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Texas July 1993

WIC News

Special Supplemental Food Program for Women,
Infants and Children

Government Publications
Texas State Documents

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Debra Stabeno, WIC Bureau Chief 1985-1993, accepts new challenges.

FROM THE OUTGOING BUREAU CHIEF

As many of you have already heard, effective July 1, 1993, I began a new position as Deputy Associate Commissioner for Family Health Services. I am responsible for administrative and financial management for the Bureaus of WIC, Maternal and Child Health, Dental and Community Oriented Primary Care. While I am excited about the new challenges this job brings, I have very mixed feelings about leaving the WIC Program where I have worked for almost nineteen years.

My first feelings are of admiration for my colleagues in the WIC community. I will remain forever grateful for the opportunities I have been given to learn from such a talented, creative and dedicated group of people. I truly believe that WIC is successful because it works as a partnership -- people from USDA, state agencies, local agencies, participants, advocates and many others join together to make WIC work.

I believe in the WIC Program and the benefits it provides to our participants. Each new participant should be looked as an opportunity-- an opportunity to make an impact on the outcome of a pregnancy, an opportunity to provide nutritious foods and education to our children, and an opportunity to provide our parents and guardians with the information needed to make behavior changes, and perhaps the most important of all, the opportunity to provide a positive role model.

I will continue to guide the WIC program through the transition period of the next few months. Ray Krzeniak will act as interim director. My position will be posted and advertised nationally, and I feel confident that an excellent director will be found, one that is an inspiration to your daily work and worthy of your trust.

Building participation in the next few months is critical to the Texas WIC program. I encourage you to do intensive outreach in your communities and bring new women and children onto the program. This is an opportunity for growth!

Of course, it would be hard to accomplish more than we did in May. The *WIC Grow For It* Campaign was a tremendous effort by local agencies; the program grew by more than 12,000 statewide. Five local agencies grew by more than 7 percent in May: Projects 73 Centro Del Barrio, Inc., 07 City of Dallas, Dept. of Health and Services, 46 Brazoria County Health Dept., 56 San Angelo, 88 Region 8 WIC Program. Three other projects more grew by more than 6 percent: Projects 63 Hardin County-WIC Program, 74 Brownwood-Brown County Health Dept., and 82 Region 2 WIC Program. Congratulations on your outstanding work! Our mission at WIC is to serve every eligible woman, baby and child with the funds we have available. We can still serve an additional 10,000 participants each month through the end of Fiscal Year 1993. Let's make the most of this opportunity to let WIC work for the mothers and children of Texas.

Thank you all. ★

WIC *inside* News

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Look for
 these boxes
 throughout
 the
 newsletter to
 find quotes
 from Projects
 and State
 Agency
 workers about
 the May
 WIC Grow
 for it!



Robot Nurse Signs Up New Clients!

During the month of May, our *Grow For It!* month project 56 took its show on the road to the local shopping mall. The mall management generously donated the use of a huge vacant store, for WIC use on two Saturdays.

With the help of "Nurse Happy WIC" a remote controlled robot, the staff of San Angelo interviewed, screened, certified and issued vouchers to many new clients. Many others were given appointments to be screened at the main clinic later if they didn't have enough verification.

The talking, dancing robot was a great attention getter, quite suited to doing outreach to the young families that were out shopping that day. Children were fascinated by the conversation capabilities of the robot and seemed delighted in watching themselves on the TV monitor on Nurse Happy WIC's tummy.

One of the robot's eyes is a TV camera and it focuses on the child before it. The picture then shows up on the monitor inset on the robot's midsection. The conversation part is run by remote microphone that is operated by a hidden staff member.

New WIC Project 76

Outreach Health Services, a private non-profit health organization, is the WIC program's newest provider in Texas: WIC Project 76. Program director will be Mike Easley. As of July 1, the Garland-based group began providing WIC services to the following counties: Archer, Baylor, Callahan, Cottle, Eastland, Foard, Fisher, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Scurry, Shackelford, Stephens, Stonewall, Throckmorton, Will Barger, and Young.

The group will also provide WIC services to Cook, Erath, Hood, Montague, Parker, Palo Pinto, Somerville and Wise Counties, beginning August 1. Ellis, Johnson and Kaufman Counties will also come under the group on September 1.

Locations for most of the WIC sites will remain the same, Easley said. "We will try to co-locate with health departments or as near to health department facilities as possible," he said. "We've tried to retain all the WIC field staff who were delivering services will be staying."

Easley said immunizations will be offered at every WIC site, and that he is currently working on developing schedules for all clinics to offer non-traditional and weekend hours to make services more easily available to working families.

Rockwall and Fannin Counties, formerly in Public Health Region 5, will be shifted to WIC Project 57.

Outreach Health Services has been providing home health care, primary care and emergency response services to the area since 1977.



Participant Wins Referral Contest

During April and May Project 56 held a contest to see who could bring in the most new participants. For the people to count they had to actually qualify for WIC.

Tracy Susaraba referred six people who were eligible and became participants and captured the record. Project 56 added more than a hundred clients because of the contest.

This contest was only open to WIC participants, staff were not eligible to play.

Tracy said she had a lot of good uses for the \$100 gift certificate that was donated by a HEB in San Angelo.

Peer Counselors Keep One Mom Breastfeeding

"We're real impressed with our peer counselors," says Becky Wilson, breastfeeding coordinator at WIC Project 47 in Dallas. "They're really making a difference." Wilson says moms who may have been slipping through the cracks are being helped by new counselors.

For example, Wilson tells of a Spanish-speaking breastfeeding mom who had completed her certification and nutrition counseling, and said she was doing fine. However, the procedure is to have each pregnant and breastfeeding mom counseled by a breastfeeding peer counselor during certification. Bilingual Peer Counselors Margarita Sanchez and Rebecca Serna visited with the mother and discovered she was using a rubber baby bottle nipple to try to coax her baby to nurse and inverted nipple.

Sanchez and Serna were able to counsel the mom to give her a breast shell to help the nipple protrude so the baby could latch-on. Rubber nipples and breast shells prevent suck stimulation to the breast and usually cause lactation failure, so the intervention of

the counselors probably kept this mother breastfeeding. The mom is STILL successfully breastfeeding.

"The counselors are really making a difference," Wilson said. "We started our peer counselor program in March and we have already gone from 60 breastfeeding women to 90 in June.

Project 30 Breaks Record

The month of April had Project 30 in Port Arthur setting participation records, and the expansion contest hadn't even started yet.

The project reached its goal of serving more than 4,000 participants during the month of April.

Because of this great push the local paper, Port Arthur News, wrote a nice long article about the Port Arthur project and the WIC program.

So even though increasing over their new participation rates was going to be tough, their efforts paid off with some good publicity, and it was free too!

"I got good experience on the inside part of the program, I enjoyed it. I felt that I helped out while I was there, I did weight and measuring and plotting. It was really fun until a baby peed on me. The clinic was real organized, clean and neat people were real nice- It was nice to see the inside view of the program."
-Diane Salem

Mark Your Calenders!

Come Celebrate World Breastfeeding Week; **TELL ME SOMETHING I HAVEN'T HEARD: BREASTFEEDING UPDATE '93**

Friday, August 6, 1993 at the Holiday Inn Crowne Plaza, 2222 West Loop South, Houston, Texas (713) 961-7272

Sponsored by:

- HALCEA - Houston Area

Lactation Consultants and Education Association

- Medela, Inc.
- Methodist Hospital

- City of Houston WIC, Harris County Health Department WIC

This conference will update healthcare professionals on recent research, practical skills and controversial issues in lactation management.

- Featuring national and local experts in the lactation field

- Continuing education credits applied for through ADA, TNA, IBLCE

For more information call: (713) 955-0273

State Staff Attend BF Training

Bobby Jones and Betsy Coats, two phone operators in the Information and Response management section, attended a Breastfeeding Educator training seminar with several other state staff.

They receive many calls about breastfeeding problems and questions and wanted to be able to have the answers.

The instructors were very good and the class was very intense, they had to study every night and even on breaks.

They had to pass a written test and a practical test including seven skills tests on things such as positioning and using breast-pumps.

Since Bobby was the only male at the class he was fairly noticeable. He was most self-conscious during the exercise where they had to massage their 'breast'. The breast was a pink balloon that they had draw a diagram on.

The class covered more than anyone expected it to, and all of the newly certified Breastfeeding Educators feel that it was definitely worth it.

Dairy Products Purchased with WIC Vouchers, March 1993.

3,583,689 one-half gallon of milk	\$4,070,045.58
260,160 12 oz. can of evaporated milk	\$143,059.78
796,795 pounds of cheese	\$2,273,678.19
	<u>\$6,486,783.55</u>

WIC vouchers purchase about \$9.9 million in infant formula each month. About 60% of the formula is milk based, the other 40% is soy based.

Texas WIC Marketing Study Underway

Best Start Inc. in cooperation with the March of Dimes (Central Texas Area) has been selected by the Texas Department of Health (TDH), Bureau of WIC Nutrition, to design and conduct a statewide marketing study of the Texas WIC program. The group will conduct research and compile results in order to improve efficiency, accessibility and effectiveness of the Texas WIC program. The research team will specifically address utilization and non-utilization of WIC services by pregnant women on Medicaid and develop a strategy to increase participation in this group.

Carol Bryant or Jim Lindenberg, both of Best Start, are now selecting local WIC directors to ask for assistance in gathering research from participants and staff members. Please assist them if they call!

The marketing research, funded by the United States Department of Agriculture, will include:

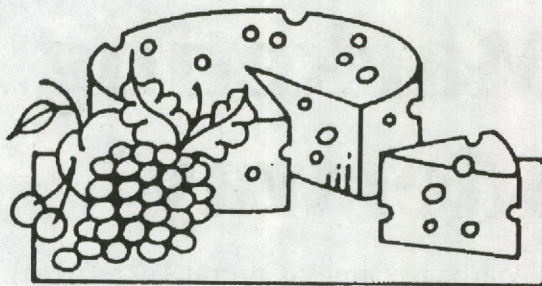
- (1) a review of recent literature, technical reports and national model programs;
- (2) design of a research plan utilizing existing data, in-depth interviews, focus groups, questionnaires and surveys with WIC participants, staff, health providers, and other program partners;
- (3) design and preparation of protocol for information collection;
- (4) development of quantitative data collection instrument; and
- (5) data analysis,
- (6) production of a research summary and
- (7) a strategy formation session with WIC staff.

The purpose of this research is to assist local WIC agencies in increasing the percentage of eligible families that enroll in the WIC program while enhancing the real and perceived quality of the benefits. The research is expected to help the WIC program meet nutritional and education needs of WIC participants; improve program participants' satisfaction with the program and enhance job satisfaction among WIC's professional, clerical and administrative staff. The group will also help to develop a permanent data collection system which will allow administrative staff to monitor client and staff needs.

Timeline for the project is:

- June** - Methodology statement and approved research design
Review of literature and programs
- July** - Qualitative Data collection
Focus groups; interviews; ethnography (clinic observation)
- August** - Remaining Focus Groups
Preliminary data Analysis
Quantitative instruments
Summary of qualitative data
- September** - Summary of Qualitative data
Research Synthesis and Strategy Report

'The Southwest clinic in Houston was swamped so I went there. I sat down at a computer and started entering claims. The fun part was being able to use my Spanish to help with translating. One thing I did find out was that it doesn't matter if I'm talking in Spanish or English, I still can't type and talk at the same time!' - Johnny Taylor



BY JEANIE COCHRANE R.D., L.D.
SPECIAL POPULATIONS NUTRITIONIST

Nutrition Education for Children

"Smart Start: Food, Fitness, and Fun," is a nutrition education manual focusing on nutrition education activities for 3-5 year olds. It discusses childhood obesity and basic nutrition and incorporates the new Food Guide Pyramid. This notebook includes nutrition and exercise activities, stories, songs, and rhymes, snack ideas, and references. Each activity section includes suggestions for classroom experiences as well as at home activities to reinforce learning. This would be a great resource for anyone who provides nutrition education to children.

This material was developed by the Oklahoma City Area Indian Health Service. For ordering information contact Lou Hankins at (405)231-4788.

The American Heart Association "Heart Treasure Chest," helps 3-6 year olds learn about healthy hearts. It comes in a kit that looks like a treasure chest. Included in the kit are the curriculum guide for teachers, reproducible "Heart Notes" newsletter (in English and Spanish)



to give to parents, and resource materials for classroom use.

This kit can be borrowed through the Nutrition Education Training (NET) library at (512) 483-7256. It can be borrowed or purchased for \$30 from your local American Heart Association.

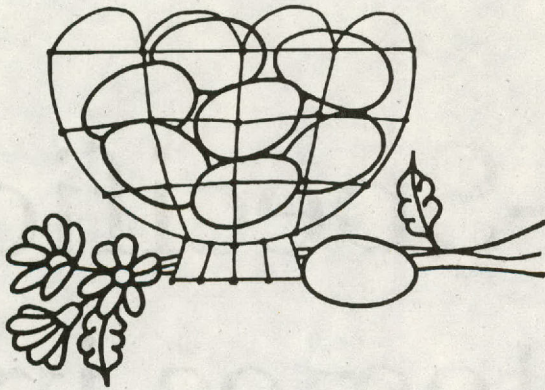
For Adults with High Blood Pressure

"Eat Right to Help Lower Your High Blood Pressure" (ISBN 0-16-038127-4) is a 28 page participant booklet developed by the National Institutes of Health, National Heart, Lung and Blood Institute. It is eye catching, colorful, and low literacy. It includes information on lowering blood pressure through weight loss, exercise, and diet. It includes menu ideas, recipes, and foods to choose when you shop. Not all of the suggestions are appropriate for a low income audience.

This pamphlet can be purchased through the:
U.S. Government Printing
Office

Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328

Georgia Harris of LA 7+ and her staff stuffed plastic bags with info about WIC and hung these bags on over 10,000 doors. When asked if she wanted any help from the SA she said, "Honey, I wouldn't make you come down here! We can handle it."



As You Grow ...

As your project expands and you add sites and satellites you probably will need additional nutrition education materials for the new clinics. The State Office will provide you with additional audiovisuals, lesson plans, and "Chuckles the Clown" puppet kits. Call Dawn Everett at (512)458-7437.

If you are running short of the participant newsletter "WIC For You" call Barbara Bremner or Jeanie Cochrane at (512) 458-7437 and we will increase the number of newsletters sent to your project.

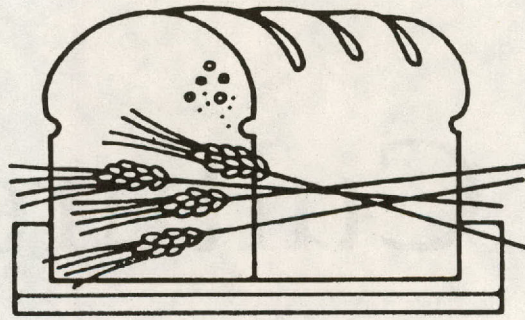
From "Fruit and Vegetable News", a newsletter put out by the Produce Marketing Association.

PRODUCE PARTICULARS

Prunes are being used as a fat substitute. Prune puree can be used in a one-for-one substitution (1 cup puree for 1 cup butter) in brownie, cake, and cookie recipes. You will cut fat 75-90% and boost vitamins, minerals, and fiber at the same time.

Kiwi fruit eaten with skin on.

Kiwifruit, once known as the Chinese gooseberry, can be eaten directly out of hand without peeling it. The peel is edible. Some people rub off a little of the fuzz, others don't.



Cruciferous vegetables are vegetables that have four petaled or cross-like leaves. They include broccoli, brussels sprouts, bok choy, cabbage, cauliflower, and various greens such as mustard, turnip and beet greens, kale and Swiss chard. Research shows that cruciferous vegetables may have natural anti-cancer properties.

We want your slang. That's right. We want to hear about the "street language" used by participants at your project, especially teens. We will be compiling a list of terms and their definitions to be featured in a future newsletter article. We would like to hear from you whether or not you know the definition of the words you hear at your project. Forward your comments to Jeanie Cochrane in the State Agency at (512) 458-7437.

At project 17 in Houston they were very busy, but there was a more light-hearted attitude among everybody. The staff got to talk to the participants more than usual. The head of the Pediatrics department at the UT Health Science Center donated \$250 dollars. The money will be used for gift certificates to Foleys.

'I was amazed at how cheerful the workers were as they did the screening, certification process and issued cards. They also explained the program and showed nutritional education videos to mothers, fathers, children and crying babies. The process was very organized and each WIC staff member seemed to know exactly what to do and carried out their responsibilities very efficiently.'

Culture-Specific Strategies in Counseling:

BY JEANIE COCHRANE, R.D.,L.D.
NUTRITION EDUCATION SPECIALIST

Have you ever noticed that some people talk very loudly and others softly; that some talk fast and others deliberately; that some never take a breath and others pause so long you wonder if they are still alive?

These vocal characteristics are referred to as paralinguage. Other vocal cues include hesitations, silences, and inflection. Paralinguage is evident in the ways we greet, address, and take turns speaking. Paralinguage varies culturally and by age, gender, and emotional condition.

Silence

U.S. Americans often are uncomfortable with a pause or long silent stretch in the conversation and often try to fill it in with talk. Other cultures interpret the use of silence differently. Asian culture uses silence as a sign of respect. For many Chinese and Japanese silence is not a signal for others to speak. The speaker may wish to continue speaking but may be

silent after making a specific point to give the listener time to think about what was said.

Silence can easily be misinterpreted by the counselor. If a client does not speak out, this may be seen as a sign of ignorance or lack of motivation. However, some cultures consider it a sign of disrespect to ask questions of a teacher because it implies that the teacher was unclear or incorrect.

Volume

Volume and intensity of speech in conversation is also influenced by cultural values. American visitors in other countries are often seen as "boisterous" and "shameless" because they tend to speak louder. The loud volume is perceived as aggressive, anger, or lacking self control. When compared with Arabs however, people in the U.S. are softspoken.

The counselor working with culturally different clients should keep



Paralanguage

in mind that speaking loudly may not indicate anger or hostility and speaking softly may not be a sign of weakness, shyness, or depression.

Directness

The degree of frankness also varies considerably among cultural groups. Asian Americans, Native Americans and some Hispanics value indirectness. They see the U.S. emphasis on "getting to the point" as immature and rude. Directness can alienate these clients.

Word Count

While White Americans may value using a large and extensive vocabulary to relay their message, some cultures are more succinct in communicating their message. This may be seen in some African Americans. They may be incorrectly labeled as nonverbal, inarticulate, and unintelligent because they use fewer words to communicate the same

content as their White counterparts.

It is important to recognize that not everyone follows the same rules for language and communicating. When counseling a culturally different client, you can not expect that they will adhere to the same communication rules or style as you do. Recognize their differences as a difference, not a measure of intelligence or capability.

Take time in the next month to become aware of your paralanguage:

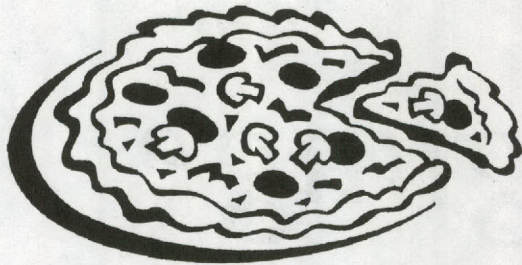
- Is your paralanguage affecting your rapport with culturally different clients?
- Are you interpreting the paralanguage of culturally different clients negatively?

Excerpted From:

Sue, Derald W., "Culture-Specific Strategies in Counseling: A Conceptual Framework," Professional Psychology: Research and Practice. Vol.21, No.6, 424-433. ★

"I was in Cleburne at site 85-02 when it got busy. All of the kids were tired of waiting and the parents were tired of trying to keep them entertained. So one mother gathered all of them up in a circle and started to read them a story. Later I asked her if she would like to volunteer to work at the clinic. She has some free time this Summer so her and the supervisor were talking it over. She also mentioned some places around town where the clinic might get some toys donated to help keep the kids busy." -Valerie Wolfe.

Good Food and Good Health:



BY BARBARA BREMNER
NUTRITION EDUCATION SPECIALISTS

Good food and good health: Do we have to choose between them? This is the question that a group of leading health professionals, chefs and communicators tried to answer when they got together for a historic meeting in Boston in 1990. The result was a new set of ideas that has grown into a project called "**Resetting the American Table: Creating a New Alliance of Taste and Health.**"

The goal of the project is to help Americans rediscover the joys of eating while moving towards a healthier diet. We read and hear so much about the link between diet and health that it's easy to conclude that all foods are either "good" or "bad." Then we start to think that if a food tastes good it's probably bad for us. This makes us feel guilty about eating the foods we enjoy.

The message of "Resetting the American Table: Creating a New Alliance of Taste and Health" is that you don't have to choose between good food and good health. This is what the project

recommends for eating food that tastes good and is good for you:

Balance over several days

Remember, it's not necessary to *balance* every food, meal or even a day's worth of food. Dietary Guidelines are based on the nutrients we need over several days, not foomeal by meal.

With a little planning, we can balance our meals to get the nutrients we need and control fat and calories. There is no need to deprive ourselves or feel guilty about enjoying a favorite food, even if it is rich--as long as we plan for it. We cannot have everything we want, whenever we want it, but we can eat what we like if we plan ahead and balance our meals over time.

Try not to think of foods as "good" or "bad"

Over time, all foods fit into a healthful diet. We shouldn't cut out all foods we like. In fact, to do so may lead to feelings of deprivation that in turn may lead to eating disorders.

Do we have to choose between them?

Many of the foods we eat have more than the 30% calories from fat that is recommended for a balanced diet. That doesn't mean to say those foods are "bad" and you must never eat them! What you need to do is eat them in moderation and balance them with foods low in fat.

Children learn good diets at home

The first and most important place where children develop attitudes about food is in the home. To make sure these attitudes are healthy, food preparation and mealtimes need to be fun and pleasant experiences. Offer healthful foods that children like. Then introduce new foods--slowly. Let children help with shopping and meal preparation. They'll be more willing to try new foods if they help prepare them.

Healthful diets begin around the family table

This guideline was discussed in an article in the June edition of WIC NEWS called "The Family Meal--Is it Disappearing?"

Physical Activity

Physical activity enhances quality of life, overall health and a sense of well-being. It helps control weight and the extra energy burned can allow you to enjoy greater variety and larger amounts of food.

Physical activity doesn't have to be structured or require long periods of time. Simply bring regular activity into your daily life. It's not so much what we do, as long as we do something!

The overall theme the project supports is:

"In matters of taste consider nutrition and in matters of nutrition consider taste. And in all cases consider individual needs and preferences."

For more information and recipes contact:

Resetting the American Table

1550 Bryant Street, Suite 700
San Francisco, CA 94103
(415) 255-3000 ★.

The expansion challenge: Why California took a raincheck

California did accept our expansion challenge, but the President's stimulus package was not approved and a 15% cap on state spending growth put California's share of the Summer re-allocation into question. Not only could California not grow, it was necessary for the state to gradually decrease caseload for May.

Phyllis Bramson, California State Director for the Women, Infants and Children's Supplemental Food Program says she wants a "raincheck for next year" as we all move toward expanding our participation. Texans only believe in fair fights, so we've agreed to a rematch at a date to be named for the next fiscal year.

Ms. Bramson says: "On July 1st we received word from Congress that the language has been approved for USDA to remove the 15% cap which will make funds available for California WIC to grow. In May, we just didn't know."

"We have been growing really well but without the stimulus package and without the guarantee of summer reallocation funds, we had to make a decision to gradually decrease our numbers in May."

"Because we just didn't know, we had to look at the worst case scenario. We might get no additional funding; we might get six million; or we could get 20 million."

We wish our California counterparts luck in their current expansion efforts as we all "grow for it" to bring WIC benefits to more eligible mothers and children. ★

'At Project 22 in Waco everybody brought food, but didn't have time to stop for a lunch hour so we worked through lunch and snacked all day.'

Now that the May
Expansion Contest is
over, the question
everybody is asking is....

Who Won?



And the
Winner is.....

PROJECT

73!

CENTRO DEL

BARRIO,

INC.

'I went to Project 73, Centro Del Barrio Inc., in San Antonio. They had a great setup with decorations, ballons and juice for everyone, and a couple performing magic and juggling. It was so good, they could have had a cover charge.'

-Brian Senecal

BY CAMERON BRAGG
NEWSLETTER EDITOR, INTERN

How they did it!

How did Centro del Barrio grow a record 7.91% in May?

"Lots of overtime," said Karen Finstuen, Director of Project 73.

The 9-member staff saw 2,400 participants in May, and in their spare time, packed for a move to their new site.

"In mid-March we extended our hours to 7 p.m. three nights a week, and that was ongoing," Ms. Finstuen said. But the project staff still favored joining the contest and opening two Saturday clinics in May. And that's exactly what they did.

What does the staff remember most about expansion month? "Short weekends!" they say.

One of the reasons the project was so successful in growing, says Finstuen, is Alice Cedra. She is the outreach person for the whole Centro Del Barrio health clinic but Project 73 brought her on full time just for WIC. She put up posters and fliers at grocery stores and laundromats. She left fliers at larger stores for their employees. She also went door-to-door talking to anyone who would listen to her talk about WIC.

Other growth strategies included:

- * The list of participants who had been terminated was scavenged, and they were called and asked if they wanted to re-apply.

- * Vickie Pitluk, the development director for Centro Del Barrio, prepared a public service announcement that went to the city's smaller Spanish and English newspapers. A radio PSA was sent to local radio stations.

- * Finally, the Saturday before the first "expansion" clinic, the staff set up a display at a local mall. Many people came by and lots of people had questions. Since the mall where they exhibited is on the

edge of town, many of the people were outside the project 73 boundaries. These individuals were referred to the 1-800 tollfree number to find the WIC project closest to their home or work.

Finding time for all the new participants was a challenge, but new slots were created between 5 and 7 p.m., and the clinic also remained open through the lunch hour. WIC staff agreed to stagger their lunch hours so the clinic would be open all day. Between these two changes, the staff created enough new time slots for new applicants.

Many working parents expressed gratitude to WIC for extending clinic hours.

The Saturday clinics generated great enthusiasm, Finstuen said. Balloons donated by Big Tex were given to children attending the clinic, and entertainers Kevin and Wanda Wenzel performed juggling and acrobatics for the waiting room crowd.

Special Challenges

One night during the later hours, the computer went down. This happened right in the middle of triple issuance. Not one staff member had ever had to issue manually, so the staff had to research logs and figure it out. This was a special challenge. Although the staff usually closed at 7 p.m., this night they were issuing cards until 8:30 p.m. Some participants decided to come back another time, but everyone who wanted to stay got served.

"I helped out doing weighing and measuring and plotting. We were in Galveston where the ladies had huge hair do's so to get their right measurements we had to squash their hair down on top of their heads! They were pretty nice about it." - Aida Martinez

Project 73: How they did it!

During the expansion month, Project 73 was monitored. Three people came from the state office to go through charts, check classes and certifications to make sure everything was being done correctly.

"At least all the records were easy to find," Finsteun said. "They were in the moving boxes in the hall!

As if monitoring and moving were not enough to occupy the staff, Ms. Finsteun noticed that other regional directors began arriving at her clinic.

"Why are you here?" she inquired. They were there to attend the regular Regional Directors meeting. Quickly, a meeting room was set up, and the gathering began as planned.

Congratulations, Centro del Barrio WIC staff, on a job well done.

We did 100 patients in 5 hours- and I got to meet people from all over the world, Hong Kong, Vietnam, El Salvador, Liberia and Somalia. It was so busy we didn't have enough seats I mainly did diet recall and explained how the cards work. With all those people from different places diet recall was interesting. One lady from Vietnam had something that translated only as a grass jelly drink."

See How We Grew!

Statewide Growth in May:

12,385

Total Participation

Pregnant Women

FIRST: WITH 7.91%, PROJECT 73

FIRST: PROJECT 67, 23.64%

SECOND: AT 7.85%, PROJECT 7

SECOND: PROJECT 88, 22.36%

THIRD: WITH 7.48%, PROJECT 46

THIRD: PROJECT 68, 18.52%

TOTAL STATE PARTICIPATION INCREASE: 6.64 %

Your Calls Are Our Business

Our Automation Help Desk staff is here to solve your computer problems. We ask questions to determine exactly what has occurred. Often it's helpful if we know events immediately preceding the problem. Please be patient. We may ask the same questions different ways to obtain more information. We pool our resources to reach the best solution. Please don't be offended by our questioning; we are attempting to under-



stand. Our goal is more effective trouble shooting with a permanent solution. We want to solve the problem not treat the initial symptom.

Our staff rotates each day on the Help Desk. The rest of us are traveling, teaching or have special projects; therefore, the specific person you request may be unavailable. It doesn't mean we aren't concerned. We are here to help, so call us!

Short Notes

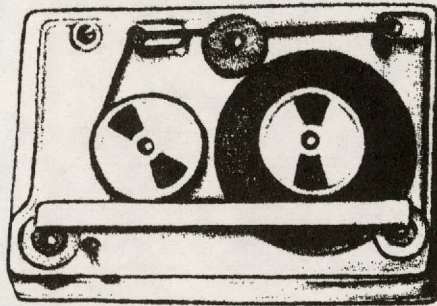
Triple issuance software was uploaded to all sites...about half of WIC projects chose to issue triple cards...our office receives over 800 help desk calls each month...approximately 40 new sites opened during May and June.

BY JACQUE AUSTIN,
SYSTEMS SUPPORT SPECIALIST

Software News

Your END-OF-MONTH Processing.

Our topic is ODBS menu choice #19, "required cards issued close out". Networks and Zenith standalones use a tape for this process while portables and CompuAdd standalones use diskettes. Completed tapes and diskettes should be stored and saved for auditors.



TAPE CARTRIDGE

Here's some background. FOODUSED contains the records for current, advance, and triple cards issued during the current month. PREVUSED contains the prior month's records for cards issued. Number 19 copies FOODUSED to PREVUSED and resets FOODUSED to 0 for the upcoming month. We 'oaloc' FOODUSED to verify it is zero.

To save time #18 and #19 reports can be run simultaneously on different workstations. Both reports can be run only once!

If your processing halts before completion, call our office before escaping or repeating the reports. We'll save you frustration and time.

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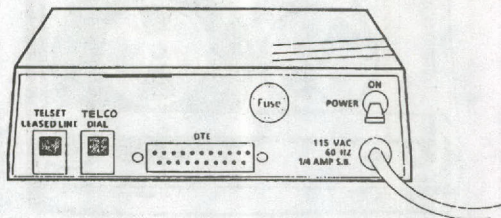
Hardware Corner

Let's Talk Modems!

"Modem on, connect, on-line". What does it all mean? Modems enable us to communicate with your computers through phone lines. The portable (or laptop) computers have an internal modem installed within the unit. Standalones and networks use external modems.

How is the portable modem connected? Insert the phone cable in the laptop on the left side at ---- or *line*. Connect the other end of the cable to the wall phone jack.

How are external modems connected? Plug the phone cable in the wall



jack and insert the other end into the modem back at *dial* or *telco*. A data cable must connect the modem to the computer, usually at com port 1.

Why do we ask the brand of the external modem? Brands vary at sites (for example, UDS Motorola, Packard Bell, Everex). If we know the brand, we can determine correct settings.

Why am I asked to watch for the *wait dial-in set* message? It indicates the software used with the modem is loaded.

Here's a hint about modem lines: record the number for the next user.

Questions and Answers

Q. What is a portable?

A. It is a Zenith laptop unit used to travel from site to site.

Q. What is a standalone computer?

A. The unit includes a computer, monitor, keyboard, modem, tape drive and UPS. It is not connected to a server or additional workstations.

Q. What is a network?

A. It is 1-4 workstations linked to a file server with cables.

Test Yourself

What does the message *unsuccessful wait dial-in set* mean?

Why are passwords important?

It's The Nature of Things

Do you feel tired after working on your computer? It's natural after staring at the screen and working steadily to feel tired. Help yourself by sitting straight and tightening those stomach muscles. Elevate your feet on a small box (check



the trash!) to relax your legs. Stretch your legs, arms and neck frequently. Position your hands over the keyboard rather than letting them rest on it. Try these suggestions; you'll feel better for it!

Answers to Test Yourself

The software to communicate with your computer is not loaded.

Passwords add security to your computer by preventing unauthorized users.

We Want to Hear From You!

Contact our help desk (512-406-0700) or your LA director with your computer problems.

Send us your suggestions, comments and thoughts to:

**Texas Department of Health
WIC Automation Systems Support
Attention: Jacque Austin
1100 W. 49th Street
Austin, Texas 78756 ★**

Barrier Quiz:

We're all interested in eliminating barriers to WIC services! This question-answer quiz focuses on some of the most common barriers that exist in our clinics. See if you know the answers!

1. An applicant is found ineligible for WIC services because she has no nutritional risk condition. She asks the clinic when she can re-apply for services and is told she must wait six months. Later she calls the 1-800 line to inquire why she has to wait so long.

Answer: There is no required time that an applicant, found ineligible, must wait before re-applying to the WIC program. An applicant has the right to be seen at the next available appointment time if they wish to do so; however, the local agency staff can help applicants understand the process if they will advise them that nutritional risk conditions only change over time and it is better to wait awhile.

2. A woman applies to the program in her ninth month of pregnancy. The local agency advises her that she should just come back after the baby is born. What's wrong with this advice?

Answer: Pregnant women are categorically eligible through the last day of their pregnancy. A local agency must take appointments for all applicants who are categorically eligible. Turning her away may discourage her from ever returning to the program, thus losing a chance to certify her and the newborn child. Remember that a baby born to a WIC mother is auto-

matically nutritionally eligible for the WIC program.

3. Because of limited staff available to answer the phone to schedule appointments, the local agency has decided to limit calling time for appointments to the hours of 3 to 5 p.m.

Answer: Limiting the phone-in time to make appointments may discourage applicants from calling for an appointment because many only have limited access to a telephone or they are not allowed to call during working hours, etc. Also, phone lines tend to get very busy when agencies use this type of arrangement. Some callers may give up and never call back.

4. An applicant walks into a clinic and told she must go home and call the local agency's central appointment line.

Answer: Applicants must be allowed to schedule appointments on walk-in basis. It is often difficult to arrange transportation to a clinic site or take time off work. If an applicant has made the effort to come to the clinic, it can be a real barrier to service when she is told her effort is wasted.

5. An applicant who is a current recipient of Medicaid benefits is asked to bring proof of income along with her Medicaid papers.

Answer: Some local agencies still mistakenly ask for both. Applicants who are current recipients of Medicaid, AFDC, or Food Stamps are already income qualified and do not have to prove income.

continued on next page >



Barrier Quiz



6. A WIC mother tells the clerk or nutritionist she has been feeding her newborn baby Gatorade when she runs out of formula. The staff person tells her: "You better stop that or your baby might die."

Answer: Say that and the mom may never come back. She may feel so guilty and afraid of possible charges of child abuse that we lost the opportunity to help her. The staff should carefully counsel her to be sure that she know that WIC is there to support her and help her learn how to take care of her baby. Be certain that she knows about other food sources besides WIC that may be able to help her provide emergency formula for the baby.

7. An applicant is given the phone number to a satellite clinic in her area by a friend. The clinic is only open two days a month. She calls for several days and when she never gets an answer, finally gives up.

Answer: Install an answering machine at the clinic with a recorded message stating the clinic hours and providing a second number that may be called to find out about WIC services, and the locations of other clinics. The 1-800 number is free and is staffed from 8 a.m. until 5:30 p.m. daily. This can be used an alternate or information number.

8. An applicant calls the state agency to ask why she did not qualify for WIC services.

Answer: Local agencies should make sure each applicant fully understands what the requirements are to receive WIC services, i.e. income, residency and nutritional risk. Try to use language the applicant will understand and watch for signs that the client grasps what is being said. Make

it a friendly exchange so applicants are not afraid to ask questions. Remember, they might refer a friend to WIC even though they were not eligible, if they have a positive experience. If the applicant is over the income, tell her what the income limits are so that she will be aware of this. This will help service delivery and save time if the state agency staff does not have to call clinics asking why a specific individual did not qualify for the program.

9. An illegal alien works as a baby sitter and is paid in cash. Her employer refuses to sign a WIC 19-b to document the applicant's income.

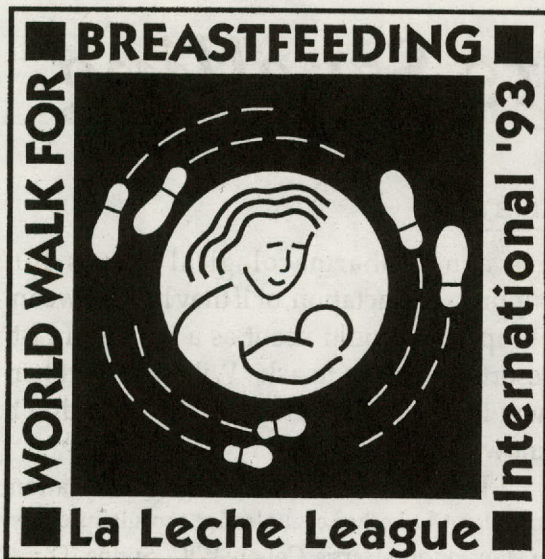
Answer: Treat applicants in this situation as self-employed and have them document their earnings themselves.

10. A pregnant applicant is confined to bedrest by her physician. The local agency in her area does not do home visits.

Answer: The local agency may want to reconsider their policy on home visits, and, whenever, possible, make a visit to certify those who might not otherwise be able to come to the clinic.

11. A postpartum applicant arrives at her certification appointment with her 18-month old child. She also has a crib card and the medical records for her newborn but does not bring the baby who was born premature and is home sick. What should the clinic staff do?

Answer: Certify all three! As long as the mother has an I.D. for the baby and his medical information that is not more than 60-days old, the baby does not have to come to the certification appointment. ★



Breastfeeding Day set August 1

TDH-WIC, Texas Healthy Mothers, Healthy Babies Coalition, and La Leche League of Texas are cosponsoring a celebration for World Breastfeeding Day Celebration at the Texas State Capitol in Austin. A walk for breastfeeding, rally with speeches, baby blanket contest, coloring contest, and picnic are planned.

World Breastfeeding Day is the anniversary of the signing of the Innocenti Declaration. This declaration was developed and adopted by 32 governments, along with 10 United Nations and other agencies. It calls for government action to create an environment enabling all women to practice exclusive breastfeeding, all infants to feed exclusively on breastmilk from birth to 4-6 months of age, and to continue breastfeeding, adding complementary foods for up to two years. Each country made a commitment to develop a national strategy to implement the meeting's recommendations. The United States signed the document.

What Your Project Can Do To Celebrate:

Governor Ann Richards had declared August "Breastfeeding Awareness Month". This is an excellent opportunity to showcase your breastfeeding promotion efforts. Activities could include:

- * Join in the World Breastfeeding Day celebration at the State Capitol in Austin.

- * Plan a World Breastfeeding Day Celebration in your city and your WIC clinic.

- * Use the Governor's Proclamation as a model, ask your local Mayor or county commissioners to declare August Breastfeeding Awareness month in your area.

- * Ask your local media, newspapers, TV, etc. to do a story about your breastfeeding promotion efforts, interview your peer counselors, take pictures of some of your healthy breastfed WIC babies.

- * Start a breastfeeding task force. Invite representatives from hospitals, doctors' offices, day care centers, childbirth educators, La Leche League Leaders, lactation consultants, and other related groups in your community.

- * Form a mothers support group. Consider conducting your nutrition education classes for breastfeeding mothers like a support group.

If you have any questions or would like additional assistance in planning breastfeeding promotion activities, please contact Janet Rourke, Jewell Stremmer, or Chan McDermott in the Breastfeeding Promotion Section at (512) 458-7437. ★

Breastfeeding News

Cabbage Treats Swelling

BY CHAN McDERMOTT, M.P.A.
BREASTFEEDING PROMOTION SPECIALIST

Cabbage is a new/old solution to extreme breast engorgement in the early postpartum days. It's old because as a remedy for swelling, cabbage has been around for years. It's new because using cabbage in this manner had fallen by the wayside. Lately, however, cabbage is experiencing a resurgence. The topic is showing up in breastfeeding literature, although the information is mostly anecdotal. Many people working with breastfeeding women believe it's time for cabbage to be studied in a documented, quantitative manner.

Green cabbage is also used to suppress lactation. Commonly, drugs such as Parlodel are used for this. Lately, though, Parlodel has been associated with side effects such as rebound lactation. We talked with some breastfeeding educators and lactation consultants, and this is what they have to say about using cabbage to relieve engorgement.

Jeanne Fisher, I.B.C.L.C., La Leche League Leader, director of the Childbirth Connection and coordinator of the Austin WIC peer counselor program, Austin: "It seems to work . . . it's cheap and accessible. Anything we can use for pain relief is excellent. I think we've lost a lot of the old-time remedies that we need to start bringing back. In practice, I have not used it. My primary concern would be that we don't know the ingredient in cabbage that causes the engorgement to ease, so we don't know how to control it--what doses to use. We need to start using it and gathering information."

Cathy Liles, La Leche League professional area liaison, College Station:

"The biggest negative is the unknown: we don't know what it's doing or why it's doing it. It's been used in folk medicine for things like swollen ankles around the world. It's best use may be for people who want to

use a non-pharmacological means for suppressing lactation, or if they have to wean abruptly. I would use it as a means of last resort. You have to ask, 'Will this effect her next lactational experience?' We just don't know."

Jane Van Nört, I.B.C.L.C. lactation consultant, La Leche League leader, consultant to City of Houston and Harris County WIC, Spring, TX.:

For engorgement, she applies cool, washed cabbage leaves all over breast and under the armpit for 30 minutes, firmly against the breast. She repeats if needed, every four hours. "I'm hesitant to use more unless I'm right there to see what's happening. I'd say probably 24 hours would be the maximum. I often use it in conjunction with an electric breast pump."

For suppressing lactation, Van Nört suggests keeping the cabbage on continuously and changing it every two hours for as long as it takes until the mother is comfortable.

"I use it freely, and I know that at Hermann Hospital (in Houston) they're using it freely. A half hour every four hours is not going to suppress lactation." She especially believes this to be true if the baby is being put to the breast during this time period.

If you choose to recommend cabbage to the women you're working with, please remember that at this point, there is no research. The current information seems to indicate that cabbage can be used to relieve engorgement, but that it should be applied with some caution. It is essential that the baby be put to the breast regularly (every 1 1/2 to 2 hours) while trying to relieve engorgement, regardless of what methods are used. Also, the cause of the engorgement should be identified and corrected. ★

The Saturday clinic got a nice reception from the population, they were more relaxed and patient. The people learned more about immunization than if they had not come to the Saturday clinic, and learned where to go for more services. - Project 18 Decville

Keep Employees Feeling Empowered with Trust, Community and Love.

BY LINDA BRUMBLE

LOCAL AGENCY/VENDOR TRAINING SPECIALIST

Some unusual words were bantered around at this year's annual convention of the American Society for Training and Development. The words Total Quality Management were not spoken as frequently as the words trust, community, and love. A culturally diverse group of trainers from governmental agencies and businesses around the world agreed that these three words form the foundation around which good customer service is achieved, both internally and externally. They create an atmosphere which fosters empowered employees who are able to "be all that they can be."

The convention's leading speakers addressed these values in different ways. Stephen Covey, author of *Seven Habits of Highly Effective People*, spoke about trust. His new book, *Principle-Centered Leadership*, identifies trust as the most important principle in an organization. Trust fosters *empowerment* which then brings the vision and the principles of an organization into environmental *alignment*. According to Covey, no management system imparted superficially upon the organization will work without this alignment.

Peter Block, author of *Stewardship: Choosing Service Over Self-Interest*, spoke about community and defined *stewardship* in terms of community service, charging the organization with the task of

eliminating paternalism and individualism and encouraging instead teamwork. Block and others believe that agencies can no longer offer promises of security, but can instead promise employees that they will learn enough to be employable in many job situations. William Morin, Chairman of Drake Beam Morin, Inc., echoed this sentiment and said that employers could also promise their employees that they would help them achieve a balance in their lives along with the inner peace which comes from self-fulfillment on the job.

Ken Blanchard, whose first book *The One-Minute Manager*, earned him accolades with the business community, spoke about love as he discussed his new book, *Create Raving Fans*, which defines outstanding customer service in three steps. A company or agency must first *decide* what the components of its vision of service will be; it must then *discover* what the customer wants and match customer needs as closely as possible to the agency's goals; it must finally *deliver* what it has decided upon. Ultimately, what gets in the way of delivery is the human ego, which Blanchard believes happens because humans do not know that they are loved. He believes they must love themselves and know that they are loved by others in order to admit their own vulnerability and to quit judging others.

★

TRAINING:
Back to the Basics

The funniest part was just trying to get to Houston, first we couldn't find the road to Bastrop, then we missed the turn to Columbus—no telling where we would have wound up. I mainly baby sat, it was nice, but now I know I'm not ready to have any kids of my own.

Working Together: Partnership for Tomorrow

BY VICTORIA GERALD-CUMMINGS, MPH
TRAINING OFFICER

As we have traveled around the state meeting with vendors and clinic staff, it has become clear that we must keep open lines of communication between participants, clinic staff and vendors (grocers). We have run into a lot of misconceptions about the use of WIC food cards and allowable foods.

As the link between all parties, the State WIC Agency is in a unique position to provide pieces of information that are sometimes missed between the three parties.

Below are suggestions that local agencies can do to improve the grocery store experience for their participants, thereby lessening the frustrations of participants, vendors and clinic staff.

- Take time to give participants information about their cards during their first visit. It is the local agency's responsibility to inform participants about allowable foods. There is a slide/tape show available for this.

- If time is limited, as in an extremely busy clinic, at least cover the essentials: Tell participants what to look for on the cards and to be sure that every item that should be stamped is stamped (date, valid month, WIC official's signature, etc.).

- All of the solid colored cards indicate that the participant must choose the least expensive brand of that item. The least expensive brand is whatever is the least expensive brand on the shelf at that time.

- Take time to explain the juice and cheese cards, the most misunderstood and confusing cards for both participant and grocer.

- Keep yourself and staff informed on any changes on allowable foods. The best way to do this is to read the vendor news flashes, read memos outlining any changes and pay close attention to the cards themselves.

- Follow up with participants during the second month to see if they have any questions or had any problems with either their cards or with grocers.

- Create an area of allowable WIC food samples or make a poster of allowable foods in the waiting room or nutrition education room in your

*"The Saturday clinic at Abilene-Taylor, Project 34, ran smoothly. The people didn't have to wait a long time to be served. A local vendor donated juice and animal cookies and showed cartoons for the kids. People were waiting at the clinic before it opened."
State WIC staff*

"Creating and maintaining the partnership: WIC clinics and vendors working together."

clinic. The clinic need not spend money for these foods, but can ask clinic staff, neighbors, etc., to save any WIC-allowable food packages they may have to give people an idea of what they are allowed to get. If the poster or food display includes nutrition education information such as vital nutrients included in each food type or if it can be included as part of a lesson, the cost may be allowable as a nutrition education cost.

- Work with vendors when problems first arise to eliminate any misunderstandings with uncooperative, rude or abusive participants.

- When possible, call vendors in advance about any special situations that may arise such as formula exchanges, etc.

- Conduct vendor evaluations on each area vendor at least once per

year or as often as possible. At the very least, have some type of contact, by phone or in person with as many vendors as possible at least once per year. Management and personnel change frequently in the retail grocery business. You may contact Mona Russell at the State WIC Office at (512) 406-0777 if you are not sure how to conduct a vendor evaluation.

- Inform the vendor management section of the State WIC office at (512) 406-0777 if you should have any problems with vendors. Try to resolve vendor-participant problems at the local level, but should you have problems doing so, inform the State Office as well.

With all of the duties required of WIC employees, this may seem like a lot to ask, that this is "extra." Actually, these

should be the essential elements of clinic-participant-vendor relations.

As WIC has expanded into so many other areas and become more complex, we seem to sometimes neglect the area of vendor relations.

In Texas, vendors are a vital link in our system. Our state is simply too populated and geographically expansive to try to deliver food any other way. Working with vendors and participants allows WIC to do what it's intended to do--provide specific nutritious foods at no cost to the populations who most need them, leading all of us to a healthier society.

Linda Brumble and I currently offer vendor training to vendors on request. When we receive a request, we try to conduct training with as many grocers in a given area as possible *at that time.* ★

"They divided staff into teams. they worked the Saturday clinics and certified almost 3000 new participants. Many were breastfeeding women. Everybody was very patient and the staff was real motivated because of the competition." - Project 7, Dallas

A WEEK IN LUBBOCK: A LEARNING EXPERIENCE

**BY BETSY COATS, COMMUNICATIONS COORDINATOR
INFORMATION AND RESPONSE MANAGEMENT SECTION**

I had never worked in a WIC clinic and I was scared. My experience was limited to observation of the activities in a clinic and the policies that should be applied. I have only worked in the WIC program for about a year at the State Agency level. I help WIC participants and staff on the phone, but not face to face.

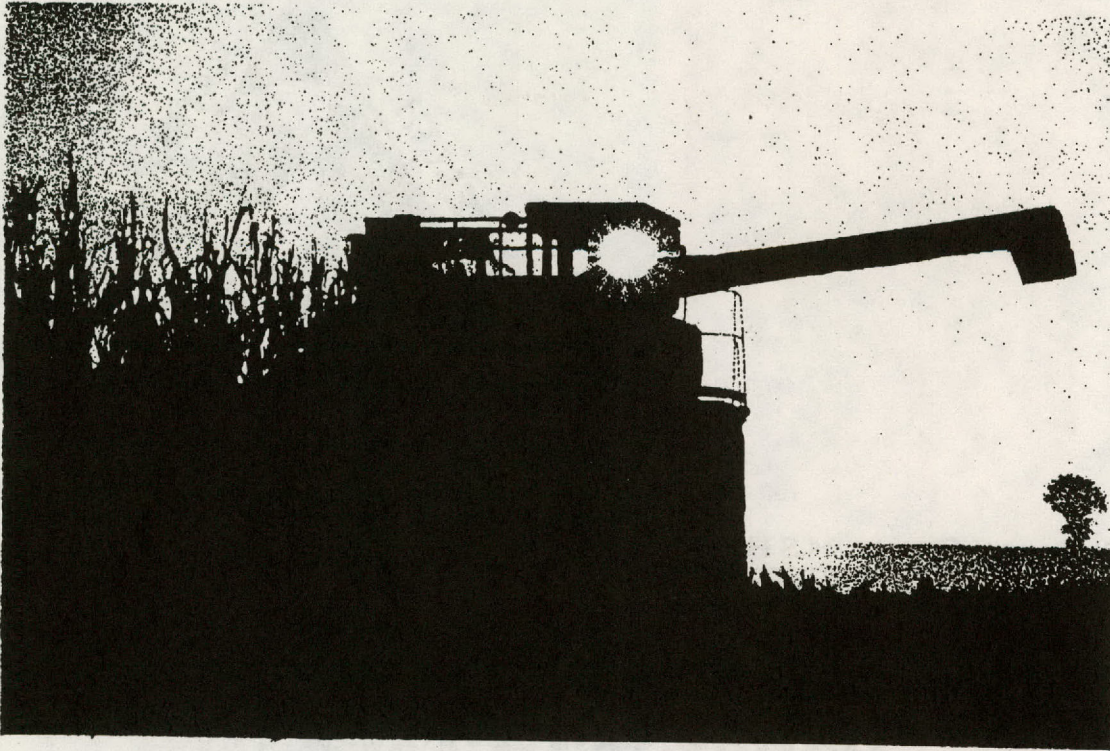
My flight arrived in Lubbock right before a hail storm slammed into the city. Was this an omen?

The reason for my trip was to help out a clinic that was understaffed and had an abundance of WIC participants. The clinic staff members were having difficulties with the transition of the local agency from State-supported to

City-supported. Some staff members were leaving for other jobs or hadn't heard if they would still have a job with the new agency. I thought this might be an uncomfortable situation, but it wasn't!

I felt very lucky. Everyone at the clinic welcomed the entire state staff with open arms. They were glad that we had come, and they needed the help.

My first day in the Lubbock clinic was scary. I was learning and the waiting room was packed. I helped in the Nutrition Education classes, greeted people at the front desk, and helped out with certification data entry. At the end of the day, I was



tired, but even better, I was educated.

I learned it takes a special person to work in a WIC clinic. This person must learn quickly, like what they do, and keep in mind the person they are trying to help 100% of the time. After all, the people we are trying to help are those wonderful children. The ones that hate the needles, but will draw you a picture. The ones that cry, but smile shyly at you when you walk by. The ones that are now healthy thanks to the WIC Program and its staff.

By the end of the week, I convinced one WIC mom to continue breastfeeding and another to start breastfeeding. This excited me because I had just completed, and passed, the Breastfeeding Education and Practicum Program the week prior to my trip, and was very anxious to use it! They both had a lot of questions and I was happy to be there to give them an answer. I was fortunate enough to watch a little girl named Melanie take her first steps. I met a

baby who weighed two pounds thirteen ounces at birth and now weighs four pounds thanks to WIC services.

Overall, my experience was more than a learning one. It encouraged me to work harder for those WIC babies and children. I also met some very nice people who keep smiling throughout the whole day. However, the person that impressed me most was Isabel Barraza.

She gets there at 8:00 in the morning and stays until the last participant is served in the evening. She does the mail run on her lunch break. She answers questions quickly and correctly. She is friendly and hardworking. She is an asset to the WIC Program. Isabel was always eager to help me and my co-workers learn. It's people like Isabel that keep the WIC Program in Lubbock and everywhere running smoothly.

So, yes, my time in Lubbock was a great learning experience. I learned a lot about WIC and about people.

My flight back to Austin was smooth and the weather was sunny.

'I talked to a girl who didn't know anything about breastfeeding and didn't believe in it. I convinced her to breastfeed and they made me feel like I made a difference. I also liked getting people on the program. I also went through the inactive files and got some people recertified.' - Hilda Tijerina



BY PATTY STONE, M.S.H.P., C.H.E.S.
M&CH HEALTH EDUCATION CONSULTANT

Information for New Parents in Texas

A special newsletter for parents will be available by the end of June! This newsletter, entitled *Building Blocks*, is designed to answer many questions that parent-to-be and new parents have about babies. There are 15 issues of this special publication, covering the latter part of pregnancy, special concerns regarding a newborn, and information specific to each month through the first year.

Building Blocks is a project of **Foundations for a New Texas**. This is a public-private consortium that promotes prevention and early intervention activities that support, strengthen, and educate all Texas families. There are a number of agencies/organizations that have joined together to form this partnership, including the Texas Department of Health. The Bureaus of M&CH and WIC have actively supported **Foundations for a New Texas**, and staff members from both Bureaus have given direct input to the prepara-

tion of each of the fifteen individual newsletter issues.

The first two issues of *Building Blocks*, "Becoming a Parent" and "Getting Ready," are specifically designed to prepare parents for the birth of their baby. These issues will be distributed through prenatal care providers--maternity clinics, midwives or private physicians--so that all pregnant women in Texas will have access to this information before they deliver. Topics covered in these issues include prenatal health care, breastfeeding, support of fathers, what to expect, where to get help, how and where the baby will be born, infant carriers and/or car seats, and child care concerns.

The "Newborn Baby" and "1 Month Old" issues will be given to parents at the time of birth by either the midwife who delivered the baby or by staff at the hospital where the baby was born. These issues cover important things for you to remember about

you new baby, special medical needs--including newborn screening and immunizations, feeding and bathing tips, resources for teen parents, and special notes to dads.

The other 11 monthly issues, from "2 Months Old" through "12 Months Old," will be distributed to all children who are eligible for Medicaid. The Texas Department of Human Services (TDHS) will distribute these issues. Each issue is filled with photographs of infants at appropriate developmental stages. These pictures illustrate concepts presented in the text, such as proper ways to hold a baby, games to play, feeding tips, exercises for mom, ways that dad and baby can interact, and ways to discipline. The use of photographs in *Building Blocks* not only attracts parents' attention, but also educates them by illustrating appropriate behaviors.

There is a demonstrated need for educating new parents in Texas. Listed below are some staggering facts about Texas children.

* Texas ranks 48th among the states in the percentage of mothers receiving prenatal care, which puts their babies at higher risk for a variety of problems.

* About 12-15% of all infants are born at risk of developmental delay due to birth-related outcomes, poor nutrition, medical conditions arising during infancy, and environmental conditions.

* In 1988, 2,742 infants died before their first birthday.

* In a one-year period, more than 4,123 babies under 12 months of age were abused or neglected.

*** Only 50% of Texas' children from birth to age 4 are fully immunized.**

The ultimate goal is to make *Building Blocks* available to all new parents in Texas. M&CH has joined together with the Division of Immunization to fund enough copies of the two prenatal issues, as well as the newborn and first month issues for all new parents (an estimated 320,000 in 1993). The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is under the direction of the Texas Department of Human Services, and they have committed funds to print and distribute the remaining issues to all Medicaid-eligible children in Texas (approximately 152,000).

All pregnant women and new parents in Texas should receive the first four issues of this newsletter free. For those who are not eligible for Medicaid, but would like to receive more information on what to expect during their baby's first year of life, they can subscribe for \$5.

To subscribe, send your name, address, and your baby's date of birth, as well as a check for \$5 payable to:

Building Blocks

P. O. Box 4800

Austin, Texas 78765

Building Blocks is also available in large print and on audiotape.

Building Blocks is an effort to educate parents statewide. Jennifer Sauter is the Project Coordinator, and has an office in the Bureau of Maternal and Child Health. If you would like more information, please contact Ms. Sauter at 512/458-7363, or write to her at the above address.

★

The days were filled with crowds of nice, calm and pleasant people. The staff worked good as a team and that helped the Saturday clinics go by faster. Paint fumes from next door got into the air conditioner and they had to move outside under the trees. It was so busy they did everything but deliver babies. The local WIC shopping center had so many participants come through that they ran out of groceries.
-Project 26,
Houston



Debra Stabeno, Chief
Bureau of WIC Nutrition
Texas Department of Health
1100 W. 49th St.
Austin, TX 78756

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