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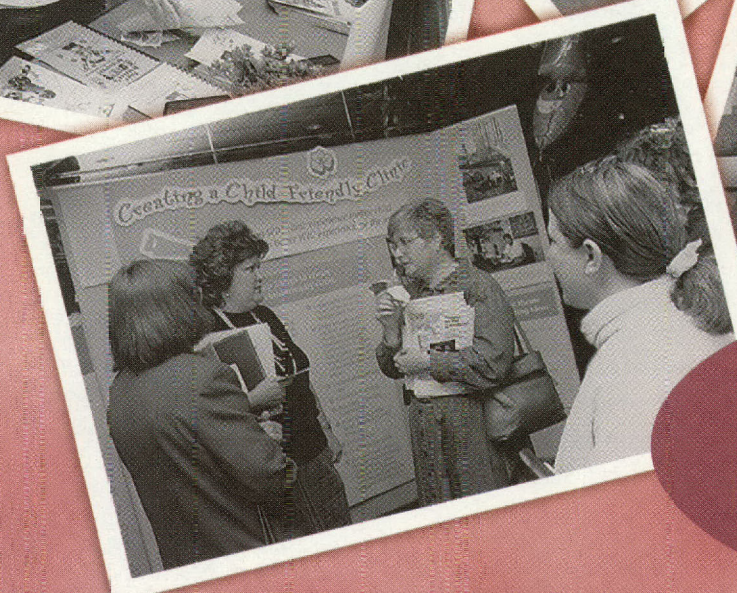
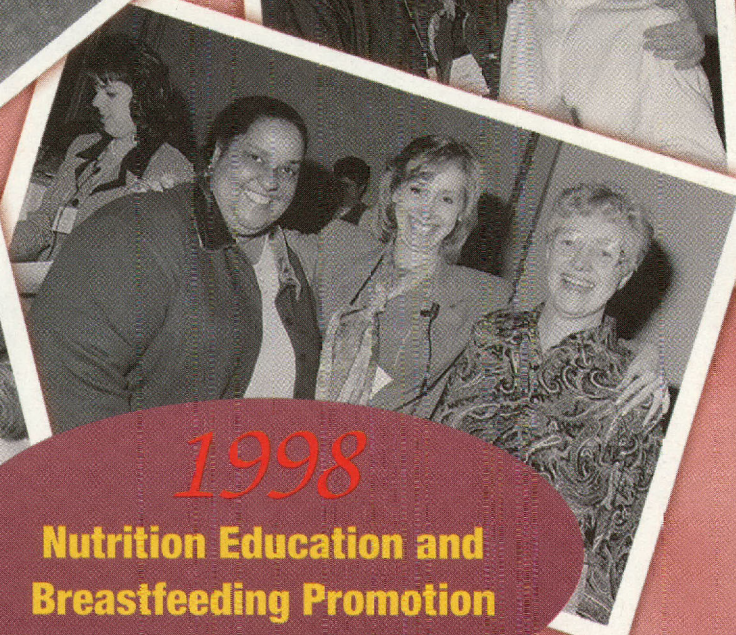
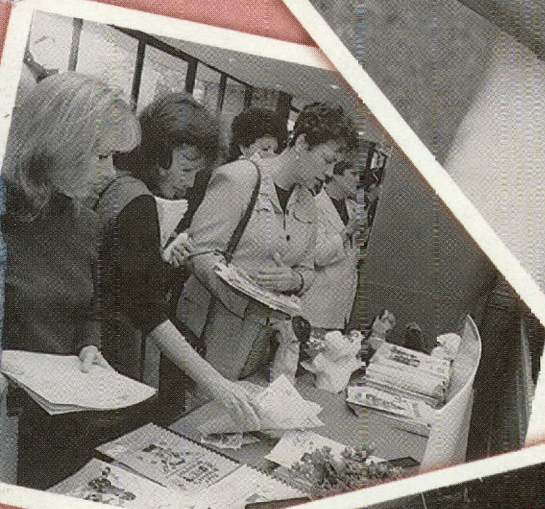
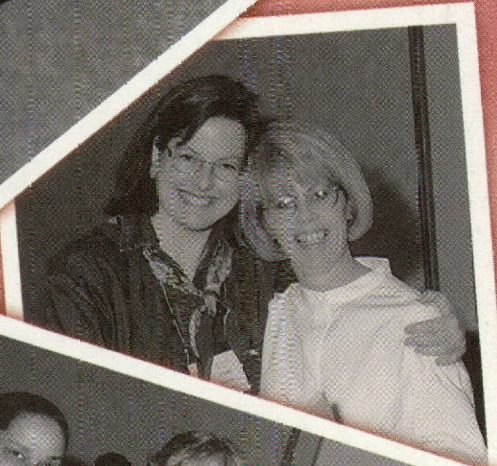
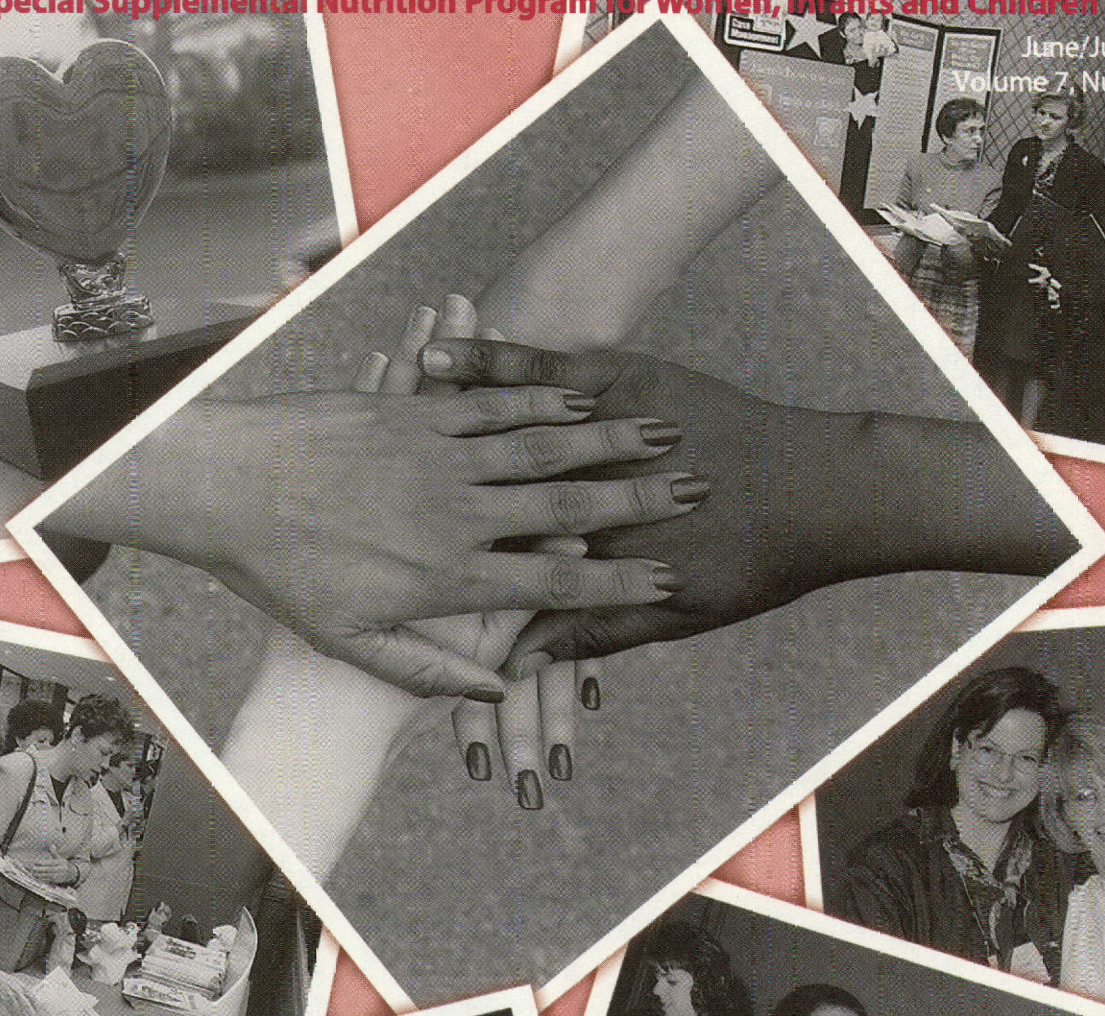
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Texas

# WIC NEWS

Special Supplemental Nutrition Program for Women, Infants and Children

June/July 1998  
Volume 7, Number 6



*1998*  
**Nutrition Education and  
Breastfeeding Promotion  
Workshop**

# Texas WIC directors 'on target' at annual meeting

By Mike Montgomery  
State WIC Director

On April 14-15, Texas WIC local-agency directors met in Austin for their annual meeting. The theme of this year's meeting was "On Target," a name which highlighted our program's redirected efforts to increase participation, decrease no-show



State WIC director Mike Montgomery presents 1997 Project of the Year co-awards to Monica Stender, left, of Project 5 in Nueces County, and to Diane Pfeil of Project 41 in San Antonio. Stender's local agency also won clinical and outreach awards; Pfeil's also won training and nutrition-education awards.

rates, and effectively utilize extended-hours coverage.

I was pleased to see that every director was present or represented. I was also pleased that both Debra Stabeno and Sondra Ralph could attend. Stabeno, associate commissioner for health-care delivery at the Texas Department of Health and former Texas WIC state director, congratulated Texas WIC local agencies on their efforts to utilize extended hours.

Her congratulations

reinforce my sentiments about how WIC efforts in this area have been superior. Stabeno also provided us with an update of recent TDH initiatives, especially the Children's Health Insurance Program, which will expand Medicaid benefits in 1999 to include previously excluded children.

Ralph, from Dallas, serves as the U.S. Department of Agriculture's regional director of the Food and Nutrition Service, which oversees the Texas WIC program. She spoke about the changes to WIC proposed this year by the reauthorizing legislation in the U.S. Congress. Included in the changes are possible new income-screening requirements for some states, changes to the quality-assurance process, and some differences in eligibility criteria.

## Updates

The rest of the meeting focused on what promises to be the byword for WIC as we enter the new biennium: *change*. Some of the upper management at the state agency provided various updates. Some

concerned recently completed program changes such as extended-hours coverage and the pilot of an immunization-tracking addition to the Texas WIN computer system.

Other updates addressed anticipated changes for the next fiscal year. These expected changes include upcoming modifications to the contracting process and an increased emphasis on integrity, both through newly instituted criteria on performance measures and through the "one-to-one" process of reconciling each food-voucher redemption card with each food-voucher issuance record.

An update was also given on how Texas WIC is dealing with Y2K issues, those problems related to computers not programmed to recognize dates beyond 1999.

## Impressive staff

I myself learn more and more about your needs at each conference we have.

I attended the Nutrition Education and Breastfeeding Promotion Workshop (whose seminars are featured in this issue of *Texas WIC News*) in March shortly before the annual state meeting was held, and I remain continually impressed with the quality of the staff who find and enroll each pregnant mom, infant, and child in Texas needing WIC benefits.

I believe that these conferences strengthen our sense of family and are especially important for sharing our ideas and concerns.

Thank you for your participation. I look forward to seeing each one of you at other quality events like these in the future.

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Texas

# WIC NEWS

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Cover: Nutrition educators and breastfeeding promoters gather for Texas WIC's 1998 workshop. Cover design by Brent McMillon. Photos by Jennifer Van Gilder. Inside art on page 12 by Carolyn Lord, photographed by Jim Ferreira.

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## Project 12

# WIC reaching out in Hidalgo County

Norma Longoria, director of Project 12 in Hidalgo County, reports that she and her staff have been busy increasing caseload while conducting outreach to their community and maintaining regular duties.

### Caseload up

Staffers at three Project 12 clinics were awarded in March for increasing their caseloads.

Staffers received goodie baskets and certificates of recognition.

At the site in Edinburg, the staff consists of nutritionist Melissa Franz; computer clerk Elena Segovia; clinic aide Sandra Melendez; clerks Cynthia Carralez, Addie Cruz, and Cecelia Garza; and Alexandra Elizalde, L.V.N.

At the La Joya clinic, staffers are nutritionist Maggie Saenz, nutrition educator Hector Cantu, clinic aide Amby Solis, and computer clerk Mirna Sanchez.

In Mission, participant caseload was increased by nutritionist Alma Morales, nutrition educator Esmeralda Villarreal, clinic aide Cris de Hoyos, clerks Martha delgado and Maria D. Gomez, computer clerk Zulema Sifuentes, and Isela Perez, L.V.N.

### Rough work

Recognition in March was also given to the staff of Project 12's mobile clinic for their successes despite difficult circumstances such as being on the road all of the time, setting up at remote rural sites, and



The staff from the clinic in Mercedes wins an outreach prize. From left are clerk Merlin Elizondo, breastfeeding clerk Janie Gomez, nutritionist Teresa Sanchez, computer clerk Luisa Daniel, clinic aide Adelfa Garza, nutrition educator Adelita Longoria, computer clerk Martha Desiga, and Dora Trevino, L.V.N.

working in cramped and crowded conditions. Staffing the mobile clinic are coordinator Antonio Cardona, computer clerk Mary Hernandez, nutritionist Hopie Garza, and Cruz Alcantar, L.V.N.

And, at the WIC clinic in Alamo, Mary Allen, L.V.N., was presented with a certificate of appreciation in March for administering 785 immunizations that month at the clinic.

### More caseload up

In February, the Project 12 staff in Weslaco won first place in a statewide outreach contest while increasing their caseload. Staffers are nutritionist Cindie Villarreal, nutrition educator Adriana Vasquez, computer clerks Lucy Perales and Genie Silva, clinic aide Pat Salas, clerk Betty Escalon, and L.V.N.s Lynette Castillo and Maricela Hernandez.

Caseload at the Hidalgo clinic was brought up by site nutritionist Elizabeth Cardenas, nutrition educator Cynthia Cortes, clinic aide Araceli de Leon, clerk Araceli Villalobos, and computer clerk Gloria Cadena.



Santa brings gifts from Project 12 staffers to WIC children at the local agency's mobile clinic. The adults with Santa are Cruz Alcantar, L.V.N., and nutritionist Hopie Garza inside the vehicle. The three also brought gifts to the Ninos del Mundo school.

In Donna, staffers who raised the February caseload are clinic manager Janie Pantoja, L.V.N., nutrition educator Lori Loera, clinic aide Diana Pelkey, computer clerk Lydia Perez, clerks Amy Guzman and Vangie

Torres, and Diana Reyes, L.V.N.

And, at the San Juan clinic, caseload was upped in February by clinic manager Melba Caceres, nutrition educator Mary Lou Flores, clinic aide Monica Alaniz, computer clerks David

Martinez and Melissa Eguia, clerk Oralia Moreno, and Bertha L. Silva, L.V.N. Silva and Moreno were also recognized for administering 785 immunizations at their clinic in February.

### Project 53

## First breastfeeding peer counselors added to Pleasanton WIC staff

Project 53 in Pleasanton now has its first four breastfeeding peer counselors.

WIC moms Celina Delgado, Olma Gallardo, Isabel Rios, and Carey Tuttle received training in early April in the Atascosa Health Clinic conference room. Also involved in the training were project director Connie Trevino, breastfeeding coordinator Blye Jenschke, L.V.N., and Kathy Parks, R.N., I.B.C.L.C.

A graduation ceremony and reception marked the end of their four-day training. Gloria Gallegos, M.S.N., M.P.H., was guest speaker at the graduation.

Each graduating peer counselor received a diploma, a special gift from Project 53, and some words of encouragement from Juan Flores, executive director of the Atascosa Health Clinic.

"We are very excited to have peer counselors on our staff," says Trevino. "They'll encourage more of our pregnant moms to breastfeed, and be available for any problems that a breastfeeder may have."

The new peer counselors will participate in breastfeeding and pregnancy classes.

Trevino also plans for them to be available for one-on-one counseling with clients.



Pleasanton's first peer counselors gather at their graduation. From left are new peer counselors Carey Tuttle, Olma Gallardo, and Celina Delgado, breastfeeding coordinator Blye Jenschke, new peer counselor Isabel Rios, guest speaker Gloria Gallegos, and instructor Kathy Parks. Each mom is holding her baby. Jenschke is holding one of Rios' two youngsters.

### Project 32

## WIC, Head Start team up to serve clients at Barbara Bush Parent Center

The newest satellite WIC clinic at Project 32, the Brazos Valley Community Action Agency WIC project, is located in the Barbara Bush Parent Center in College Station.

The parent center was dedicated by its namesake on Nov. 7.

A variety of activities and services are offered at the center, including parenting classes and a library for toys and books. The Family Empowerment Program

offers GED courses and classes in English as a second language. The Head Start program provides activities and on-site child care. WIC clients are served two days each month.

"We, at WIC, feel that the collaboration with Head Start is a 'win-win' situation for both programs," says Shebree Washington of Project 32. "Together, we are able to reach out to a lot of people."

*Project 33*

## Unique mascot updates the WIC word in El Paso

At Project 33 in El Paso, "some-Buddy" has been quite busy this spring spreading the good word about WIC and nutritious eating.

Buddy, the Project 33 mascot, was created in the fall of 1997. He's a walking, talking, cowboy-hatted food-guide pyramid. The identity of the walking and talking part is kept secret; inside Buddy is any member of the local agency's outreach team, headed by Gloria Gutierrez.

Constructed of quilted fabric stretched over a pyramid frame, Buddy's outfit boasts detailed appliques of the food groups represented in the food-guide pyramid. Buddy's cowboy hat, with eyeholes for the mystery person inside, is applique'd with food samples from the "fats, oils, and sweets" category at the tip of the pyramid.

Buddy had a starring role in El Paso's annual Easter Parade on April 11, riding inside the local agency's mobile WIC clinic and waving to children as the parade passed by. The WIC van had been decorated with balloons and topped by an enormous orange carrot designed and constructed by Project 33 community-service aide Martha Cordova. (Cordova also had an active role in designing Buddy's outfit.)

"It was great seeing the children's smiles when Buddy waved at them," says project director Donna Seward. "And adults clapped when they saw the mobile clinic with the big orange carrot."

Buddy has been attending other special events, too. In March, he was a featured attraction at Thomason General Hospital's safety fair. He visited the children's ward as well as the ward for seriously ill children, where he "brought joy to these children and also to the staff who care for them," says Seward. One child insisted on dragging his I.V. pole alongside him as he excitedly trailed Buddy throughout the ward.

The mascot's visit was such a popular success, says Gutierrez, that the hospital staff invited him back to the children's ward the following week to visit the patients who had missed seeing him the first time.

Buddy's dance card is filling up; he faces a busy schedule of health fairs and other events this summer.

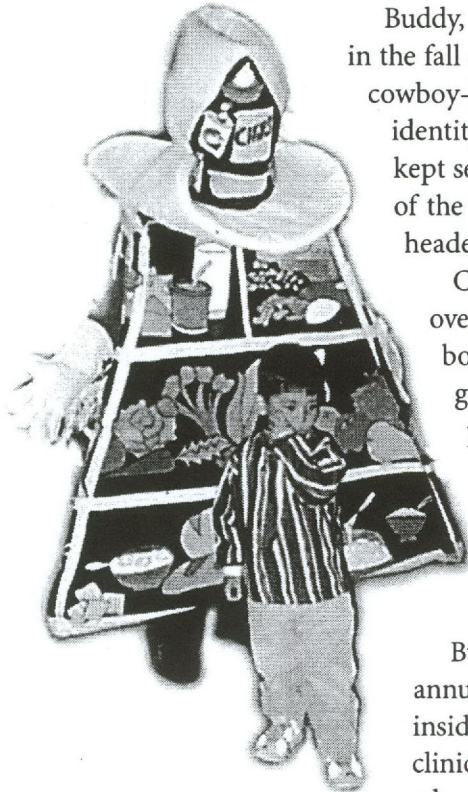
### Behind bars 'for good'

WIC workers are caring people, and sometimes their compassion for helping others gets them into trouble. It happened to Donna Seward on April 8, when she was put behind bars for the good of the Muscular Dystrophy Association. An officer came to Seward's office, handcuffed her, and led her off to "jail," where she stayed until her \$500 "bond" was paid.

Project 33 employees, as well as friends and co-workers in the El Paso health district's office, collected the money, and Seward was soon released and able to get back to her *regular* good work.



Donations freed Project 33 director Donna Seward from 'jail.'





Fabiola Feyes works full time at the WIC clinic in Harlingen while managing to keep her daughter, Adriana Denisa, a 100 percent breastfed baby.

### Project 3

## Cameron County WIC gives staff breastfeeding-friendly work conditions

At Project 3's site in Harlingen, clinic supervisor Maria Schroeder provides a breastfeeding-friendly worksite for her staffers, reports breastfeeding counselor Veronica Perez. "It's a classic case of practicing what you preach," says Perez, who admires Schroeder's promotion of breastfeeding and respect for her staffers' work. "Maria supports her staff's jobs *and* the purpose of the clinic," says Perez.

Fabiola Reyes, a community-service aide at the clinic, returned to full-time work in early February after giving birth to her firstborn, a daughter named Adriana Denisa,

on December 22. With Schroeder's approval, Perez has privacy during her break to pump milk for her daughter to drink later.

"When Fabiola goes in to pump," says Perez, "she's teased by her co-workers that she's reporting to her 'second job.' But, from the looks of it, it's her *full-time* job, since she does it at home and at work!"

Perez, who counsels moms on the advantages of breastfeeding, particularly for newborns, adds, "With this type of encouragement, Fabiola serves as an excellent example of how a nursing mother can continue to work."

### Project 59

## San Antonio C.P.A. honored as Employee of the Month

The Barrio Comprehensive Family Health Care Center has named Ruby Farias, L.D., as its Employee of the Month for February. Farias serves as competent professional authority and is the head of nutrition education at Project 59, which is based at the Barrio Comprehensive Family Health Care Center in San Antonio.

"She is a role model for quality customer service skills and attitudes," says Project 59 director Elisa Ruela Perez, who also notes that Farias "goes beyond fulfilling the most basic job requirement, as she is always willing to help out in any area of the clinic where she is needed. She is a great role model for great service to her patients and co-workers."

Farias performance typifies the level of customer service that Project 59 strives to offer, says Perez. "There has not been one week when patients haven't commented on the great staff and great service they receive from the WIC employees," she says. "They all enjoy helping others, and they go beyond what is needed from them to provide quality care and involvement to patients and other employees. I not only see my employees as great team members but now as family. We all truly care for the lives of everyone around us and hope our services will make a difference to our community."



Ruby Farias' friendly disposition helps make good customer service a reality at Project 59 clinics.



### Project 61

## Second-born babies make big impressions in Jasper County

Anne Williams, L.V.N., director of Project 61 in Jasper County, reports that an unusual phone call came in to the local agency's clinic in San Augustine one morning.

Barbara Vaughn, a WIC clerk at Project 61 for the past five years, answered the call on April 16. On the other end was April Dixson, a WIC mom since last summer. She calmly asked if she could reschedule a recertification appointment set for noon that day for her 2-year-old daughter, Megan. Vaughn asked Dixson if she'd be able to make it in later that day, but Dixson had an iron-clad excuse for being unable to attend: She was in labor with her second baby and calling from a Nacogdoches hospital's labor and delivery room!

"Now, that's dedication to WIC!" says Vaughn.

Dixson gave birth later that day to a 7-pound, 7-ounce baby boy named Derek. He was certified as a born-to-WIC baby on April 27. And he's getting off to a good start because his mom is breastfeeding him.

And was his big sister's appointment rescheduled? Yes, she was also seen on April 27.

### New Year's in April for WIC mom in Hemphill

Vaughn reports that a WIC mom served by Project 61 in Hemphill made the local news recently.

The mom, Kelli Fruge, gave birth April 22 to a 7-pound, 7-ounce baby girl named Jayla. The *Sabine County Reporter* called Jayla the "New Year's baby" in a front-page article on April 29 because she was the first baby in years born at the Sabine County Hospital in Hemphill. The hospital had recently added an obstetrician to its staff, Michael Neal, M.D., and Jayla was the first of many expected deliveries by him.

Fruge also has a 1½-year-old son, Austin.



### Project 33

Three clinics at Project 33 in El Paso recently merged into two clinics with new names and locations.

1. On May 11, the Riverside WIC clinic at 7580 Alameda changed its name to the Carolina Center and moved to 500-D N. Carolina in El Paso. It serves clients from 8 a.m. to 5 p.m., Mondays through Saturdays. Each month, on two Mondays that vary, the clinic is open from 10 a.m. to 7 p.m. Its phone number is (915) 592-1551.

2. On May 15, the Marks and Northeast clinics merged into the new Sunrise Center at 8500 Dyer, Suite 54, in El Paso. It serves clients on weekdays from 8 a.m. to 5 p.m. and on Saturdays by appointment. Its phone number is (915) 757-1677.

The mailing address for both sites is:

Texas WIC Project 33  
El Paso City-County Health District  
1148 Airport Blvd.  
El Paso, Texas 79925

### Project 76

The WIC clinic in Childress was moved to a new location at 438 N. Main St. on April 27. It serves clients from 7 a.m. to 5:30 p.m. on the first and third Mondays of the month, and from 8 a.m. to 6:30 p.m. on the second and fourth Mondays. Its mailing address is:

Texas WIC Project 76  
1114 Lost Creek Blvd.  
Suite 350  
Austin, Texas 78746



Start planning now

## Help make the Family Health and Fitness Days a success in your community

By Claire Heiser, M.S., R.D., L.D.

Chronic Disease Nutrition Consultant

Family Health and Fitness Days USA is a national event designed to involve communities in a variety of family-fitness activities identified locally. The purpose of the event is to encourage families across America to play and exercise together.

Family Health and Fitness Days USA is scheduled for Sept. 26-27. The Texas Department of Health is the Texas sponsor for 1998. Regional and local TDH staff are beginning to partner with other local organizations to plan events in communities across the state.

Your Texas WIC local agency can be a part of the Family Health and Fitness Days. You can start by locating an established planning group in your community and becoming an active member. If your community doesn't have a planning group, start one! Potential partners include community organizations such as a local hospital, the American Cancer Society, the USDA Agricultural Extension office, and local fitness and food businesses.

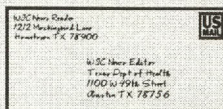
Start planning today. Begin by placing your order for the Family Health and Fitness Days registration packet. In late May, order forms for the registration packet were mailed out to Texas WIC local-agency directors. The packet includes a program manual, posters, banner, T-shirt, button, and balloon. The program manual is full of ideas and reproducible materials to get you started. The price for this packet is \$22.63.



**Saturday, September 26, 1998**  
**Sunday, September 27, 1998**

This is a special price for Texas WIC local agencies.

For help with identifying local planning groups or to get additional information, call Claire Heiser at (512) 458-7785 or email her at [claire.heiser@tdh.state.tx.us](mailto:claire.heiser@tdh.state.tx.us).



**LETTERS**  
TO THE EDITOR

*Project 7*

### **WIC makes life better for student parents**

Project 7's Irving Health Center WIC clinic recently received this appreciative letter from a satisfied WIC mother:

Dear Everyone at the WIC Office,

Thank you so much for helping out with my babies' formula and groceries for me.

It really makes a difference in our lives, and it helps supplement our family budget so my husband can finish school.

Thanks so much,

Heather Gray  
Irving, Texas

Notes from a dad

## Submitting to fatherhood

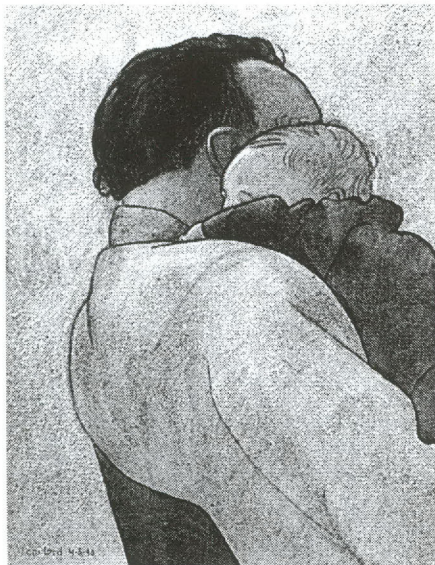
By Christopher A. Brown  
Social Marketing Specialist

As the father of two daughters, I've learned a lot about fatherhood in a short time. For almost two years after my first daughter was born, I was angry and resentful about being a father. The problem I was having was this: not submitting to being a father. I fought fatherhood tooth and nail.

Until I realized that fatherhood is more than a set of duties and responsibilities, but is also a rite of passage, I wasn't able to feel what it is to be a father. To feel fatherhood, I had to submit to it. For most men in our culture, unfortunately, submitting to anything is a difficult choice because it is seen as a sign of weakness. Society teaches men that submission is not masculine; it is the sign of a weakling or a sissy.

### Letting go of control

In his book *Masculinity: Identity Conflict and Transformation* (available at (800) 726-6600 or [www.shambhala.com](http://www.shambhala.com)), psychologist



Carolyn Lord

Warren Steinberg, Ph.D., discusses the importance of men accepting the urge to submit that exists in all humans. Submission, says Steinberg, helps men transform into mature male human beings and realize that something outside themselves is far greater and more important than they are.

To reach this realization, men must lose their need to control their world, says Steinberg. This is no small feat in a society where the foundation of the male gender role rests on men's ability to control their environments.

To submit means letting go of the need to control. It means accepting what life's plate has to offer, even if the offering isn't exactly what men expect. Submission also requires that men sacrifice long-held culturally prescribed attitudes, values, and norms about what it means to be a man.

### The struggle

When you cut through all of the psychobabble, what does it mean to submit to fatherhood?

It means putting cherished habits on the back burner, such as watching television, playing golf, shooting hoops, going out with the guys, and reading the paper on Sunday morning while leisurely drinking a cup or two of java. It means sharing with your wife the responsibilities of rearing the children, cleaning the house, cooking meals, washing laundry, and shopping for groceries.

It means getting down on your hands and knees and chasing

Carolyn Lord



children across tiled or hardwood floors, just because that kind of play brings such great joy to children. It means reading the same books over and over again. And it means child-proofing your home and being aware of your children's whereabouts at all times.

Most of all, submitting to fatherhood means letting go of the past. It means that fathers should fully live each moment in the present moment, so that children can learn what fathers are and who their own fathers are, and so that children can have male role models.

### The irony

The irony of submitting to fatherhood is that it is not unlike alcoholics or drug addicts finally admitting that they are addicted. I denied being a father. I was addicted to the past. Like an addict, I could take the first step on my road to recovery only by breaking free of my denial.

I found that fatherhood became easier because I chose to submit to it. I no longer feel the resentment and anger. Instead, I feel free and alive and joyous.

# Local directors explore welfare-to-work funding for peer-counselor programs

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

Texas WIC local-agency directors across the state are busy investigating the possibility of integrating our peer-counselor efforts with the national welfare-to-work initiative.

They have begun the process of networking with local workforce-development boards to promote WIC's peer-counselor program as a recipient of welfare-to-work funding to cover the costs of salaries for some peer counselors.

This federal funding, being distributed through 28 workforce-development boards throughout the state, is targeted toward creating jobs and job subsidies for transferring welfare recipients into the workforce. Local workforce-development boards are now in the initial stages of getting programs off the ground that will employ welfare recipients. For more details, see this column on page 20 of the May 1998 *Texas WIC News*.

## El Paso

Donna Seward, director of Project 33 in El Paso, said her inquiries were well received by the chairman of the Upper Rio Grand Workforce Development Board. Seward explained the peer-counselor program to the board members and was told that this is just the kind of activity the board wants to fund.

She said she feels good about making the contact early while the board was in the beginning stages of deciding whom to partner with to deliver the program.



About 350 breastfeeding peer counselors work in 48 Texas WIC local agencies and in 36 hospitals in Texas. This column is written for, by, and about them and the work that they do.

## Dallas

The workforce-development board in Dallas can expect to hear from Marie Zazckowski, director of Project 7. She plans to ask for funding for peer counselors to do breastfeeding counseling and to help with outreach activities.

## Central Texas

In Austin, Project 1 director Phillis Day has been invited to meet with the Capital Area Workforce Board. When she realized that this was the same group that the state agency was urging directors to approach for peer-counselor funding, she says, she felt that she had a great opportunity to get in on the ground floor.

Diane Pfeil, director of Project 41 in San Antonio, was excited when she learned that the chairman of the Alamo Workforce Development Board was someone she knew and who is familiar with the WIC program.

In Georgetown, Project 42 director Tina Horkey's successful peer-counselor program caught the interest of James Satterwhite, executive director of the Rural Capital Area Workforce Development Board. Satterwhite expressed interest in exploring the idea of a partnership between his board and Project 42's peer-counselor pro-

gram. Satterwhite said that the peer-counselor program sounds like the kind of activity the board would like to fund. This was an initial contact, and no definite commitment of funding has been made, but Satterwhite's positive response and expression of interest looks promising. The next round of federal funding is being distributed to Texas workforce-development boards in July.

## Pay for some WIC moms

We commend these local-agency directors for their wisdom in taking steps to explore this new source of funding. Local agencies may be able to receive reimbursement for all or part of the salaries of the counselors they employ who are eligible for the welfare-to-work program. Though not all of the WIC moms trained and employed by the Texas WIC peer-counselor program are also receiving welfare benefits, many are.

The program also provides job-retention services such as transportation assistance and child-care assistance. Many WIC directors and breastfeeding coordinators agree that assistance in these areas would help ensure the reliability of their peer counselors.

If you have taken steps to network with your local workforce-development board, please keep us updated at the state office. Let us know of your successes, or call us to ask for more information.

Feel free to call Jewell Stremmer, peer-counselor coordinator, at (512) 406-0744, or e-mail her at [jewell.stremmer@tdh.state.tx.us](mailto:jewell.stremmer@tdh.state.tx.us).

## Handouts on infant problems

Three handouts on infant problems were recently developed by state-agency nutritionists. In April, a sample of the English and Spanish versions of each of the three handouts was sent to each local-agency director in memo No. 98-037. The one-sheet handouts are now at our warehouse and ready for distribution.

These colorful English and Spanish sheets explain how to recognize and respond to babies who have problems with colic, constipation, or crying. You can use these handouts in the following ways:

Give them to pregnant women whose babies are due soon to help them prepare for possible infant problems.

Use them in individual counseling to help the mom of a newborn who has any or all three problems.

Feature them on your WIC bulletin board.

Offer them as handouts in classes on infant problems or on newborn feeding.

## Correction

An incorrect address for a Web site was given in this column in the April 1998 issue of *Texas WIC News*. To receive a free "Crash Course on Calcium" educator's kit, visit [www.whymilk.com](http://www.whymilk.com).



By Mimi Kaufman, M.P.H., R.D., L.D.  
Children with Special Health Care Needs  
Nutrition Consultant  
and  
Lynn Silverman, M.A., R.D.  
Nutrition Education Consultant

To order these handouts, call the TDH warehouse at (512) 458-7761 and use the following stock numbers:

Colic:		
English	13-120	
Spanish	13-120A	
Constipation:		
English	13-121	
Spanish	13-121A	
Crying:		
English	13-122	
Spanish	13-122A	

If you have any questions about these materials, please call your local agency's nutrition contact at the state agency at (512) 458-7440.

## Panels for bulletin boards still available

Remember the "WIC:Your Nutrition Headquarters" bulletin-board materials you got in March for National Nutrition Month? The state agency still has sets available for you to order.

If you teach WIC classes in your community, think about ordering a set for that location. For example, many local agencies teach in high schools, at Head Start, at the local library, at the farmer's market, or at hospitals. If you teach in a commu-

nity setting, check to see if you can put the bulletin boards, with WIC information, in your teaching areas.

You can order more bulletin-board materials by calling Delores Preece at 458-7440.

## Early referral crucial to Texas babies with disabilities

A safety net is available for Texas families who have babies and toddlers with disabilities and delays in development. The safety net is the Texas Interagency Council on Early Childhood Intervention.

ECI is a statewide program that funds local services to help families and children in their own homes and communities. Services include physical and occupational therapy, speech and language therapy, and nursing and nutrition services.

All are available at no cost to families, regardless of income.

Unfortunately, many families are not being referred early enough. The earlier an infant or child receives early intervention services, the better the potential outcome for that child. Federal and state legislation requires professionals to refer children younger than 3 within two working days of identifying a developmental delay.

Feeding problems are often the first sign of delayed development.

For more information about ECI or to refer families, call the ECI Care Line at (800) 250-2246.

For children older than 3, families or others can call their local school district or the ECI Care Line to locate their district.



Continuing excellence through ongoing staff training

## Texas WIC video library offers new tapes on supervisory skills

By Judith Cayton  
Training Specialist

Now, in addition to the popular customer-service and cultural-diversity videos for staff training that are available in the WIC video library, we've added two excellent videos on supervisory skills.

Our first new title, *The Attitude Virus* (21 minutes; No. 6585), is a well produced, entertaining video looking at the "bad-attitude virus" that can infect organizations.

Your local agency may already be infected with this virus if you've seen these warning signs: resistance to change, lack of commitment, spreading gossip, misdirected anger, and snotty perfectionism.

*The Attitude Virus* will help viewers learn how to get to the cause, administer the cure, and create a healthier workplace for everyone. This video is good for supervisors but could be used for staff as well.

Our second new video is *The Front of the Class* (23 minutes; No. 6629). It teaches us that being a supervisor is like moving to the front of the class.

This video balances humor, warmth, and wisdom with practical techniques for learning to be a leader. It teaches how to be first, how to be fair, how to be firm, and how to be flexible. It's a good introduction to the topic of supervision and leadership.

In the near future, the library is expected to have a video on coaching employees. We are looking for additional supervisory videos on a variety of topics. If you have any

suggestions for topics or if you'd like to recommend any videos you've seen, please call training specialist Judith Cayton at the state agency at (512) 406-0740.

### Customer-service videos

We've also added a new customer-service video to the library, *Dealing With People* (12 minutes; No. 6638). This video introduces and illustrates some of the basic skills involved in effective customer service.

It presents four customer-service situations in which the service representative in one situation becomes the customer in the next, emphasizing the fact that all of us are customers. Section One is

"What is Effective Customer Service," Section Two is "How to Handle Negative Customer Attitudes or Actions," Section Three is "Exploring Customer Needs," and Section Four is "Assessing Your Customer-Service Skills."

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

For descriptions of these videos, see page 11 of the March 1997 issue of *Texas WIC News* or call Judith Cayton at (512) 406-0740.

### Customer service

- ◆ *Basic Basic Telephone Skills* (17 minutes; No. 5938)
- ◆ *Five Forbidden Phrases* (18 minutes; No. 5936)
- ◆ *How to Handle theirate 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)

### Civil rights and cultural diversity

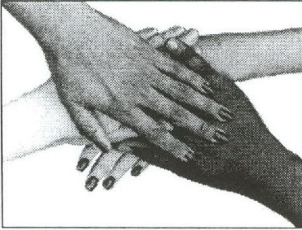
- ◆ *The Cost of Intolerance* (20 minutes; No. 6043)
- ◆ *A Winning Balance* (17 minutes; No. 6042)

### General staff development

- ◆ *Defusing Hostility* (45 minutes; No. 6007)
- ◆ *Your Image at Work* (23 minutes; No. 6277)

## 1998 Nutrition Education and Breastfeeding Promotion Workshop Audiotapes of workshop sessions available

By Jocelyn Racklyeft  
Assistant Peer Counselor Coordinator



5/19: VM Q to Jocelyn  
re missing sessions not on  
tape

The 1998 Nutrition Education and Breastfeeding Promotion Workshop was a big success, with attendees from all over the state enjoying a great variety of topics and speakers. All of the sessions were recorded on audio cassette and will now be available to folks who missed them or who would like to review the information they had heard at the conference.

These cassettes are great for staff in-services as well as for individual learning. A lot of local agencies around the state are working hard at getting their peer-counselor programs up and running, or revitalized, at this time. Peer counselors always enjoy new information on breastfeeding, and these tapes are an easy way

to provide that for them.

In addition to the tapes listed below, duplicate tapes will also be made of four other workshop sessions and of the March 4 WIC directors' meeting. They should be ready by the end of the summer.

The audio cassette tapes are available from the Audiovisual Library at the Texas Department of Health. Call the library at (512) 458-7260 for information on ordering the tapes below (be sure to provide the library's coded "T" number listed below for each tape).

"Vitamin H: The Missing Nutrient For A Well Balanced Life"  
Abby November, Ph.D., R.D., L.D.  
T-0182

"Are They Having Fun Yet?"  
Ann Sullivan, M.P.H., R.D., L.D.  
T-0183

"Breastfeeding Research Update"  
Judy Hopkinson, Ph.D.  
T-0184

"Unlock the World to Breastfeeding and Nutrition Information"  
Nancy Liedtke, M.S.  
Vivian Brandt  
T-0185

"Are They Having Fun Yet?"  
Ann Sullivan, M.P.H., R.D., L.D.  
T-0186

"Counseling Parents of Overweight Kids"  
Teresa Amos, R.D., L.D., L.V.N.  
T-0187

"Cultural Competency: What, Why, and How?"  
Don Lawson  
T-0188

"Baby-Friendly Hospital Initiative"  
Cricket Chappell, B.S.N., R.N.  
Mary McCarthy, M.S.N., R.N.  
Jeanne Mitchell, M.S.N., R.N., I.B.C.L.C.  
T-0189

"Kid's Club Workshop"  
Barbara Mayfield, M.S., R.D.  
T-0190 (see T-0194)

"Diabetes 101"  
Carolyn Grubb, M.A., R.D., C.D.E.  
T-0191

"Managing Common Problems"  
Maryelle Vonlanthen, M.D.  
T-0192

"Making Training Stick"  
Shirley Ellis, M.S., R.D., L.D.,  
Victoria Cummings, M.P.H.  
T-0193

"Kid's Club Workshop" (cont'd)  
Barbara Mayfield, M.S., R.D.  
T-0194 (see T-0190)

"Understanding Gestational Diabetes"  
Shelly Veltrop, R.D., L.D., C.D.E.  
Susan Zatopck, M.S.N., R.N., C.D.E.  
T-0195

"Managing Special Problems"  
Maryelle Vonlanthen, M.D.  
T-0196

"Successful Peer Counselor Programs"  
Terry Hajny  
Debra Parnell  
Kim Williams  
T-0197

"Nutrition Basics for Children with Special Needs"  
Mimi Kaufman, M.P.H., R.D., L.D.  
T-0198

Nutrition Education Share Session:  
"Think about Choice of Classes"  
"Kids Love Nutrition Education"  
"Let's Plan a Great Health Fair"  
State and local-agency staff  
T-0199

"Reaching and Teaching Teens, Part 1"  
Janet Mitchell, L.C.D.C.  
T-0200

"The SMART Class, Part Deux"  
Rachel Edwards  
Carol Filer, M.S., R.D., L.D.  
Sara Goodrich, M.S., R.D.  
Nancy Liedtke, M.S.  
Chan McDermott, M.P.A.  
Anita Ramos, R.D.  
Shelley Shores, R.D.  
T-0201

"The Growing Healthy Children Campaign: Keeping Eligible Children on WIC"  
Chris Brown, M.A.  
T-0202

"How to Use Family Planning Resources and Information in Your WIC Agency"  
Patricia Palm, M.S., R.N.C.  
T-0203

Nutrition Education and Breastfeeding Promotion Materials Showcase Awards/Closing  
T-0204

## Low literacy

# Anyone can learn about nutrition

By Sara Goodrich, M.S., R.D.

Training Specialist



Kathleen Sterling, literacy coordinator at the public library in Oceanside, Calif., presented a session titled *Teaching People with Low Literacy Skills Health and Nutrition Messages*. Her presentation covered three topics.

1. Identifying, approaching, and referring people with low literacy skills to a literacy program.

Sterling recommends that we preserve our participants' self-esteem by "universalizing" the issue of low literacy. This can be done by assuring participants that reading is a skill we can all learn.

2. Developing and evaluating health and nutrition materials to use with people with low literacy skills.

Instead of using brochures and pamphlets as information dumps, Sterling says, we should use them as the bait and hook. The material needs to contain clear and concise information. It should have very short

sentences and no more than three sentences per paragraph. We should use soft-colored paper, pale yellow or blue, not bright pink or red.

Sterling suggested that WIC staffers could ask an adult-literacy program to "test" out a brochure with its students to determine the brochure's readability.

3. Locating effective health-education and nutrition-education materials and resources.

Sterling provided a resource list of books for literacy instruction that are based on the theme of nutrition. She also provided workshop attendees with the following Internet links for online patient-education sites that give information in English or Spanish on literacy, health, and nutrition:

Educational Resources Information Center Clearinghouse (ERIC): [www.ed.gov/prog\\_info/ERIC/](http://www.ed.gov/prog_info/ERIC/)

National Clearinghouse for English-as-a-Second-Language Literacy Education: [www.cal.org/nclle](http://www.cal.org/nclle)

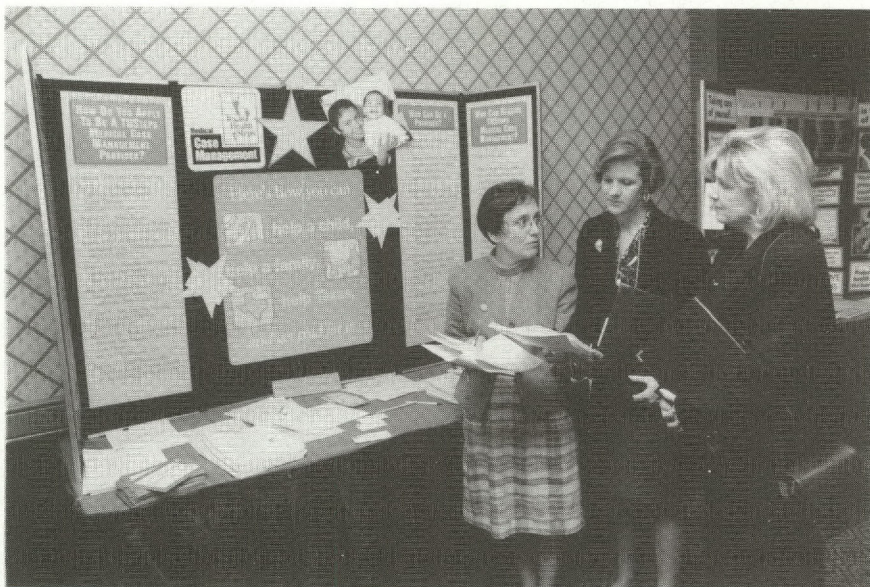
National Institute for Literacy (NIFL): [www.nifl.gov](http://www.nifl.gov)

Texas Literacy Resource Center: [tlrc.tamu.edu/texas/index.shtml](http://tlrc.tamu.edu/texas/index.shtml)

U.S. Department of Education: [www.ed.gov/](http://www.ed.gov/)

To get the addresses of additional sites, call Sara Goodrich at (512) 406-0740 or e-mail her at [sara.goodrich@tdh.state.tx.us](mailto:sara.goodrich@tdh.state.tx.us).

Other information on low literacy is available from the Texas Center for Adult Literacy and Learning at (409) 845-6615 and the National Literacy Hotline at (800) 228-8813.



Katie Rundblad, left, nurse consultant with the Texas Health Steps medical-case-management service at TDH, explains her exhibit to workshop attendees.

# New developments in diabetes prevent complications

By Elaine Goodson, M.S., R.D., L.D.  
Special Projects Nutritionist

New recommendations from the American Diabetes Association, as well as a broad overview of the disease, were presented by private consultant Carolyn Grubb, M.A., R.D., C.D.E. One in 20 Americans has diabetes. It's worse in our state, where one in 14 Texas adults has the disease.

## New diagnostic criteria

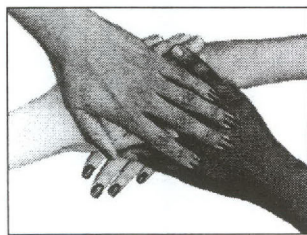
And now, more Americans than ever are being diagnosed with diabetes because the blood-sugar levels for diagnosis have been decreased. Now, fasting blood-sugar levels of 126 mg glucose/dl and above are considered diabetic. The former diagnostic level for normal-fasting blood sugar was 140 mg/dl or above.

The American Diabetes Association reduced the diagnostic criteria to prevent health complications associated with diabetes. These complications include damage to the kidneys, eyes, and blood vessels. Now, people can avoid the complications that occur when the fasting blood sugar is between 126 and 140 mg/dl.

## Diabetes 101

The potential for organ damage makes diabetes a serious disease. Managing it and preventing complications are best achieved by understanding how the disease works.

There are two types of diabetes: Type 1 and Type 2. Type 1 is first diagnosed during childhood and young adulthood. It results from the failure of the pancreas to



produce insulin. Type 2 is commonly found in adults older than 45. Risk factors for it include obesity, having a close relative with diabetes, or being African American, Native American or Hispanic.

Type 2 diabetes has many different causes. For example, the liver may be putting too much sugar into the blood, or the body may not respond to insulin. More people have Type 2 than Type 1 diabetes.

## Managing diabetes through diet and exercise

The basics of dietary management are that people with Type 1 diabetes must balance their food with their insulin dosage, and people with Type 2 diabetes must balance their type of oral medication with their carbohydrate intake and blood lipid levels.

Diets for people with diabetes have changed over the past few years. Diabetic diets can include all foods in limited amounts. For example, many people with diabetes eat meals that include foods containing refined sugars.

The management of Type 2 diabetes is not always simple, and it can become harder to control over time. The treatments to control blood sugar can progress from diet alone to diet combined with drugs

or insulin. Complications from the disease include loss of vision, heart disease, kidney disease, neuropathy, and amputations. Similar complications are found in Type 1 diabetes. Good control of blood sugar through diet, medications, and exercise will help to prevent or delay complications.

Exercise is vital in the control of blood sugar in Type 2 diabetes. Any amount of exercise helps the body use glucose more effectively. And exercise helps in weight reduction, which also benefits Type 2 diabetes.

## New medications

Better control of diabetes is now possible because of new medications. A much faster-acting insulin which peaks in one hour is now available. People with Type 1 diabetes take insulin to keep their blood sugar at normal levels after eating. They time their insulin peaks to match the time when their blood sugar will rise after meals.

Regular insulin peaks after two hours, and long-acting insulin peaks after 18 hours. With the new varieties of insulin, people with diabetes can better match their insulin dosage to their meals.

People with Type 2 diabetes also have new oral medications designed to address the different causes of Type 2 diabetes, and they control blood-sugar levels more effectively. The new drugs provide more choices in managing diabetes.



# Managing gestational diabetes

By Elaine Goodson, M.S., R.D., L.D.

Special Projects Nutritionist Managing Gestational Diabetes

At the Austin Diagnostic Clinic, a team of health-care workers manage women with gestational diabetes. Two members of that team are Susan Zatopek, M.S.N., R.N., C.D.E., and Shelley Veltrop, R.D., L.D., C.D.E. They provided WIC staff with the most current information about gestational diabetes, or diabetes during pregnancy.

One important change made last summer is that the American Diabetes Association no longer recommends that all pregnant women be screened for gestational diabetes. Only women with risk factors for gestational diabetes require screening during pregnancy. Risk factors are listed in the box at right.

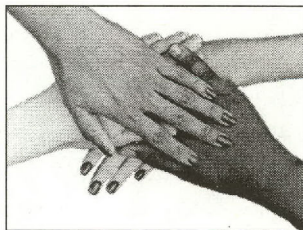
## Counseling after diagnosis

Zatopek and Veltrop discussed counseling women with gestational diabetes. They described how women with gestational diabetes are usually upset and overwhelmed immediately after their diagnosis, making it difficult for them to learn during their first counseling session. Both speakers said that they deal with the women's emotions before talking about their diet.

They also counsel all women a second time, answering questions and clarifying points that the women may have missed during their first session.

## Dietary management

It is important to note that the dietary management of gestational diabetes is somewhat different than the management of other types of



### Risk factors for developing gestational diabetes

- ◆ Previous pregnancy with gestational diabetes
- ◆ Family history of diabetes
- ◆ Being overweight
- ◆ Previous large infant
- ◆ Previous stillbirth
- ◆ Maternal age older than 35
- ◆ Ethnicity (Hispanic, African-American, American Indian)

diabetes. If pregnant women compare what they have been told with the advice received by friends or relatives with diabetes, they may find that their information differs.

One important difference is that women with gestational diabetes should eat more frequently, having a meal or snack every two to three hours. A bedtime snack is very important during pregnancy. Blood sugar can drop during the night, but keeping the blood-sugar level up will prevent ketone production. Ketones may impair the unborn child's future ability to learn.

Women with gestational diabetes are encouraged to avoid fruit juice until noon. They can have tomato juice or vegetable juice before noon, but fruit juice can

elevate their blood-sugar levels early in the morning. And, like other pregnant women, they should eat more foods high in protein. The extra protein supports fetal growth during pregnancy.

## Exceptions in diabetic diets

There are exceptions to the general rules for diabetic diets during pregnancy.

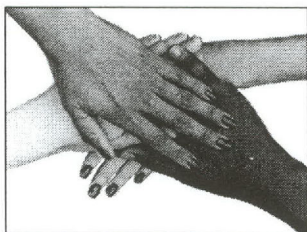
Women who suddenly develop hypoglycemia (low blood sugar) can have fruit juice or sweets to quickly increase their blood sugar. Symptoms of hypoglycemia can include cold sweats, headache, irritability, or confusion. Women can have four to six ounces of soda, five or six Lifesavers, or four ounces of juice if they are hypoglycemic. They should then wait 15 minutes to see if their symptoms subside. If they are not feeling better, they should repeat eating the sweets or drinking the fruit juice.

Women who begin to follow a diabetic diet during pregnancy often have a weight loss of one to two pounds during the first week on the diet. This first week's weight loss is acceptable, but weight loss in following weeks should not exceed one or two pounds.

Women who have had gestational diabetes should be told that they have a good chance of developing Type 2 diabetes later in life. Type 2 diabetes develops more often in people who are overweight. Exercise can help to prevent its occurrence. Women who have had gestational diabetes should know that they can decrease their chances of getting the disease by exercising and controlling their weight.

## Learning about peer-counselor programs from the experts

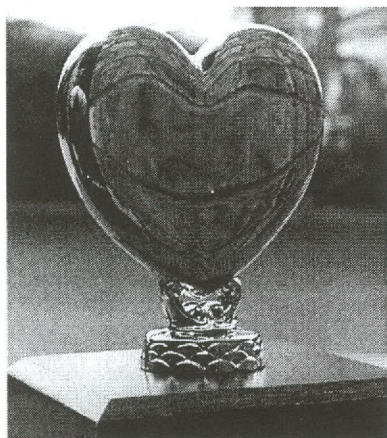
By Jewell Stremler, C.L.E.  
Peer Counselor Coordinator



At the 1998 Nutrition Education and Breastfeeding Conference, presenters of the session on successful peer-counselor programs encouraged anyone who does not already have a peer-counselor program to get one started.

A panel of Texas WIC local-agency breastfeeding coordinators shared practical tips on how to integrate a peer-counselor program into a WIC project. They talked about how to recruit counselors, train them, and maximize their time in the clinics and hospitals.

The experts also shared strategies that they have developed to shape their programs as they have grown, and they discussed changes they have made to meet the needs of experienced peer counselors. They cited the benefits of the peer-counselor program both for the WIC staff and for WIC mothers.



The Debra Stabeno Breastfeeding Promotion and Support Award was presented to Judy Hopkinson, Ph.D., of the Children's Nutrition Research Center in Houston.

### Big or small

Two of the local-agency breastfeeding coordinators on the panel, Terry Hajny of Project 54 in Tarrant County and Debra Parnell of Project 7 in Dallas, gave their perspective on how important a peer-counselor program can be to a large local agency.

Kim Williams, breastfeeding coordinator at Project 63 in Hardin County, a smaller local agency, offered insight on how much help peer counselors are to her. All three coordinators said they couldn't do without their counselors now that they have them.

### Tarrant County workload

Hajny said that her local agency formerly employed part-time peer counselors. Many of the counselors gained experience and expertise and wanted full-time jobs, and Hajny has been able to expand the program from a part-time one to one with eight full-time slots for the counselors.

Since her local agency combined last fall

with the former Project 25 in Fort Worth, virtually doubling the caseload, she has had to rethink her counselor's schedules.

Previously, Hajny had her counselors working to motivate pregnant mothers in the clinics, helping them start breastfeeding in the hospital, and sending a referral to their neighborhood clinic for them so they could get early follow-up care. With her increased caseload, she hasn't been able to continue to have counselors see moms in the hospital, and she feels that this is a setback. She hopes to start some new part-timers and get them back into the hospitals.

### Effective success in Dallas

Parnell said that Project 7 decided that the most effective use of her peer counselors' time is in one-to-one counseling sessions with their clients. Counselors get a list of their appointments and call clients a day or week before to remind them of their appointment time. The result is a very low no-show rate.

Parnell also discussed the hospital protocol she has developed for peer counselors, as well as the counselors' success at Parkland Hospital in Dallas. When Texas WIC breastfeeding peer counselors started serving Parkland five years ago, only about 2 percent of its new moms breastfed their babies. Within six months, the rate rose to 9 percent.

Today, Parnell is extremely proud to report, 57 percent of the moms who deliver their babies at Parkland choose to breastfeed their babies. Follow-up calls indicate

*Always call an event's contact person before finalizing any travel plans.*

that, at 3 ½ months after delivery, 47 percent of the moms are still breastfeeding.

**Hardin County's flexibility**

Williams said that a breastfeeding coordinator at a small local agency like hers can feel overwhelmed by the idea of recruiting and training a staff of peer counselors. In many small projects, the breastfeeding coordinator is also busy doing most of the certifications and all of the nutrition education. However, she said, once the peer-counselor program is set up, it saves much time and stress because now you have help and don't have to counsel every single mom yourself.

Williams has three part-time counselors. She said that one of the keys to her program's success is being flexible. Two of her peer counselors have other full-time jobs, and the third is in school.

She reported that they do a lot of telephone work at home and conduct home visits in addition to working in the clinic.

Project 63 has discovered that the telephone work and the home visits are much more efficient at maintaining contact with clients because her clients don't always keep their clinic appointments.

**Et cetera**

The session also covered discretionary funding for fiscal year 1998 and the possibility of local agencies applying for peer-counselor salary subsidies from the federal welfare-to-work initiative. If you missed this session, you can check the audiotape out of the TDH Audiovisual Library. See "Audiotapes of workshop sessions available" on page 14 in this issue of *Texas WIC News*.

**June**

**June 10-12** — Intensive Course in Breastfeeding, Phase II, Austin. Two and a half days of in-depth training following up on concepts introduced in three-day Phase I session. \$60. For more information, call Jeanne Mitchell at (512) 406-0744.

**June 18-20** — "Building For The Millennium," 99th annual convention and scientific seminar of the Texas Osteopathic Medical Association, Austin Renaissance Hotel, Austin. Call (512) 708-8662 or send e-mail to [toma@txosteo.org](mailto:toma@txosteo.org) for more information.

**June 19-21** — "Nurturing Families in the Heart of Texas," Texas area La Leche League conference, Austin Omni Southpark. Contact Cindy Simmons at [c.simmons@mail.utexas.edu](mailto:c.simmons@mail.utexas.edu), or P.O. Box 84, Round Rock, TX 78680.

**June 25-26** — "The Changing Face of Family Planning Nursing," second annual Family Planning Nurses conference, Hilton Hotel and Towers, Austin. For more information, call Sandy Rice at (512) 474-2166.

**June 25-26** — "Mission Possible," 119th annual meeting of the Texas Pharmacy Association, Houston, Westin Galleria Hotel. For more information, call Paula Sasser at (512) 836-8350, ext. 133.

**July**

**July 1** — Mini Breastfeeding Basics Workshop, San Antonio. For more information, call Chan McDermott at (512) 406-0744.

**July 8-10** — Intensive Course in Breastfeeding, Phase II, Corpus Christi. Two and a half days of follow-up training on concepts introduced in three-day Phase I session. \$60. For more information, call Jeanne Mitchell at (512) 406-0744.

**July 11-17** — 23rd annual National Wellness Conference, University of Wisconsin, Stevens Point, Wisc. CEUs available. Call (800) 243-8694.

**July 23-25** — "Physician to Physician, Breastfeeding in 1998," the La Leche League International 26th annual seminar for physicians on breastfeeding, co-sponsored by the American Academy of Pediatricians, the American College of Obstetrics and Gynecology, and La Leche League International. Hilton of Santa Fe, Santa Fe, N.M. For more information, call Carol Kolar at (847) 519-7730, ext. 223; fax her at (847) 519-0035; or e-mail her at [ckolar@lilli.org](mailto:ckolar@lilli.org).

**July 28-30** — Intensive Course in Breastfeeding, Phase I, Tyler. Three-day course prepares health-care providers to promote and support breastfeeding. \$45. For more information, call Jeanne Mitchell at (512) 406-0744.

**July 28-30** — Competent-professional-authority orientation, Austin. Three days of training covering screening techniques, breastfeeding promotion, high-risk conditions, allowable foods, formula determination, nutrition education, counseling, outreach, and civil rights. For more information, call Liz Bruns or Anita Ramos at (512) 406-0740.

**July 29** — Lactation Management Workshop for Physicians, Tyler. Four-hour workshop to improve physicians' skills at managing breastfeeding problems and special circumstances and assessing medications for nursing mothers. Call Chan McDermott at (512) 406-0744.

**July 29 - Aug. 5** — The Alcohol and Drug Studies 41st Annual Conference, Austin, Austin Convention Center. Call Lesa Trevino at (512) 349-6617.

**August**

**Aug. 5-7** — Intensive Course in Breastfeeding, Phase II, McAllen. Two and a half days of in-depth training following up on concepts introduced in three-day Phase I session. \$60. For more information, call Jeanne Mitchell at (512) 406-0744.

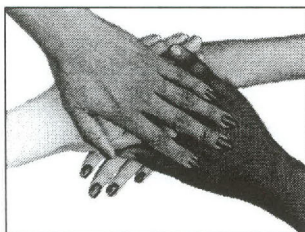
*If you'd like to include an event in this calendar, call Shelly Ogle at (512) 458-7532.*

'Help children build bridges with concrete'

## 'Kid's Club' teaches healthy eating to youngsters

By Shellie Shores, R.D.

Nutrition Education Consultant



Barbara Mayfield's four-hour workshop focused on using her *Kid's Club* curriculum in WIC clinics. Each workshop attendee had an opportunity to teach a portion of the curriculum to her fellow attendees. Mayfield, a nutrition consultant and president of Noteworthy Creations, develops and distributes nutrition-education resources for children. She developed the *Kid's Club* curriculum to teach young children about healthy eating.

### To teach children, know them

Successfully educating young children about nutrition involves understanding young learners. Mayfield used the following statement to explain the guiding principle behind each *Kid's Club* lesson: "Help children build bridges with concrete."

This statement serves as a three-part tool to visualize the key components of effective nutrition education for preschoolers.

◆ "Help children" — Children have a strong desire to experiment and explore

their surroundings. Therefore, education strategies should provide opportunities for discovery and self-learning.

◆ "Build bridges" — Nutrition education for children should connect new ideas and information to prior knowledge.

◆ "With concrete" — Preschoolers need to see, hear, touch, taste, and move in order to learn. Lessons for children should actively involve a variety of the senses.

### Hands-on experience

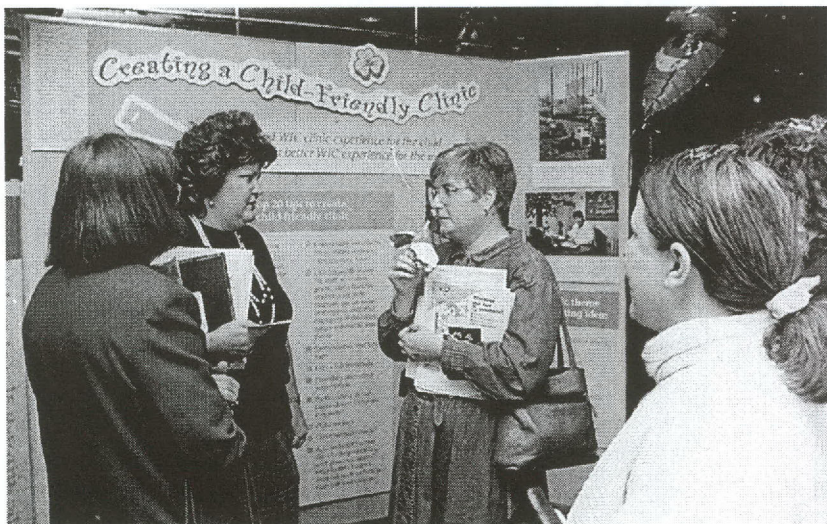
These educational components came alive as attendees, with Mayfield's encouragement, taught a small segment of a *Kid's Club* nutrition lesson. Each group used a different learning activity such as singing, storytelling, games, art, and puppet shows to teach a lesson about healthy eating.

Session participants saw firsthand how different learning activities could be used in a WIC clinic. Each *Kid's Club* lesson consists of a variety of learning activities. Mayfield reminded attendees that staffers at each clinic need to decide which activities are most appropriate for their time and space constraints.

Each Texas WIC local agency was sent the entire *Kid's Club* curriculum, including the puppets, in January. Take a look at the wonderful materials in your *Kid's Club* notebook and start thinking about how your clinic can teach nutrition to young children. Remember, you'll never have a more receptive and eager audience than a class of preschoolers.

So, go ahead. Take the *Kid's Club* challenge and start teaching nutrition to preschoolers this year.

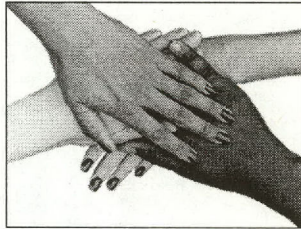
Children are the topic with local-agency directors Diane Pfeil, second from left, of Project 41 in San Antonio and Phyllis Day of Project 1 in Austin. At right is state outreach coordinator Marsha Canright.



# Creative teaching can make learning a fun experience

By Rachel Jule Edwards  
Nutrition Education Consultant

How can you get adults to interact with each other, play games, volunteer for activities, and laugh in a nutrition-education class? Even harder, how can you make being tested a fun experience? Once again, Ann Sullivan, M.P.H., R.D., L.D., shows the way with a variety of creative and fun ideas in her session, "Are They Having Fun Yet? Creative Teaching Strategies for WIC Clients." Here's a description of her session.



## Fun ideas for better teaching

The ideal learning environment involves interaction among participants. How can you do this? Try using a "Getting to Know You" activity. These activities help people learn more about each other in a fun way. Examples of "Getting to Know You" activities include:

### ◆ *Open-ended questions*

If you were a food, what would you be?

### ◆ *Fun phrases that form partners*

On one slip of paper, write one word that is half of a well-known phrase. Players find their partners by finding the person who wrote the other half of their phrase. Examples of matched phrases include "bacon/eggs," "ham/cheese," "milk/cookies," and "soup/crackers."

Games are a fun way to teach new information or to reinforce a message. Most adults enjoy playing games if they're fun and not too hard. Examples of games you can include in your nutrition-education classes are:

### ◆ *Scavenger hunt*

Sullivan demonstrated this idea by using the "Food Label Scavenger Hunt." Tables with food labels were set up around the room. Teams were asked to find a food label for each item listed on a handout. Specific clues to find the labels were included on the handout. All who participated had fun and learned from this game.

### ◆ *Word puzzles and word games*

Ask participants to list all the vegetables that start with the letter "C."

Get people to volunteer without specifically asking for volunteers. Instead, choose people with the closest birthday, most brothers or sisters, youngest child, smallest or largest pet, or shortest or longest hair.

Laughter is the best medicine for people who have a lot on their minds. How about doing fun things to make participants laugh?

Try these:

### ◆ *Fun pledges*

Ask participants to agree to try a new recipe or food by having them read a humorous pledge.

◆ Create a "Top Ten List" lesson to highlight an important food.

Use humorous clues to have participants guess the food. For example, you could use clues like: "It's high in vitamin C. If you invited former President Bush to dinner, you probably wouldn't serve this food. It became known in the 1930s when used in a recipe called "Chicken Divan." Gussed it yet? It's broccoli!"

Make testing fun by using self-inventories, multiple choice, true/false statements, myth vs. fact, and trivia to test the knowledge of trainees.

## Suggested outlines for WIC lessons

Sullivan provided attendees with lesson outlines for fun nutrition-education topics. She encouraged everyone to use any or all of the outlines to develop new and fun nutrition-education lessons for WIC participants. Here's a list of the topics:

◆ Nutrition Facts Scavenger Hunt

◆ 1 Percent or Less!

◆ Who Needs Recipes?

◆ 10 Foods You Shouldn't Do Without!

◆ Healthy Attitudes Inventory

◆ TV Talk-Show Role Play

Overall, this session was an excellent demonstration of how creative teaching can make learning fun. You can find copies of Sullivan's lesson outlines, resources, and creative ideas for teaching in the 1998 Nutrition Education and Breastfeeding Promotion Workshop notebook.

## Experiences, opportunities, and personal qualities Kids need 'developmental assets'

By Lynn Silverman, M.A., R.D.  
Nutrition Education Consultant

"We are in worse trouble in this country with our teens than in any other country in the world," Janet Mitchell told Texas WIC nutrition educators at her seminar on reaching and teaching teen moms. Mitchell is deputy director of Rainbow Days Inc., an agency in Dallas that has helped young people since 1982. Citing a 1990 survey of 250,000 youth from 111 communities in 25 states performed by the Search Institute of Minnesota, Mitchell said that U.S. youth have more problems with drug abuse, teen pregnancy, and violence than teens in other countries do.

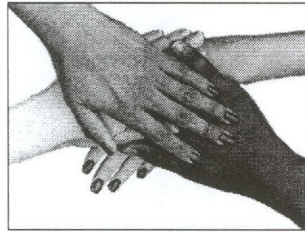
Mitchell had some good news, though. "There is a group of proven programs and strategies that staff in WIC clinics can use in their normal routine to help young people grow up healthy, principled, and caring," she assured the group. The programs and strategies come from a model developed by the Search Institute after a follow-up study of youth in Minneapolis and Albuquerque. In that study, researchers asked the question, "What do kids need to succeed?" They found that kids need at least 26 of 40 developmental assets to be successful.

### Developmental assets

The 40 developmental assets listed by the Search Institute are the experiences, opportunities, and personal qualities that all children and adolescents need in order to become responsible, caring, and successful people. Some examples appear in the shaded box at right.

Mitchell explained that six principles apply to building assets:

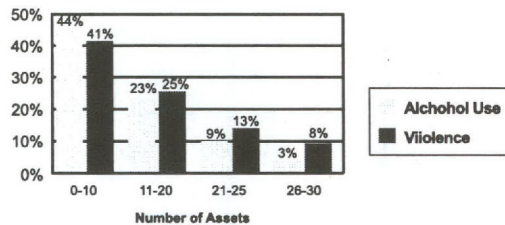
1. All young people need at least 26 of the 40 assets to be successful.
2. Relationships are key.
3. Everyone can build assets.
4. Asset building is an ongoing process.
5. It takes consistent messages.



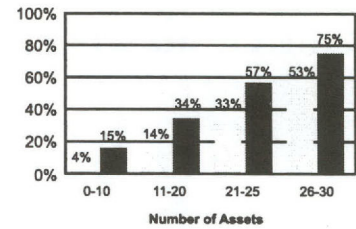
6. The messages need repeating many times.

These graphs show the powerful connection between assets and youth behavior based on the results from the study of 250,000 young people done by the Search Institute.

The graph below shows that the youth in the study with at least 26 assets were the least likely to use alcohol or to get involved in violence.



The graph at the top of the next column shows how youth with 26 or more assets are most likely to make A's in school and to volunteer one or more hours a week in the community.



School grades, mostly A's  
Volunteers one hour or more per week

Research showed that only 4 percent of the quarter-million youth in the study reached the protective 26-asset level. This is where WIC comes in, because Texas WIC staff can help youth develop some of these protective assets.

Here's how to do it at WIC, at home, and in the community:

1. Greet every child or adolescent you see, even if it's just with a smile. If you know their name, call them by name.
2. Have a five-minute conversation with a child or adolescent about what it's like to grow up today. Ask them, "What's going on with you?"
3. Send young people "thinking of you" notes, birthday cards, or other greetings.
4. Invite a young person you know to do something you enjoy together.
5. Have an open-door policy so that kids feel welcome in your home.

Mitchell convinced her workshop audience that "kids can walk around trouble if there is someplace to walk to and someone to walk with."

If you would like a copy of all 40 assets or information about training programs from Rainbow Days, you can call Janet Mitchell at (214) 887-0726 or (800) 899-7828. She can be e-mailed at [rdikids@flash.net](mailto:rdikids@flash.net).

#### Experiences

- knowing three or more supportive adults not their parents
- living in a caring neighborhood
- serving in the community one or more hours per week
- doing homework for at least one hour every school day

#### Opportunities

Three or more hours per week in:

- lessons or practice in music, theater, or other arts
- sports, clubs, school groups, or community organizations
- reading for pleasure

#### Personal qualities

- telling the truth even when it's not easy
- knowing how to plan ahead and make choices
- being motivated to do well in school
- feeling that their "life has a purpose"

Staged skit shows youth perspective

## Pregnant teens aided by various programs

By Lynn Silverman, M.A., R.D.  
Nutrition Education Consultant

In the second part of the seminar on reaching teens, nutrition and breastfeeding educators from Texas WIC clinics got the opportunity to hear a teen's perspective on teen pregnancy.

Four actors from Austin high schools presented a skit showing a confrontation between a pregnant teen, her best friend, and the father of the baby. In the scene, the pregnant teen tells the baby's father that she thinks she is pregnant.

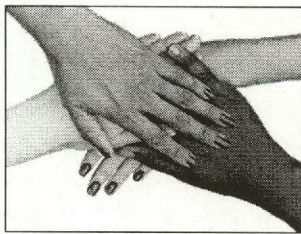
Afterward, the students stayed in character and answered questions from the audience. Questions included, "Would you give the baby up for adoption?," "How will you support the baby?," and "How do you think your parents will react?"

Each character showed clearly how the baby's arrival will create barriers for the mother, making it difficult for her to complete her education or to go with her friend and boyfriend to parties, movies, sports events, and concerts. The father spoke sincerely of wanting to be there for the baby and of how his parents were going to kill him.

With each question, the friend and the boyfriend seemed more remote and disengaged from their pregnant friend.

### Programs working together

After the teen drama, four health-care professionals who work with pregnant teens in high schools spoke about their programs. Sue Kaulfus, a state specialist from San Antonio for the Pregnancy, Education and Parenting Program, spoke first. She praised the students for their accurate portrayal of what happens when teens get pregnant.



"No matter how well intentioned friends and fathers are," she said, "as time passes, the baby and the mom become isolated as father and friends disappear." The PEP program provides practical parenting lessons for these moms while providing them with a supportive network.

PEP has 261 programs serving 283 school districts in Texas. In high schools with PEP programs, Texas WIC nutrition and breastfeeding educators can work with it to set up WIC clinics for certifying participants and teaching them about nutrition. About 12,500 Texas students participate in Texas WIC nutrition and breastfeeding education, many in their own high schools through their PEP classes.

Dorothy Malofsky, R.N., the school nurse at Johnston High School in Austin, said, "The great thing about the PEP program is that teens can enter WIC early because WIC is right there in the school [through the PEP program]." She emphasized that nutrition messages early in pregnancy are vital. Breastfeeding rates among teens could be improved, she said, once it's realized that "the kids who breastfeed are the ones who saw someone else breastfeed." Malofsky's advice is simple: "Bring in support people so the teens can see how it's done."

Claire Maresch, director of the Homebound Project at Pflugerville High School, explained how the Homebound Project helps teens

keep up with schoolwork during the first weeks when they are at home with their babies. In the first four weeks after birth, students are urged to come back to the parenting class. If they breastfeed, they are encouraged to nurse during class.

### Dramatic results

Pflugerville High School also has some props that help students learn about parenting, says Judy Green, teen-parenting instructor at the high school. The props are the Empathy Belly and the Infant Simulators. The Empathy Belly is a weighted vest that students and teachers can wear. It has the heavy breasts and belly of a pregnant woman. The Infant Simulators are pretend babies that students carry and "care for" for two weeks.

Results are dramatic. Since the school began to use the Infant Simulators, Green says, the number of pregnant students has dropped from 24 in the fall of 1995 to just *three* in the fall of 1997.

For more information about PEP, call Kaulfus at (210) 370-5670, or call Malofsky at (512) 414-5808.

To contact Maresch or Green about the Pflugerville programs, call (512) 251-2238, ext. 158.

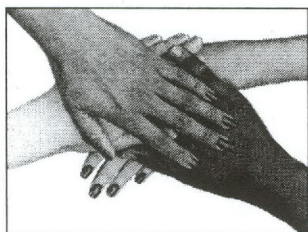


'Outstanding Nutrition Educator' Ann Latham, right, of Project 76 is congratulated by nutritionist Lynn Silverman.

*Be versatile; recognize differences*

## Lessons from the pros on making training stick

By Shirley Ellis, M.S., R.D., L.D.  
Breastfeeding Promotion Specialist



Advertisers invest much time and money to get us to remember “What’s the best tuna?” and “How do you spell relief?” By using catchy tunes, familiar songs, repetition, humor, and memorable characters, advertisers make sure that we remember their products. Many of these same techniques can be used to help training stick with our adult learners.

### Ways to make it stick

When asked “What are some methods that help training stick with you?,” conference attendees listed humor, role playing, hands-on activities, videos, props and associations, easy-to-read handouts, take-home learning, pictures, games, food tasting, and songs and jingles.

When providing training, it is important to incorporate as many of the above sugges-

tions as possible because different people have different ways in which they learn best. These differences can be categorized by different learning styles.

### Different styles

Some learners are *watchers* and prefer to learn through observation. Other learners are *listeners* who prefer to learn by listening to lectures. *Talkers* learn best by participating in a group discussion, while *readers* prefer to learn by doing reading assignments. Some learners are known as *movers*; they like to learn by active participation such as role playing or participating in physical games. *Touchers* prefer to learn by hands-on activities, and the *smellers and tasters* learn best by smelling and tasting items.

Most learners can fit into more than one of these categories. Therefore, when you are preparing a training, you need to incorporate as many different learning activities as possible.

There are two true keys to being successful at making training stick:

1. Let learners to do as much as they can themselves.
2. Incorporate as many learning opportunities as possible.

This workshop was conducted by state-agency training specialists Shirley Ellis, M.S., R.D., L.D., and Victoria Cummings, M.P.H.



Janet Rourke, center, founder of the state agency’s breastfeeding-promotion program, congratulates co-winners of the year’s ‘Most Informative Celebration’ award for World Breastfeeding Month. At left is Vickie Bowie, director of Project 48 in Houston; at right is Bridget Zanovich, breastfeeding coordinator at Project 26 in Houston. In the background is breastfeeding-promotion specialist Shirley Ellis.



Treatment strategies depend on contributing factors

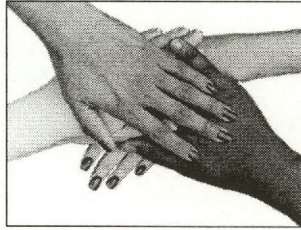
## Counseling parents of overweight children

By Sherry Clark, M.P.H., R.D., L.D.

Maternal and Child Health Nutrition Consultant

In a presentation on counseling parents of overweight children, Teresa Amos, R.D., L.D., L.V.N., a nutritionist with the Family Practice Residency Program of the Central Texas Medical Foundation, told workshop attendees that there is no single cause of obesity in children. Therefore, says Amos, a comprehensive assessment must be performed to determine all of the contributing factors to a child's overweight condition. Treatment goals should be individualized based upon the contributing factors identified.

Treatment strategies for specific contributing factors are listed



below. Their source is the Shapedown program developed at the Center for Child and Adolescent Obesity at the University of California at San Francisco.

### WIC's role

Texas WIC has developed several group-lesson plans that are good nutrition-education resources to

use in teaching parents how to prevent childhood obesity. These lessons include the following.

CF-000-07:

*How To Promote a Healthy Weight for Your Child*

CF-000-08:

*Healthy and Tasty Cooking Demo For the Family*

CF-000-09:

*How to Get Your Child To Eat, But Not Too Much*

CF-000-10:

*Don't Use Food As A Reward or Punishment*

CF-000-11:

*Grocery Store Tour: Shopping For Healthy Snacks for Kids*

CF-000-15:

*Childhood Obesity: Lily Faces A Problem*

Prevention and management of childhood obesity can also be accomplished by using the following strategies:

1. Modeling by staff: cooking demonstrations, tours of grocery stores, work-site wellness programs, communication skills.

2. Parent groups: self-improvement, parenting, nutrition, exercise, coping skills, family contracts.

3. Children's groups: story time, tasting sessions, sorting games, physical exercise.

4. Community efforts: "Sisters Together" program, TEAM nutrition program.

For more information on any of the above treatment strategies to manage or prevent childhood obesity, call Sherry Clark at (512) 458-7785. She can be e-mailed at [sheri.clark@tdh.state.tx.us](mailto:sheri.clark@tdh.state.tx.us).

### Contributing Factors to Child Obesity

### Treatment Strategies

Genetics

- Improve the child's and parent's acceptance of the child's body size.

Lifestyle behaviors

- Increase physical activity.
- Decrease dietary fat.
- Decrease TV watching.
- Serve regular meals that provide adequate nutrition.

'Too comfortable child'

- Set healthy limits on TV watching.
- Limit food to meals and planned snacks.
- Don't allow constant snacking.

Emotional overeating or 'too uncomfortable' child'

- Teach the child how to respond to internal cues of hunger and satiety.
- Teach the child and parents ways to handle the child's unpleasant moods without overeating (for example, parents should spend more time with the child and show more affection and unconditional love, and the child can improve his self-esteem by getting involved with activities he enjoys).
- Teach assertiveness skills to the parents and child.
- Teach good communication skills to the parents and child.

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Mother's Day 1998

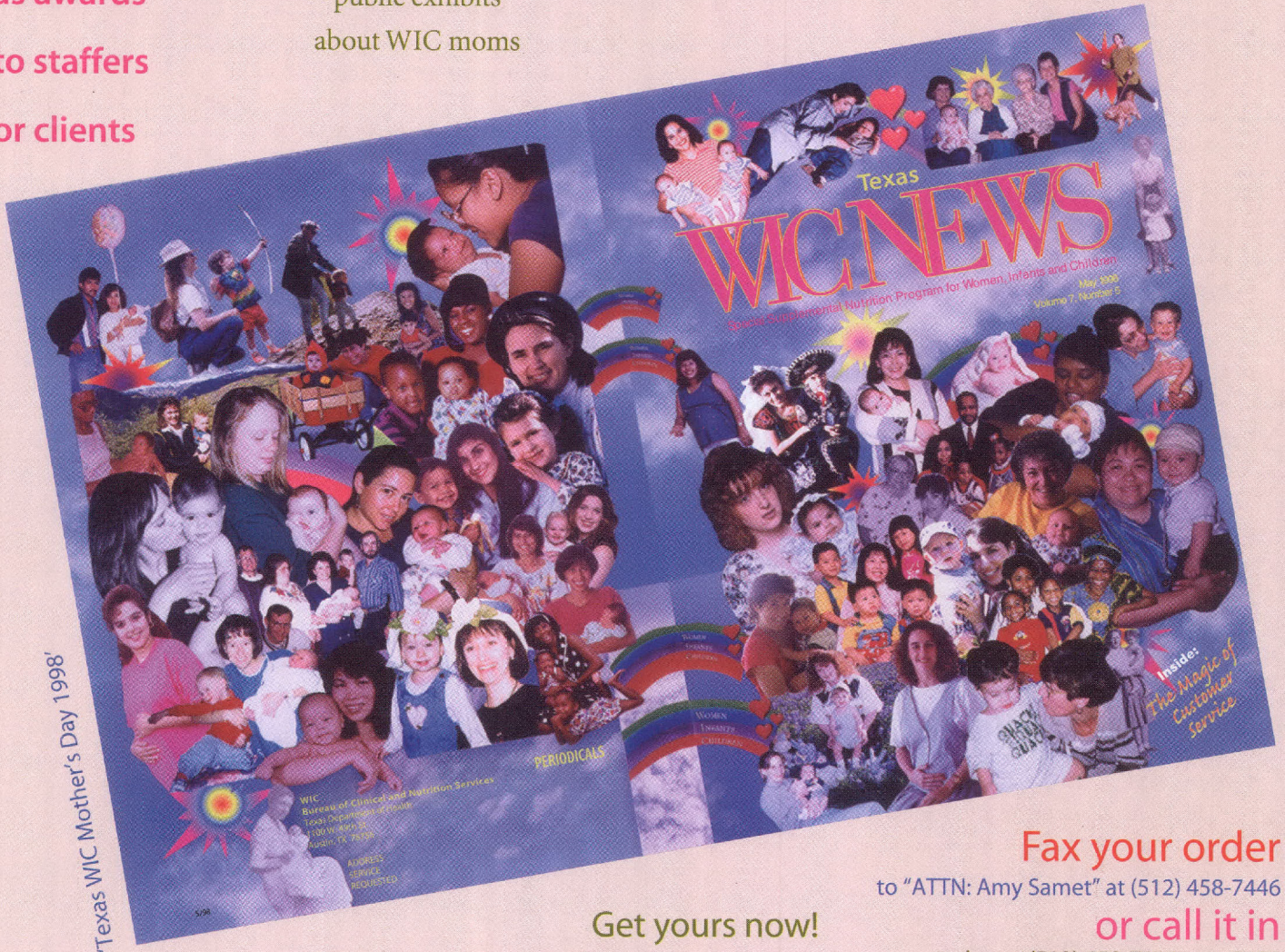
# MINIPOSTERS

11"x17"

Laminate and use as  
Give out as  
colorful placemats  
door prizes  
during WIC food  
demonstrations

Present  
as awards  
to staffers  
or clients

Include  
Decorate your clinic's walls in waiting areas, offices, and classrooms  
public exhibits  
about WIC moms



Get yours now!  
Quantities limited to 50 per order

Fax your order  
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or call in  
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