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WIC NEWS

Special Supplemental Nutrition Program for Women, Infants and Children

August 1998
Volume 7, Number 7

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on the
Magic of Excellent
Customer Service*

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Separate economic units, adjunct eligibility, residency verification

Income and living arrangements matter in certifying applicants

By Anita Ramos-Granados
Local Agency Program Specialist

The "Policy Perspectives" column is back! Each month in *Texas WIC News*, we'll be answering some of the questions on policies and procedures frequently received by the state-office staffers at the Information and Response Management section who serve as liaisons to local agencies, clients, and the public.

If you have a policy question or need clarification about a policy, the IRM staff is available and willing to quickly help. Our phone number is (512) 406-0777.

However, *always* remember to first check with your supervisor before calling the IRM liaison assigned to your local agency. Some local-agency directors have specific guidelines for their staff about calling us.

Q: *When should we screen someone as a separate economic unit?*

A: An applicant should be screened as a separate economic unit when the applicant indicates directly or indirectly that he or she should be counted as a separate group/economic unit.

WIC Policy CS:03.3 provides guidelines: "To qualify as a separate economic unit, applicants must have an adequate source of income and usually purchase and prepare food separately or intend to purchase and prepare food separately after certification."

Some examples of living arrangements that are exceptions to the norm include a 19-year-old dad and his baby who live in the same house as the dad's parents, or a pregnant woman and her children who share an apartment with two other women.

If the young dad (age 19 or older) is not supported by his parents, and if the pregnant mom is not supported by



her roommates, they should be advised that WIC policy *would* consider them to be income-

eligible applicants as long as they:

- ◆ have an adequate source of income which is equal to or exceeds a predetermined minimum income standard, and
- ◆ buy and prepare their food separately from other household members.

We encourage staffers to inform applicants about how the policy works.

See WIC Policy CS:03.3 for examples of some situations in which family members cannot be considered as a separate economic unit.

Q: *If you identify an applicant as a separate economic unit before you complete the WIC-35 form, do you have to list every household member on the form?*

A: No. If you are aware that the applicant is a separate economic unit, just list the other members of the applicant's separate economic unit on the WIC-35 and WIC-19c forms.

Remember, both the WIC-35 and the WIC-19c forms must be completed when a separate economic unit is screened. If you had already listed all family members on the WIC-35 before identifying the separate economic unit, correct it by just crossing out the names that are not included in the identified separate economic unit.

Q: *Can a child be certified for WIC through the adjunctive eligibility process of a sibling's Medicaid?*

A: Yes, if the sibling, or another individual in the household, is an infant or a pregnant woman receiving

Medicaid. The current proof of Medicaid eligibility for an infant or a pregnant woman can be used for proof of income for anyone within the household. WIC Policy CS:03.1.1 states, "The Local Agency shall accept as income eligible for the WIC Program any applicant who is a member of a family in which a pregnant woman or an infant is fully eligible or presumptively eligible to receive assistance under Medicaid."

Q: *Is verification of residency a requirement for in-state transfers?*

A: Yes. Verification of residency is required for all in-state and out-of-state transfers as well as for all certifications and subsequent certifications of WIC applicants and participants.

WIC Policy CS:02.1, Residency as a Certification Requirement, is to be adhered to for all situations involving transfers and certification. Although the policy does not address proof of residency for transfers, verification must be obtained to determine that the participant resides in your service area. Proof of residency should be documented in the participant's chart; the best location would be on side 2, labeled as the "Family Certification Form," of the WIC-35 form.

Q: *On a military check stub, Leave and Earnings Statement (LES), if child support is listed under entitlements, deductions, and/or allocations, do we add the amount of child support to the base pay?*

A: No. Child-support payments and receipts are already computed appropriately for WIC rules in the total entitlement pay amount. Although you may see a separate entry for child support under entitlements, deductions, and/or allotments, it is not necessary to do any adjustments.

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William R. Archer III, M.D.
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Bureau of Clinical and Nutrition Services

Shelly Ogle
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Judy Baker, Linda Brumble,
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Chan McDermott, Anita Ramos-Granados,
Lynn Silverman, Bethany Zimbicki
Contributing Writers

Jennifer VanGilder
Photographer

Sharon Hipp, Brent McMillon
Design Support Technicians

Christine Grether, John Koloen
Consultants

Health and Human Services
Printing Services
Printing

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.....in this issue

2	<i>Policy Perspectives: Certification rules</i>
4	<i>Local Agency News</i>
12	<i>PFA study coordinators spotlighted</i>
13	<i>Letter: Foster mom grateful for WIC service, friendliness</i>
14	<i>Magic Service: Satellite conference's questions answered</i>
16	<i>Magic Service: Complying with ADA just common sense</i>
16	<i>Magic Service: What cultural sensitivity really means</i>
19	<i>WICalendar</i>
20	<i>National breastfeeding legislation before Congress</i>
22	<i>Nutrition News You Can Use</i>
23	<i>Nutrition Network: New angles on the pyramid</i>
24	<i>Hot tips for keeping kids cool</i>
25	<i>Breastfeeding an investment in baby's health, future</i>
26	<i>Shaken-baby syndrome a result of parental frustration</i>
<i>Cover: Summations of the trainings held at 'The Magic of Excellent Customer Service' satellite conference appear in this issue, as well as responses to as-yet-unanswered questions from attendees. Front and back cover designs by Brent McMillon.</i>	

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Project 26

Houston celebrates staff's world of knowledge about food, culture, nutrition education

A multicultural pageant brought a taste of the wider world to Houston on March 1 when Project 26 staffers celebrated National Nutrition Month. The local agency's nutrition-education team assembled co-workers dressed in the colorful finery of their homelands and offering samples of traditional dishes.

Tiffany Battle, manager of Project 26's Channelview Clinic, served as mistress of ceremonies for the pageant. As each costumed staffer entered, Battle announced their names, country of origin, the name of their attire, and the type of material used to make the clothing. Music from a wide variety of cultures was played.

Participants in the pageant brought foods to share with their co-workers. Many of the

dishes included ingredients that WIC clients can purchase with their vouchers. "The food was sometimes quite exotic, but always tasty," says Teresa OseiBoama, community liaison at Project 26. OseiBoama herself is originally from the West African nation of Ghana.

Staff members sampled an array of foods, including African dishes such as a fried finger food called akara, fried dough called chin-chin, and cassava-root balls. Latina cooks among the staff brought a molé dish, poblano, yucca, and a "cactus cocktail" made with nopales. Iranian mastsfanecg was served, as was tamarino, a dish made with a type of Indian date.

Tien Van Tran, a senior clerk at the West End WIC Center, prepared a "breathtaking" *dông sùng*, says OseiBoama. His Vietnamese *dông sùng* was a layered dessert made from seaweed, crafted into the shape of the state of Texas with a Lone Star in the center, and dyed with food coloring so that the state's geographical features were highlighted.

Pageant participants were Dorcas Adeleye of Nigeria, Ana Brizuela of El Salvador, Minhthuy Cao of Vietnam, Rebeca Chavez of Mexico, Zahra Koopaei of Iran, Sheela Kore of India, Sandra Narvaiz of Guatemala, Nohemi



Project 26 staffers, wearing traditional clothing from their native lands, participate in National Nutrition Month celebrations.

Sanchez of Mexico, Sondra Smith representing African-American culture, and Celestine Ukaegbu of Nigeria.

Before the pageant, an in-service training, "Inspired by Drama," was held by senior clinical-education coordinator Mara Drais and health-

program specialist Ana Brizuela. Brizuela offered some acting exercises for staffers delivering nutrition-education classes to clients. She credits her thespian abilities to a former acting instructor, Esperanza Batarse, now well-known in her native El Salvador.

"This was indeed a day of drama and pageantry from around the world," says OseiBoama.

She plans to present photographs, stories, and recipes from each culture represented by the staffers at Project 26 in future issues of *Texas WIC News*.

Project 17

Staffers at new WIC clinic make health fair fun for Houston families living in Greenspoint neighborhood

More than 100 people overlooked high temperatures recently to attend a health fair and make appointments at Project 17's newest WIC site. The clinic serves clients living in Houston's Greenspoint neighborhood.

Trisha Jensen, Sandra Soli, and Amy Tom from Project 17 organized the neighborhood's health fair. The May 30 event took place at the Summer Breeze Apartments, where the WIC clinic and the Greater Greenspoint Community Fellowship are located.

The new WIC site opened last October, and this health fair was its first community event.

Jensen, a nutritionist and manager of the travel team, joined her staff in convincing agencies from all over the area to set up booths at the health fair. Those agencies included Kids Kare Korner, Volunteers of America, St. Joseph's Hospital, Reach Across Houston, and Consumer Credit Counseling.

Pastor Benny Sanders, who heads the community fellowship, gave lots of support to the WIC

program at the health fair.

The people who came to the fair received free immunizations, anemia tests, and checks for glucose, cholesterol, and blood pressure, as well as lots of information about WIC services for their families.

Health-fair volunteers also provided popcorn and balloons and painted the faces of the children. Free refreshments and popsicles helped to keep everyone cool in the heat that neared 100 degrees.

Many WIC staff members played a big part in making the fair a success: Elda Castillo and Sandra Ramos painted faces, Dora Malak made popcorn, Irma Villanueva



Dressed as a clown, lab technician Sheila Washington lets kids know about the new WIC clinic serving their neighborhood.

and Sandra Soliz explained the WIC program, and Sheila Washington clowned with the children and gave out colorful balloons to them.



Nicaraguan students Reynaldo Alonso Sanchez, left, Julio Cesar Gonzalez, Marbelly Ardon, Johanna Zambrana, and Magda Espinoza are interning this summer at Project 59, directed by Elisa Ruelas Perez, far right.

Project 59

International program brings Nicaraguan students to experience WIC's work

Five students from Nicaragua are helping Project 59 this summer with its clinical and educational initiatives. The five are enrolled as community-health workers through the Nicaraguan Peace Scholarship Program, part of an international program at the Alamo Community College District in San Antonio.

In April, the summer interns distributed WIC information at a health fair sponsored by the city's "Hope for Kids" organization. The students' internships are designed to provide practical and transferable knowledge to the students, who prepare weekly reports on their activities and experiences in the WIC clinic. They hope that their U.S. internships will help them perform well

as community-health workers when they return home to Nicaragua.

World Breastfeeding Week

Project 59 staffers have been preparing for World Breastfeeding Week in August. "The clinic was very happy to receive last year's award for having the most entertaining event," says Project 59 director Elisa Ruelas Perez. "We're anxious to do better this year, and have many plans for recognizing clients in the clinic."

They have also started to raise funds for special events and goodies for breastfeeding moms. Staffers are planning to hold activities aimed at getting the community involved in breastfeeding promotion.

New counselors trained

Project 59 in San Antonio has three new breastfeeding peer counselors, trained April 13-15 by lactation consultant Kathy Parks.



New peer counselors Ada Rodriguez, Gudelia Neira, and Adriana Lopez sell lunches to clinic staffers to raise funds for World Breastfeeding Week activities and awards.

All three counselors are still breast-feeding their babies.

"They're enthusiastic about their new jobs," says Perez. "They were very happy to complete the train-

ing and are excited about their new work."

The new peer counselors were honored by their fellow employees at an April 17 graduation celebra-

tion. The counselors' husbands and children also attended.

"The Barrio clinic staff members are very happy with their new counselors," Perez says.



Peer-counselor graduates are welcomed to Project 59. From left is Carole Chamberlain, executive director of the Barrio Comprehensive Family Health Care Center; Project 59 director Elisa Ruelas Perez; new peer counselor Adriana Lopez; trainer Kathy Parks; new peer counselor Gudelia Neira; Project 59 breastfeeding coordinator Virginia Hernandez; and new peer counselor Ada Rodriguez.

Project 3

First group of peer counselors trained in Brownsville

Six WIC moms at Project 3 in Cameron County were trained as peer counselors in April 6 at the Lucio WIC Clinic in Brownsville. Cathy Lester, breastfeeding coordinator at Project 32 in Bryan, presented the training to the six women and to 10 WIC employees.

A graduation ceremony was held April 29 at Project 3's quarterly staff meeting.

The local agency already has full-time breastfeeding counselors on its staff, says Mary Lou Saldivar, breastfeeding coordinator. "The addition of peer counselors should help us to increase our number of breastfeeding mothers," she says.



Graduates of Project 3's first peer-counselor training are joined by Tina Fields, M.D., far left, health administrator for the Cameron County Health Department, and by Project 3 director Yvette Salinas, far right.

Project 43

Training of new peer counselors in Gonzales shared with clinic staff

Emma Garza, director of Project 43 in Gonzales, had something special happen at a recent training for three new breastfeeding peer counselors. She invited her clinic's two other staff members — Marie Terreo, L.V.N., and WIC clerk Kiki De la Rosa — to join in the training.

The peer-counselor training, held April 28-30, was conducted by Kristine Kovach, a breastfeeding trainer under contract with the Texas Department of Health. Kovach, who graduated as a WIC breastfeeding peer counselor in January 1993, also works as a breastfeeding educator at Seton Hospital in Austin and serves as a clinical assistant at



Trainer Kristine Kovach, sitting, is backed up by her recent graduates Rosa Lopez, left, with daughter Gabriella; Patty Norman; and Liza Sanchez with daughter Ivey.

Mom's Place, a breastfeeding resource center in Austin.

"The great thing about training the whole staff together was that it lets everyone start on the same page," says Kovach.

"In the past sometimes, some clinics — and I mean clinics all over the state — would have some rifts integrating a newly trained breastfeeding peer counselor into their staff. Maybe the supervisor would have no breastfeeding history in her family experience, and no

training in breastfeeding, so there might have been conflicting information given to clients."

Her training at Gonzales addressed the entire group of trainees as a team and prepared them to work together with clients. "We did a lot of myth-busting at the training," says Kovach.

The three WIC moms who graduated as new peer counselors are Rosa Lopez, Patty Norman, and Liza Sanchez.

"They bring a wealth of breastfeeding experience," says Kovach. Lopez nurses her 5-month-old daughter, Gabriella, and had nursed her older children. Norman nurses her 6-month-old son, Elijah, and had nursed her daughter, Leandria. Sanchez nurses her 5-month-old daughter, Ivey. "Ms. De la Rosa and Ms. Terreo also shared insight about how they had fed their own grown children," Kovach says.

A graduation celebration was held April 30. "They had a great spread of food," says Kovach, "and appearances by family-practice doctors, administrative support staff, and several others involved in public health in their charming little town."

Project 27

Levelland honors years of service

Carol Mitchell, a nutritionist's assistant at Project 27 in Levelland, marked her 15-year WIC anniversary with a celebration thrown by her co-workers. They shared a cake at their June in-service training, and Mitchell was presented with a gift and a certificate of appreciation.

Mitchell started out as a WIC aide after a visit to a friend at the clinic led to a job offer.

"I had a 7-month-old baby and wasn't really interested in a job," she says, "but the director asked me to just try it part-time, and then later on I began to work full-time." Mitchell has also worked as a WIC clerk and office manager.

"Things have changed quite a bit over the years," she says. "It used to be that most of our clients were older mothers, in their 30s and 40s. Now we're seeing more younger girls who are 12 or 13 years old."

"It's wonderful that we have someone as valuable as Carol here," says Project 27 director Cilia Smith. "I'm thrilled that she's stayed with us."



Carol Mitchell has worked for 15 years at Project 27 in Levelland.

Project 22

Peer counselors renew Waco team

Two WIC moms at Project 22 in Waco, Sitina Busby and Julieta Conaster, completed training in February as breastfeeding peer counselors before joining the WIC staff.

Busby serves clients at the WIC clinic on Washington Avenue, while Conaster works at the main office in Waco. The local agency had been without the services of breastfeeding peer counselors for about five months, says Julie Helleck, breastfeeding coordinator.

Already, the clinic has seen an increase in the number of breastfeeding mothers it serves, she says. "Julieta's from Mexico City, and her Spanish-language skills are especially needed to communicate with mothers in our local Hispanic community," says Helleck.

"She just recently helped one mom who gave birth in June to a 5-pound baby boy," she adds. "After a month of breastfeeding, the baby is just fine and his weight is way up — to 9 pounds!"

Helleck reports that both Conaster and Busby have been busy preparing for World Breastfeeding Day celebrations on Aug. 11. They've solicited donations of cakes, sodas, and juices, and have advertised in bookstores and newspapers and on TV and radio.

Project 22 plans to add two more peer counselors in the near future, to bring the total number of counselors to four.



New breastfeeding peer counselor Julieta Conaster has nursed her daughter, Sylvia, shown, as well as her 4-year-old son, Joshua.



New peer counselor Sitina Busby holds her breastfed daughter, Shade.

Project 48

New breastfeeding peer counselors added to Harris County clinics

Three clinic sites at Project 48 in Houston are receiving additional help with promoting breastfeeding among their



Clinics are eager for help from new peer counselors Rosalba Garcia, left, Leticia Garcia, and Dee Hahn.

cliente. The three newly trained peer counselors are Leticia Garcia, assigned to the Southeast WIC clinic; Rosalba Garcia, working at the Baytown Lee Drive location; and Dee Hahn, stationed at the Northwest Assistance Ministries WIC site.

The three graduated on May 15 from a three-day training. Each

of the new peer counselors was presented with a pin and a certificate.

The graduation ceremony was conducted during the noon hour and was followed by a pizza luncheon for the staff.

The three new peer counselors bring the current number of active peer counselors at Project 48 to a total of 15.

Peer counselor Moreno receives Employee of the Quarter award

Breastfeeding peer counselor Adriana Moreno was designated as Project 48's Employee of the Quarter for the first quarter of 1998. She received her award on March 6 at a WIC meeting.

Moreno is the first peer counselor to receive this award at the local agency.

Moreno's fellow employees at the Decker Drive WIC clinic, who nominated her for the award, cited her job dedication and selflessness as reasons for recognition.

Described as a very hard worker who does a tremendous job, Moreno was also commended for continuing beyond her working hours when helping mothers with breastfeeding concerns.



Adriana Moreno, right, receives her Employee of the Quarter award from breastfeeding coordinator Maria Kelly.

Project 87

Milk moustaches entertain crowd at Healthy Kids Day health fair in Palestine

Staffers from Project 87's clinic in Palestine participated in April in a Healthy Kids Day health fair sponsored by the town's YMCA and Memorial Hospital. The theme was "Milk — Where's Your Moustache?" The MILK-PEP (Pregnancy Education and Parenting) program in Portland, Ore., supplied pamphlets and large posters of celebrities sporting their milk moustaches.

A "Moo-velous Milk" cartoon character posed with children after they had tasted milk and gotten a milk moustache. WIC staff took pictures of the children and labeled the photos with phrases such as, "Milk — It does the body good," and "Bone up with milk."

"The health fair was a large success and lots of fun," says Project 87 nutritionist Beth Lloyd, R.D., L.D. "The youngsters lined up for their milk and to have their photos made."

Lloyd reports that the fair also served nicely as a nutrition-education contact, with the staff asking visitors simple questions such as, "How many servings are needed daily?" (two to three), "Which mineral is important for strong bones and healthy teeth?" (calcium), and "What is the difference between skim milk and whole milk?" (fat content).

Staffers also experimented with encouraging visitors to participate in a "milk challenge," an idea presented at by Ann Sullivan, R.D., L.D., at this spring's nutrition-education workshop sponsored by the state agency. "We had skim milk, whole milk, and buttermilk for them to taste," says Lloyd. "Taste testers would wear cool sunglasses so that they couldn't tell one



WIC nutritionist Beth Lloyd, center, is flanked on the left by the 'Moo-velous Milk' character as portrayed by Stephen F. Austin University dietetic student Cynthia Green and on the right by WIC technician Demi Herod.

milk from another by looking at the samples."

However, she says, not many took the test, saying that they already know what kind of milk they like. But Lloyd still likes the milk-challenge idea. "We'll use it again in our nutrition-education classes," she says.

Milking teens' interest

Lloyd also reports receiving "really good feedback" from the PEP students at Palestine High School recently after showing a video entitled *Crash Course on Calcium* (featured in "Nutrition News You Can Use" on page 18 of the April 1998 issue of *Texas WIC News*). This video, obtained free by calling 1-800-WHY-MILK, is targeted specifically to teens. "Studies show that eight out of 10 teen boys are not meeting calcium requirements," says Lloyd.

"After the students watched the video, we made fruit smoothies," says Lloyd. "I divided the class into three smaller groups. One group prepared

the smoothie, a second group named it, and the other group analyzed the calories, fat, and calcium."

The ingredients were 8 ounces of peach yogurt, 1 ½ cups of skim milk, and ½ cup of canned peaches. The students named it "Peachy Cool." They all drank samples of the smoothie and Lloyd took a "group milk-moustache picture" of the students.

"If your local agency is not going to the PEP program now, I really encourage you to start," she tells *Texas WIC News* readers. She offers five reasons for WIC nutritionists to become involved with the Pregnancy Education and Parenting programs in their local school districts: "It allows you to establish a better rapport with teens, the class isn't interrupted by rowdy children or crying infants, the teens enjoy being in a class with their peers, it keeps them from missing school, and you can target your classes to meet the teens' specific needs."

Patient-flow analysis

PFA study coordinators committed to clinic improvement

By Carol Filer, M.S., R.D., L.D.

Clinic Management Specialist

What motivates a PFA study coordinator to conduct studies in patient-flow analysis? I asked Lahoma Moore, administrative clerk and outreach coordinator at Project 34 in Abilene, and Bernice Bell, a clerk at Project 62 in Paris.

Both have been consistent in conducting studies and have done outstanding jobs on them.

Bell knows that PFA studies are good tools in helping a clinic better schedule its clients' appointments. Moore wants to help the participants so that her clinic can serve more of them and serve them better. She quickly adds, "This is a joint venture. We clinic staff work as a team. We don't want the participant to wait."

The biggest challenges or barriers that Moore and Bell have encountered while doing PFA studies have involved the clinic staff. Staffers are often uncomfortable with or uninterested in the PFA studies, and the two women work hard to make them realize that using the studies can be helpful.

To resolve these challenges, Bell tries not to get discouraged. She continues to conduct studies and encourages her co-workers to participate. Taking the time to conduct the studies is another barrier, Bell says, so she "makes the time" by scheduling it on the staff calendar.

Moore doesn't want her staffers to feel like they are being graded, and she tells them that PFA studies

can be used "like a road map."

She finds it helpful to conduct a staff meeting before each study. At the meeting, Moore says, she can prepare the staffers by getting them in the "right frame of mind" for a study. She reassures them that learning is achieved by doing.

How has PFA helped these two local agencies?

At Project 62, PFA has helped them see where their trouble spots are in scheduling appointments. It made them realize that they needed to double-book early appointments and late appointments.

At Project 34, staffers have been able to determine their bottleneck areas and the length of time for an immunization. PFA has also shown them how teamwork shortens the time it takes for a participant to get through a certification.

Their words of advice for other local-agency study coordinators are to persist and to encourage everyone to take part in a PFA study, even if staff and the director do not yet see its importance. Also, they say, the more you do the studies, the more familiar you and other staffers become with them, and the easier they get.

Relax and have fun while doing them. Try to get other staff members involved because that makes them more willing to make the recommended changes.

Bell and Moore both say that their local-agency WIC directors have helped them the most in maintaining PFA activity at their

local agencies. They advise WIC directors to support PFA studies and to stand behind the study coordinator, even if some other staff members don't yet see the need for the studies.

PFA studies conducted in spring 1998

PFA study coordinators and staff are to be commended for their time and effort spent on conducting and participating in patient-flow analysis.

This past spring, the following clinic teams continued to search for ways to improve clinic operations using PFA studies as their management tool:

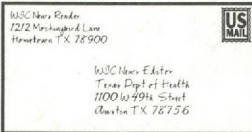
Project 36
City of San Marcos
Seguin and Schertz clinics

Project 62
Paris-Lamar County Health
Department
Paris Clinic

Project 77
University of Texas Medical
Branch at Galveston
Stafford Clinic

Certificates recognizing these clinic teams are being sent to the local agencies.

If you have conducted a PFA study recently and do not see your clinic listed, please send your study to the support training section at the state agency for recognition.



LETTERS TO THE EDITOR

According to the Texas Department of Protective and Regulatory Services, all foster children in Texas are Medicaid-eligible. Thus, they all meet Texas WIC's income-eligibility requirements.

Foster parent applauds WIC's assistance, convenience

Dear WIC:

I just received the packet you mailed out regarding eligibility for the WIC program and was thrilled to see your special emphasis to foster parents. As a foster parent, I know that most foster parents do not know that this resource is available to them. I certainly did not know, and information about WIC was not given to me in foster-parent training.

As you know, foster parents are reimbursed an extremely modest amount to purchase food, clothes, shoes, school supplies, over-the-counter medications, toiletries, etc. This is only a portion of a very long list of needs. Reimbursement is less than \$16 per day for a basic-needs child. So, any other resource that will enable a foster parent to provide the best care possible for a child, such as WIC, not to mention any extras that all children should have, is greatly appreciated.

On June 18, 1997, I received a call from a Child Protective Services worker informing me that she had just removed a 5-month-old infant from his home. She asked me if I would take him in — right now, today, for an undetermined length of stay. I had never had an infant in my home but I was thrilled at the idea and agreed. Two hours later, he was in my home.

I did not have baby clothes, a crib, bottles, diapers, or a car seat — I had nothing and had to start from scratch with only two hours' notice. Without any advance money from the Texas Department of Protective and Regulatory Services, I began purchasing all of these items and more. The infant formula, especially, proved to be expensive.

After two months, someone (not a CPS worker) mentioned to me that the baby might be eligible for WIC. It turns out he was, and he has received assistance ever since! I don't know what I would have done without the help. I am single and working part-time, trying to finish graduate school.

WIC appointments were always very accessible and made at *my* convenience. I have always

found the staff to be professional, kind, polite, and caring. Sometimes in social-service agencies, I have found that the staff becomes hardened and burned-out after seeing so many clients, day in and day out, who are in need of help. They forget that anyone, at any-time, could find themselves in a position of needing assistance.

But this has *never* been the case with the staff at the WIC office in Amarillo. WIC has always been a positive experience for me.

I have since adopted this foster baby and named him Max. He's a happy and healthy little boy who likes to sing and dance along with Barney. Sometimes he comes to work with me, and sometimes he stays with my mother or at a mom's-day-out program. Max's adoption was finalized on May 5.

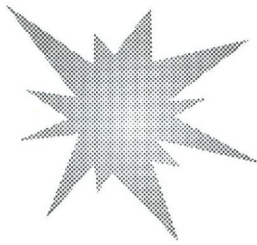
Anyway, I had to write and share this information with you. I hope you will continue your diligent efforts to reach foster parents. Most foster parents are doing this work because they care about children and want to help, not to make money.

Foster parents spend a lot more of their own money than they are ever "reimbursed." All of the ones whom I have met go far above and beyond the "basic" needs for the children in their care.

Again, thank you for the consideration and help that I have received at WIC.

Sincerely,

*Judy Baker
Amarillo, Texas*



The magic of excellent customer service

Answers to remaining questions from satellite conference's viewers

At Texas WIC, May was Customer Service Month. On May 1 and May 15, WIC sponsored the "Magic of Excellent Customer Service" satellite teleconference, which featured training in the important customer-service skills of communicating, working with the customer who is disabled, and serving culturally diverse populations. Both programs featured interaction between presenters and audience via fax and phone.

Even though the May 15 telecast was a rebroadcast of the May 1 live program, time was allowed during both morning and afternoon sessions for "live" questions and answers. Because of limits on time in both telecasts, not all questions got answered "on air." Below are the answers to those remaining questions.

Q: Why have we contracted with just one formula company? Customer service on special formulas is tedious and difficult for both client and staff.

A: WIC contracts with one formula company because the federal legislation authorizing the WIC program mandates that we seek formula-company rebates through the bid process in order to maximize resources. Each year, the money received from the formula-company rebates in Texas feeds approximately 100,000 additional WIC babies.

Trying to follow policy on formula issuance is sometimes tedious and confrontational. Explain as much as possible to participants about why it is important to follow the policy. Feeding additional babies is a very important reason to follow the rules whenever possible.

Q: We have a client who calls at least two times a week (on voice mail) complaining and

cursing us out with real vulgar language. The complaint is in our phone system. But this person never leaves a return phone number. How do we handle this?

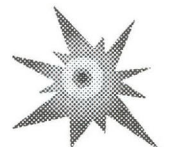
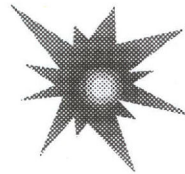
A: Since the information given about the circumstances is incomplete, a few assumptions are in order. From your question, it seems that someone is calling after hours. Is he or she bringing up valid issues that you wish to address, or do you just want the calling to stop?

It seems that you have several options. If it's worth it to you, you may be able to have the calls traced with help from the telephone company. If you are considering possibly terminating the caller from the program, this abusive behavior would seem to fit under the abuses outlined on the Supplemental Information Form.

Q: Is there such a thing as positive confrontation as an effective means of communication?

A: Yes, confrontation, which simply means to "call to the attention of," can be used in a positive manner. If the confrontation is done with respect for the dignity of the other person and in an open, straightforward manner, it can often be viewed as positive.

If you have something to call to the attention of the other person, be sure to pose it in a "stating" fashion (for example, "I need your report before I can proceed any further," instead of "Where's that



overdue report?”). A confrontation that blames, accuses, or demeans will be negative, no matter how nicely it may be said.

Q: When a participant comes in with a complaint about a grocery store, how can we reassure her that action is being taken when the store continues to do it month after month?

A: Interested participants should be told about what action the local agency has taken, and the specific action taken should be clearly explained. Local-agency directors may wish to personally follow up on a complaint with the managers of the stores. They can call problem vendors and speak to the managers about specific problems. Sometimes, managers are not aware that clerks are rude to WIC customers, or denying allowable foods, or giving misinformation.

Local-agency personnel can call the state WIC office with specific information about problems with a particular vendor. They can call the vendor-monitoring section when stores are not following WIC policy. The state office's vendor-relations section can help when stores are denying allowable foods or giving misinformation. The phone number for both sections is (512) 406-0777. Call the training section at (512) 406-0740 when it appears that clerks are ignorant of proper procedures.

Local agencies should always follow up on vendor complaints in one of these two ways: direct action, or calling the state office. Participants should also be encouraged to put their complaints in writing. Ignoring complaints only allows the problem to become

worse. The participant should be told exactly what steps the local agency (and/or the state agency) has taken. If the problem does not go away, repeated follow-up may be necessary.

Q: What if a co-worker is constantly rude to our clients, and it makes us uncomfortable as well and makes us look bad as a group? What do we do?

A: First, see if you can determine whether the supervisor is aware of the co-worker's attitude and has taken any action to correct it. The supervisor may already be working with the employee, and other co-workers may not be aware of it.

If the supervisor is not aware of the employee's rudeness or seems unable to handle the problem, you may want to use a direct, non-judgmental statement that describes the problem to the offender and describes how it affects everyone else. For example, you might say, "When you raise your voice with our participants, it makes the rest of us very uncomfortable."

Many people are simply not aware of how they appear to others. This could be an opportunity to open a dialogue with that co-worker about how others perceive him or her.

Q: I have a very unusual situation that I don't know how to deal with. We have a client who is Hispanic, deaf/mute, and uses no formal sign language. She does not read English or Spanish and only communicates with family members through their own made-up sign language. How can we communicate with her?

A: Communicating with a client via a third party may not be the

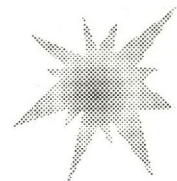
preferred or ideal method of communicating with your customers, but in certain unusual situations such as this one, it may be the only option. When counseling the participant, use visuals such as food models and/or food pictures. Remember, you can still connect emotionally to this individual with non-verbal communication.

Q: How do you deal with a person who can't speak well (the staff just can't understand her pronunciation), but does not want to write or use sign language?

A: Ask the person her preferred method of communication. She might find it valuable to use an interpreter. Be prepared to set aside additional time for this person if her appointments seem to be particularly time-consuming. For example, you may try to schedule her appointments at the end of the day and allow an additional 15-30 minutes. Be patient and give the participant time to feel more relaxed and comfortable.

Q: How can I decide whether to help someone or not, yet not infringe on their efforts to be independent? How can I avoid the perception that an accommodation is "special" treatment?

A: Ask to help, or offer assistance, in a dignified manner with sensitivity and respect. Be prepared to have the offer declined. Do not proceed to assist if your offer to assist is declined. If the offer is accepted, listen to any instructions the person may give you that would allow you to give assistance.



The magic of excellent customer service

Use common sense to comply with ADA

By Judith Cayton Devin
Training Specialist

By using a little common sense, we can all comply with the prime directive of the federal Americans with Disabilities Act — to give people with disabilities equal access to all services and programs. This is the message given by Steve Currier, director of the Civil Rights Department at the Texas Department of Human Services.

Currier led a discussion panel in May at Texas WIC's "Magic of Excellent Customer Service" satellite conference.

The focus on complying with ADA regulations has been on meeting physical accommodations: parking, doors, bathrooms, and handrails. But, Currier points out, program access may mean more than physical access.

Access to programs

If a WIC clinic is located in a building inaccessible to someone who is mobility-impaired, program access can be provided in alternate ways such as home visits, meeting at an alternate accessible site, or mailing vouchers. Some clinics have made it easier for mobility-impaired clients by serving them in one room and having the different staff members come to them instead of having the client go to three or four different rooms.

Providing program access for people who are blind or visually impaired might be as simple as having someone available to read

the materials to them, fill out the forms for them, and place their hands at the right place for signatures.

For individuals who are hearing-impaired, an interpreter is ideal. You may also be able to deliver services by using a writing tablet to communicate with one another on paper, depending on their literacy level.

In the above instances, accommodations were made and services were delivered in compliance with ADA.

Etiquette

Beyond accommodation, there is an etiquette for serving clients with disabilities.

The primary rule of etiquette is to ask what assistance a client may need in order to participate in the program. When you see someone whom you think could use some help, remember to ask before you act. Don't be upset if your offer is declined. People with disabilities usually want to be as independent as possible and to do as much as for themselves as they can.

Other etiquette pointers are specific to the disability. To many people with mobility impairments, wheelchairs are like an extension of themselves — a part of their personal space. You should refrain from leaning on the handles or touching the chair unnecessarily. Try to position

yourself at the person's eye level, as it is uncomfortable for them to spend long periods of time looking up at you in order to maintain a conversation.

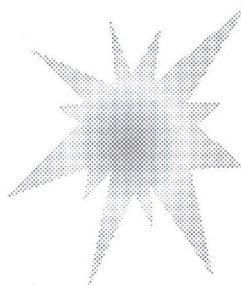
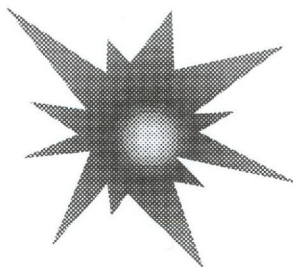
For clients with visual impairments, it is helpful to describe the location of objects in terms of the face of a clock, with the area directly in front of the client being noon-time: "Your chair is located at 3 o'clock," or "The pencil jar is on your left at 9 o'clock."

One way to help them find a seat is to stand behind the chair and tap on its back. Just be sure to not grab them by the arm and drag them to the chair like a child! If you're going to leave the room for some reason during an appointment, let the individuals know that you're leaving; that way, they won't be trying to talk to someone who isn't there.

Your body language, facial expressions, and eye contact are of great importance in communicating with an individual with hearing impairments. Anything that blocks your face or eyes — including loose hair, covering your hand with your mouth, or looking down or away — interferes with their ability to lip-read or to gain useful information about what you are saying.

In all instances, be sure to talk directly to people with disabilities, not to their companion or interpreter. Never assume that they can't speak for themselves!

In such small but important ways, we can all make the WIC program more accessible, comply with ADA guidelines, and deliver "the magic of customer service."



The magic of excellent customer service

Follow the 4 steps of clear communication

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

During the live satellite conference on May 1 and its re-airing in mid-May, 2,000 Texas WIC employees were treated to "The Magic of Excellent Customer Service," an informative and entertaining seminar conducted by Steven A. Beebe, Ph.D.

In the presentation, staffers learned that, regardless of our specific job description, what we all do is communicate with others. We spend 90 percent of our waking hours each day communicating with others.

According to Beebe, our time communicating breaks down into the following four categories:

- ◆ 45 percent listening,
- ◆ 30 percent speaking,
- ◆ 16 percent reading, and
- ◆ 9 percent writing.

Relationships are built on communication, so how we communicate with our customers will affect how they relate with us. In order to connect to our customers and to be "other-oriented," Beebe suggested that we follow a four-step process.

1. Stop

The first step is to stop and consciously focus on the customer, not on yourself. This means physically stopping what you are doing — talking on the telephone, entering data into the computer, paperwork, etc. — and attending to the customer. To make a connection with the customer, we have to first stop what we are doing.

2. Look

The second step is to look at the customer. Use nonverbal cues to connect emotionally with her.

Nonverbal communication plays a major role in the communication process. It is the primary way we show our feelings, emotions, and attitudes.

Our nonverbal cues can be more believable than our verbal communication. For example, you may be verbally saying, "Welcome to the WIC clinic," to a client, but if you are scowling and avoid all eye contact, your nonverbal cues are sending the opposite message.

When we communicate, says Beebe, 55 percent of our emotions comes from our face, 38 percent comes from our voice, and 7 percent comes from what we say.

3. Listen

The third step is to listen to the customer and to connect to what she is saying.

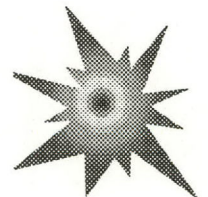
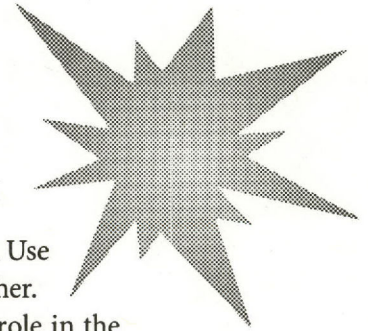
We all have listening habits that can become barriers to our listening goals. Some of these habits include daydreaming, faking attention to the speaker, getting over-stimulated by something the speaker says, avoiding difficult material, trying to mentally outline everything the speaker says, or planning our reply in advance instead of listening.

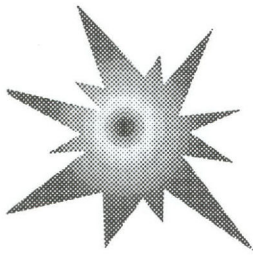
We need to identify our listening barriers and transform them into listening goals. We want to listen for the details of the message as well as the bottom line.

4. Check

The fourth step is to check and confirm your understanding. In order to fully understand what a customer is saying, you may need to ask questions to seek additional information. Paraphrasing what someone has said or paraphrasing her emotions are other ways to make sure you understood the content correctly. Learning about customer communication is important because people judge us by our behavior, not our intent.

Communicating with our customers can be challenging because it is usually easy to become distracted in a WIC clinic. However, if we remember to follow the four steps — stop, look, listen, and check — we could put some real "magic" into our customer service.





The magic of excellent customer service

What it really means to be culturally sensitive

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

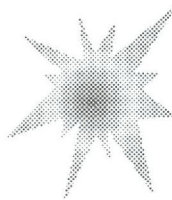
Why is a hot dog called a hot *dog* when there's nothing even remotely related to a dog about it? WIC staff shared this question, along with many stories of their cultural experiences, when they received an introduction to American culture in a segment entitled, "What Being Culturally Sensitive Really Means" as part of the "Magic of Customer Service" satellite broadcast on May 1 and 15 across Texas and several other states.

John Evans, director of the Centers for Minority Health and Cultural Competency at the Texas Department of Health, presented the segment. He discussed the topic of cultural competency and the components essential for the transmission of cultural symbols, narratives, language, and practices.

"We are cultural creatures," says Evans. "Everything we've learned has been a result of our cultural orientation to the world. Culture exists in everyone and, contrary to some beliefs, is *not* just a minority phenomenon."

Language and culture

Dorcas Adeleye, a WIC staffer at Project 26 in Houston, is originally from Nigeria, West Africa. She reports that, when she arrived in the United States, she thought she would surely die in this

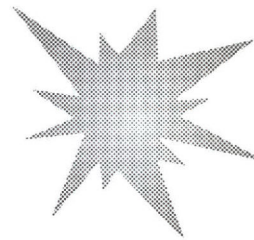


new country. Everywhere she looked in the airport, she says, she saw posted signs advertising *hot dogs*. She *knew* that she definitely wasn't going to eat *any* dogs, hot or cold, and if dogs were all they ate in America, then she would simply have to starve to death.

Evans used Adeleye's story as an illustration of the important role that language plays in defining our culture and the difficulty of combining language with symbols for anyone not familiar with the culture. He also presented video clips showing commentary from other WIC employees at Project 26 — natives of El Salvador, Guyana, Iran, Mexico, Nigeria, India, and Vietnam. In the

video clips, the workers talked about the adjustments they had to make to new cultural experiences upon their arrival in the United States (see related article on page 4).

As Evans talked about symbols and their significance, he used as an example a comment from WIC staffer Carol Small, from Guyana in South America. Small had described one of her early impressions of symbols of American culture: "Everything moved so fast. Americans have a clock in every room. Sometimes two! Americans seemed to try to keep pace with the clock."



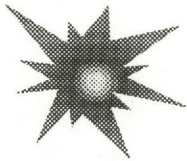
All cultures have narratives — myths, legends, and oral and written stories — that reflect their own values and beliefs. One hundred years ago, some immigrants coming to the United States had heard stories of the new country's wealth and literally believed that the streets would be paved with gold. Likewise, new immigrants nowadays often recall stories that they had been told that shaped their ideas about the country.

When Project 26 staffer Sheela Kore left her homeland of India to join her husband in the United States, she recalled, he was constantly telling her, "Don't touch this. Don't touch that. Be careful." His warnings stemmed from their fear of the rampant U.S. litigation that they had heard so many stories about.

Practices are the most complex part of culture. Rituals, ceremonies,

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

rites, and taboos are all types of cultural practices. A Project 26 employee from Mexico shared a story about two cultures bumping into each other. When her son was 3 years old, she had some difficulty explaining to him the Halloween



rituals in the United States.

It was also hard for her to explain to him that these

were not cultural practices in which she and he would join. Like her, anyone encountering a new culture faces the dilemma of adjusting to the larger culture or keeping the values and identity of the native culture.

Evans invites us all to work toward cultural competency, going beyond our beliefs and trying to understand what other people believe. We must never assume that our beliefs and values are the *only* beliefs and values. Becoming culturally competent lets us grow and learn how differences can be translated into similarities.

"Becoming culturally competent, or trying to be, can be fun, open, and enlightening," says Evans. "Allow yourself to experience it; you'll never go back to the old ways."

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Corrections on winners of annual state awards

The June/July 1998 issue of *Texas WIC News* printed two errors:

1. On page 2, information on two awards was transposed. In fact, Project 5 was honored for training and nutrition education, and Project 41 received clinical and outreach awards.

2. On page 18, Judy Hopkinson was mistakenly named as winner of the Debra Stabeno Breastfeeding Promotion and Support Award. She received the award last year. This year, the winner was Cathy Liles.

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.

September

Sept. 13-15 — "Medical, Investigative, Legal, Intervention, and Prevention Challenges," Second National Conference on Shaken Baby Syndrome, Little America Hotel, Salt Lake City. Continuing-education credits available. Registration deadline Aug. 15. For more information, call (802) 393-3366.

Sept. 15-17 — Intensive Course in Breastfeeding, Phase II, San Antonio. Two and a half days of in-depth training following up on concepts introduced in three-day Phase I session. \$60. Note changed dates; class is full. For more information, call Jeanne Mitchell at (512) 406-0744.

Sept. 24-27 — Annual meeting of the Texas Pediatric Society, Corpus Christi, Omni Bayfront Hotel. For more information, call Mary Greene at (512) 370-1506.

October

Oct. 3 — "Breastfeeding Management: Meeting the Challenges 1998," Braewood Convention Center and Hotel, Houston. Sponsored by the Houston Area Lactation Consultants and Educators Association. Continuing-education credits for R.N.s, R.D.s, I.C.C.E.s, and I.B.C.L.C.s. Call Lorraine Welker at (281) 564-7867.

Oct. 12-13 — Epidemiology of Vaccine Preventable Diseases (EPI-VAC) will offer a Live Land Course, Laredo. \$50. Continuing-education credits available. Registration deadline Sept. 18. For more information, call (800) 252-9152.

Oct. 15-16 — Epidemiology of Vaccine Preventable Diseases (EPI-VAC) will offer a Live Land Course, South Padre Island. \$50. Continuing-education credits available. Registration deadline Sept. 18. For more information, call (800) 252-9152.

Oct. 20-22 — Competent-professional-authority orientation, Austin. Three days of training covering screening techniques, breastfeeding promotion, high-risk conditions, allowable foods, formula determination, nutrition education, outreach, counseling, and civil rights. Call Liz Bruns or Anita Ramos at (512) 406-0740.

Oct. 27-29 — Peer Counselor Trainer Workshop, Austin. For breastfeeding coordinators to learn how to train breastfeeding peer counselors and to plan a peer-counselor program. Call Jewell Stremmer at (512) 406-0744.

November

Nov. 2 — "First Things First," Houston. A one-day class that focuses on the life-management and time-management lessons from Stephen Covey's *Seven Habits of Highly Effective People*. Call the WIC training staff at (512) 406-0740.

Nov. 3-5 — Immunize Texasize III Conference, Houston. Call (800) 252-9152 for more information.

Nov. 4-7 — "Emerging Horizons: Counseling in the 21st Century," Amarillo. A professional growth conference sponsored by the Texas Counseling Association. Call Charlotte McKay at (512) 472-3403.

Nov. 9-11 — Intensive Course in Breastfeeding, Phase I, Corpus Christi. Three-day course prepares health-care providers to promote and support breastfeeding. \$45. For more information, call Jeanne Mitchell at (512) 406-0744.

Nov. 10 — Lactation Management Workshop for Physicians, Corpus Christi. Four-hour workshop to improve physicians' skills at managing breastfeeding problems and special circumstances and assessing medications for nursing mothers. 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.

National breastfeeding legislation follows in footsteps of Texas law

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

For more than three years now, the state of Texas has had a law encouraging employers to promote and support breastfeeding among their employees. The law, House Bill 359, was enacted by Gov. George W. Bush's signature in June 1995. Some other states already had similar legislation in place, and still more have since passed such bills. Now, it looks like breastfeeding is going to get some attention on the national level.

Carolyn Maloney, a U.S. representative from New York state, introduced a bill in

March in the House of Representatives in support of breastfeeding. This bill (House Resolution 3531) is important not only because it addresses breastfeeding and working, but also because it calls for minimum standards for breastpumps and the escalation of breastfeeding promotion within the WIC program.

A summary of the bill from Maloney's web site appears on this page in the box at left.

Maloney's bill has been gaining support in the House and has been endorsed by the following organizations:

- ◆ American Academy of Pediatrics
- ◆ American Public Health Association
- ◆ Association of Women's Health, Obstetric, and Neonatal Nurses
- ◆ Academy of Breastfeeding Medicine
- ◆ International Lactation Consultant Association
- ◆ National Association for Breastfeeding Advocacy
- ◆ National Association of WIC Directors.

Maloney, a Democrat, finds support for her bill in the Senate from a Republican, Sen. Ted Stevens of Alaska. Stevens is sponsoring companion legislation in the U.S. Senate.

You can keep up with the bill in several ways. One is through visiting Maloney's website at www.house.gov/maloney/.

House Resolution 3531:

New Mothers' Breastfeeding Promotion and Protection Act

A bill to support breastfeeding by new mothers and encourage employers to support workplace lactation programs, and for other purposes. The bill will:

1. Protect a woman's right to breastfeed or express milk.

Clarify the Pregnancy Discrimination Act to ensure that breastfeeding is protected under civil-rights law and to ensure that women cannot be fired or discriminated against in the workplace for expressing milk, breastfeeding, or related activities.

2. Encourage employers to facilitate lactation.

Encourage employers to set up a safe, private, and sanitary environment for women to express milk by providing a tax credit for employers who set up a lactation location, purchase or rent lactation or lactation-related equipment, hire a lactation consultant, or otherwise promote a lactation-friendly worksite.

3. Offer mother's-milk breaks to new working mothers.

Grant working women breastmilk breaks of up to one hour per day for up to one year following the birth of a child to breastfeed or express milk. This time would be unpaid, and could be taken in two or three breaks during the day. Both private employees and federal employees would be covered.

4. Develop minimum quality standards for breastpumps.

Require the FDA to develop minimum quality standards for breastpumps, to ensure that products on the market are safe and effective.

5. Promote a breastfeeding awareness campaign.

Support a campaign aimed at health professionals and the general public to promote the benefits of breastfeeding for infants, mothers, and families.

6. Expand WIC's breastfeeding promotion program.

Provide increased support for WIC's breastfeeding promotion, education, and support initiative by allowing states to have flexibility in drawing from both the food and NSA (nutrition support and administration) pools of money — including funds from the infant-formula rebate — to be used for breastfeeding support.

Go to its Special Projects section, where you can tell her your story. She is particularly interested in hearing from people who have had problems breastfeeding or pumping at work, and from companies that provide lactation facilities. The site also offers general information about breastfeeding as well as tips on combining working and breastfeeding.

Another way to track the bill is through a Library of Congress web site at <http://thomas.loc.gov/>.

Mother-friendly worksites

Besides guaranteeing women the right to breastfeed in public in Texas, House Bill 359 set its sights on state programs and on women's worksites.

The 1995 law required state programs that work with women and children to promote breastfeeding, and it established the Mother-Friendly Worksite Program. Charged with the responsibility of developing and administering the new program, the Texas Department of Health had it fully operational in less than a year.

In order to be designated as mother-friendly, a worksite must:

- ◆ develop a policy reflecting its mother-friendly practices;
- ◆ provide work-schedule flexibility to allow mothers time to pump breastmilk or to breastfeed;
- ◆ provide a private, accessible location for pumping breastmilk;
- ◆ provide a clean, safe water source; and
- ◆ provide access to hygienic storage for the pumped breastmilk.

Below, listed in the order in which they were granted official designation, are the state's first 25 mother-friendly worksites:

- ◆ Texas Department of Health, Austin
- ◆ Caremor Health Services, Amarillo
- ◆ IBM, Austin
- ◆ Enron, Texas and Omaha
- ◆ Huntsman Corporation, Austin
- ◆ Treetops Learning Center, Austin
- ◆ Gulf & Basco Company, Houston
- ◆ Children's Health Center, Marble Falls
- ◆ Aerobics To Go, Fort Worth
- ◆ Texas Center for Infectious Disease, San Antonio
- ◆ Southern Warehouse Corporation, Houston
- ◆ Hidalgo County WIC Program (Project 12), Edinburg
- ◆ The University of Texas Health Science Center at Houston, Houston
- ◆ Scurry County Health Unit/WIC (Project 92), Snyder
- ◆ Texas Workers' Compensation Insurance Fund, Austin
- ◆ Abilene-Taylor County WIC Program (Project 34), Abilene
- ◆ Texas Department of Health, Public Health Region 6, Houston
- ◆ Atascosa Health Clinic/WIC (Project 53), Pleasanton
- ◆ Grayson County Health Department, Sherman
- ◆ Katy WIC Clinic (Project 84), Katy
- ◆ Texas Department of Health, Public Health Region 7 (Project 81), Temple
- ◆ Texas Children's Hospital, Houston
- ◆ Motorola, Austin Region, Austin
- ◆ Duke Energy, Houston
- ◆ Hidalgo County Health Department, Edinburg

This is a good start, but we know there are many other businesses and agencies that could be on this list. Do you know of any?

Is *your* local agency or clinic site mother-friendly? If each Texas WIC local agency became mother-friendly, not only would we have an impressive number of facilities on our list, but each of you would be a model to your community of a mother-friendly worksite.

What about the local businesses employing your WIC clients? Or the big employers in your community?

The best impetus for a business to consider becoming mother-friendly comes from employees within the business. WIC clinics can keep a small supply of mother-friendly materials on hand to provide to families. They can share these materials with their employers, and our list can grow and grow.

For more information on the Mother-Friendly Worksite Program or to receive its materials, including applications for official designation, contact Chan McDermott at (512) 406-0744.

New RDIs issued for folic acid, choline, and B vitamins

This past spring, the National Academy of Science's Institute of Medicine released the second set of the new Dietary Reference Intakes (DRIs). When completed, the DRIs will cover all nutrients and will replace the tenth edition of the Recommended Dietary Allowances (RDAs), which was published in 1989.

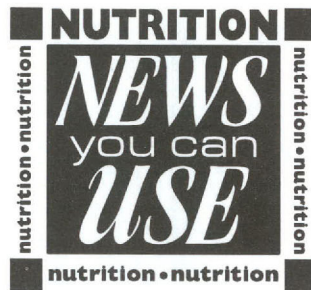
The latest DRIs from the institute concern the B vitamins and a nutrient called choline. This is the first time that a recommendation has been made for the dietary intake of choline. Choline is part of cell membranes and helps the liver function normally. Many foods contain choline; foods rich in it include milk, liver, eggs, and peanuts.

The B vitamins covered in the RDIs are thiamin, riboflavin, niacin, B₆, B₁₂, pantothenic acid, biotin, and folic acid. Recommendations on intake of folic acid have changed the most, greatly increasing from the tenth-edition RDAs.

◆ Changed recommendations

It is now recommended that all men and women older than 13 take in 400 micrograms of folic acid a day. This doubling of the previous recommendation was done in part because of the possible role of folic acid in preventing heart disease.

An adequate intake of folic acid around the time of conception can also help to prevent certain birth defects. The new DRIs recommend that women who may become pregnant also take in 400 micrograms of synthetic folic acid a day. Synthetic folic acid is available in



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

vitamin pills and in fortified grain products. It is absorbed by the body much better than the folic acid in foods. Besides taking a vitamin pill, women are encouraged to eat a variety of foods from the food-guide pyramid.

The new DRIs also recommend a higher intake of folic acid for pregnant and lactating women.

It is now 600 micrograms a day instead of 400 micrograms for pregnant women. The requirement for lactating women has almost doubled to 500 micrograms a day.

◆ Safe upper limits

Tolerable Upper Intake Limits (ULs) were set for nutrients known to have adverse side effects when taken in large doses. ULs in the new RDIs are included for B₆, folic acid, and niacin.

The most important of these to WIC is folic acid. Because of the higher absorption, synthetic folic acid has a safe upper limit of 1,000 micrograms, or 1 milligram, daily. The safe upper limit includes intake of folic acid in both vitamin pills and fortified grains. Food sources of folic acid are not included in the 1-milligram limit.

Unless specified otherwise by their doctor, women on WIC should not take in more than 1 milligram of synthetic folic acid per day.

For healthy hearts, limit saturated fats and trans fats

Researchers in nutrition have recently been focusing on a reconsideration of the types of fats which cause heart disease. It is already well known that saturated fats, such as butter, *do* contribute to heart disease. Trans fats, another kind of fat, are less well known but even more closely linked to heart attacks and strokes. Their role is now becoming better understood.

Trans fats are the hydrogenated or partially hydrogenated fats listed in the ingredients on some foods. They are found in many manufactured foods, such as crackers, cookies, candy bars, and baked items. Peanut butter, margarine, and shortening, also, may all contain trans fats.

Hydrogenization is the process whereby manufacturers force tiny bubbles of air (hydrogen gas) into a liquid oil to turn it into a solid. Trans fats are formed during the process. The good news is that a few manufacturers are including a step in the hydrogenation process that eliminates the trans fats.

◆ Figuring it out

To find out how much trans fat is contained in a food, read the label. Foods without trans fats are now advertised as such. If the food's packaging does not advertise "no trans fats," and if partially hydrogenated corn oil, soy oil, or cottonseed oil is listed in the ingredients, the product probably contains trans fats.

Manufacturers are required to list only the grams of total fat and the grams of saturated fat on their products' "Nutrition Facts" labels.

Some voluntarily provide additional information. To calculate the amount of trans fats in a food, the label must specifically list the separate amounts of saturated fats, polyunsaturated fats, and monounsaturated fats.

The calculation is simple. Just add up the grams of saturated fats, polyunsaturated fats, and monounsaturated fats. Subtract that sum

from the total grams of fat, and the remainder is the amount of trans fat in the food product.

◆ Taking care of your heart

The less trans fat you eat, the better. Most people get 8 to 12 grams a day from the processed foods in their diet. Cutting intake back by about 4 grams a day can help to decrease the risk for heart

attacks and strokes.

And, don't forget about saturated fats! They have an important role in causing heart disease. Also be sure to limit them.

To take care of your heart, eat less fat each day. Limit your intake of processed foods, and include more fruits and vegetables at snacks and meals.

Building new angles onto pyramid

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

Sara Gibson, nutrition-education coordinator at Project 37 in Victoria, has developed an inventive nutrition-education class for her clinic's WIC participants. She calls it "Pyramid Power, the Health Fair." The health fair offers five lessons in one. Modeled after the food-guide pyramid, the lessons cover food safety, portion size, breakfasts, physical activities, and body parts and food groups. Each lesson contains objectives, teaching points, handouts, and evaluations.

A room at her clinic is set up with five display tables, one for



each lesson. Gibson begins the class by pointing to the table showing a body-parts pyramid.

"You probably know this as the food-guide pyramid," she tells the WIC moms, "but we have replaced the food in it with body parts that benefit from that particular type of food. Yes, body parts! This pyramid shows you how each food group helps different parts of your body and why a well-balanced diet is important for overall health."

The objective for this pyramid lesson is to have the participant name at least one body part and to tell which food-part section of the pyramid it belongs in.

After learning about the other four pyramids in the health-fair class, participants will be able to:

- ◆ use the food-safety pyramid to give two examples of what they can do to keep their food safe.
- ◆ name one food from each food group, as well as its appropriate portion size, based on Gibson's portions pyramid.
- ◆ give an example from the breakfasts pyramid of two breakfasts they might eat.
- ◆ read the activity pyramid and name at least one physical activity that they will try in the next week.

Other Texas WIC local agencies are welcome to order "Pyramid Power, the Health Fair." The lessons can be used together or separately at community or clinic-based health fairs, or as nutrition-education classes. Gibson is adding a nutrition component to the physical-activity pyramid so that, like the other four, it can be used as a separate nutrition-education lesson.

For more information about health fairs or "Pyramid Power," call Sara Gibson in Victoria at (512) 578-2884. To order a copy of the lessons, call Delores Preece at the state office at (512) 458-7440.



A table display offers suggestions for a healthy breakfast, based on Gibson's breakfast pyramid showing breakfast foods in the appropriate spaces on a food-guide pyramid.

Summer safety

Hot tips for keeping children cool

By Bethany Zimbicki
Nutrition Intern



During the hotter days of summer, children are at a higher risk for dehydration, which occurs when the body's fluid loss is greater than its fluid intake. Drinking enough fluid throughout the day is the best way to avoid dehydration.

Normally, children need six 8-ounce glasses of fluid per day. But that need can double with increased activity and length of exposure to high outdoor temperatures.

Because children are more susceptible to dehydration than adults, they should be observed for any signs of mild to moderate dehydration, such as a dry mouth, drowsiness, dizziness, disorientation, nausea, and decreased urination.

Parents should be aware of the symptoms of mild dehydration and monitor their children. If children do not receive replacement fluid, severe dehydration can occur, causing unconsciousness and other serious complications.

To protect children from dehydration, encourage parents to make water easily accessible to their children. Suggest that parents:

- ◆ Place children's cups and drinking glasses near the home's water cooler.
- ◆ Keep refrigerated water and water-abundant fruits (watermelon, cantaloupe, grapes) available.
- ◆ Dilute fruit juice with water, or alternate offerings of full-strength juice with offerings of water.
- ◆ Avoid soft drinks and iced tea that include caffeine, which is a diuretic. A diuretic increases urine output, and thus increases fluid loss, which increases the risk of dehydration.
- ◆ Plan ahead on hot days by bringing water bottles on outings, and reminding children to take water breaks during the day.
- ◆ Encourage children to drink before they go outside to play.

Summertime babies

Infants are at a greater risk for dehydration than older children because their smaller bodies tend to lose fluid faster, and they cannot clearly ask for something to drink.

Parents of infants should be encouraged to monitor their baby's wet diapers. Several dry diapers in a row may indicate dehydration. If an infant needs more fluid than it has been receiving, the baby's body conserves its fluids by decreasing urine output. Monitoring diapers can provide an important warning of dehydration.

During hot weather, exclusively breastfed infants receive enough water from breastmilk alone. When a breastfed infant starts eating solid foods or formula, it may be appropriate each day to offer about 4 to 8 ounces of water in hot or normal weather.

Formula-fed infants should be offered about 4 to 6 ounces of water per day during hot weather, and formula-fed babies already eating solid foods should be offered about 4 to 8 ounces of water each day.

- ◆ Keep infants in the shade, avoiding long exposures to direct sunlight.
- ◆ Dress infants in light clothing and keep their heads covered.

To make it a safer summer for everyone, remind parents about the dangers of dehydration through bulletin boards, individual counseling sessions, and nutrition-education classes.

Reminding moms to invest in their babies' health

By Nancy Liedtke, M.S.

Breastfeeding Promotion Nutritionist

The 1998 World Breastfeeding Week slogan is "Breastfeeding — The Best Investment," and it emphasizes the economic benefits of breastfeeding. World Breastfeeding Week is celebrated around the world Aug. 1-7.

Activities and information related to World Breastfeeding Week can be found at <http://www.elogica.com.br/waba/wbw97/wbw98.htm> on the webpage of the World Alliance for Breastfeeding Action. Their materials are available in different languages. The e-mail address for the coordinator of World Breastfeeding Week is origem@elogica.com.br.

The alliance has no toll-free phone number, but it can be called at (604) 658-4816 or faxed at (604) 657-2655. Correspondence should be addressed to:

World Alliance for Breastfeeding Action
P.O. Box 1200
10850 Penang, Malaysia

Texas added its own twist to the world theme, changing it slightly to "Invest in your baby's health — Breastfeed." Texas' 1998 World Breastfeeding Week materials include a poster, stickers, a kid's coloring page, and a lesson plan for Texas WIC clinics.

Many people already know that breastmilk is excellent nutrition for an infant, helps a baby fight infection, and enhances bonding between a mother and baby. That's why Texas wanted to highlight how the benefits of breastfeeding can

last a lifetime — an invaluable investment with high returns.

Investing in the future

Breastfeeding is baby's first immunization. Breastfeeding protects a baby from getting ear infections, diarrhea, respiratory infections, urinary-tract infections, and infections of the spine and brain called meningitis. If a baby does get sick, breastfeeding helps the sickness be less severe.

Breastfeeding helps create a beautiful smile. The sucking motion used to breastfeed helps the jaw and teeth grow correctly. This means that there's a higher likelihood of straighter teeth when the baby becomes a teenager, as well as a smaller chance of speech problems for the child.

Breastfeeding can help save lives. Studies have shown breastfeeding to be a protective factor against some childhood cancers such as lymphoma. Breastfeeding, along with keeping the baby in a smoke-free environment and putting him to sleep on his back, has also been shown to help protect a baby from sudden infant-death syndrome. Even children who need a kidney transplant have a better chance of accepting their mother's kidney if they had been breastfed as a baby.

Breastfeeding helps protect against lifelong diseases. Babies who are breastfed may be less likely to have early-onset diabetes and long-term digestive problems.

Breastfeeding is nothing to sneeze about. Babies are less likely to have an allergy to breastmilk than to formulas. Breastmilk also helps delay the start of allergies and may even prevent them altogether. Breastmilk helps children at risk for asthma and skin problems such as eczema. It reduces the severity and frequency of asthma attacks and skin problems. This protection can last throughout childhood.

Breastmilk is good "brain food." A baby's brain grows a lot during the first year of life. Human milk contains ingredients that are important to the brain as it is forming. Studies have shown that children who were breastfed as babies scored higher on childhood IQ tests than children who had been fed baby formula.

Breastfeeding helps keep things in focus. Babies fed mother's milk develop their eyesight sooner and score better on eyesight tests than babies fed formula. This is especially true for babies born early.

The American Academy of Pediatrics suggests that mothers breastfeed for at least a year. The Texas Department of Health wants to help mothers in Texas invest in their baby's health by encouraging and helping them to breastfeed.

If a health professional or mother has a question about breastfeeding or needs to know who in their community provides lactation support, have them call the Texas Lactation Support hotline at 1-800-514-MOMS (6667).

Keeping calm

'Frustration plans' may reduce shaken-baby syndrome

By Sandra Cobb, M.S.S.W., Project Coordinator

Shaken Baby Syndrome Public Awareness Campaign of the Dallas Children's Advocacy Center

Injuries to infants and young children caused by shaking them present a serious threat to their lives.

Each year, estimates Jacy Showers, Ed.D., thousands of U.S. infants and toddlers die, become permanently disabled, or have their developmental and intellectual capabilities greatly reduced because their caregivers were unable to safely cope with the frustration caused by the infant's apparently inconsolable crying. Showers began a national campaign in 1989 to educate the public about the dangers of shaking an infant.

Although precise numbers for the occurrence of shaking-type injuries are not currently available, a nationwide review is underway by the National Information, Support, and Referral Service on Shaken Baby Syndrome. Based at the Child Abuse Prevention Center in Ogden, Utah, the service is contacting state and local child-fatality review teams throughout the United States to determine the number of infant deaths each year due to shaking babies.

Shaking-type injuries result in the diagnosis of shaken-baby syndrome, a type of physical abuse. Another diagnosis that may be given is shaken-impact syndrome. These diagnoses are the results of violent acts, not playful activities.

About one-third of the victims die, reports Suzanne Starling, M.D., et al., in the February 1995 issue of *Pediatrics*. More than 50 percent suffer permanent disabilities such as cerebral palsy, paralysis, blindness, hearing loss, and epilepsy. The remaining children may appear normal initially but are later found to have developmental and intellectual difficulties. Starling's findings were consistent with earlier research conducted by Showers.

Prevention campaign educates parents

During a three-year public-awareness campaign, the Dallas Children's Advocacy Center has sought to reduce the occurrence of shaken-baby syndrome. Funded by a grant from the Children's Trust Fund of Texas, the campaign has included community presentations, printed materials, and local radio and television programming.

Its message is that the crying of an infant, especially continuous crying, *is* frustrating, but it is *not* acceptable to lose control because of that frustration.

During the public-awareness campaign, more than one mother has shared clear memories of a particular time when her now grown infant was crying so hard that nothing seemed to soothe the child. Many of the same mothers have admitted nearly "losing it" but had the insight and coping skills to recognize that a brief time-out for themselves was all that was necessary.

In public presentations conducted by campaign coordinator Sandra Cobb, a striking example is given of just how nerve-wracking a baby's crying can be. The continuous sound can be so annoying, says Cobb, that the U.S. military has used audiotapes of crying infants to measure and strengthen the frustration tolerances of soldiers preparing for possible battle situations.

Planning for frustration

To help prevent child abuse, health professionals who frequently encounter and serve young parents and caregivers are encouraged to discuss frustration plans with them and to assist them with developing them.

When inexperienced parents become frustrated, it is not a sign of weakness or incompetence as a parent. Instead, it is actually a part of *being a parent*.

Many tools can be used to reduce frustration. Some parents may benefit from taking 10 deep breaths, and others can find some calm by stepping outdoors for a moment or by listening to some soothing music.

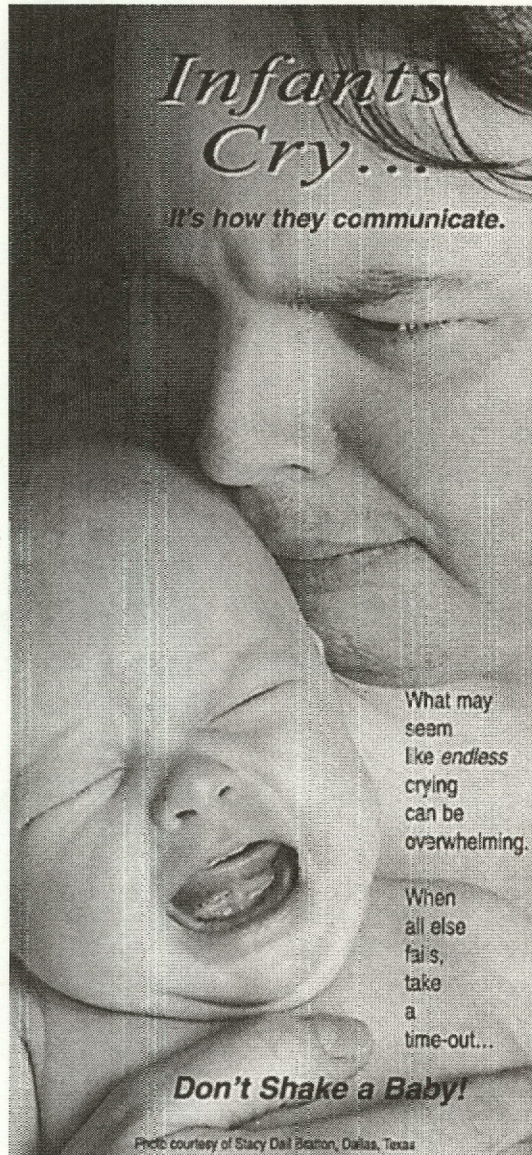
The important thing to remember is to have a plan that will work for the particular individual. Young parents and caregivers should be encouraged to create their own unique frustration plans.

Who's doing it?

Showers' and Starling's independent studies found that, in 65 percent to 85 percent of cases of shaken-baby syndrome, a male caregiver is the perpetrator. Most frequently, it is the child's own biological father. The second most likely perpetrator is the mother's boyfriend.

Babysitters, whether male or female, are found to be the third most likely to shake a child.

Least likely are the babies' mothers, who perpetrate 9 percent to 13 percent of all cases of shaken-baby syndrome.



Professionals seeking to provide preventative information to parents should keep this information in mind. They should urge mothers to choose their caregivers wisely. If

the mother is physically abused by her partner, that partner is likely to also be physically abusive with their child. In such a situation, the mother should select a care-giver other than her abusive partner.

Spreading the message

In the Dallas area, Texas WIC clinics at Project 7 have already assisted with disseminating this information by displaying posters and distributing fliers in their offices. To obtain posters in English or Spanish for your clinic and other information regarding shaken-baby syndrome, contact the Dallas Children's Advocacy Center at (214) 818-2600.

To learn about prevention campaigns in your area, call the Children's Trust Fund of Texas at (512) 458-1281. To find out about prevention projects in other states, call SBS Prevention Plus at (800) 858-5222.

Interested persons can clear their calendars for Sept. 13-15 to attend the Second National Conference on Shaken-Baby Syndrome, held in Salt Lake City.

Call (801) 393-3366 for more information about the conference, or see the "WICalendar" on page 19 of this issue of *Texas WIC News*.

Loving our babies

The poem below, written by Kathy D'Aloise, appeared in the 1994 annual report of the national March of Dimes:

*In a single epic moment,
The birth of new life
Comes with wrenching force,
Bringing a child,
Breathtakingly fragile,
Yet fierce to live.*

*Its cry echoes across past and future
A million times.
Yet always,
It is the first.
And there are no words
To say the joy.*

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- Send in your essay by Dec. 31 to:
Linda Brumble
Texas WIC Training Coordinator
Texas Department of Health
1100 W. 49th St.
Austin, Texas 78756

All who enter will receive the prestigious "Socks Off" Award.
The essays will be published in early 1999 issues of *Texas WIC News*.



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Texas Department of Health
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