

H600.6  
W632  
8:9

# Texas WIC NEWS

Special Supplemental Nutrition Program for Women, Infants, and Children  
November/December 1999

Volume 8, Number 9



**Children's health  
and safety**



# Texas WIC honors silver anniversary of service

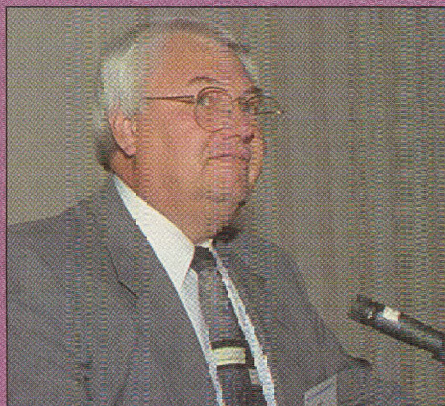
WIC staff from across the state gathered Aug. 9-11 in an Austin conference center to commemorate 25 years of service to Texans. Many speakers motivated the group about ongoing programs and future goals, while other speakers reminisced and discussed how far WIC has come over a quarter century. A kiosk was created showing the many materials and outreach efforts WIC offers (see page 27). Longevity awards were given (see page 26). Also, an enormous birthday cake was cut and enjoyed, informational handouts were available, and a game called the Clinic Bowl featured facts about WIC (see page 27).



Linda Brumble, training director, left and below, emceed the three-day event and wore outfits from her 1974 collection.



## Fanfare included many speakers



Mike Montgomery, top left, chief of the Bureau of Nutrition Services, opened the ceremonies. He discussed funding issues for FY 2000, had enormous praise for the local agencies across the state, and summarized his vision of WIC's future services.

Sondra Ralph, center left, regional director of Food and Nutritional Services for the USDA, talked about national WIC issues, past and present. She also spoke about developing trends and said that WIC is continuing to focus on integrity at all levels.

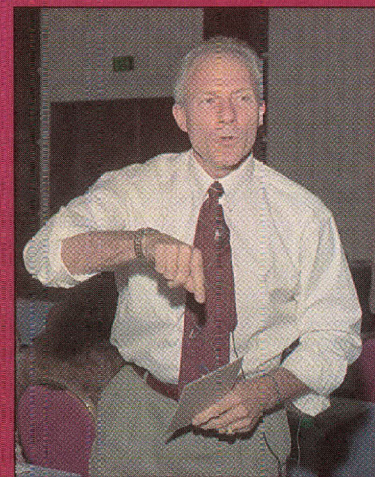
Debra Stabeno, bottom left, is the deputy commissioner for Public Health Sciences and Quality. She enlightened listeners about what it was like to join TDH during the first year when WIC had authorization to provide services. She worked with WIC for nearly 19 years, serving her last 8 years with WIC as the WIC bureau chief.

Over the years, Stabeno said, WIC has grown from serving about 17 percent of the potential eligible population to serving more than 67 percent of the potential clients.

WIC also began an immunization plan for children in Texas and provided a breastfeeding-promotion program which has received national attention, among its many achievements.

John Evans, deputy commissioner for Community Health and Prevention, not pictured, congratulated the local agencies for their tremendous work over the years. Evans discussed guiding principles of the Texas Board of Health and how WIC meshes with these ideals.

Mal Morgan, president of Matrix Group Learning Systems and one of the motivational speakers at the gala, talked about dealing with change by "Living in the Present." His lively and entertaining presence kept ears perked as he gave pointers on organizing your life with change in mind. He suggested trying new approaches to everyday life like sleeping on the other side of the bed, brushing your teeth with your "other" hand, cleaning out that doo-dad drawer, and changing the pictures on your desk to reflect what is going on in your life today (not five, 10, or 20 years ago). He also discussed personality types and the traits of each.





## In this issue . . .

Our children's health and safety are at the heart of this edition of Texas WIC News. Articles related to the theme begin on page 10.

Texas WIC recently honored 25 years of helping women, infants, and children. Pages 2, 26, and 27 offer highlights of the state celebration. Also, many of our local agencies have sent articles and photos of celebrations around the state. Enjoy!



### Theme: Children's health and safety

- 10 Nourish and nurture feeding relationships
- 12 Relieve children's fears during clinic visits
- 13 What is pica? What can WIC do?
- 14 Understanding the USDA's risk codes
- 15 The parent-child feeding relationship
- 17 Child-care services regulated by state
- 18 Keep kids buckled up

Cover designs by Brent McMillon  
Cover photo by Jennifer VanGilder

### Local-Agency news update

- 4 Perry, TALWD celebrate WIC's 25th year
- 4 Breastfeeding Awareness Week honored at LA 74
- 5 Peer counselors graduate in Brownsville's LA 3
- 6 LA 54 nurses honor year's accomplishments
- 7 Graduation honors new peer counselors at LA 26
- 7 LA 11 staffers invite moms to celebration
- 8 Children enjoy LA 87's health fair
- 8 World Breastfeeding Day honored by LA 53
- 9 Breastfeeding benefits lauded at LA 89's fair
- 9 LA 48 wins expansion awards

### Columns

- 20 Nutrition News to Use, by Tracy Erickson
- 22 Training Express, by Judith Cayton
- 23 Policy Perspectives, by Bobby Jones

### Articles and special features

- 2 Silver anniversary of WIC prompts statewide celebrations
- 19 Calendar of events
- 24 New VISTA volunteers sworn in by commissioner
- 25 Reference guide focuses on PFA

Government Publications  
Texas State Documents

FEB 01 2000

Depository  
Dallas Public Library

## Texas WIC NEWS

Mike Montgomery  
Chief  
Bureau of Nutrition Services

Barbara Keir, M.A., R.D.  
Director  
Division of Public Health Nutrition  
and Education  
Bureau of Nutrition Services

John Dombroski  
Director  
Division of Health Communications  
Bureau of Community Oriented Public Health

Texas WIC News (USPS016-975)  
is published bimonthly by the Texas  
Department of Health, 1100 W. 49th St.,  
Austin, TX 78756. Subscriptions are free.  
Periodicals Postage Paid at Austin, Texas.  
POSTMASTER Send address changes to:  
Texas WIC News, 1100 W. 49th St.,  
Austin, TX 78756.

Wendy Hazelwood  
Editor

Patti L. Fitch  
Isabel Clark  
Contributing Editors

Judith Cayton, Isabel Clark,  
Tracy Erickson, Carol Filer, Patti L. Fitch,  
Matthew Harrington, Johnny Humphreys,  
Bobby Jones, Paula Kanter, Mary Van Eck  
Contributing Writers

Sharon Hipp, Brent McMillon, Ruth Powers  
Graphic Design Support

Health and Human Services  
Printing Services  
Printing

Dolly, McArthur, Sheri Moseley  
Subscriptions and Distribution

WIC Warehouse,  
TDH Automation Mailroom  
Mailing



Texas Department of Health  
Bureau of Nutrition Services  
1100 West 49th St., Austin, TX 78756  
<http://www.tdh.state.tx.us/wic/mainpage.htm>

Editorial comments may be sent to the  
editor at the above address or by e-mail to  
[wendy.hazelwood@tdh.state.tx.us](mailto:wendy.hazelwood@tdh.state.tx.us)  
or call at (512) 406-0700, ext. 313#.

The United States Department of Agriculture  
(USDA) prohibits discrimination in its pro-  
grams on the basis of race, color, national ori-  
gin, age, sex, and disability. Persons with dis-  
abilities who require alternative means for  
communication of program information  
(Braille, large print, audiotape, etc.) should  
contact USDA's TARGET Center at (202) 720-  
2600 (voice and TDD). To file a complaint,  
write to: USDA, Director, Office of Civil  
Rights, Room 326-W, Whitten Building, 14th &  
Independence Ave., S.W., Washington, D.C.  
20250-9410, or call (202) 720-5964 (voice and  
TDD). USDA is an equal-opportunity  
provider and employer.



## Local Agency 26 / Houston

### Lieutenant governor, TALWD celebrate WIC's 25th year

The Texas Association of Local WIC Directors (TALWD) began its celebration of the 25th anniversary of WIC in late April with the signing of the official proclamation by George W. Bush, governor of Texas. The governor proclaimed May as the official WIC month in Texas.

Rick Perry, Texas lieutenant governor, presented the signed proclamation to Faye Walker, LA 26 director and TALWD association president, and four other WIC directors. The other members present were Karen Gibson, LA 17 director and TALWD regional representative;

Evelyn Sinast, LA 17 director and TALWD immunization committee chairperson; Janna Kaelin, LA 21 director and TALWD automation

task-force member; and Linda Fillinger, LA 64 director. Fillinger serves as chairperson of the TIES task force and as co-chairperson of TALWD's automation task force.

Perry was complimentary of the WIC program and the work all the local agencies do. He said he was honored to present the proclamation. 🌻



*Perry presents the LA directors with a proclamation declaring May as the official WIC month in Texas.*

## Local Agency 74 / Brownwood

### Peer counselors busy making moms, families aware of breastfeeding

The Brownwood-Brown County Health Department encouraged Brownwood citizens to breastfeed through a number of events during August's World Breastfeeding Awareness Month.

Peer counselors visited with pregnant moms in August at the Brownwood Regional Medical Center's Maternity Fair. After pre-

senting the benefits of breastfeeding to more than 30 expectant couples, staffers provided moms with a "Baby Owners Manual" packet from which they can glean information about baby needs, breast engorgement, milk storage, "red flags" to watch for, and ways in which dads can participate. The peer counselors also discussed nipple confusion, diaper count, and the importance of nursing early and often. The moms were

delighted, and many questions followed the presentations.

The Breastfeeding Carnival was another opportunity for moms, dads, and kids to learn about breastfeeding and its benefits.

At the carnival, the Brownwood WIC counselors rallied at the local Wal-Mart with activities such as face painting and much more.

Major strides were made on the hospital front also, according to the peer counselors. Brownwood moms at the women's center in the Brownwood Regional Medical Center soon will be assisted by peer counselors at their patients' hospital bedsides. Thanks to the fine reputation of other projects' peer counselors, the center decided to be the first of its affiliates to embrace the breastfeeding peer-counselor program. 🌻



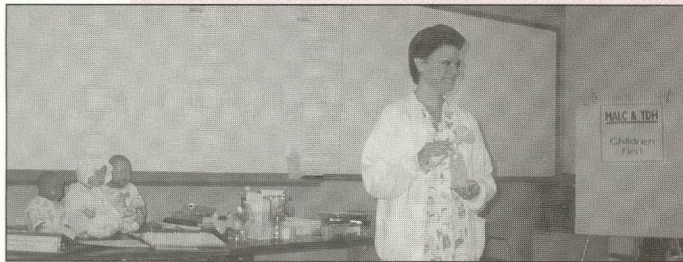
*Children enjoy poking their heads through the sun, the clouds, and other pieces of the mural created for the carnival. This is one of many fun activities kids enjoyed.*



Local Agency 3 / Brownsville

## New group of peer counselors graduates

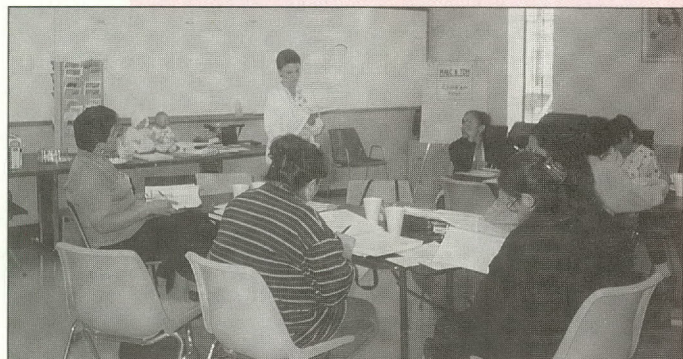
Nine women attended a peer-counselor training in June at the Lucio WIC Clinic in Brownsville. All nine completed training and graduated July 1. 🌻



Mary Lou Saldivar, above, breastfeeding coordinator, shows the group of trainees a breast pump.



Above, at right, Laura Marin, breastfeeding peer counselor, assists Mary Lou Saldivar during the June training. Marin works full-time for LA 3 and counsels moms at satellite clinics. She also volunteers part-time as a breastfeeding advisor to new moms at a local hospital



Mary Lou Saldivar, standing, answers questions from the peer counselors in training and shows them the 'Breastfeeding Answer Book.'



VISTA volunteer Lucy Rock, above, who works for LA 3 and is a recent graduate of the peer-counselor training, has breastfed her daughter 100 percent since the birth on July 12. She plans to continue breastfeeding 100 percent and sets an example to other working moms that it is possible to combine work and breastfeeding.



The peer counselors graduate. From left: Mary Lou Saldivar, Lupita Salas, Blanca Torres, Rosa Sanchez, Martha Chavez, Alma Trevino, Lucy Rock, Ofelia Garza, Candy Hernandez, Mireya Salinas, and Laura Marin.

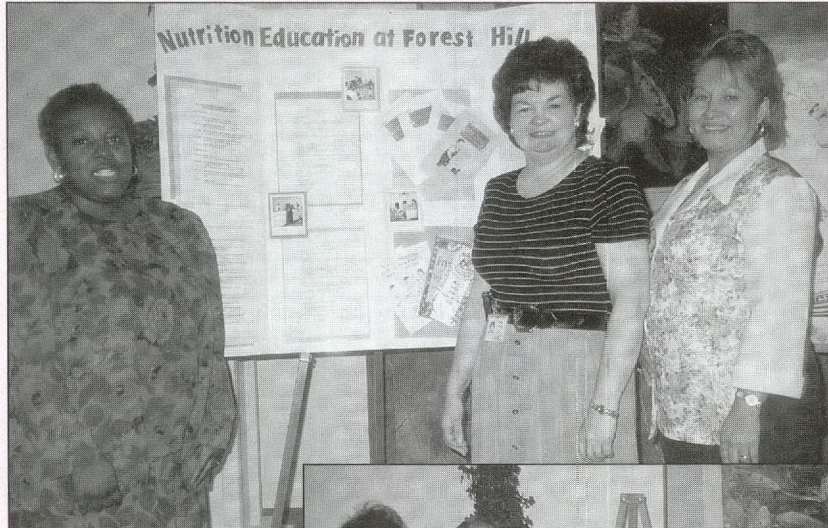


Local Agency 54 / Tarrant County

**WIC, public-health nurses honor past year's accomplishments**

Tarrant County WIC sites celebrated a year of growth and pride in accomplishments June 1 at the Fort Worth Botanical Gardens. Sixty-eight members of Tarrant County Public Health Nurses Association and 65 staffers from Tarrant County WIC gathered for a luncheon and prizes donated by local businesses. The gathering promoted interaction between public-health nursing staff and WIC staff.

Sponsored by the Community Health Foundation, the program featured the following presentations: "What's New in Dental Health," "Helping Those Who Help Others," "Customer Service," "Humor in the Workplace," "Children's Health Insurance Program (CHIP)," and "Personal Safety Issues." ❁



At the top, Forest Hill's WIC Clinic staffers: Lisa McKnight, Dee Barnard, and Nina Lopez.

Above, New York WIC Clinic staffers: Elvia Delgado, Mary Bennett, Carmen Olvera, and Tamara Lafollette.

Above, Randol Mill WIC Clinic staffers: JoAnn Butler, Hilda Cardona, and Lucy Villanueva.

At right, Pantego/West Arlington Clinic staffers: Beverly Karnes, and Pam Burnett.





Local Agency 26 / Houston

## Peer counselors graduate; World Breastfeeding Day celebrated

A World Breastfeeding Day celebration on Aug. 2, which also honored graduating peer counselors, was held at the Museum of Health and Medical Science in Houston by staff members of LA 26.

The peer counselors performed a skit they developed called "Journey Into Motherhood." Some counselors played mothers and others played "myth-busters." As the moms played boarding a bus with their myths in tow, the myth-busters dispelled their fears.

The women were boarding a bus to the land of motherhood, but before they could enter the bus, their suitcases had to fit into the baggage compartment of the bus. The first woman to board had a suitcase full of milk cartons because she was told that you have to drink milk to make milk. Another woman carried a suitcase full of medicines because she had heard that breastfeeding was painful, and she worried that she

could become ill. The next woman to board the bus was tied up with rope because she had heard that breastfeeding ties you down. Still another woman carried a bag full of blankets because she wanted to breastfeed, but she didn't want anyone to see her in the act.

As the myths were all dispelled, all the moms became happy and more informed about breastfeeding.

After the skit, a graduation ceremony was held for the nine new peer counselors. The commencement address was given by Pamela Berens, M.D., an assistant professor in the Department of Obstetrics, Gynecology, and Reproductive Sciences at the University of Texas Health Sciences Center in Houston. A reception followed the ceremony. 🌟



LA 26 peer-counselor graduates celebrate on Aug. 2. From left are Tina Edgal, breastfeeding coordinator; Sara Gibson, Elizabeth Pineda, Yolanda Alley, and Teresa Vasquez. Not pictured are graduates Felesha Braxton, Catherine Cain, Martha Quinones, Sandra Rojas, and Alma Viveros.

Local Agency 11 / Galveston



Galveston County WIC celebrated its annual World Breastfeeding Day party Aug. 6 with lunch, door prizes, and a special guest speaker. Breastfeeding moms and their babies and families, from all five sites of LA 11, were invited.

Guest speaker James Lukefahr, M.D., of the University of Texas Medical Branch in Galveston, explained some of the many benefits of breastfeeding.

Lukefahr complimented WIC on increasing the number of breastfeeding mothers. WIC, he said, also has a wonderful reputation for excellent service to the mothers, caregivers, and children served by the program. 🌟

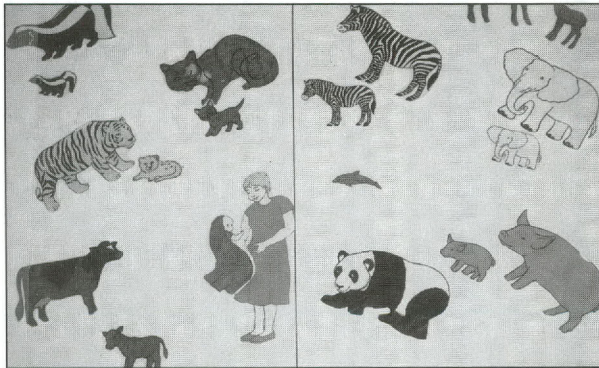


Local Agency 87 / Tyler

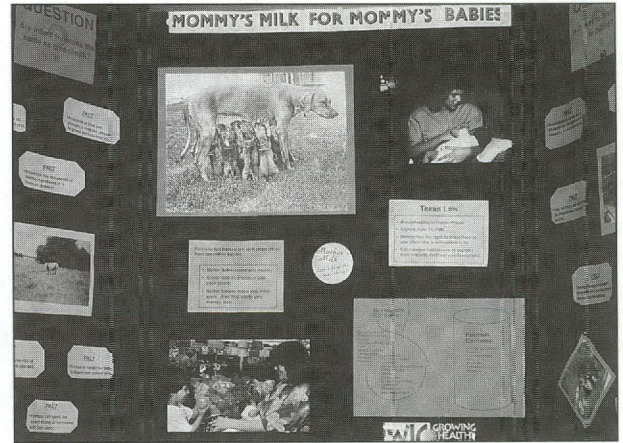
## Children learn about breastfeeding at health fair

The recent Canton Children's Health Fair successfully taught the value of breastfeeding to many local children who attended. At the far right is a display created by staffer Shannon Tankersley which explains some facts about breastfeeding and shows animal moms of several species feeding their babies the natural way.

At right is a hands-on game



called Matching Mommy to Baby. Children at the fair enjoyed matching the baby animals to their respective moms. The animals in the lesson were laminated with magnetic strips attached to the backs of each for easy movement by small hands. 🌟



Local Agency 53 / Pleasanton

## World Breastfeeding Day celebrated

All local pregnant and breastfeeding women and their families were welcomed to the Atascosa Health Center, LA 53, on Aug. 1 to celebrate World Breastfeeding Day. The event kicked off Breastfeeding Awareness Month, and it was made official when Arth Whitley, mayor of Pleasanton, signed a proclamation for local WIC staff.

The group celebrated with music, karaoke, and bingo under the oak trees at the health center. Awards were presented to all the breastfeeding moms. The LA 53 staff is already looking forward to their year 2000 celebration of World Breastfeeding Day. 🌟



Mayor Arth Whitley signs the proclamation declaring August Breastfeeding Awareness Month. With him from the left, are Mary Coronado and Rachel Hernandez, certification specialists; Connie Trevino, WIC director; and Meredith DeLaPen a and Debra Vasquez, certification specialists.



Local Agency 89 / San Antonio

**Local organizations join WIC in celebrating World Breastfeeding Week**

The benefits of breastfeeding were celebrated in Milam Park Aug. 5 by the Christus Santa Rosa's WIC program. The theme for the gathering coincided with the TDH theme for the week, "Breastfeeding and reading: A smart start." In addition to information booths on women's health topics, visitors enjoyed children's activities, bingo, and free drawings for prizes.

Several local organizations gave out information at their booths. Information packets and free gifts were handed out by groups including Parent and Child Educational Services, the city health department's Metro Health Education and Promotion Section, the Expanded Food and Nutrition Program, and a manufacturer of breast pumps. 🌟



Local Agency 48 / Houston

**NAM WIC office wins expansion award; employees honored**

The Northwest Assistance Ministries WIC Clinic, under the administration of Harris County Public Health and Environmental Services, recently received two expansion awards from the local agency for the months of June and July. The clinic received a silver trophy and framed certificates to mark its achievements. Site supervisor Regina Rhea and nutritionist Teralyn Jackson accepted the awards from director Vickie Bowie (see photo at right).

The expansion award is given to the clinic with the greatest percentage increase in participation and "show rate" for the month.

Carolyn Perez, a 10-year employee with LA 48, was named employee of the quarter for the second quarter

of 1999. Perez was saluted by her peers for her superior customer service and strong work ethic. She was noted for treating her customers with respect and top-notch service. (Bottom right, Perez receives her award from Nancy Pate, chairperson of the employee of the quarter awards.)

Brenda Brown, site supervisor for the Humble WIC office of LA 48, received the employee of the quarter award for the first quarter of 1999. Brown, not pictured, was nominated by her staff for her outstanding patience and ability to teach new staff in a constructive, positive manner. 🌟





## Nourishing and nurturing

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

**S**ome of you were fortunate to hear Barb Mayfield's session at the WIC state meeting in August 1999. This article offers highlights from her talk, in which she used materials from the I am Your Child video and resources, and the "Oh, Baby! Grow Baby" curriculum by Susan Miller. Ellyn Satter, M.S., R.D., author of several books on child feeding and nutrition, was heavily referenced throughout the session, also.

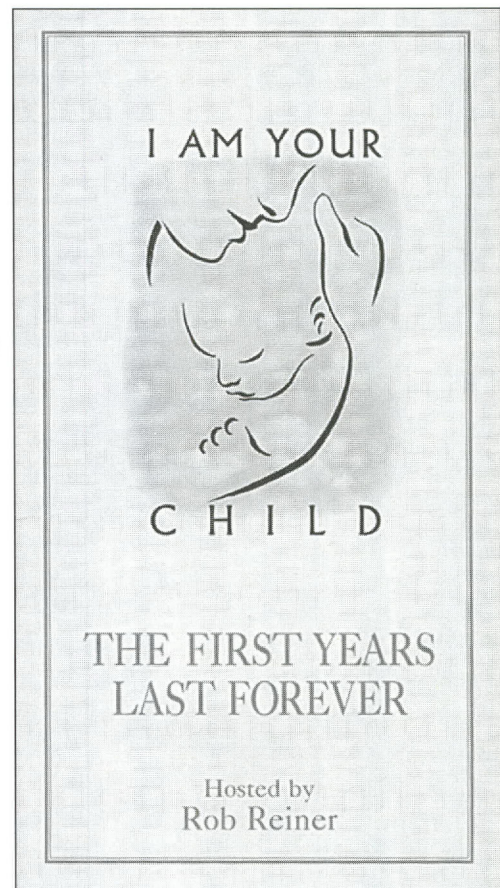
**M**ayfield, M.S., R.D., is the author of the popular "Kids Club Curriculum." She described the feeding relationship between infant and parent as critical to the infant's development. In addition to proper nutrition, the interaction between parent and child during the feeding process is imperative. Ideally, this interaction will include breastfeeding, Mother Nature's perfect solution to baby's needs. If breastfeeding is not possible, the bonding and attachment that take place during feeding and other interaction is of the utmost importance to infants. Nourishing and nurturing, a perfect combination!

**D**uring the early months of life, the infant experiences the outside world through seeing, hearing, smelling, touching, and tasting. The relationships the child has with other people early in life help develop the emotional and social parts of the brain. Although

there is still disagreement whether nature or nurture is the overriding influence on the development of the child, it can be said for sure that both are critical.

Brain development in early infancy occurs at a rapid pace. At birth, the parts of the brain that handle thinking and remembering, as well as emotional and social development, are underdeveloped. Rapid changes take place during the early months of life.

Secure attachments during the newborn period serve as a basis for future relationships. Children thrive when they feel safe and secure. On the other hand, children lacking secure attachments early in life may lack the ability to maintain healthy personal relationships later in childhood and even into adult





life. This is why it is so important for parents to be warm, loving, and responsive. Breastfeeding facilitates this bonding experience, but formula-fed infants held during feeding can certainly feel this loving, bonding experience with their parents.

How can WIC educators and counselors help parents realize the importance of the early feeding relationship? First of all, you can communicate to the parents the importance of understanding their infant's feeding cues and being attentive

to their infant's needs. Some tips:  
 ❖ Crying is how babies communicate. By responding promptly when their baby cries, parents learn their infant's needs for food, diapering, or attention. Fussy periods, especially toward the end of the

day, are expected baby behavior and usually go away after about 12 weeks of age.

❖ Parents need to know their infants. By paying attention to their baby, parents will learn how their

baby acts when he is hungry, tired, or just in need of being held. Acting promptly to satisfy these needs is important. Dispel the myth that babies will get spoiled if held.

Actually, studies show that newborns whose caregivers respond quickly typically cry much less and sleep more at night than babies whose caregivers are slow to respond.

❖ Strict schedules are not appropriate for newborns. Most babies eventually develop eating routines, but during early infancy they should be fed whenever they show hunger cues.

❖ Don't force a baby to finish a bottle or continue feeding when he is trying to show that he has had enough. Let the baby decide how much to suckle or eat.

❖ As the baby grows and develops, be sensitive to signs that he is ready for solid foods or ready to progress to finger foods. Don't force solids on a baby before he shows signs of readiness. Although some babies may be ready for solid foods by the age of 4 months, others won't show signs of readiness until around 6 months of age.

**Y**oung parents may ask how to tell if their baby is hungry. Some common signals of hunger that a baby shows include:

- ❖ sucking on hands,
- ❖ making small fussing sounds,
- ❖ grimacing, or looking as though he is about to cry,
- ❖ crying, and
- ❖ exhibiting the the rooting reflex. The rooting reflex occurs when the baby opens his mouth and turns his head toward an object.

The video *I Am Your Child* was

distributed at the 1999 Nutrition Education/Breastfeeding Workshop. Take the time to view the video and show it to other staff. Offer it to participants through your lending library.

If you did not receive a copy of the video, you can order it for \$5 per copy from:

I Am Your Child,  
 P.O. Box 15605  
 Beverly Hills, CA 90209; or call (310) 285-2385 for more information about the I Am Your Child campaign.

You can communicate these important messages to your WIC participants through effective nutrition education. If you would like a copy of the "Oh, Baby! Grow, Baby" curriculum by Susan Miller, please contact Mary Van Eck, nutrition education coordinator, at (512) 458-7440. ●

*Don't force a baby to finish a bottle or to continue feeding when he is trying to show that he has had enough. Let the baby decide how much to suckle or eat.*

*Strict schedules are not appropriate for newborns. Most babies eventually develop eating routines, but during early infancy they should be fed whenever they show hunger cues.*



Clinic visits

# Relieve children's fears and avoid their tears

by Patti L. Fitch, R.D., L.D.  
Clinical Nutrition Coordinator

*The first visit to a WIC clinic may be frightening for children. They may hear other children crying. The waiting room may be crowded and noisy. The clinic equipment may look alien and scary to them. They may be frightened that their assessment will hurt. Lengthy waiting times may also increase a child's fears. In addition, a child may mistakenly interpret staff qualities such as efficiency and speed for dislike or "meanness." And, sometimes parents or caregivers are uncertain how to comfort a child or how to explain what will happen.*

**What can you do to relieve a child's fears in the clinic setting?**

**Y**our clinic's waiting room should be child-friendly. Walk through your clinic. How many rooms are decorated in a way that is pleasing to the eye instead of stark and sterile? Do you have toys in the waiting room? Coloring books or nutrition coloring sheets and crayons? Child-sized furniture? Books?

**U**se good customer-service techniques. Smile and use positive body language with the children. Let them know that you are glad they have come to the WIC clinic. If the child is older than 18 months, explain to them what you are doing. Talk *to* the child, not *at* him. If you hear the mother use a language other than English with a child, use that language, if possible, as reassur-

ance during your assessment procedure. For example, as you help the children put their heels against the wall to measure their height, use words they might understand. Examples can be "aqui, bueno" ("here, good") or "muy bueno" ("very good") and "gracias" ("thank you").

**A**fter completing the bloodwork on a child, make an effort to take his mind off of the pain. Distract him by using little stickers or by drawing a smiling face on the bandage. Verbalize soothing and positive remarks to the child.

**U**se what you gleaned of your child nutrition-education classes (such as Lesson CF-000-10, "Don't Use Food as a Reward or Punishment"; or Lesson CF-000-09, "How Do You Get Your Child to Eat, But Not Too Much?") to introduce clinic parenting skills about health-care visits.

**K**indly reinforce to the parents or caregivers that it will help the child if the clinic visit is not treated as a punishment. Explain that health care is an important part of their child's life and that health-care workers want to be presented as people who are there to help keep their children healthy. ●





# Pica

The cause is unclear. Health complications are possible.  
WIC can help.

by Paula Kanter, R.D., L.D.  
Clinical Nutrition Specialist

## *What is pica?*

Pica is an eating disorder characterized by compulsive cravings and repeated ingestion of non-nutritious substances, generally for a period of at least a month. These substances can include such items as dirt, clay, paint chips, plaster, chalk, hair, starch, ice, and cigarette ashes.

Pica tends to be more common in black women and in children with a low socioeconomic background. A family history of pica, poor nutrition, poverty, and mental retardation are factors associated with individuals who experience pica.

Pica is usually manifested in children ages 1 through 6. Pica beyond age 6 is unusual and is generally associated with emotionally disturbed, mentally ill, or brain-damaged children.

The disorder does not apply to infants and children up to about 18 months of age, as these youngsters tend to put numerous items in their mouths.

## *What causes pica?*

The cause of pica is unclear, although several theories exist. One theory suggests that the craving for these substances is from an instinctive need to replace minerals lacking in the diet. The relationship between iron-deficiency anemia and pica has been recognized for many years. However, it has not been determined whether pica is the cause or the result of the deficiency.

The practice of pica by children is also thought to meet individual sensory needs or to be the result of psychological problems related to poor supervision or neglect.

Pica can also be associated with a person's culture. In some cultures, the consumption of non-food items is considered an acceptable practice based on customs, superstitions, and religion.

## *What can pica cause?*

Lead poisoning is the biggest concern with pica in children because lead-contaminated paint and soil are the most commonly eaten substances. Children living near major roads or in homes built before 1980 are at high risk.

Other complications of pica include intestinal infections or parasites from soil, malnutrition from displacement of nutritious foods in the diet, intestinal blockages, and iron or zinc deficiencies.

## *How is pica treated?*

Children with pica should be referred to a doctor for correct diagnosis and prompt treatment. The treatment will depend on the cause of the behavior. If the craving is related to the deficiency of a mineral such as iron, treatment will involve iron replacement.

Other cases of pica may require the involvement of a social worker or psychologist who can assist in examining the home environment and provide behavior-modification therapy and psychological treatment. Methods to reduce or eliminate access to the pica substance should also be suggested.

## *What can WIC do?*

Between April and August of 1999, 5,381 children in Texas WIC were identified with pica. This represents 1.6 percent of the children in WIC. WIC can counsel clients on the importance of a balanced diet and make referrals that might assist in early diagnosis and prevention of lead poisoning, iron-deficiency anemia, and other high-risk conditions resulting from pica.

WIC staff should inform the child's parent or guardian of the potential risks associated with pica. Parents should be encouraged to provide proper supervision and a supportive, loving home environment. ☀



## Understanding the USDA's risk codes, tracking nutrition risks

by Isabel Clark, M.A., R.D.  
Clinical Nutrition Specialist

**Risk codes are created by the U.S. Department of Agriculture in order to provide uniform screening and tracking of nutritional problems in children. At Texas WIC, competent professional authorities (called CPAs) screen new clients and assign the appropriate risk code or codes**

After being screening for nutritional risk, a client can receive appropriate nutritional education from WIC staff. The data gathered through the risk codes can help Texas WIC and its local agencies keep tabs on the most prominent nutritional risks and make note of demographic indicators of greatest nutritional risk.

On April 1, 1999, new risk-condition codes were instituted to allow for more precision in the codes. New diet and health-history forms are now used by CPAs to screen for risk conditions.

The questions on these forms, however, do not cover every nutritional risk. Because the forms used in the clinics cannot list every nutrition-related condition for a risk code, it is strongly recommended that the CPA refer to the *Texas Nutrition Risk Manual* to determine other conditions that pertain to each code.

The *Texas Nutrition Risk Manual* provides the USDA definition and justification for every risk code. Texas WIC has also included a section in the manual for clarifications and guidelines to assist in the accurate assignment of risk codes. It is essential that the CPA ask questions to ensure the identification of all relevant nutritional-risk conditions and to determine the validity of all answers.

The most frequently assigned risk

codes for children during the months of April through August of 1999 were:

- ❖ Risk code 113, overweight;
- ❖ Risk code 425, inappropriate feeding practices for children,;
- ❖ Risk code 419, inappropriate use of bottles;
- ❖ Risk code 422, inadequate diet.

**Risk code 113**, overweight, was assigned to 21.1 percent of children certified at WIC between April and August. This data is consistent with an earlier report (*Texas WIC News*, July 1999, page 16) in which more than 22 percent of the children ages 1 through 4, certified in Texas WIC clinics, were overweight (above the 90th percentile shown in the standard growth charts used in WIC clinics).

The belief that the physical and social environment plays an important role in the development of obesity is strengthened and supported by the other risk conditions that were most frequently assigned to Texas WIC children during this time period.

**Risk code 422**, inadequate diet, was the most frequently assigned risk code for children. This code was assigned to 55.1 percent of the children certified in Texas WIC. However, it is believed that this risk code is under-reported because the CPA is not required to score the diet when

another nutritional risk is identified.

This belief is supported by the significant number of WIC children assigned risk codes related to inappropriate feeding practices (code 425) and inappropriate use of nursing bottles (code 419), as both are frequently associated with decreased total nutrient intake.

**Risk code 425**, inappropriate feeding practices for children, was assigned to 56 percent of the children certified in Texas WIC during April and May of this year. The diet-history form has two questions related to inappropriate feeding practices for children.

The first question addresses routine consumption of more than 1½ cups (12 ounces) of fruit juice a day.

The second question addresses the problem of offering non-fat or reduced-fat milks as a primary milk source to children younger than 2 years old.

Because these are the only questions related to this risk code on the forms, it is possible that these are the primary reasons that risk code 425 is assigned only to children.

However, if you look more closely at USDA's definition of this risk code, you will discover that the basis of inappropriate feeding practices deals with the parent-child feeding relationship. Knowledge and understanding of these issues are critical in identifying feeding problems and providing counseling to the parents or caregivers of these children.

Examples of inappropriate feeding practices include forcing a child to eat a certain type or amount of food, not supporting a child's need

continued on page 16



## The parent-child feeding relationship

by Isabel Clark, M.A., R.D.  
Clinical Nutrition Specialist

*This article is intended to help the local agencies provide better counseling to our WIC participants on appropriate feeding practices for children.*

One of the most frequently assigned nutritional-risk conditions we see in our Texas WIC children is inappropriate feeding practices, as described in risk code 425. This risk code was assigned to 56 percent of the children certified in the months of April through August of 1999, second only after inadequate diet (risk code 422).

Looking more closely at the USDA definition for inappropriate feeding practices in children, you will discover that it targets issues directly related to the parent-child relationship.

This article discusses some of the most common problems associated with the parent-child feeding relationships and suggests some counseling points to use in the clinics.

### *Fostering healthy eating practices*

During infancy, "demand feeding" allows the infant to associate feelings of hunger and satiety, or fullness, with the beginning and ending of a feeding. This experience is very important in developing control of food intake.

By toddlerhood, however, children no longer benefit from "demand feeding" and need to experience structure and limits in feeding.

As early as the preschool years, the environment and social setting begin to influence eating, and the timing of meals is not exclusively controlled by hunger cues.

Regularly scheduled meals and

snacks are critical in developing healthy eating habits. According to Ellyn Satter, M.S. R.D., a leading nutritionist who has written numerous articles and books on child nutrition, children should be given snacks and meals on a schedule.

Children who are offered regularly scheduled meals and snacks, she says, and who are *not* offered other foods or beverages between meals, eat as much as 50 percent more at mealtime than those allowed to eat "on demand." These children come to a meal hungry, are more focused on eating, and are better able to eat until they feel full.

Satter provides the following advice for parents and caregivers to foster healthy eating practices in children:

*"... the parents are responsible for what children are offered to eat; children are responsible for how much they eat. If parents choose appropriate foods, provide structured meals and snacks, and guarantee a safe and pleasant eating environment for their children, they have fulfilled their responsibility. Children can then decide how much and if they eat."*

### *Tips to help parents achieve appropriate eating practices for kids*

#### **Anticipate mealtime behaviors**

Parents and caregivers need to be taught what to expect when introducing new foods to children.

Common toddler behavior

includes refusing to eat, demanding snacks between meals, throwing tantrums during mealtime, and preferring to play or watch television rather than to eat.

When parents and caregivers can anticipate these behaviors, they are better prepared to deal with them. As a result, parents and caregivers may not experience the aggravation and frustration associated with these behaviors.

This knowledge aids the parent in providing an environment conducive to appropriate eating practices, which helps the child to develop eating habits in response to his internal needs.

Setting rules may help to gradually eliminate inappropriate behavior at mealtimes. Some appropriate mealtime rules might include:

- ❖ remaining seated during meals,
- ❖ using age-appropriate eating utensils,
- ❖ not throwing food, and
- ❖ keeping one's mouth closed when eating.

Expect *gradual* compliance to new rules, be consistent, and be sure to praise good behavior.

#### **Children are naturally neophobic**

"Neophobic" simply means the fear of something new. At around 18 months, children become more aware and notice that some foods are new to them. When this occurs, children exhibit strong avoidance of new

continued on page 16



## Understanding the USDA's risk codes

continued from page 14

for growing independence with self-feeding, or feeding a child mainly pureed or liquid food (baby food) when the child is ready and capable of eating other foods of an appropriate texture.

Other concerns are the feeding of foods low in essential nutrients and high in calories that replace age-appropriate nutrient-dense foods. Nutritious foods are needed for growth and development for children younger than 2 years old. Parents and caregivers must also be aware that foods of inappropriate consistency, size, or shape may put children younger than 4 years old at risk of choking.

Educating the parents and caregivers of our WIC children on appropriate feeding practices will help to improve the eating habits of these children.

The best long-term outcome for these children is achieving and sustaining ultimate health through sound nutrition practices. (See the related article, "The parent-child feeding relationship" which begins on page 15.)

**Risk code 419**, inappropriate use of nursing bottles, targets children routinely using bottles for feeding or drinking beyond the age of 14 months.

However, it also includes other issues such as putting the child to bed with a bottle, allowing the child to walk around with a bottle or to use it as a pacifier, and propping the bottle. This risk code was assigned to 15.9 percent of children certified during this time period.

The primary concern regarding the inappropriate use of nursing bottles is that it places the child at increased risk for developing dental problems.

Other concerns are allowing the

child to fall asleep with the bottle, which has been associated with causing ear infections because of fluid entering the middle ear. It presents concerns of choking from liquid flowing into the lungs.

Allowing the child to use the bottle without restrictions, in lieu of the cup, also ignores the developmental needs of the child.

The new risk conditions allow for the tracking of specific risk conditions in our WIC population. The accurate assignment of risk codes is essential to help provide better services to our participants.

With this information, the state agency can identify the major risk codes that apply to our participants and produce more pertinent nutrition information for our WIC participants. This will enhance the relationship between the state and local agencies and enable us to work together to provide the best and most relevant nutrition education to our participants. 🌟

## The parent-child feeding relationship

continued from page 15

exhibit strong avoidance of new foods. Children can learn, however to accept new foods over time when it is offered repeatedly in a neutral manner. Research has shown that children left on their own, rather than forced, are more likely to retry a new food.

### **Avoid using force or rewards**

Avoid forcing the child to eat certain non-preferred foods, and do not reward the child for eating those foods. Forcing foods teaches the child to associate anxiety, rather than hunger and satiety, with eating. When food is used as a reward for eating certain foods (such as spinach) or performing an activity (such as picking up toys), the preference for the food used as the reward increases, while the preference for the other food or activity decreases.

### **Don't totally restrict junk foods**

Restricting foods is another form of parental control and may be associated with interfering with the child's ability to exercise self-control in feeding. Children base their food choices on likes and dislikes, and the major reasons for food preferences are familiarity and sweetness.

Research has shown that restricting certain foods actually focuses the child's attention on the restricted food and increases his desire for it, and at the same time decreases the ability of the child to develop self-control in eating. The best practice is to limit portion sizes and limit how frequently these foods are offered.

### **Children learn by modeling**

Children's food habits are affected by their parents' food habits and choices. Influence from parents and peers are powerful determinants of

food likes and dislikes. When a food is served that the child has shown a dislike for, the parents should also eat the food. This either shows the child that they enjoy the food, or it demonstrates that people can eat a non-preferred food. A child's dislike for a certain food can often be changed by having him eat with an older child who likes the offending food. These experiences, over time, seem to influence the acceptance of certain foods, and gradually the child learns to accept new foods.

The main goal in providing nutrition education and counseling to parents practicing inappropriate feeding practices is to emphasize the importance of recognizing and acknowledging their child's developing feeding needs. Children need to experience and interpret their internal cues in response to hunger and satiety. When

continued on page 21



## Three types of child-care services regulated by state

by Matthew Harrington, M.S.  
Clinical Nutrition Specialist

Child care outside of the home has become a fact of life for most Texas families. The vast majority of children live in single-parent homes or in homes where both parents work. The need for quality child care has never been greater.

In an effort to provide the best possible child-care services to the 1.6 million Texans younger than 5, the Department of Protective and Regulatory Services has developed statewide policies and procedures for operating child-care facilities. At DPRS, the Division of Child Care Licensing regulates and enforces rules and standards for the three types of child-care services: listed facilities, registered facilities, and licensed facilities.

❖ **Listed facilities** are operated by people who are paid to provide child care in their own home for one to three unrelated children, at least four hours a day, three or more days a week, for more than nine consecutive weeks. They are required to be listed with the Division of Child Care Licensing. Background checks are conducted on families who provide care, and allegations of child abuse are investigated. Otherwise, homes are not inspected.

❖ **Registered facilities** are known as "registered family homes." They are limited to six or fewer preschool children and six school-age children after school. Registered providers must complete six hours of orientation and abide by published minimum standards. Family homes are examined before registration, but they are not routinely inspected. The division inspects 30 percent of the registered family homes each year and investigates all complaints related to child abuse or violations of the standards.

❖ **Licensed facilities** include child-care centers, foster-family homes, foster-care group homes, child-care institutions, emergency shelters, residential treatment centers, halfway homes, therapeutic camps, and group care for people with mental disabilities.

Most child-care centers in Texas are licensed by DPRS. These facilities are the most stringently regulated. The Division of Child Care Licensing inspects all licensed facilities at least once a year and may inspect other facilities as necessary. At least one of the annual visits must be unannounced.

Day-care facilities provide supervision for children

younger than 14 for less than 24 hours a day. Group day-care homes provide care for seven to 12 children. Day-care centers offer care for 13 or more children. There are standards for day-care centers, drop-in care centers, kindergartens, and nursery schools. Foster-care homes provide around-the-clock supervision for children younger than 18.

In foster-family homes, six or fewer children are cared for. Foster-group homes provide care for seven to 12 children. Child-care institutions care for 13 or more children.

Standards exist for emergency shelters, residential treatment and halfway homes, therapeutic camps, and care for the mentally retarded.

### Nutrition in day-care facilities

In an effort to promote adequate growth and development of children attending day-care facilities, a variety of nutritious foods must be served as regular meals or snacks to children each day.

The amount of food served depends on the time each child spends in care. Children in care for four to seven hours must be offered one-third of their daily food needs. Children in care for more than seven hours must be offered one-half of their daily food needs.

As the demand for high-quality, affordable child care continues to grow in Texas, DPRS is working to ensure that facilities provide a safe and nurturing place for all children to grow.

For more information, call the Division of Child Care Licensing of DPRS at (800) 862-5252. ●



## Learn how to keep your children safe when they're 'on the go'

by Johnny Humphreys  
Safe Riders Program

### Seat belts and child-safety seats are life savers

A few years ago, after sitting through a brief educational presentation, a young couple borrowed a child-safety seat from the Safe Riders safety-seat loaner program. A few weeks later, while driving on Interstate 35 near San Marcos, along with their infant, they were involved in a major crash with a large truck. Their car rolled over several times before coming to a stop. Both the mom and dad were taken to a hospital, but they survived the horrific crash because they both were wearing their seat belts. Their baby, properly secured in the safety seat in their center back seat of the car, was virtually unhurt, with only a few minor scratches caused by flying glass.

The Safe Riders program now uses the safety seat from that crash during presentations to show audiences this simple truth: A child safety seat, used correctly, can save a life. This one did.

The second truth to keep in mind regarding this story is this: You never know where a crash might



occur. It may happen on a busy freeway, but it could happen on the quiet street in front of your own home.

All parents should start using a child-safety seat for their newborn and continue to use child-safety seats consistently through the child's development. It is important to not allow the child out of his seat; once the pattern is broken, it is hard to go back.

For instance, if a parent takes the child out of the safety seat because the child fusses or cries, then the child learns that, by crying, he will be granted the perceived privilege of being taken out of his seat.

Likewise, mom and dad should set good examples by always buckling up, too. Studies have shown that if the parent is buckled up, the child is restrained 90 percent of the time. However, if the parent is not buckled up, the child is not restrained 70 percent of the time.

### Guidelines Using the right seat

A child should ride in infant or convertible safety seats, facing the rear of the vehicle, until he reaches both of the following: 20 pounds in weight *and* 1 year of age.

A child should then ride in a forward-facing safety

continued on page 19



Using safety seats correctly can save children's lives. Parents should set good examples by wearing their own safety belts



continued from page 18

seat until he reaches 40 pounds. A booster seat (used with the car's lap belt and shoulder belt) should be used until the child weighs 60-80 pounds. Only then is he ready to use a car's safety belt alone, as an adult does.

### Observe air-bag warnings

It is important to remember the following criteria even if a parent's car does not have air bags, because children may sometimes ride with someone whose car does have air bags.

Air bags, though a benefit to adults, pose a deadly risk to children. Rear-facing infant car seats should never be placed in front of an air bag. All children younger than 13, should ride, secured, in the back seat.

### Where to go for information and help

To properly install a safety seat, the instruction booklet that comes with the seat should be read carefully. Also, your vehicle owner's manual will give directions on installing a safety seat in that particular car.

Parents can call, call the Safe Riders program toll-free at (800) 252-8255 for information on they you might obtain a loaner safety seat based on availability and location. ●

## Calendar of events

### November

**Nov. 1** — "Nutrition in Motherhood," 3rd of five classes in the Sound Bites of Nutrition satellite course, 8:30 a.m. to 3:30 p.m. CST. Features basic information important to all WIC staff who provide nutrition counseling or who conduct nutrition classes. For more information, call Nancy Liedtke at (512) 406-0744, e-mail her at [nancy.liedtke@tdh.state.tx.us](mailto:nancy.liedtke@tdh.state.tx.us), or go to <http://www.tdh.state.tx.us/wictr/soundbites.htm>.

**Nov. 1-2** — "EPI-VAC Live Land Course" on the epidemiology of vaccine-preventable diseases, Houston. For more information, call Candy Cates at (800) 252-9152.

**Nov. 1-3** — "Identifying and Preventing Early Infant Feeding Problems," 2nd annual Texas Breastfeeding Summit, Omni Hotel SouthPark, Austin. CEUs available. For more information, contact Janet Rourke at (512) 406-0744.

**Nov. 4-5** — "EPI-VAC Live Land Course" on the epidemiology of vaccine-preventable diseases, Dallas. For more information, call Candy Cates at (800) 252-9152.

**Nov. 10-12** — Intensive Course in Breastfeeding, Phase II, Houston. Two and a half days of in-depth training following up on concepts introduced in three-day Phase I session. \$45. For information, call Elaine Greiner at (512) 406-0744.

### December

**Dec. 1** — "Infant Nutrition," 4th of five classes in the Sound Bites of Nutrition satellite course, 8:30 a.m. to 3:30 p.m. CST. Features basic information important to all WIC staff who provide nutrition counseling or conduct nutrition classes. For more information, call Nancy Liedtke at (512) 406-0744, or e-mail her at [nancy.liedtke@tdh.state.tx.us](mailto:nancy.liedtke@tdh.state.tx.us), or go to <http://www.tdh.state.tx.us/wictr/soundbites.htm>.

**Dec. 2** — "Surveillance of Vaccine-Preventable Diseases." Registration deadline Nov. 4. For more information, call Candy Cates at (800) 252-9152.

### January

**Jan. 10** — "Child Nutrition," 5th of five classes in the Sound Bites of Nutrition satellite course, 8:30 a.m. to 3:30 p.m. CST. Features basic information important to all WIC staff who provide nutrition counseling or who conduct nutrition classes. For more information, call Nancy Liedtke at (512) 406-0744, e-mail her at [nancy.liedtke@tdh.state.tx.us](mailto:nancy.liedtke@tdh.state.tx.us), or go to <http://www.tdh.state.tx.us/wictr/soundbites.htm>.

To add items to the calendar of events, e-mail information to:  
[wendy.hazelwood@tdh.state.tx.us](mailto:wendy.hazelwood@tdh.state.tx.us)  
or mail to:

Texas WIC News, 1100 W. 49th St., Austin, TX 78756.



## Supplement your 'FY 2000 Nutrition Education Plan' ...

*Have you had the chance to look at the new WIC materials on infant feeding? They are ready for your 'FY 2000 Nutrition Education Plan.' Ordering information is on page 21.*

by Tracy Erickson, R.D., L.D.  
WIC Breastfeeding Coordinator

### *Infant Feeding Bingo, Lesson IF-000-09*

Be prepared to have fun with this new lesson and bingo game. What makes this game fun? Everyone in your class can bingo.

Available in English and Spanish, this game will help the parents of infants learn basic information about feeding from birth to age 1. Use this lesson and game with pregnant, breastfeeding, and postpartum participants. It is especially effective with teen participants.

Because everyone's a winner, your local agency may want to consider giving inexpensive prizes such as stickers, spill-proof cups, magnets, or coupons for diapers. Keep in mind that prizes are optional.

This lesson and game received extremely positive feedback when it was field-tested with WIC staff and participants.

### *Look Who's Eating video*

This funny and informative new video was produced by the Texas Department of Health. The English version is 11.5 minutes long, and the Spanish video is approximately 12 minutes in length.

The video features two infants, Rebecca and Benjamin, who talk to parents about developmental readiness and appropriate foods for 4- to 8-month-old infants. Parents will enjoy watching this video because it illustrates signs of developmental readiness, appropriate foods, and feeding techniques.

### *Look Who's Eating, Lesson IF-000-10*

This lesson is available in English and Spanish and accompanies the video by the same name. It includes an interactive activity and discussion questions based on the video.

### *New breastfeeding video and lesson motivate moms*

Out of the mouths of moms—that's what the video, *The Best Thing/Es lo Mejor*, is all about. Seven women—three Hispanic, two African-American, two Anglo, and one who is partially deaf—discuss why they chose to breastfeed their babies.

They discuss what's been easy for them and a few things that are not so easy—and how they've dealt with those problems. Also, they talk about their favorite time and place to breastfeed. They tell us about breastfeeding.

- ❖ It doesn't have to hurt.
- ❖ They feel that formula is not as good as breastmilk.
- ❖ They report that breastfeeding doesn't have to tie a mother down.
- ❖ Dads *can* bond with their breast-fed babies.

What they say and how they say it can empower viewing moms to believe that they, too, have the ability to breastfeed and that breastfeeding is important and rewarding.

This video is targeted to pregnant women. Some viewers may have already decided to breastfeed, some may have decided against it, some may be on the fence, and some perhaps haven't given it a lot of thought either way. These stories of real moms telling their own experiences will reinforce the decisions of those who've decided to breastfeed, help sway those who are undecided or uncommitted, and at least plant seeds for future considerations in those moms who are choosing to formula-feed.

Both the English and Spanish versions feature the same seven moms telling their true-life stories. The English version features English dubbing when a mom speaks Spanish, and the Spanish version



## .. ordering is easy

features Spanish dubbing when a mom speaks English.

Lesson BF-000-18 was written to accompany the video and includes a **Breastfeeding Help** handout which gives moms several places to call for breastfeeding help and information. Also included is an evaluation activity which can be used to make a bulletin board about breastfeeding.

All local agencies were sent the videos and lessons this summer. If you haven't received yours or would like to order extra copies, fax your request on the WIC order form to the forms coordinator at (512) 458-7446.

### Coming soon: Breastfeeding-management video and lesson

All local agencies will receive another breastfeeding video and lesson this fall. *A Mother's Guide to Breastfeeding/Guia Materna Para La Alimentacion Con El Pecho* features the same families from *The Best*

*Thing/Es lo Mejor* video and focuses on the management of breastfeeding.

The video covers such topics as preventing sore nipples, breastfeeding in public, nutrition during lactation, biting, and who to call for questions about breastfeeding. The video and lesson are designed to help women have a longer and more successful breastfeeding experience by educating them about issues and decisions they may face. It also offers solutions for concerns moms may have about breastfeeding.

### Day-care workers to learn about breastfeeding

The Texas Breastfeeding Initiative has sent the USDA packet, **Breastfed Babies Welcome Here** to every organization in Texas which trains day-care providers to train day-care workers. The packet, which is included in the **TBI Community Action Kit**, contains a guide for the day-care provider, a guide for the breastfeed-

ing mother, and a poster. Also in the mailout to Texas day-care educators are the video *Tips for Caring for the Breastfed Baby in Daycare*, stock No. 13-28; the video *Tips for Nursing Moms*, which includes the pamphlet *Working and Breastfeeding*; and the pamphlet *Breastfeeding Basics: Collecting and Storing Milk*, stock No. 13-24.

If you or your organization would like to order additional Breastfed Babies Welcome Here packets from TBI, call Jackie Rodriguez of the USDA Supplemental Food Program at (703) 305-2692 for your free packets. Allow about three weeks for arrival. You can e-mail her at [jackie.rodriguez@fns.usda.gov](mailto:jackie.rodriguez@fns.usda.gov).

Rodriguez is also the contact person for purchasing breastfeeding-promotion materials from the Best Start Loving Support campaign. 🌟

## The parent-child feeding relationship

continued from page 16

foods are either forced or restricted, children are not given the chance to explore and learn how to self-regulate their eating. The main focus should be on the feeding relationship and helping the child to develop healthy eating practices. 🌟

### References

Finney, J.W., "Preventing common feeding problems in infants and young children," *Pediatric Clinics of North America*, 1986: Vol. 33, pp. 775-788.

Fisher, J.O., Birch, L.L., "Restricting

access to palatable foods affects children's behavioral response, food selection, and intake," *American Journal of Clinical Nutrition*, 1999: Vol. 69, pp. 1264-1274.

Koivisto Hursti, U.K., "Factors influencing children's food choice," *Annals of Medicine*, 1999: Vol. 31 (Supplement 1), pp. 26-32.

Satter, E.M., "The feeding relationship," *Journal of the American Dietetic Association*, 1986: Vol. 86, pp. 352-356.

Satter, E.M., "The feeding relationship: Problems and interventions,"

*Journal of Pediatrics*, 1990: Vol. 117, pp. 181-189.

Satter, E.M., "Feeding dynamics: Helping children to eat well," *Journal of Pediatric Health Care*, 1999: Vol. 9, pp. 178-184.



## New videos feature customer service, team building

by Judith Cayton  
Training Specialist

What have 41 local agencies done to increase their customer-service skills and their overall effectiveness in the past year? They have borrowed videotapes from the WIC video collection and shown them to their staff.

With the excellent customer service provided by the TDH Audiovisual Library, borrowing videos is easy and fast. Feedback from the local agencies shows that their staffs enjoy the videos and feel that the information assists them with their work. The videos can be used as the primary content for a staff training.

Most of the videos come with leaders' guides which give clear step-by-step instructions on how to conduct a class using the video. Some LAs also use them during general staff meetings or lunchtime discussion groups or as part of the orientation for new employees.

We have several new videos in the library in the customer-service area. *A Problem Owned is a Problem Solved* (No. 6769) is a short, 13-minute, amusing video set at the front desk of a hotel. The two hotel employees react very differently to a customer-service problem. The video clearly makes the point that every employee is responsible for customers' experiences with the organization. Excellent customer service means taking ownership of problems rather than transferring blame.

*In Search of Excellence* (No. 6869) is a video we purchased as a direct request from a local-agency director.

It tells the stories of eight different companies and highlights four main topics: customer service, innovation, productivity through people, and corporate values. At 88 minutes, the video is lengthy, but there is a time schedule enclosed listing each segment, so you can pick which ones suit your purpose. Disney World, 3M, and McDonald's are just some of the companies included in this inspiring video.

In our collection on supervisory skills, we've added two new videos: *Supervision Prescription* and *The Unified Team. Supervision Prescription* (No. 6643) is a great video for new supervisors. The setting is a hospital, and the main character is a nurse who has recently been promoted to supervisor. She has some help figuring out what her new position is all about. The 21-minute video offers an excellent example of the process for delegating effectively.

For anyone trying to build an effective work team, *The Unified Team* (No. 6764) outlines a practical approach. The 26-minute video shows that a team comes together when it provides its members with three basic human needs: the need to achieve, the need to belong, and the need to contribute. How to ensure that these needs are in balance for all team members is the heart of this fine video. It comes with a comprehensive leader's guide.

Don't forget the other videos, listed below, which you can order from the TDH Audiovisual Library at (512) 458-7260.

For a description of these videos, check your local agency's administrative office, which has a detailed

list, or call Judith Cayton at (512) 406-0700, ext. 257#.

### Customer service

- ❖ *Basic Telephone Skills* (17 minutes; No. 5938)
- ❖ *Five Forbidden Phrases* (18 minutes, No. 5936)
- ❖ *How to Handle the Irate Caller* (10 minutes, No. 5937)
- ❖ *How to Deal with the Foreign Accent* (10 minutes, No. 5940)
- ❖ *Proactive Customer Service* (20 minutes, No. 5941)
- ❖ *We Are Customers to Each Other* (9 minutes, No. 5939)
- ❖ *What's Wrong With This Picture* (16 minutes, No. 6286)
- ❖ *Quality in the Public Sector* (24 minutes, No. 6241)
- ❖ *You're Not Listening* (19 minutes, No. 5972)
- ❖ *Just Incredible!* (20 minutes, No. 6276)
- ❖ *Dealing With People* (12 minutes, No. 6628)

### Civil rights and cultural diversity

- ❖ *The Cost of Intolerance* (20 minutes, No. 6043)
- ❖ *A Winning Balance* (17 minutes, No. 6042)

### General staff development

- ❖ *Defusing Hostility* (45 minutes, No. 6007)
- ❖ *Your Image at Work* (23 minutes, No. 6277)
- ❖ *The Attitude Virus* (21 minutes, No. 6568)
- ❖ *The Front of the Class* (23 minutes, No. 6629) 🌟



## WIC Policy and Procedures Manual an invaluable resource

by Bobby Jones  
Communications Coordinator  
WIC Policy and Communications Section

The individuals in the WIC Policy and Communications section consider our Texas *WIC Policy and Procedures Manual* to be an invaluable resource. Every section of the manual can help local-agency staff clarify state policy and federal regulations. The manual is also used when a participant questions a local agency's procedures.

This handbook is *the* resource for every Texas WIC employee, state or local.

**Q** Who should use the *WIC Policy and Procedure Manual*?

**A** Everyone who works for Texas WIC should use this manual. The purpose of this guide is to provide WIC staff with a resource and reference handbook to use when screening applicants for WIC eligibility, completing forms, serving participants, and conducting WIC business.

The *WIC Policy and Procedure Manual* must be accessible to every Texas WIC employee. The local agencies are required to have a current manual at every clinic—administrative, permanent, and satellite. If you do not have access to a current manual at your clinic, inform your local agency's WIC director that one is needed.

To find out if your manual is up to date, see the last question-and-answer set in this column.

**Q** I know that there are two WIC policy and procedure handbooks. What is the difference between these two?

**A** There are not two separate manuals; there are simply two *versions* of the same *WIC Policy and Procedure Manual*: a full-sized one and a mini version. The full manual should be in the local agency's administrative office, and the mini manual should be in every clinic in a local agency.

The local agency's director may opt for a clinic to have a full manual instead of a mini manual, or he may allow the clinic to add sections from the full manual to its mini manual.

The full manual contains the administrative, financial, and clinical policies and procedures of the Texas WIC program. The mini manual is an excerpt of the full manual and consists of the clinical policies and procedures.

In 1995, a group of local-agency directors were concerned that the full manual was too big to reproduce for all of their clinics. They also felt it contained unnecessary information on policies that don't directly apply to staff serving participants. In response to those concerns, the mini manual was born.

**Q** What do the full and mini manuals consist of?

**A** The mini manual contains policies pertaining to automation, breastfeeding, certification, food delivery, immunization, and nutrition education.

The full manual has all of the policies that the mini manual has plus the affirmative-action plan as well as policies pertaining to auditing, accounting, civil rights, farmers' markets, monitoring, outreach, training, and general administration.

**Q** How do I know if the manual in my clinic is up to date?

**A** Look at the table of contents. Call your state-agency liaison at the WIC Policy and Communications section to obtain a current table of contents for either the full or the mini version of the *WIC Policy and Procedure Manual*.

Each policy listed in the table of contents has a date next to it. Compare this date to the date at the top of the policy. If the date from the table of contents is more recent than the date on the policy, then the policy in your manual is out of date.

Some policies will have an "effective date" at the top. We have been revising the policies, so the older ones have a heading that says "date," whereas the newer policies will have a an "effective date" heading.

Texas WIC staffers can obtain current policies from their state-agency liaisons.

We hope that you find the above information useful and that you make use of your policy manual as the valuable resource it is. If you have further questions, please contact the Texas WIC Policy and Communication section at (512) 406-0711 and ask to speak with your local agency's liaison. 🌟



## New VISTA volunteers sworn in by TDH commissioner

VISTA volunteers offer their valuable time, knowledge, and skills to many organizations. Texas WIC is lucky to have inducted new VISTA volunteers to assist local agencies around the state.

On Sept. 3, William R. Archer III, M.D., Texas commissioner of health, swore in the new VISTA volunteers who will be placed with WIC, as well as several others who will be placed in other areas of TDH.

The new WIC VISTAs and their placements include:

Sherry Grantham, WIC Outreach Health Services

Tracey Kern, Cross Timbers Health Clinics

LaVerne Williams, Cross Timbers Health Clinics

Martha Byrd, Kingsville WIC

Rafaela Garcia, Kingsville WIC

Dandra Garcia, Kingsville WIC

Santos Leal, Kingsville WIC

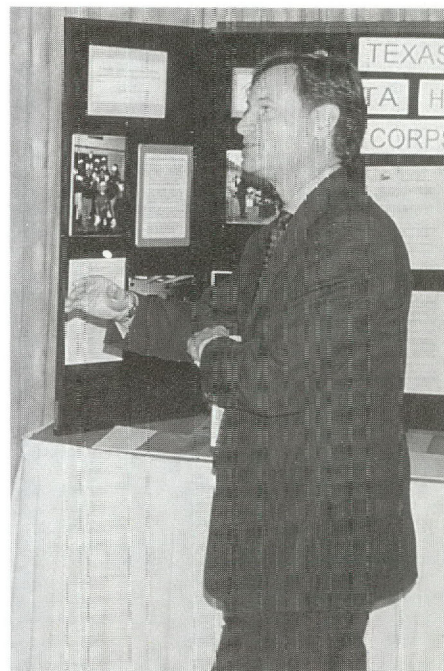
Katrina Lowrey, Kingsville WIC

Ann Flores, Laredo/Webb County Health Department

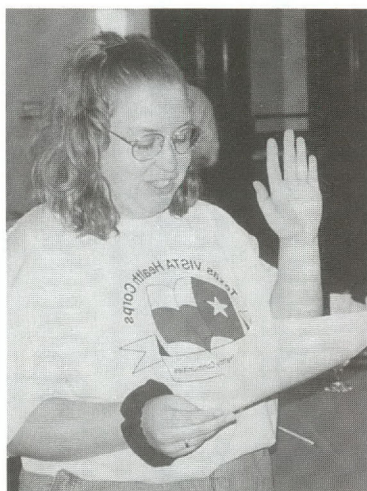
Maria Garza, Laredo/Webb County Health Department

Maria Robles, Laredo/Webb County Health Department

Sylvia Torres, Cameron County WIC Program



Above right, William R. Archer III, M.D., Texas commissioner of health, who swore in the new VISTAs, talks to the group. Left, some of the newest volunteers accept their oath of service.





## New WIC reference guide focuses on patient-flow analysis

by Carol Filer, M.S., R.D., L.D.  
Clinic Management Specialist

A new PFA reference manual, *Focusing on Patient Flow Analysis: A Candid Look at Managing WIC Clinics*, is being sent to each Texas WIC local agency soon. The purpose of the manual is to help the WIC professional generate ideas and raise awareness about clinic flow, thus improving customer service and efficiency.

The *Focusing on Patient Flow Analysis* manual discusses studies on patient-flow analysis that indicate what makes a WIC clinic efficient and effective. It gives the reader some average times for clinic tasks during patient stops in a clinic. Guidelines are given on the amount of time that participants should spend in the clinic with staff versus how much time they should be expected to wait. Also, advice is offered regarding a threshold time between clinic stops.

Other topics included in the manual are major factors that can affect clinic flow, such as appointment systems and ground rules, ideas on how to increase the show rate, techniques and procedures to save time and energy, and facility layout and space recommendations. The manual should be helpful not

only during clinic PFA brainstorming meetings but also as a handy reference guide to improve clinic systems that can impact customer service.

### *PFA studies conducted in summer 1999*

The state agency commends all of the PFA study coordinators and staff at WIC clinics across Texas for the time and effort they've spent on conducting and participating in PFA studies. The following clinics continue to search for ways to improve their clinic-operation systems:

**LA 3,**  
**Cameron County Health Department**  
San Benito WIC Clinic  
Garden Plaza WIC Clinic  
Harlington WIC Clinic  
Lucio WIC Clinic

**LA 36,**  
**City of San Marcos**  
New Braunfels WIC Clinic  
San Marcos WIC Clinic  
Lockhart WIC Clinic  
Seguin WIC Clinic  
Local agency 83,  
TDH Public Health Regions 9/10  
Brady WIC Clinic

**LA 77,**  
**University of Texas Medical Branch at Galveston**  
Pearland WIC Clinic (2 studies)

**LA 62,**  
**Paris-Lamar County Health Dept.**  
Paris WIC Clinic

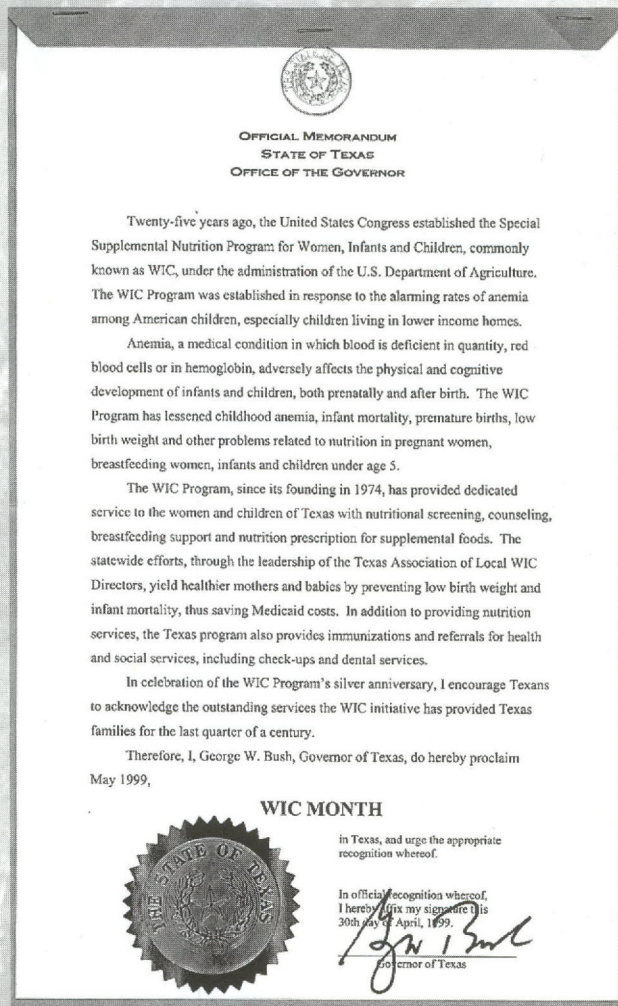
If you don't see your clinic listed, conduct a PFA study and send it to the support training section at the state office, and get recognized! ●



Staff across the state recently celebrated WIC's silver anniversary. Some staff were honored for their many years of service. Congratulations to the following WICsters who have served 20 years or more.

- |   |  |
|---|--|
| LA 1<br>Agedita Trejo, 25   | LA 23<br>Carolyn Hanselman, 25   |
| LA 3<br>Gloria Lucio, 20  | LA 24<br>Virginia Castilla, 20   |
| LA 4<br>Domitila (Tila) Villarreal, 24<br>Elsie Graham, 20<br>Lucy Cavazos, 25  | LA 26<br>Sheila Anderson, 21<br>Rhonda Bankett, 20<br>Faye M. Walker, 25<br>Jessie Washington, 25<br>Marsha Lewis, 24  |
| LA 5<br>Dalia Aguilar, 21<br>Janie Escobedo, 21<br>Mary Ann Sanchez, 20   | LA 28<br>Elena Guzman, 22  |
| LA 9<br>Joel A. Salinas, 25<br>Rosalinda Montalvo, 21<br>Aminta Hinojosa, 23<br>Noemi Maldonado, 23   | LA 29<br>Estella Garcia, 21<br>Bertha Mendoza, 20  |
| LA 10<br>Joe Ellen Ticknor, 23  | LA 30<br>Yvonne Howard, 22<br>Pam Ivory, 22<br>Barbara Queen, 22   |
| LA 12<br>Margarita Gonzalez, 21<br>Maria L. Salinas, 21<br>Adelfa Garza, 21<br>Minerva Valdez, 20<br>Luisa Daniel, 20<br>Juanita Pantoja, 23<br>Gloria Guzman, 20<br>Delia Lopez, 20<br>Graciela Lujan, 20<br>Maria S. Menchaca, 21<br>Norma Longoria, 21<br>Graciela Lujan, 20 | LA 31<br>Loretta Grisham, 22<br>LA 33<br>Donna Seward, 23<br>LA 37<br>Patricia Patterson, 22<br>Emmy Trevino, 20<br>Felipa Camarillo, 21<br>Bertha Garza, 20<br>LA 40<br>Toni Croff, 20<br>LA 41<br>Yolanda Alvarado, 21<br>LA 42<br>Della Jean Jackson, 21<br>LA 43<br>Emma Garcia, 21<br>LA 45<br>Dale Smith, 20<br>LA 48<br>Victoria Bowie, 25<br>Gay Crain, 20<br>LA 54<br>Lovella Williams, 23<br>LA 88<br>Hilda Torres, 20<br>Wanda Dukes, 22<br>Rachael Sanchez, 21<br>LA 94<br>Judy Harden, 21 |

George W. Bush, governor of Texas, signed the official memorandum shown below, proclaiming May 1999 to be WIC Month in Texas. Bush lauded the WIC program for providing dedicated service since 1974 and encouraged Texans to acknowledge the outstanding services WIC provides. Many local agencies celebrated a quarter of a century of WIC services with local celebrations while the state office gathered for a Texas-wide commemorative conference.





Jewell Stremmer, left, peer-counselor coordinator, and Janet Rourke, nutrition training program coordinator, sliced and offered the WIC anniversary



This display showed current WIC-related materials which were created by the CCPH Health Communications group.



Jarice Carpenter, WIC certification and nutrition trainer, handed out updated certification manuals to any of the 86 WIC local-

The game of Clinic Bowl was emceed by Pat Ogle, training specialist, at left on the photo at right. The finalists were local-agency directors. From left, sitting in the photo at right, are Marie Zackowski of LA 7 in Dallas, Norma Longoria of LA 12 in Hidalgo, Rita Portlock of LA 34 in Abilene, and Karen Finstuen of LA 73 in San Antonio. Zackowski won the contest, which consisted of WIC trivia such as "What color was the first milk card" (answer: blue).

At left, Linda Brumble, training director, handed out the prizes.

*And the winner is . . .*







# In the next issue: Children with special needs

For information about subscriptions to *Texas WIC News*, e-mail [sheri.moseley@tdh.state.tx.us](mailto:sheri.moseley@tdh.state.tx.us), or call (512) 406-0753



**WIC, Bureau of Nutrition Services**  
Texas Department of Health  
1100 W. 49th St.  
Austin, TX 78756

**PERIODICALS**

ADDRESS SERVICE REQUESTED

.. 602042

11-12/99

093042-XL 1413  
OE 160136-173 EB1