc.) by their local agency, the State Agency will not report this complaint to USDA. Instead, it will be referred back to the local agency to be handled internally.

Exceptions can be made if the ongoing delivery of services to participants is affected by the alleged discrimination.

Most complaints received by the State Agency in the past few years have been based on race.

Access at the State Agency to complaint information is limited to only a few individuals; it's kept in locked file cabinets designated for confidential material.



Helping the WIC client

Sometimes, it seems difficult to decide if a participant is stating a civil rights complaint. Just because the complainant doesn't use the word "discrimination," the problem could still be of a civil rights nature.

Each staff person should be an advocate for WIC participants who feel their rights were violated. Help them to understand what their rights are. Many complaints alleging rudeness are really more serious, but the client may not know how to express her complaint properly.

Conversely, many civil rights complaints are found to be more appropriately labeled as complaints about rude or insensitive treatment--not a violation of civil rights.

If in doubt, just ask the complainant if she feels she was discriminated against or treated differently because of her skin color, race, disability, etc.

As always, remember that our participants are our customers. They are the most important people to enter our organization.

Every effort should be made to ensure that their rights are protected.



The procedure for handling civil rights complaints received by the WIC program is detailed in the State Agency's Policy and Procedure Manual in the following policies:

- CR: 04.1, "Civil Rights Complaints"
- CR: 05.0, "Processing Civil Rights Violations"
- CR: 06.0, "Local Agency Processing of Participant Civil Rights Complaints"

'Quality, equality' theme of civil rights conference

By Tina Horkey, R.D., L.D.
Nutrition Support Specialist

The basic concept of civil rights is to guarantee all citizens the same rights under the Constitution, but what exactly are civil rights? Beginning with the Civil Rights Act of 1866 to the present (including the Americans With Disabilities Act of 1990 and many other additions made in 1991), these are defined by law as an individual's freedom from being discriminated against--in the areas of housing, employment, school, credit, public access and delivery of services--based on the person's race, disability, national origin, gender, age, color or religion.

Civil rights experts came to Austin on Dec. 15-17 to speak at "Civil Rights in the 90s," a training conference attended by more than 375 people from the public and private sectors. The conference's theme--equality, quality--not only fits well with one of the conference goals of the participants but also challenges them to continue every day "recognizing our differences and focusing on our common goal of achieving quality through equality."

Sixteen exhibitors represented products and organizations such as state-of-the-art language translation services (the AT&T Language Line) and the Texas State Library's Program for the Blind and Physically Handicapped (which not only provides tapes and books in Braille but also maintains a free disability-referral service). The exhibitors offered current information on serving consumers and providing a workable environment for all employees.

One fact brought to light during the conference was that, although the cause of civil rights for all people has taken steps forward since the 1960s, there is still a long way to go. Gov. Ann Richards knows this. Delivering the luncheon keynote address on day two of the conference, she recounted instances from her Texas childhood to her current days as governor when she witnessed firsthand the ignorance and barriers that block the progress of equality. Richards also expressed her hope that future generations of Texans will achieve equality for all.



New civil rights acts make it 'a whole new ball game out there'

By Jane Ulrich
Script Editor

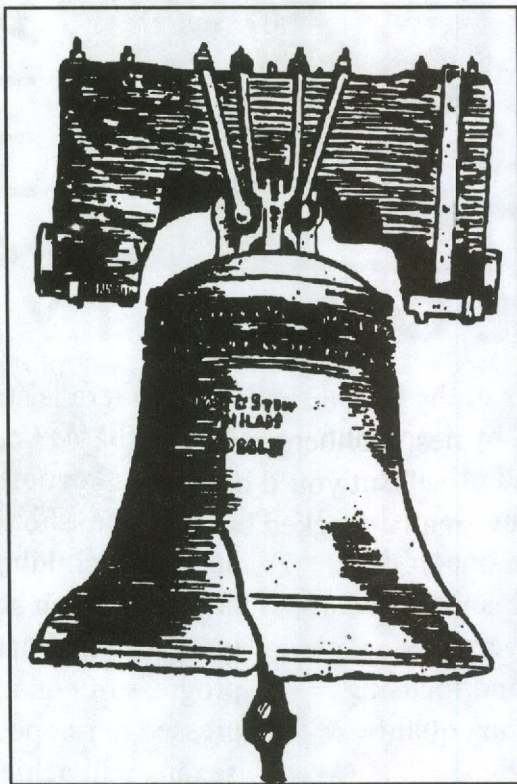
What's "new" in civil rights? The answer to that question could fill a three-day conference--which is exactly what happened Dec. 15-17 at the "Civil Rights in the '90s" training conference in Austin. Following are highlights from a panel discussion about some of the more important changes resulting from the recent passage of two landmark pieces of civil rights legislation.

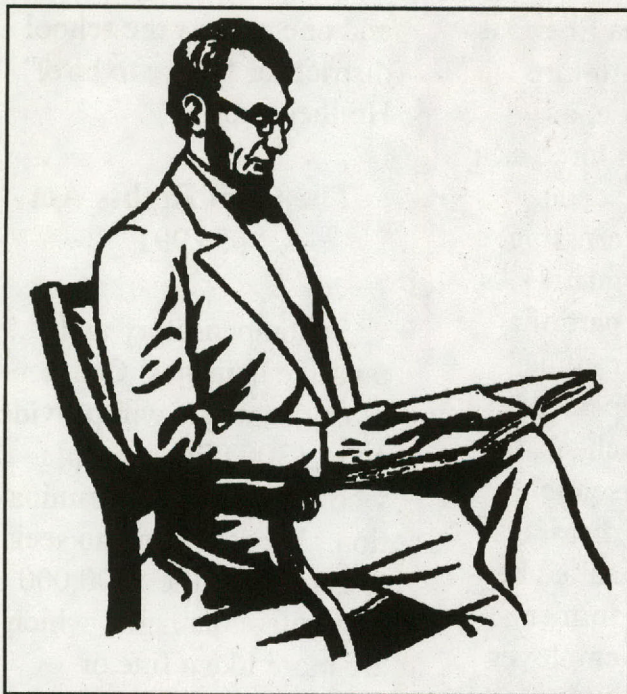
Jury trials for victims of discrimination ... a commission formed to help women and minorities break through the "glass ceiling" that prevents them from getting jobs in the top ranks of corporate America and government agencies ... charging

parties and responding parties opting to resolve their disputes in certain discrimination cases through third-party mediation rather than through the standard investigative process (which can be lengthy and

expensive) ... a law protecting the rights of people with mental and physical impairments that is still so new that even those who are charged with enforcing it aren't themselves exactly sure how to interpret many parts of it

Thanks to the Civil Rights Act of 1991 and the Americans with Disabilities Act--which was passed in 1990 but didn't go into effect until the end of July 1992--"it's a whole new ball game out there," a U.S. Equal Employment Opportunity Commission





official told those attending a "Civil Rights Update" panel discussion at the "Civil Rights in the '90s" training conference.

Those acts were "two major things that impacted on our work this year," said Harriet Joan Ehrlich, director of the Houston District Office of the EEOC, who was one of four panelists. Other panel members were Davis A. Sanders, regional manager, Office for Civil Rights, Southwest Region, U.S. Department of Health and Human Services; Donna Guerrero Hollberg, outreach and public relations manager, Houston District Office, EEOC; and

Brenda Irons-Lecesne, deputy director, Center for Dispute Settlement, Washington, D.C. The moderator was Marco Salinas, administrator, Civil Rights Division, City of Austin.

The Americans with Disabilities Act of 1990

Because the discriminatory act had to occur after July 26, 1992, to be covered under ADA, the EEOC is just beginning to see claims from people who believe they have been discriminated against because of their mental and physical disabilities, Hollberg said.

"But you'd be really shocked by the blatant discrimination we're seeing," she added. She told of a case where an employee

who had been a supervisor was fired after telling his employer that he had cancer and would be taking a couple of days' leave each month for treatment. The employer told the person, "You can't be a supervisor anymore if you have cancer."

A second type of discrimination EEOC is seeing involves failure to make reasonable accommodations. One case that was recently resolved involved a person with dyslexia who had to take an employment test. As a reasonable accommodation, the prospective employer could simply have had someone read the test aloud to the dyslexic person. But the employer made the person take the



test like everyone else--in written form. "The person failed the test and filed a complaint," she said.

The third area EEOC is seeing is failure-to-hire cases. In one case, a woman had been hired as a

school crossing guard. As part of a routine personnel check, the school district called her former employer and was told that the woman had had open-heart surgery a few years before. The new employer decided to fire the woman. "So we have two charges--one against the former employer for illegal disclosure of medical information

and one against the school district for failure to hire," Hollberg said.

The Civil Rights Act of 1991

- **Compensatory and punitive damages:** Compensatory damages will provide up to \$300,000 to people who suffer from discrimination. Victims also can seek to get part of the \$300,000 in punitive damages, which are more like a fine or punishment assessed against the employer. (Ehrlich expects Congress to lift the \$300,000 cap so that people can recover some of the tangible assets they may have lost due to the discriminatory action--if they had been fired and lost their job, house, car, etc., as a result.)

- **State and local governments:** Ehrlich said that the EEOC is not permitted at this time to sue public employers. "You can breathe a sigh of relief," she told audience members, most of whom were government employees. "We're not coming after you *yet*--unless they give us that authority in the new admin-



istration to be able to sue state and local governments." Currently, "we have to make a finding of discrimination, try and remedy it and then refer it to the Justice Department in hopes they will sue."

- Jury trials: "Jury trials will now be allowed for victims of discrimination, and EEOC can request jury trials," said Ehrlich, who believes victims will fare better with juries of their peers than they have recently with conservative judges.

- Glass Ceiling Commission: "The 'glass ceiling' portion of the Civil Rights Act of 1991 creates a Glass Ceiling Commission and will make a Frances Perkins-Elizabeth Dole

National Award for Diversity and Excellence every year," Ehrlich says.

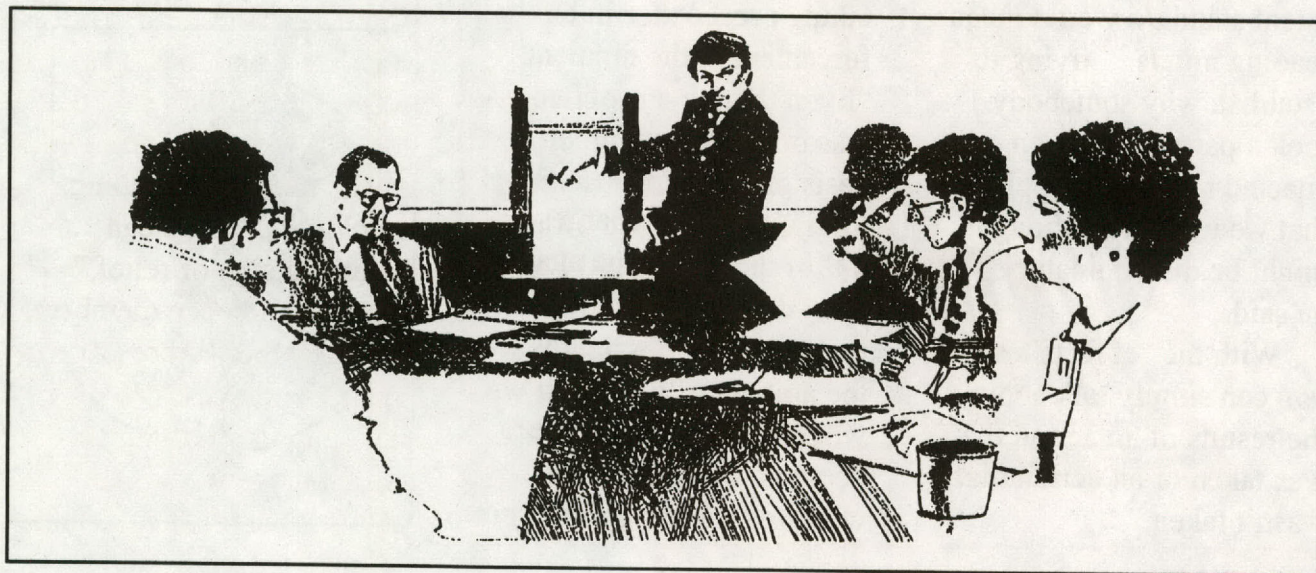


- Employees of elected state officials: Ehrlich says another important change with the 1991 act is that the same rights, protections and remedies offered to regular

employees of the public and private sectors are now offered and extended to employees of elected state officials.

Both laws

Both the ADA and the Civil Rights Act of 1991 call for training and technical-assistance programs. "Over the last two years, we have trained over 20,000 employers on the Americans with Disabilities Act, on sexual harassment and laws that on all the laws that are covered," says Ehrlich. The purpose has been to educate the public --"mostly employers but also potential charging parties"--on their rights and responsibilities.





One change Sanders says he has seen occur as a result of the civil rights acts is an emphasis on proving discrimination on the basis of the effect of the discrimination rather than on the intent of the discriminating party. "To rely on the intent standard would mean reading minds ... trying to establish why somebody took a particular action or enacted a particular policy that we ultimately thought might be discriminatory," he said.

With the "effects test, you can simply talk about the results of an action that was taken or an action that wasn't taken."

Another change, he says, has to do with negotiated settlements as opposed to enforcement. Many employers tend to rely on the fact that the federal response to a discriminatory action will be one of "if they're 'caught' --for want of a better word--the federal government will understand and try to work out an agreement with them," he said.

"If it's possible to voluntarily work out something with the recipient or an agency head, we do that. But, if it's not possible, or it seems to be delayed, we have no qualms at all about going the enforcement route."

He added that cases based on important or high-profile issues seem to be taking precedence in enforcement at the moment. "Even though our office was originally set up on a basis of race, color, national origin, etc.--the old Title VII of the 1964 Civil Rights Act--with the addition of the ADA, it's possible that the amount of work that we will be doing in behalf of persons with disabilities will probably be somewhere

near to 80 percent of the work we do," he said, with the remaining 20 percent in the traditional area of race, color and national origin.

Mediation vs. litigation

In an effort to decrease its workload, speed up the lengthy process of settling cases and make the whole claims-handling process less expensive and painful for all parties involved, the EEOC recently awarded a contract to the Center for Dispute Settlement in Washington, D.C., to design a dispute-resolution program that is being piloted in Houston, New Orleans, Philadelphia and in Washington, D.C.



"The idea of mediation is to use a third-party facilitator to help the disputing parties resolve their dispute," said Iron-Lecesne. "That third party will not make a decision for the parties but will help the parties look beyond their positions to look at their interests."

Through the 12-month pilot program, which began in October 1992, the center hopes to establish that a mediation program can be, in many cases, less costly to all the parties--"to the charging party, to the responding party and also to EEOC." In addition, these cases may take less time to resolve because there's a period of 60 days to resolve the dispute through mediation as opposed to 180 days for the standard investigatory process.

The service will be free to the charging party and, in 25 percent of the cases, there will be no charge to the responding party. The mediators will handle those cases on a voluntary basis. In 50 percent of those cases, there's no charge to the responding party, but the mediators will be paid a fee

through the pilot project. In the remaining 25 percent of the cases, mediators will be paid by the responding party.

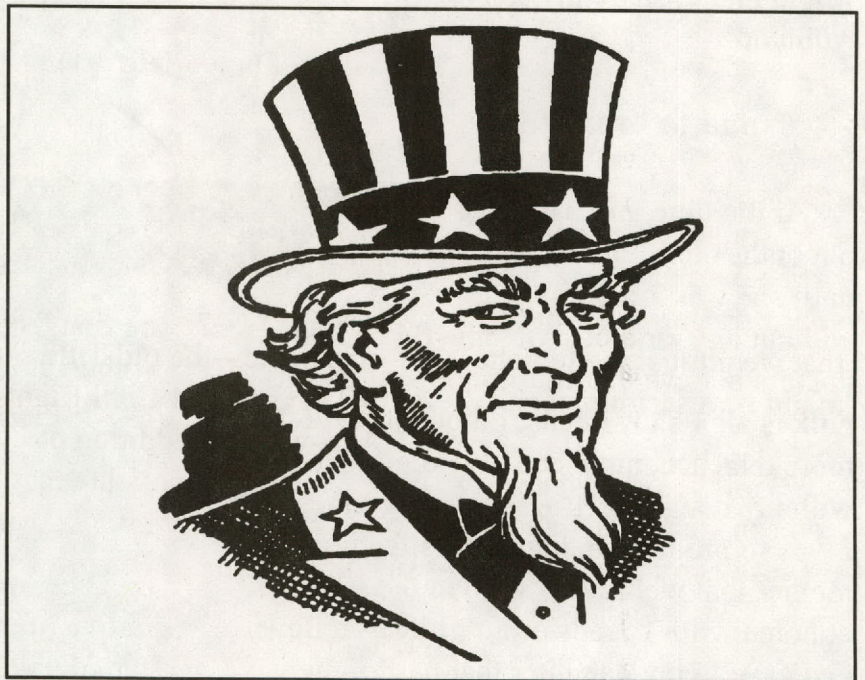
("We're doing that to see, in our evaluations, does it make a difference when the responding party has to pay? Does it make a difference when the mediator's getting paid?" said Iron-Lecesne.)

"It's very important that the charging party has certain safeguards," said Iron-Lecesne. "In the agreement to mediate, both parties--the responding party and the charging party--agree that they will participate in this process

and that they understand that it's voluntary and can be terminated at any time by all the parties."

In addition, the mediation is confidential. "What takes place in the mediation, what kinds of issues come up, what kinds of discussions go on in the mediation ... the parties that participate in the mediation agree that they will not subpoena the mediator to reveal any of that information," should they not come to an agreement through mediation and opt instead to continue the investigatory process or to litigate.

Actual mediations begin in March.



'Breastfeeding is a fact of love'

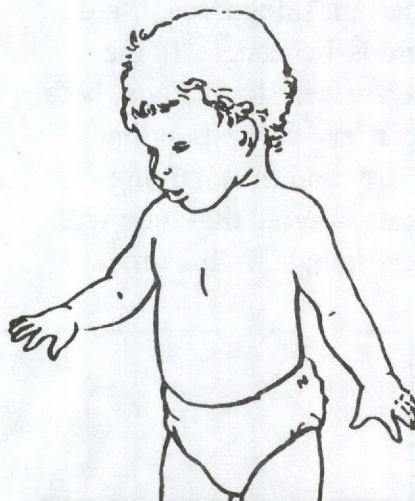
Family of Italian immigrants helped in Brownwood

By Beatriz Bonilla
Project 74 WIC Participant

Six years have passed since I arrived in the United States of America from Italy with my husband, Francisco, and my daughter, Serena. I would like to share my story with you.

Proud to breastfeed

At the time, my baby was 6 months old. I breastfed her until she was 7 months old, without any kind of problem. Since Italian doctors believe that four months of breastmilk is all a baby needs, I thought that I had more than accomplished my commitment with my daughter. It was a loving time. I was so proud of being a breastfeeding mother that wherever I was, in the street or at home, with friends or not, I just sat down and gave to my daughter that part of me.



Success Story

When I got pregnant with my second baby, Ariel Oliver, I thought it would be the same wonderful experience. He was born in the United States. However, this time I went through some troubles, such as baby blues, people asking me why I have to breastfeed my baby if powdered milk is available, or people saying things like, "I never breastfed none of my babies and they

are fine," or "Have you ever seen those women at the mall breastfeeding their babies?" (To them, it was disgusting.)

Love can overcome

Then, on top of people not being supportive of my decision to breastfeed, I started having problems with breast infec-

tions when my baby was about 3 months old. I went to the doctor for antibiotics, but the infections kept coming back every month. Each time, they lasted longer and were harder to clear up. I began having doubts as to whether to continue breastfeeding. But, for me, breastfeeding is a fact of love (and love can overcome many things).

WIC is 'great'

Through the WIC program in Brownwood, I started attending their monthly breastfeeding support group. Without this loving and caring program, maybe I would have quit a long time ago. I am not real good at ex-

pressing myself in English, but I listened and learned much through the experiences of others. I am so grateful to those women who are committed to this program. Because of them, I am still breastfeeding. The WIC program is great and is not only about milk and juice cards, but is an education and information program.

Let me tell you that not only is WIC great, but the United States is a great nation. I can say that since I have been in some other countries. On Dec. 8, my husband and I became American citizens. We are committed to this country--to honor it and to participate in shaping its future. May God bless America and programs like WIC.



Beatriz Bonilla and her husband, Francisco, recently naturalized American citizens, show off their breastfed baby son, Ariel Oliver, at Brownwood's WIC clinic.

Quilting planned

Aug. 1 is World Breastfeeding Day, and tentative plans are being made for a parade in Austin. We invite you all to attend or to hold similar parades in your own towns.

A special feature will be the making of baby quilts. Projects will be contacted soon about this plan.

We hope that most projects and clinics will participate in submitting baby quilts. A breastfeeding theme is requested. Each quilt should measure three feet by five feet. The baby blankets can be quilted, crocheted or whatever--use your imagination. We hope you'll have fun.

Anyone or any group can participate. The quilts will be used in breastfeeding promotion efforts throughout FY94. We hope to share them and display them at health fairs and conferences.

We plan to present an award for the best breastfeeding quilt.

Breastfeeding training 'a wonderful experience'

Liaison worker learns new skills

By Melissa Short

Communications Coordinator
Information & Response Management

After attending the breastfeeding educator training in San Antonio in January, I found that the art of breastfeeding has come a long way. I wish, 16 years ago when I had my son, that I had had some of the information and wonderful support then that I found at the training. Always having been a breastfeeding advocate, I thought it was a wonderful experience for me to be with 100 or so like-minded people.

Before I went, whenever I mentioned to someone that I was going to be attending a three-day training on breastfeeding, the most common response was, "Why so long?" Well, the three speakers and guest speakers were so informative and entertaining that I could have stayed for three more days. And I enjoyed being able to meet and speak with the other WIC staff because it's always nice to put a face with a voice. I envied the WIC staffers and other participants at the training who were going to be able to go back to work right away and start applying what we had learned.

My newly acquired general knowledge of breastfeeding will be useful in my job as a liaison to local agencies, whether I'm helping participants or staff. I know now



Melissa Short, right, receives her certificate as a breastfeeding educator from Janet Rourke, state WIC breastfeeding promotion coordinator.

that the next time I speak to a new mom who has run out of formula, I can tell her she still has the option to breastfeed. I really commend Janet Rourke and her assistants, Chan McDermott and Meribeth Howlett; they did such a great job.

New funds boost peer programs

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

During February and March, about 100 new breastfeeding peer counselors will be trained at many WIC projects across the state. As a result, even more pregnant and breastfeeding women and their babies will benefit from the services of peer counselors.

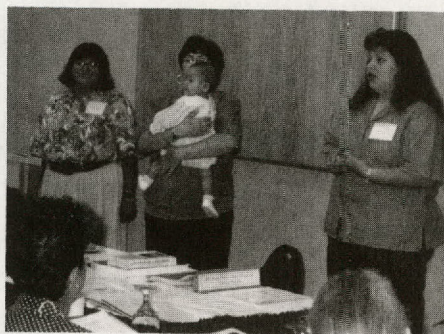
Texas has received approximately \$100,000 in discretionary funds from the U.S.D.A. to expand the peer counselor program to more local agencies and to continue pilot programs initiated in FY92 and FY93.



Workshop trains peer counselors

Above: At a Nov. 11-12 peer counselors' workshop in Austin, participants practice counseling techniques they'll share with peer counselors. Fifty-seven

WIC staffers, teen-parent educators and lactation consultants learned how to design a peer counselor program and to train peer counselors.



Below: Peer counselors Maria Rendon, left, Shelly Rodriguez and Janette Ruiz bring the peer counselor program to life for workshop participants. Not shown is peer counselor Julia Valdez.

'Incomparable' worker leaves WIC

Meribeth Howlett of the State Agency breastfeeding promotion section has resigned to devote her time fully to earning her master's degree in health professions. She started as a volunteer more than a year ago and became so indispensable, says Janet Rourke, breast-feeding promotion coordinator, that she was quickly hired as an hourly employee. Among other duties, Howlett handled registration for the breastfeeding educator training program.

"We will miss Meribeth's quiet, calm efficiency, her always pleasant attitude and her gentle ways," says Rourke. "She became a role model for all of us who worked with her. Staff come and go, but few can compare to Meribeth."

Rourke says there wasn't a job Howlett couldn't handle. "Meribeth takes a piece of our heart with her as she leaves. We sorrowfully say goodbye and wish her the best of luck in all future endeavors."

Breastfed infant with cleft deformity assisted by staffers at Project 5

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

Breastfeeding a baby with a disability like a cleft lip or cleft palate is possible--and even preferred. And with the help of a WIC breastfeeding coordinator such as Sharon Swize at Project 5, mothers can learn how to feed these special babies.

In mid-January, a family with just this problem visited Swize at the WIC clinic in Robstown. Their healthy son had been born two weeks earlier with a severely cleft lip and palate and a protruding milk tooth in the middle of his upper gum that stabs at his mom's breast.

His parents are dedicated to breastfeeding. The mother, who breastfed her first child, had been pumping her milk and feeding her newborn with a bottle. The father said they were deter-

mined that this child receive breastmilk. Their doctors were supportive, too, but efforts to get the baby to latch on hadn't been very successful.

Often, in a baby with a cleft lip, the soft breast will fill the defect, and suction will form a seal.

The parents were especially concerned because they had rented a breast pump for one week and had stored a lot of milk, but they wouldn't be able to afford the pump any longer. They wanted their baby to nurse

at the breast, but were afraid that the effort was too tiring for him.

Swize called Janet Rourke, state WIC breastfeeding promotion coordinator, for more information. Rourke suggested that the woman offer the baby her breast. Often, in a baby with a cleft lip, the soft breast will fill the defect, and suction will form a seal. Mothers can also use a thumb or finger to close the space. Rourke reminded Swize that studies show that nursing is actually less tiring for a baby than bottle feeding.

With Swize's encouragement, the mom tried to latch her baby on again--and he took the breast beautifully and nursed for several minutes. Swize suggested that the mother continue to start every feeding session

by latching the baby on and allowing him to nurse as long as he liked. Then, if she felt he needed more milk, the father could offer a bottle of breastmilk while the mother pumped.

Swize also talked with project director Monica Stender. Arrangements were made for an electric breast pump to be provided until the baby's suckling becomes efficient enough. The baby's milk tooth will be removed as part of reconstruction of his mouth.

This little one is lucky to have a family devoted to breastfeeding and a friend at WIC, ready to help. Breastfeeding is best for babies with a cleft lip or palate, as they're prone to ear infections because the shape of the mouth affects the tubes running to the ears. Breastfeeding helps fight infections such as those that may follow

corrective surgery. Breastfeeding also leads to better



A breastfeeding mom of a baby with a cleft lip can mold her breast to the shape of the baby's mouth with her fingers and thumb, using her thumb to cover the cleft.

face and mouth development, reducing the need for speech therapy later--a common necessity for children with cleft defects.

Equally important is the opportunity for parent-baby bonding that breastfeeding offers. Cleft defects are so obvious that even though parents, siblings and grand-

parents love the baby very much, they may initially have a hard time cuddling it and offering skin-to-skin contact.

Breastfeeding a baby with a cleft defect does not need to be very different from nursing another baby--the breast should be offered on demand, and nursing time should not be restricted.

These are just the rudiments of nursing a baby with a cleft defect. More information is available in the pamphlet, "Nursing your Baby with a Cleft Palate or

Cleft Lip" by Sarah Coulter Danner, C.P.N.P., C.N.M., and Edward R. Cerutti, M.D., available through Childbirth Graphics. A local La Leche League leader or lactation consultant can also help, and some specialize in nursing babies with disabilities or deformities.

Learning from the past

Perfection, architecture and workers

By Linda Brumble

Local Agency/Vendor Training Specialist

Have you ever noticed how history repeats itself?

People think total quality management is a new concept devised by brilliant minds of the 20th century, but what we find upon investigation is that writers in the past also identified the human needs stressed in TQM, needs ignored during the Industrial Revolution's emphasis on production rather than process.

Two of these needs--individuality and an ability to grow and change--relate directly not only to the quality of production or service, but also to quantity. These needs cannot be ignored, particularly in

WIC clinics, where emphasis on production can lessen actual productivity. We can learn from history.

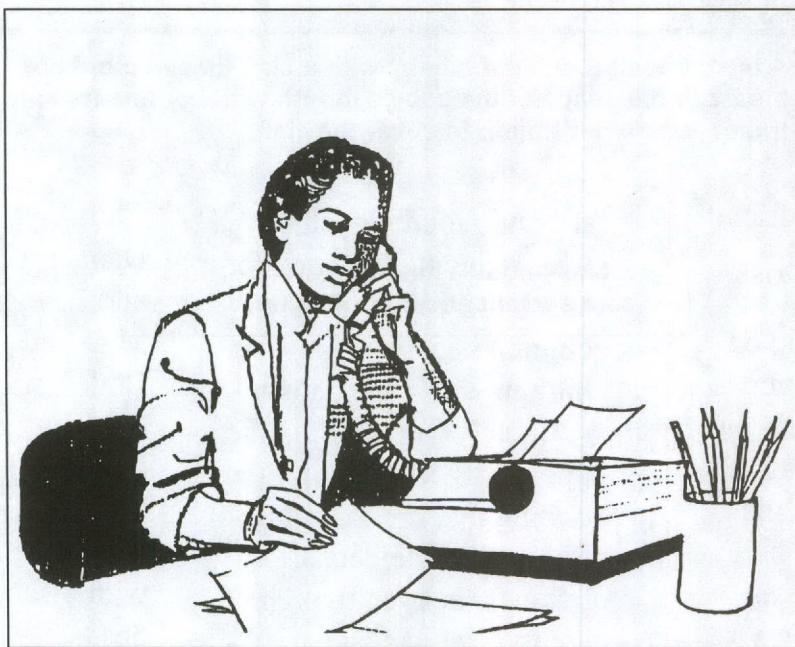
In 1853, as the Industrial Revolution was beginning, a British writer and social critic named John Ruskin defined the six characteristics of Gothic architecture, a style he considered superior to the new emerging "modern" building designs. These points became part of

the prevailing theory of management in the first part of the 19th century.

Ruskin's work is related to that of W. Edwards Deming, today considered the "guru" of TQM.

Ruskin called individuality "savageness." Particularly important in maintaining the "savageness" of a work to him was the allowance for imperfection, which he called "a state of progress and change."

Ruskin believed that managers should desire perfection; however, he said that we should not "set the meaner thing" (the achievement of perfection) above "the nobler thing" (the growth of the worker).



As he said, "You can teach a man to draw a straight line, and to cut one, and you find his work perfect of its kind. But if you ask him to *think* about any of those forms, ten to one he makes a mistake. But you have made a man of him for all that."

With only perfect "product" in mind--that is, product defined as "perfect" by management--Ruskin believed laborers simply become automatons.

Ruskin's thoughts roughly correlate with Deming's of 100 years later, which urge elimination of "slogans, exhortations and targets for the work force asking for zero defects," robbing the hourly worker of pride in workmanship.

In his TQM philosophy, Deming asks managers to look instead for the *thoughtful* part of their employees, seeking to make better people, not just employees, out of them. Thus, they would also become better and more productive workers. This includes involving them in decisions, and as Ruskin stated, asking them to *think* about what they do, even at the risk of "imperfection."

Ruskin also discussed change. He noted that, just as all features of the "modern" building were "absolutely like each other," so were workers required to do the same one thing over and over. Ruskin believed monotonous repetition not only virtually enslaved the

worker, but also created a product that pleased no one.

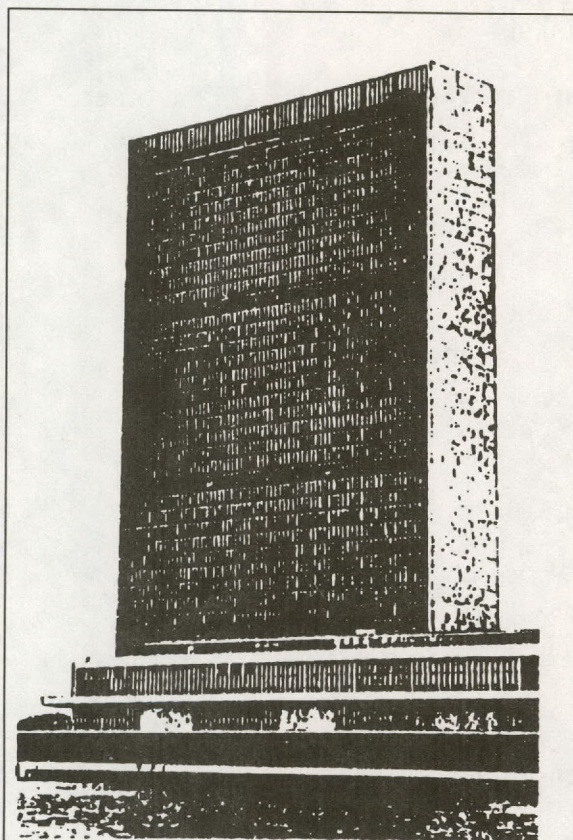
Deming, too, addressed the idea of changefulness in the workplace and "improving constantly" the system of production and service. He stressed on-the-job training and the education and self-improvement of the employees, giving them new goals, both work-related and personal, to achieve.

There must be some human truths in Ruskin's and Deming's work that we cannot ignore in the management of our WIC programs. While we are called "service-oriented," we still operate with production levels and frequently forget that our employees possess the same human needs as those that Ruskin described and Deming redefined.

We must try to make better *people* of our staff, asking them to *think* about what they do as we involve them in the decision-making process. We must give them a variety of duties and responsibilities, encouraging them to grow both personally and professionally.

As Ruskin said:

"Instead of endeavoring to get as much work as possible from the worker, seek rather to render his appointed and necessary work beneficial to him," and the "real amount of work ultimately done will indeed be the greatest possible."



Performing repetitious job tasks is as monotonous as modern architecture, said social critic John Ruskin.

Running away from fat

The role of activity in diet

By Jeanie Cochrane, R.D., L.D.
Nutrition Education Specialist

Almost anyone will tell you that exercise will help you lose weight. Sounds simple, right? As with any strategy to lose weight, things are never as simple as they seem.

The facts about exercise and its effects on weight loss are rather straightforward. Obviously, exercise directly expends energy. It also alters body composition, providing more muscle tissue which in turn increases basic metabolism, making daily energy expenditures slightly higher, even during rest. Exercise can offer the psychological benefits of looking and feeling healthy, which can reduce stress and stress-induced eating.

Exercise by itself is generally not an effective way to lose a substantial amount of weight. The average weight loss from exercise alone is just four to

seven pounds. On the other hand, diet alone also generally meets with little success. The most successful weight-loss plan is diet, exercise and behavior modification.

The most successful weight-loss plan is diet, exercise and behavior modification.

Relapse is common for most who are trying to lose weight, regardless of the method of weight loss they've chosen. The three main predictors of relapse are negative feelings, "cheating" and a lack of social support. Often, women start out exercising but try to go too fast. They make it hard and painful, but few people are willing

to continue a torturous routine.

Dietary restriction generally reduces a person's perceived energy level, so she sees herself as "too tired" to exercise. Excess body fat can also increase feelings of fatigue.

Food dependence may also be linked to inactivity. Most people who restrict calories have at least one weekly binge when they eat a large amount of high-fat foods. A high-fat diet can increase inactivity and sleep duration, resulting in even more inactivity.

Knowing that relapse is so common, how can you as a nutrition counselor help overweight women adopt a successful exercise component to their weight-loss program?

The first step is to understand the participants' perceptions about exercise. Some people think you

can't exercise properly unless you spend a lot of money. You have to have the right outfit, the right kind of shoes or the right gadget. Others believe it doesn't count as exercise unless it takes a lot of time and you sweat a lot. Still others believe you can exercise passively by having a machine vibrate certain fatter parts of your body.

It's important to find out what personal experiences the participant has had with exercise and weight loss. Have they been personal or negative experiences? At this point, you may want to find out what the participant would like to know about exercising and what she feels is a practical amount and type of exercise for herself.

Keep in mind the situation of the participant

before making suggestions about exercise. A mother of five young children probably would not be able to do any exercise that takes her away from her dependents; she may not have anyone to watch them. You could recommend that she do exercising activities that



involve her children, such as going for a walk or playing ball. Many participants may not live in an area that is conducive to exercise. If they live in the city in an apartment in a relatively unsafe neighbor-

hood or on a busy street, taking a walk may not be an activity they feel comfortable with.

Also remember that some women can't afford certain types of exercise, such as aerobic classes, tennis or bike riding. Others may enjoy these activities and have the necessary resources to partake in them.

During your discussion, you may want to include some tips for exercising that participants may not see as exercise. For example:

- Take the stairs instead of the elevator.
- Get off of the bus a couple of blocks from your destination and walk the rest of the way.
- Park farther away at the store.
- Go for a

short walk with your children. Most kids like to go outside, and exercise is good for them too.

- Instead of driving, walk to places (stores, friends' homes) that are within a mile of your home.

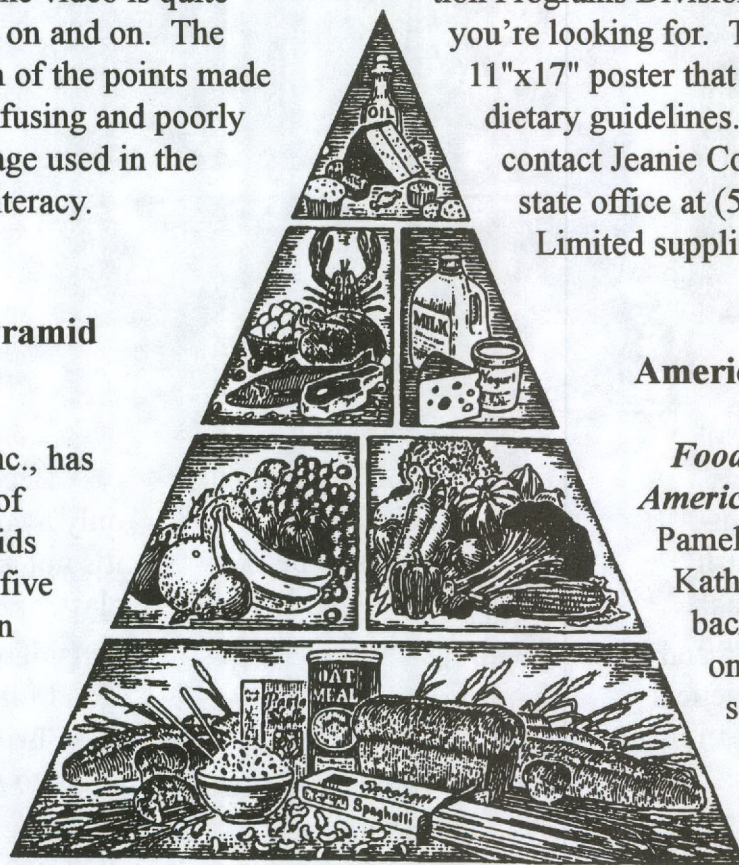
Nutrition Roundup

Review: *Supermarket Persuasion*

This 23-minute, live-action video provides some excellent insights into the merchandising tricks supermarkets use to sell items. The information would be good as a reference for staff, but it's not appropriate for WIC participants because it contains too much information and some information that is basically irrelevant to our population. The video focuses on marketing strategies and provides little nutrition information. Many of the ideas are interesting, but the overall consensus was that the video is quite boring. It just drags on and on. The visual representation of the points made were sometimes confusing and poorly done, and the language used in the video was not low-literacy.

Food guide pyramid for kids

General Mills, Inc., has produced a booklet of coloring pages for kids that emphasizes the five food groups listed on the new food guide pyramid. The pyramid form is not shown, but the servings are



the same. *To Be Healthy Coloring Book*, booklet No. A65118, is provided free to WIC programs. To order copies for your clinic, send a written request for the amount you need to General Mills - WIC, P.O. Box 245, Stacy, MN 55079.

Dietary guidelines poster

Looking for an eye-catching, colorful, simple poster about the dietary guidelines? The Texas Education Agency Child Nutrition Programs Division may have just what you're looking for. They've produced an 11"x17" poster that simply lists the dietary guidelines. To order a copy, contact Jeanie Cochrane at the WIC state office at (512) 458-7437. Limited supplies are available.

American ethnic foods

Food and Culture in America, written in 1989 by Pamela Goyan Kittler and Kathryn Sucher, contains background information on food supply, food selection, food preferences and food beliefs for different ethnic groups.

This book could be helpful to WIC staff who counsel WIC participants from cultures different than their own.

The book, published in New York by Van Nostrand Reinhold, carries the ISBN of 0-442-28322-9.

Fast foods

To get specific nutrient information on certain fast foods, you can call the Nutrition Coordinating Center at (612) 627-4862, or write to the following address:

McDonald's Nutrition
Information Center
McDonald's Plaza
Oak Brook, IL 60521

Consumer Nutrition Center
Campbell Soup Co.
Campbell Place
Camden, NJ 08103-1799

Stouffer Foods Corp.
5750 Harper Road
Solon, OH 44139

General Foods USA
General Foods Consumer Center
250 North St.
White Plains, NY 10625

Nutrition and Health Information
Kraft General Foods, Inc.,
Technology Center
801 Waukegan Road
Glenview, IL 60025

Heart-healthy Mexican foods

The American Heart Association, Texas Affiliate, Inc., has recently released a nutrition education program, *Hispanics and Heart Disease: A Recipe for Change*. This program is aimed at people in the lower to middle socio-economic sector of the Hispanic community who are partially assimilated, speak both English and Spanish, place a high value on good health and have the means to make heart-healthy lifestyle changes.

The program consists of a 15-minute English video



that illustrates how two Hispanic families have modified their favorite Mexican recipes to be heart-healthy while retaining the cultural flavor of their heritage. The video shows how to prepare common Mexican foods in a low-fat way and includes testimonials from the fami-

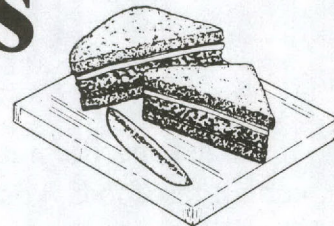
lies that made the changes. A program leader's guide, used to support presentations, is also included, along with a bilingual recipe booklet that includes the foods prepared in the video and a bilingual education brochure, *Making Mexican Foods Heart-Healthy*.

Because this video is only available in English, it's not appropriate for the classroom, but would be fine as a waiting-room video. If you'd like more information on how to obtain a copy, call Abby November at the state WIC office at (512) 458-7444.

First in a series

Nutrition and children with special needs

By Kathleen Pearson, R.D., L.D.
Technical Support Specialist



Nutrition is not just what foods we eat but also how our body uses that food.

How we use the food we eat varies; it depends on individual needs.

Recommendations

Nutritional requirements are the same for all young healthy children and are based on their age group. These requirements are called the recommended dietary allowances, or RDA's. They tell us how much we need to eat each day of each of the known essential nutrients (protein, vitamins and minerals). RDA's also outline the amount of energy, or calories, needed each day.

To obtain these nutrients, people have followed the "basic four food groups" and now follow the "food pyramid," which groups foods according to nutrients (breads/cereals, vegetables, fruit, milk/cheese, meat/beans/eggs, fats/sweets) and tells us how much from each group we need to eat each day. If these recommendations are followed, children will develop and grow.

Special needs

These recommendations apply to healthy persons and do not cover the special nutritional needs of children with metabolic

disorders, chronic diseases, injuries, prematurity, and other medical conditions including drug therapies. Thus, the dietary requirements for special-needs children with handicaps or disabilities are adjusted and depend on their specific medical and/or physical conditions.

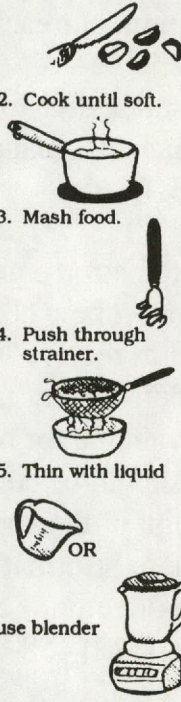
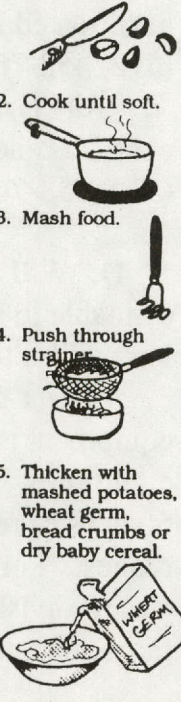
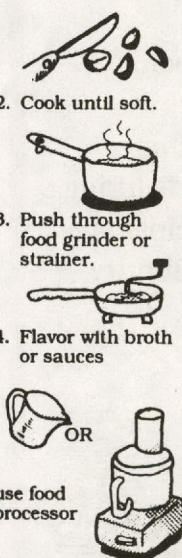

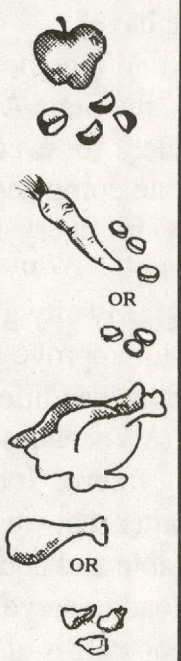
In addition to knowing which foods to consume, the child's physical ability to eat must also be considered. Most special-needs children have some type of physical disability that delays a normal developmental process such as crawling and walking. Sucking, chewing and swallowing are also often affected. These oral-motor functional problems usually delay the child's ability to progress from pureed and strained foods to chopped and cut-up foods, often preventing the child from obtaining the nutrients provided by the harder-to-eat foods.

Developmental readiness

Developmental readiness for foods isn't determined only by age, but also by the infant's or child's physical ability to chew and to coordinate breathing and swallowing.

On the facing page is a food texture guide showing the oral-motor skill needed in eating certain foods, and the progression that infants and children follow.

Food Texture Guide

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
FOOD TEXTURE	Pureed	Thickened pureed	Ground	Chopped	Cut-up
Oral motor skill needed	Coordinates breathing and swallowing. Weak-to-strong sucking, lip closure, tongue movement and jaw control are present. Tongue can move front and back or up and down.		Chews with up and down motion. Developing good lip closure.	Tongue moves food from side to side in mouth.	Tongue and jaw chews food in circular motion. Biting skills are present.
Texture preparation (steps for cooking are listed in numerical order)	<ol style="list-style-type: none"> 1. Use chopped table foods. 2. Cook until soft. 3. Mash food. 4. Push through strainer. 5. Thin with liquid.  <p style="text-align: center;">use blender</p>	<ol style="list-style-type: none"> 1. Use chopped table foods. 2. Cook until soft. 3. Mash food. 4. Push through strainer. 5. Thicken with mashed potatoes, wheat germ, bread crumbs or dry baby cereal. 	<ol style="list-style-type: none"> 1. Use chopped table foods. 2. Cook until soft. 3. Push through food grinder or strainer. 4. Flavor with broth or sauces.  <p style="text-align: center;">use food processor</p> <p>To help develop biting and chewing, gradually add some finger foods like bread strips, dried fruit, cheese strips, cooked vegetable pieces or dry cereal.</p>	<ol style="list-style-type: none"> 1. Use chopped table foods. 2. Cook until soft. 3. Use chopped meats, casseroles, soft fruits, cheese. <p>Use chopped meat in sandwiches, on small pieces of bread or crackers.</p> <p>Use pastas, rice or finely chopped salads.</p> 	<p>Use small pieces of cooked meats and vegetables, crunchy fruits, coarsely chopped salads, cornbread.</p> 
	Children sometimes find thicker, textured foods easier to swallow.				

Source: North Carolina Department of Environment, Health and Natural Resources. Adapted from materials developed by the Nutrition Division of the Durham County Health Department.

Indicators of nutritional status

When screening children to determine if they are meeting their nutritional needs, the following are important indicators of nutritional status:

Growth: The primary indicator. Both length and weight are measured and plotted on sex- and age-specific growth charts. This determines rate and amount of growth.

Diet: Which foods are actually eaten and how much. Can determine nutrient intake and how many calories. Also, type of foods may determine eating ability.

Feeding skills: Physical ability of the child to take in food.

Medical history: Diagnosis and medical problems such as constipation, diarrhea, vomiting, gagging, dental problems, anemia and medications.

Social concerns: The family's economic restrictions. Also, caregiver's ability to buy and prepare food and caregiver's concerns regarding child's nutritional status.

Good nutrition will promote growth and good health in every child. With special-needs children, this is especially important since they are already at nutritional risk.

Next month's topic: Nutritional guidelines for specific medical conditions and disabilities.

Expansion Q&A

By Marsha Walker
Outreach Coordinator

Q: How many clerks should each clinic have?

A: While there's no policy on this issue, the State Agency recommends hiring one clerk for every 500 WIC participants and one competent professional authority (CPA) for every 1,000 participants.

Q: My city government will not approve funds for me to hire additional clerks or CPA's because we have a hiring freeze. It doesn't seem to matter that we have funds available and additional caseload to serve. And my current staff is already working to full capacity. What can I do?

A: We've asked the health commissioner and the governor to sign letters to officials of every city, county and health department in Texas urging them to support their local WIC projects. These letters are working their way through the bureaucracy--not too slowly, we hope.

If this is a critical problem to you, and you need their approval for additional staff, contact one of the following WIC officials about visiting with your city manager or mayor to see if the problem can be resolved:

- Debra Stabeno, state bureau chief, (512) 458-7632.
- Jackie Dosch, division director of

nutrition education, outreach and training, (512) 458-7652.

- Ray Krzesniak, division director of contracts and financial management, (512) 458-7633.

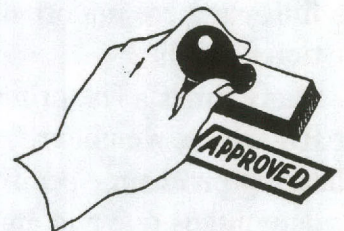
Q: Will automation equipment become available to support new clinics? How long will it take to receive it?

A: Our understanding is that sufficient equipment is available for many more clinic sites. It should be delivered within 60 days of receipt of the approved written request. For more information, call Jim Casey, division director of automation management, at (512) 458-7775.

Q: It's hard to get approval for new clinic space from city and county governments that don't have any money now, even if they could be reimbursed later. Can't the state WIC office provide up-front money for contractors to rent new space for new clinics?

A: WIC has no provision to pay for rental space, but we can reimburse contractors in 60 to 90 days.

It's possible for WIC to guarantee funding for a new clinic's startup. The duration of the startup would need to be negotiated with the State Agency.





Can your baby hear the sounds of Texas?

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

Those of us with normal hearing often take this ability for granted. It's hard for us to imagine not being able to hear the birds chirp in the morning, the sound of rain on the roof or even the noisy traffic on our way to work.

Normal hearing is especially important for babies and young children because, if they can't hear voices, they lose out on hearing the sounds that make up our language.

Many times a baby who has a hearing problem can be helped. Those of us who come in contact with babies or who deal with new parents can

Sounds of TEXAS

CAN YOUR BABY HEAR THEM?

Your baby should....

One Month

- look at you when you are feeding her
- respond to your voice and get quiet for a moment
- startle to loud sounds (stop moving)

Two Months

- play with sounds
- make sounds when you speak to her
- smile or stop crying when you speak to her

Four Months

- turn to the sound of your voice if she can't see you
- act differently to ways you talk to her (angry, friendly, loving)
- make sounds back to you when you talk to her or play

Six Months

- pay attention the whole time you are talking to her
- make sounds in the back of her throat (e.g. "goo")
- play with sounds when she is alone

Nine Months

- turn her head toward a familiar person
- when they begin talking to each other
- make long strings of sounds (bababa, dadada)
- wave bye-bye

Twelve Months

- have one or two "real words" (e.g. "ba" for bottle, "da" for dog, "mama" or "dada" for mother or dad)
- play with familiar toys (roll the ball, run the truck back and forth)
- show his feelings when a toy is taken away (mad) or when he wants something

PARENTS KNOW IF THERE IS A PROBLEM

A BABY'S HEARING CAN BE TESTED FROM BIRTH
(CALL TODAY IF YOU HAVE CONCERNS).

CALL 1-800-4-BABY LOVE FOR HELP!

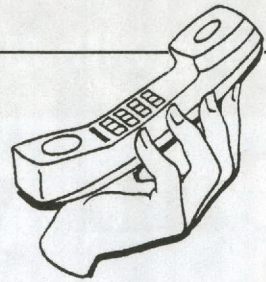
help identify if a baby might have a hearing problem. The toll-free 1-800-BABY LOVE or (1-800-422-2956) line can give you more information.

A colorful poster developed by the Program for Amplification for Children of Texas details which behaviors to look for in identifying a possible hearing problem. The red, white and blue poster, *Sounds of Texas: Can Your Baby Hear Them?*, is available through TDH Literature and Forms (Stock No. M&CH 1-101). A flier with similar material can also be ordered (Stock No. M&CH 1-100.)

New poster, *Sounds of Texas: Can Your Baby Hear Them?*

Just a phone call away...

Outreach materials available free to projects



Free outreach materials for WIC projects across Texas are available from the State Office at (512) 458-7444 by calling Marsha Walker, outreach coordinator, at ext. 3443. Orders can also be placed with her assistant, Angela Alsup, at ext. 3478:

- (1) New full-color ethnic-art poster
- (2) New *Footprints* poster
- (3) New *Footprints* newspaper advertisement
- (4) New *Footprints* and *Dreams* radio public-service announcements
- (5) New *Footprints* and *Dreams* television public-service announcements
- (6) New *Footprints* postcards for physicians and health professionals
- (7) *WIC Makes a Difference* brochure for health professionals
- (8) 1-800-WIC-FOR-U brochure
- (9) 1-800-WIC-FOR-U flier

(10) 1-800-WIC-FOR-U poster (with telephone)

(11) *You May Qualify for WIC* poster

(12) *Some Bunny Special at WIC* circular stickers

(13) *Attention Mothers!* coloring sheets for kids and moms

(14) Foster parents letter in English and Spanish

(15) *Homeless* flier

(16) *WIC Waiting Room Video* (30-minute continuous loop)

Due soon from the print shop:

- A new flier directed at working women and containing the income schedule for WIC eligibility.
- A new flier for participants, called *You May Qualify for WIC*.

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

Bulk Rate
U.S. Postage Paid
Austin, Texas
Permit No. 28