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Texas

WIC NEWS

Special Supplemental Nutrition Program for Women, Infants & Children



January 1995

Volume 4, Number 1

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From the chief

New year to bring new growth

By Dennis H. Bach, Chief
Bureau of Nutrition Services



HAPPY NEW Year to all of you in the WIC community. For many of us, the most significant calendar goes from October through September, the federal fiscal year, rather than January through December. So perhaps this should be a belated new year's greeting. The year

1995, whether fiscal or calendar, should be another year of significant growth for the Texas WIC program. Congress has once again provided a considerable increase in the WIC appropriation. Our responsibility is to use those funds to extend services to as many in the unserved eligible population as we possibly can.

Full funding for WIC has been a very long time in coming, especially given the demonstrated benefits of WIC and the long-term cost savings resulting from investing in WIC services. Unfortunately, there is only one chance to intervene nutritionally in an infant's or young child's life and to make the lasting difference that we know WIC makes. There is what economists call an "opportunity cost" in not funding WIC

services. Once the opportunity is lost, you can't go back and reclaim it. All you can do is pay for the consequences. If the choice is between funding the building of a new road, buying a new jet fighter or providing WIC benefits, one of these can't wait. You can wait two years and still build a road or buy a plane. But, the 2-year-old child will now be 4, and the chance to affect that two years of development is gone. In the past few years, Congress has "seen the light" and provided funds for expansion, with the explicit goal of reaching full funding. We have to do our part as well.

The Texas WIC program served 625,797 participants in October, the first month of the new fiscal year. We have enough funds to allow us to increase participation by an additional 17,100 every month this year. If we did that, we would be serving 813,999 people by the end of FY95. What an accomplishment that would be! Realistically, I don't expect us to grow by quite that much, but it should be our goal. Every additional participant we add puts us one step closer to the goal of full funding. Every new child we serve means one less child going to bed with inadequate nutrition. Every new pregnant woman participant means one less potential low-birthweight baby. Every new infant we serve means one more infant exposed to the wonders of breastfeeding. (Well, maybe

that part is wishful thinking, but we are making progress there, too.)

There are a number of obstacles to expanding services in Texas, but no real barriers. A barrier is something that prevents us from making progress. An obstacle is merely something that we need to find a way over or around in order to continue making progress. Most of the obstacles can be overcome by either creativity or perseverance. Local agencies opened more than 40 new clinics across Texas in the past year, bringing our total to more than 600 sites, and significantly increasing access to services. This year we will open even more, as we continue to search out pockets of the unserved eligible population.

In a few weeks, we will have a new Congress convening in Washington. It is unclear whether this Congress will continue the same level of commitment to WIC. Even if the level of support remains the same, budgetary pressures will make it more and more difficult to provide funds to match that support. The more we can increase the availability of services and demonstrate an even greater demand for WIC services, the more they will be likely to continue providing the financial support.

Let's do it for all the new little Texans across the state, from Texline to Brownsville, from El Paso to Port Arthur and everywhere in between.

Texas WIC News

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Texas

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Cover photo by Jennifer VanGilder.

Note to our readers: No December 1994 issue of Texas WIC News was published.

VISTA gives WIC mom 'a new lease on life'

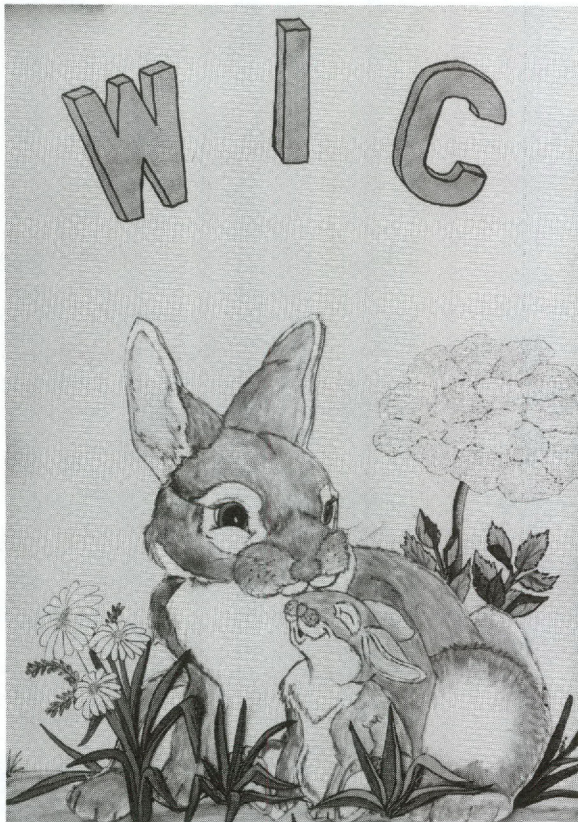
By Shelly Ogle
Staff Writer

DENITA BIRD, AN artist whose 4-year-old son is a WIC participant, joined the VISTA program in February 1994, and she hasn't regretted it for one minute. "It's brought me back to life," she says. "VISTA is the best thing that ever happened to me."

Bird was teamed up with Rusty Ciecierski, another VISTA worker, and they work well together. Ciecierski, a mother of five and a grandmother of four, is good with words and with writing, while Bird is good with images and drawing. Their goal has been to reach all new mothers in Tarrant County and to inform them of WIC, immunizations and EPSDT.

To accomplish this, the two have made a packet of materials to be given out to new mothers as they leave the hospital. The packet contains WIC's eligibility guidelines and "rainbow" brochure, along with information about immunizations and the EPSDT program. The packet is now handed out in 12 of the area's 14 hospitals. Bird says that just one of the hospitals had previously done this.

Bird has made the packet a bit more eye-catching by adding cartoon drawings to it. "And, then," she says, "to follow through, we made a cartoon slide presentation for the hospitals' birthing classes. Then, six weeks later when they've had their baby, the new moms get the packet and recognize the cartoons. I think the cartoons help them remember our



WIC mom Danita Bird created this artwork.

message better."

But she doesn't rest on her laurels. "I'm improving the cartoons all of the time," she says. She hopes that the hospital packet can also be distributed by doctors in clinics. "We also hope to do a poster," she says. "It will have a map of Fort Worth on it that shows the location of all the WIC clinics."

And an outreach video showing Bird's cartoons may be in the works. She and Ciecierski are determining the need for one. They'll be seeking assistance from local colleges to make the video. "We'd like to show the video in all WIC clinics," she says. They also hope that Food Stamps offices would be willing to show their WIC video.

21 attend peer-counselor trainer workshop

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

Folks from as far away as Maine, Missouri, North Dakota and Puerto Rico joined breastfeeding coordinators from all over Texas to visit Austin Oct. 17-19. They attended the Peer Counselor Trainer Workshop co-sponsored by the Texas Department of Health and the Austin chapter of Healthy Mothers, Healthy Babies.

Twenty-one trainees got tips on designing and implementing a peer-counselor program. They were introduced to a panel of peer counselors, who gave first-hand reports of their work in clinics and hospitals. Panelists included Socorro Reyes, Janette Ruiz, Julia Valdez and Shawn Wickersham from Project 1.

The trainees also received practical advice from a panel of experienced breastfeeding coordinators with peer-counselor programs in their agencies. Local-agency panel members were Lois Grant from Project 84 in Houston, Georgia Harris from Project 74 in Brownwood, Nadirah McCoy-Shepherd from Project 7 in Dallas and Sharon Swize from Project 5 in Corpus Christi. Participants learned to use the *Training Moms to Help Moms WIC Breastfeeding Peer Counselor Training Manual* as well as interactive teaching techniques.

The workshop was presented by the authors of the training manual, WIC breastfeeding peer-counselor coordinator Jewell Stremmer and Jeanne Fisher, coordinator of Mom's Place Breastfeeding Resource Center. Speakers included lactation consultant Linda Zeccola, who spoke on training peer counselors to teach mothers how to assess latch-on; lactation consultant Cathy Liles, who presented interactive methods to teach counseling skills; and Mary Ann Hazlett, patient educator at Brackenridge Hospital who pioneered the first WIC peer-counselor program in a hospital in Texas.

LOCAL AGENCY NEWS

TALWD regional representatives

Region 1:

Barbara Kahleeq,
M.S., R.D.,
Project 20

Region 2 & 3:

Theresa Aguerro,
Project 45

Region 4 & 5 North:

Cassi Boucher,
Project 39

Region 6 & 5 South:

Veronica Brown, M.S.,
R.D., L.D., Project 84

Region 7:

Tina Horkey, R.D.,
L.D., Project 42

Region 8:

Emma Garza,
Project 43

Region 9 & 10:

Judy Harden,
Project 83

Region 11:

Elisa Ruelas Perez,
Project 13

Project 13

Laredo director named TALWD regional representative

Elisa Ruelas Perez, director of Project 13 in Laredo, took office in mid-November as South Texas regional representative for the Texas Association of Local WIC Directors. She was elected to the position at TALWD's annual meeting, held in October in Tyler.

Perez will represent the nine WIC projects in Region 11. According to Raul Leal, Project 13 media/health education specialist, the nine projects serve more than 50 communities in South Texas and provide an average of \$4 million per month in WIC benefits to 100,000 participants.

Besides serving as liaison between Region 11's WIC projects and TALWD, Perez's duties include compiling and reporting the local agencies' changes and accomplishments.

Project 33

Advocates for Breastfeeding hold first conference

Project 33 in El Paso reports that a new group of breastfeeding advocates has been formed that includes members from WIC projects, La Leche League and area clinics and hospitals. The group, known as ABC, is named the Advocates for Breastfeeding Consortium.

Project 33 was the primary sponsor of ABC's first annual conference, held Oct. 22 in downtown El Paso. About 250 people attended the conference. Exhibitors included ABC, WIC, La Leche League, Thomas Hale, the International Board of Lactation Consultant Examiners Inc., the Texas Perinatal Association, Thomason Hospital and the Association of Women's Health, Obstetrics and Neonatal Nurses. Breastfeeding rooms were available.

Talks were presented by breastfeeding experts Judy Hopkinson, Ph.D., of the Baylor College of Medicine; Christopher Wade, M.D.; and Thomas Hale, Ph.D., author of *Medications and Mother's Milk*.

Project 33 nutrition services supervisor Donna Morse reports that she's grateful to Mary Ann Friesen, R.N., of Thomason Hospital and to Kellie Flood-Shaffer, M.D., assistant professor of obstetrics and gynecology at Texas Tech Health Science Center-El Paso. Both provided hard work and guidance on the conference.

Local staff members who ensured the conference's success were breastfeeding coordinator Debbie Carter Salisbury, breastfeeding peer counselor coordinator Mario Martinez, nutritionist Sue Beatty and administrative clerks Angela Martinez, Leticia Contreras and Mary Ellen Padilla.

Beatty spoke about WIC's support for breastfeeding and special food packages for nursing moms. She stressed the baby-friendly aspects of WIC.

Classes opened to non-participants

Any client receiving health services at El Paso's San Vicente and

Continued on page 6



Providing a comfort zone

A WIC mom nursing her baby enjoys the privacy of a breastfeeding room at El Paso's Five Points clinic as her breastfed daughter looks on. Three clinics recently designed with input from Project 33 all include breastfeeding rooms available to clients who choose to use them.

Project 33 continued

Montana Vista health clinics can now join WIC clients in Project 33's nutrition-education classes. Class titles and times are listed on a central bulletin board, and all clinic clients are encouraged to attend.

Project 33 believes in kids

To help educate children and keep them happy, Project 33 has bought several new items for each of its clinic's children's areas, including brightly colored rugs decorated with letters and numbers. The rugs provide a seating area in front of new TV monitors that play children's video tapes. Several puppet theaters were also bought. They'll be used for kiddie classes such as Snacks to the Max, Bright Smiles, the Bean Family, Up and At 'Em and WIC Foods/Juices/Cereals. With the kids taken care of, WIC moms are better able to relax and enjoy their clinic time.

WIC goes to school

School nurses at the Academy, an alternative high school in El Paso for school-age parents, have encouraged administrators to work with WIC. As a result, WIC's nutrition-education classes have been incorporated into the school curriculum. Any student is welcome to attend these classes.

Students who are WIC clients can now receive their food cards on-site, so transportation is no longer a major problem. Until WIC mobile clinics can begin visiting the site, WIC-participant students will still need to go to the Riverside clinic for their exams and recertifications.

Project 30 50 attend reception

Nutritionist Bernadine Crockett, breastfeeding coordinator at Project 30 in Port Arthur, reports that a successful reception was held Aug. 31 for the local agency's breastfeeding mothers. About 50 WIC moms attended. Nearly half of them were younger than 25.

"It's important to have the younger mothers breastfeeding," says Crockett. "It encourages them to stay with their own kids instead of letting the kids' grandmothers or great-grandmothers take care of them. And the younger moms are really enjoying the bonding that breastfeeding brings."

Project 30 staffers have designed a T-shirt in support of breastfeeding. It shows an outline of the state of Texas enclosing a poem composed by administrative clerk Agnes Lewis. Two of the T-shirts were given out as prizes during the breastfeeding reception.

"Our goal is to encourage, support and assess the progress of breastfeeding in the community," says Crockett. "This year, plans have been made to network with other area agencies to increase patient education concerning breastfeeding."



Project 30 staffers show off their new T-shirts. From left: Barbara Queen, Agnes Lewis, Leanna Lewis, Mary Ybarra, Dianne Marks, Pam Ivory, Judith Smith, Brenda Mullin, Ernestine Wade, Bernadine Crockett and Glenn Alexander.

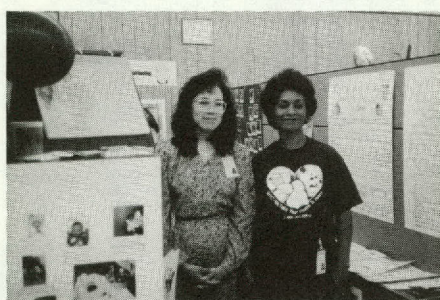
Project 37

Victoria WIC uses new way to teach nutrition education

At Project 37 in Victoria, clients were offered a special way to learn nutrition education. Nutritionist Sara Gibson reports that the local agency set up an innovative health fair where WIC participants can choose their nutrition-education lessons from among a variety of booths.

The fair, Project 37's first, was a two-month, eight-day extravaganza. It was designed to meet the needs of double-issuance clients who come in every other month. The October fair was held on Oct. 6 and 7 and again on Oct. 13 and 14. The next month's fair was held on Nov. 3 and 4 and again on Nov. 10 and 11.

Permission had been granted from the state office to triple-issue to the participants who qualified. Gibson hopes triple issuance will boost participation for the holiday season.



Peer counselor Sara Balli, left, and breastfeeding coordinator Deborah Perry, L.V.N., staff the breastfeeding-education booth.

The fair consisted of the following nutrition-education booths:

- *Fat, sodium and sugar content of foods.* Participants were shown how much of these are in the foods they eat.
- *Fast food, healthy food.* Clients were given information on choosing healthy alternatives when eating out.
- *Weighing and measuring.* Participants, children and even the children's dolls were weighed and measured to show the importance of a good diet for proper growth and development.
- *Breastfeeding.* Information was given out about breastfeeding, and pictures were shown of WIC's healthy breastfed babies.
- *Five leading causes of death, plus car-seat safety.* Clients learned that heart disease, cancer, diabetes, strokes and accidents are the leading causes of death in Victoria County. A video from the Texas Department of Public Safety was on the use of seat belts and child-safety seats.
- *Immunizations.* The local agency's immunizations nurse was available to give shots and answer questions.
- *Food sampling.* Various types of dried beans (excluding pinto) were prepared for participants to sample. Three types of WIC cereals were combined and bagged for the children to taste. Clients were also given a fact sheet on beans, holiday recipes and recipes for the kids.
- *Dental care.* A dental hygienist passed out toothbrushes to the kids and talked with parents about baby-bottle tooth decay and proper dental care.

Booths were also provided to the local Head Start program and the Child Study Clinic for handing out literature.

Participants had three stations to stop at before they got to the booths. As they entered the clinic, they took their card to the first table and chose their next appointment's class. While their appointment was being written on the back of their card, they addressed a postcard to themselves as an appointment-reminder to those receiving triple issuance.

The next station was the table where clients received grab bags and registered for door prizes. Items were donated by area businesses.

At the third station, participants were given a checklist. They took this to

Continued on page 8

Project 37 continued

the various booths and had the staff there initial it to indicate that the client had been to that booth. Clients were required to visit at least three of the nutrition-education booths to receive credit for attending "class."

The local TV station aired footage of the event on the evening and late-night newscasts. The local newspaper also ran an article.

Children at the fair were given stickers, crayons and coloring books. They were also able to shake hands with Chuckles the Clown and shake mitts with the Immunization Bear.

"We were fortunate to have the help of VISTA volunteers," says Gibson. They handled a multitude of tasks.

Gibson reports that the fair was educational for both clients and staff. "A lot of us found out stuff we wouldn't have learned otherwise," she says. "And the participants loved it. They said we should be sure to do it again."

Project 48

6 new peer counselors graduate

At Project 48 in Houston/Harris County, the addition of six new breastfeeding peer counselors in August brought their number up to 16. The women counsel 955 breastfeeding mothers at Project 48, an increase that breastfeeding coordinator Nancy Pate attributes to a team effort by all WIC employees.

During the week-long training, reports Pate, the soon-to-be peer counselors learned from seven staff members, including the project's lactation consultant, Jane Van Nort. Afterward, they were surprised by refreshments, bouquets of fresh flowers and congratulations from project director Vickie Bowie.

Commitment to quality sees improvement

Kimberly Fields, Project 48's immunization nurse coordinator, reports that the local agency's error rate on hemoglobin screenings is down to 6.7 percent for

September, a dramatic drop from the error-rate high of 26.7 percent last January.

Additional in-services for staff were provided last January. To further control quality, only two employees from each of the project's six sites are now allowed to perform hemoglobin screenings. Additional hemocue quality-assurance checks have been routinely conducted each quarter at all sites.

Hemocue testing plays an important role in detecting anemia. If left untreated, anemia can result in reduced growth and healing, increased susceptibility to infection, behavior problems, depression and perinatal complications.

Exceptional employee awarded

Clementine Young, a nutrition assistant at Project 48, was named the first winner of the Employee of the Quarter Award for the nutrition section of the Harris County Health Department. She was nominated by her co-workers because of her grace under pressure, personal care of every client, understanding, pleasantness and courtesy.



Happy graduates celebrate the end of their training. Breastfeeding coordinator Nancy Pate sits in front; standing behind her, from left, are new peer counselors Ruby Zepeda, Nicole Rios, Sylvia Rodriguez Elizondo, Etta Hill, Dora Anderson and Magdalena Calixto.



Clementine Young



On the road again are travel-team members Shirley Ives, Molly Lopez, Lydia Sotello, Marcie Martinez, Denise Body and Eva Casanova.

Project 51

Travel team promotes breastfed babies

Shirley Ives, L.V.N., and other members of her travel team are sponsoring a Breastfed Baby of the Month promotion at Project 51 in San Patricio County. The team serves sites in Taft, Odem and Gregory.

"We use the oldest baby under 1 at each site and honor the mothers with a certificate and small gift donated by area merchants," says

Ives. "We take a Polaroid picture of the infant for the mom and for our poster. At the end of the month, the picture will become a part of our Gallery of Breastfed Babies." The team hopes that the promotion will be expanded year after year.

Ives shares CPA responsibilities on the travel team with Lydia Sotello, L.V.N. Their clerks are Denise Body and Molly Lopez. In Odem, the clerk is Marcie Martinez. Peer counselors are Eva Casanova, Diane Murphy, Joanne Escobar, Yolanda Chapa and Annette Torres. All work under the guidance of WIC director Evelyn Sinast, R.N.

Project 53

New office opens in Lytle

Project 53 in Atascosa County, south of San Antonio, opened a WIC site in Lytle in August. Lytle is in the northwestern part of the county.

"The new clinic site was opened because we felt there was a great need to serve the people in this community," says Penny Quintanilla, project director. "People there wanted WIC services but were unable to drive the 35 miles to the Pleasanton office due to transportation problems."

Project 53 initially began serving the area on a monthly basis at the Lytle City Hall. "Thanks to the efforts of our former nutritionist, Rey Ramirez, Ph.D., we were successful in establishing a full-time site. Dr. Ramirez was instrumental in developing the proper contacts in the community to expand the part-time satellite into a full-time operation," Quintanilla says.

Staffing the new clinic are Meredith Castillo, WIC clerk, Suzy Quintanilla, L.V.N., and Joe Casas, maintenance technician. The clinic is open five days a week. It offers extended hours on Wednesday, closing at 7 p.m. The address is 15222 Mesquite St., 78050. The phone number is (210) 772-5935.

"We appreciate the cooperation of the other project directors in the area," Quintanilla says. "It has not been smooth sailing, but if we continue to have the cooperation and encouragement that we have been receiving, I feel we will be able to continue to serve the people in this community the best way possible."

Employee of the month

Rachel Hernandez, immunization clerk at Project 53's Pleasanton clinic, was named the Atascosa Health Center's Employee of the Quarter.

Continued on page 10

Project 61 WIC T-shirt saves the day

Ann Williams, director of Project 61 in Jasper, reports that her staff now includes a trained-in-a-flash “firefighter.”

Emma Ray, an L.V.N. at Project 61’s office in Kirbyville, had an exciting experience while driving one Friday afternoon recently. Smoke began to engulf her car. She pulled it to the shoulder of the highway and sent her two small children to a nearby house to ask for help.

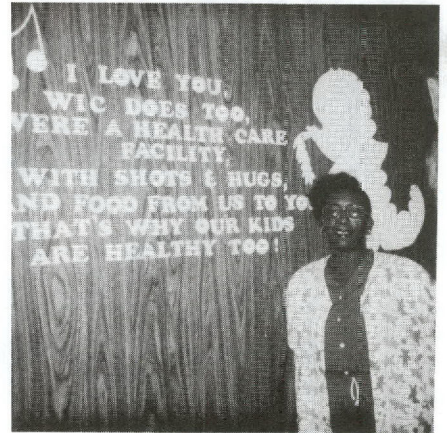
As flames appeared, she knew she had to do something to put the fire out. “Her only alternative to saving her Lincoln was to pull off her WIC T-shirt and smother the fire with it,” says Williams. “After doing so, she realized that the reason for the strange looks she was getting from passersby — and the reason for no help — was because all she had on was her bra!”

She says Ray’s car was saved but the T-shirt was ruined. Williams is happy that Ray and her kids are safe, and she’s grateful for something else, too. “Thanks to WIC for providing proper fire-fighting equipment,” she quips.

Good deed by good workers

Williams also reports that five Project 61 employees in Jasper pulled together their dollars to help a pregnant WIC client attend Lamaze classes at a local hospital in Jasper. The staffers are Angela Lamon, Margaret Guin, April Mills, Gwen Canty and Betty Dubose.

“WIC does have a heart!” says Williams.



Emma Ray

Project 53 continued

“Rachel is one of the main resources here at WIC and the center,” says Quintanilla. “She is ready to lend a hand when needed, and she always has a smile. Rachel is a favorite among staff and participants.”

Project 53 recently welcomed two new employees. They are Etta Digges, L.V.N., immunization nurse, and Cheryl Drew-Kubacak, WIC nutritionist.

Project 64 Medina County Fair features nutrition rap

Hundreds of Medina County residents turned their heads and tapped their feet as the WIC float passed down the main street of Hondo on Sept. 17 during the annual county fair’s parade. They were hearing the *Food Pyramid Rap Song*, a catchy piece of music composed by state-agency nutritionist Ann Sullivan and performed on tape by a Florida rapper, Philosopher G.

Project 64 director Linda Fillinger reports that the song led many people to make comments to the WIC staff after the parade and to ask questions about healthy eating and WIC.

Healthy eating and the food-guide pyramid served as the theme of the WIC float, designed and built by Project 64 staffers. In addition to Fillinger, three staffers and their children rode on the float: Patricia Tapia with daughter Alyssa, Adelita Gutierrez with children Ryan and Veronica and Anna Vallejo with children Cecelia and Marcus Jr.



WIC staffers and their children parade through Hondo on a WIC float they had built.



Nutritionist Karen Sanders displays WIC foods.

Project 81

300 attend health fair in Lee County

A health fair featuring family-health awareness and immunizations was held July 28 in Lee County. Karen Sanders, nutritionist at the Giddings and

Caldwell WIC clinics, displayed WIC foods and showed videos to the 300 people who attended.

Health services were provided by 35 participating agencies and companies. Children enjoyed games, face-painting, a petting zoo, rides on a fire truck and getting fingerprinted. Healthy snacks donated by area businesses were served. A "fun walk" was sponsored by 32 companies that provided T-shirts.



Carol Daniels, TDH deputy commissioner for programs, third from right, is joined by Project 81 staffers at the Marble Falls opening. From left: Barbara Christian, immunization community-service aide; Mary Lou Marez, community-service aide; T.J. Sherry, nutritionist; Daniel; Jackie Cother, Project 81 program manager; and John Compton, L.V.N.

New Marble Falls facility serves as WIC site

Burnet County officials and community leaders banded together with the Texas Department of Health and the Texas Department of Human Services to create a facility in Marble Falls. The resulting building opened Aug. 9. It has a clinic that accommodates both TDH and TDHS services. Both agencies provided renovation funds, so the space will be lease-free for 10 years, reports Stacy Wood of Project 81. Burnet County provides maintenance, utilities and janitorial service.

Project 7

Dallas nurse creates breastfeeding room

By Jocelyn Racklyeft
Breastfeeding Promotion Specialist

When City of Dallas public health nurse Gwen Grace came to the Intensive Course in Breastfeeding a year and a half ago, she never realized how much it would influence her. Grace had always been pro-breastfeeding, she says, but had never really pushed it.

She says the breastfeeding workshop was thorough. Grace was so inspired that she went straight to work promoting breastfeeding as soon as she got back. Her usual work involves hearing and speech screenings, well-child checks and referrals for children from birth to age 5.

One way to promote breastfeeding is to provide a special room for it in public-health clinics. Grace and other nurses located a room to use in Dallas' Oak Cliff clinic, which also serves Project 7's WIC participants. Each nurse brought something to donate to the room. One even painted pictures to hang on the walls. They all worked together painting, cleaning and decorating until they had their breastfeeding room, which opened in May 1994.

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Project 7 continued

Clinic clients and WIC participants share the room. Any breastfeeding mom whose baby gets hungry can go right on in. Grace says that the clinic encourages moms to nurse anywhere they feel comfortable, but if they need some private space, they've got it.

Grace adds that everyone dealing with moms and babies should attend the Intensive Course in Breastfeeding. "Let's promote breastfeeding, let's commit to it, and let's get our staff trained," she says.

Jocelyn Racklyeft was trained as a breastfeeding peer counselor at Project 1 in October 1991 and continues to work one day a week at Mom's Place in Austin.

Photo by Jewell Stremier



WIC mom becomes clerk

Project 7 clerk LeAnna Dunson answers the phone at Dallas' Lancaster-Kiest clinic. Dunson started working for WIC two years ago, when her fourth child was just 6 weeks old. She became a breastfeeding peer counselor in August 1992 and within months had moved into a position as a clerk.

Transitions

Project 1: A new clinic opened Oct. 24 at St. Louis Catholic Church at 7601 Burnet Road in Austin. Its hours are 9 a.m. to 4:30 p.m. on the second and fourth Mondays of each month. Its mailing address is Austin Health and Human Services-Travis County Health Department, 327 Congress, Suite 500, Austin, Texas 78701. Its pager phone is (512) 389-6642.

Project 25: The Glen Park clinic at 3601 Pecos St. in Fort Worth opened Nov. 1. It will serve clients on some Fridays from 8 a.m. to 5 p.m. Its mailing address is Fort Worth Department of Public Health, 1800 University Drive, Fort Worth, Texas 76107. Its phone is (817) 531-6380.

Project 27: Three new WIC clinics opened Oct. 5 in Lubbock. The mailing address for all three is South Plains Community Action Association Inc., P.O. Box 610, Levelland, Texas 79336.

1. The hours for the Savoy clinic, at 2812B Fourth St., are 8 a.m. to 5 p.m. Monday through Friday and 8:30 a.m. to 12:30 p.m. on Saturday. Its phone is (806) 747-0178.

2. The Community Health Center of Lubbock is open from 10 a.m. to 7 p.m. on Mondays and from 8 a.m. to 5 p.m. Tuesdays through Fridays. It's at 1318 Broadway, and its phone is (806) 747-0104.

Transitions continued

3. Freedom Square is also open from 10 a.m. to 7 p.m. on Mondays and from 8 a.m. to 5 p.m. Tuesdays through Fridays. It's at 1301 50th, Space 7, and its phone is (806) 747-0006.

Project 38: The TAMS clinic opened Sept. 13 at 3109 Carver in Corpus Christi. Its mailing address is WIC Office, P.O. Box 9727, Corpus Christi, Texas 78416. The clinic's hours are 12:30 to 1:30 p.m. on the second Wednesday and third Thursday of each month. Its phone is (512) 855-0531.

Project 41: On Oct. 17, the Fredericksburg Road clinic opened at 3600 Fredericksburg Road in San Antonio. Its mailing address is WIC Administrative Office, 2322 Buena Vista, San Antonio, Texas 78207. Its hours are 7:45 a.m. to 4:30 p.m. Monday through Friday. Its phone is (210) 738-2407.

Project 76: The CHAMPS clinic opened Oct. 12 at 308 S. Richland in Fritch. Hours are 8:30 a.m. to 3:30 p.m. on the second Wednesday of each month. Its mailing address is Frannie Nuttall, WIC Director, 724 S. Polk, Suite 700, Amarillo, Texas 79101. Its phone is (806) 273-2094.

Project 81: Three new clinics, each offering *only* nutrition-education classes, have opened in Region 7. The mailing address for them is Region 7 WIC Program, 2408 S. 37th St., Temple, Texas 76504.

1. The Hico clinic opened March 1 at 100 N. Railroad in Hico. Its classes are taught from 10 a.m. to 3 p.m. on the second Tuesday of each month. Questions can be directed to (817) 386-3578.

2. The Flatonia clinic opened Aug. 1 at 113 W. South Main in Flatonia. Its classes are taught from 1:15 to 3 p.m. on the fourth Monday of each month. Questions can be directed to (409) 968-6391.

3. The Granite Shoals clinic opened Aug. 1 at Highway 1431 West in Granite Shoals. Its classes are taught from 9 a.m. to 3 p.m. on the fourth Tuesday of each month. Questions can be directed to (210) 693-8226.

Project 84: The Sealy clinic at 1000 Main St. in Sealy opened Oct. 5. Its hours are 9 a.m. to 4 p.m. Wednesdays. Its mailing address is Region 6 WIC Program, 10500 Forum Place, Suite 423, Houston, Texas 77036. Its phone is (409) 865-9717.

Project 87: The Kilgore clinic opened Nov. 4 at Laird Memorial Hospital in Kilgore. Its hours are from 9 a.m. to 3 p.m. on the first and third Friday of each month. Its mailing address is Kilgore Clinic, Attn: Leanne McDaniel, WIC Supervisor, 485 East Loop 281, Suite 4, Longview, Texas 75601. Its phone is (903) 663-2812.

Project 89: With 22 new sites in San Antonio, this local agency's growth continues to mushroom. The mailing address for all of the clinics below is Santa Rosa WIC, 519 W. Houston St., San Antonio, Texas 78207. Project 89 reports that the 22 clinics' days and hours of operation "vary."

1. The Wesley Community Center at 1406 Fitch opened Sept. 1. Its phone is (210) 924-5191.

2. The Brackenridge High School clinic opened Sept. 13 at 400 Eagleland Drive. Its phone is (210) 533-8144.

3. The Edison High School clinic opened Sept. 13 at 701 Santa Monica. Its phone is (210) 733-9147.

4. The Highland High School clinic opened Sept. 13 at 3118 Elgin. Its phone is (210) 334-0421.

5. The Jefferson High School clinic opened Sept. 13 at 723 Donaldson. Its phone is (210) 736-1981.

6. The Sam Houston High School clinic opened Sept. 13 at 4635 E. Houston. Its phone is (210) 661-4134.

7. The Sendero clinic opened Sept. 13 at 1002 W. Huisache. Its phone is (210) 704-4180.

Continued on page 14

Transitions continued

8. The CLTC-Bandera clinic opened Sept. 13 at 6632 Bandera Road. Its phone is (210) 533-8144.

9. The Burbank High School clinic opened Sept. 13 at 1002 Edwards St. Its phone is (210) 532-4241.

10. The Fox-Tech High School clinic opened Sept. 13 at 637 N. Main Ave. Its phone is (210) 226-5103.

11. The Lanier High School clinic opened Sept. 13 at 1514 W. Durango. Its phone is (210) 223-2926.

12. The AV-Palo Alto clinic opened Sept. 28 at 1725 Palo Alto Road. Its phone is (210) 923-3871.

13. The AV-Kindred clinic opened Sept. 29 at 7811 Kindred St. Its phone is (210) 924-4781.

14. The AV-Armstrong clinic opened Sept. 30 at 7138 Apple Valley. Its phone is (210) 623-1181.

15. The AV-Southside clinic opened Oct. 3 at 114 W. Vestal. Its phone is (210) 927-5375.

16. The Jose Cardenas Center opened Oct. 5 at 3300 Ruiz.

17. The Judson High School clinic opened Oct. 15 at 9142 FM 78.

18. The Robert E. Lee High School clinic opened Oct. 18 at 1400 Jackson Keller.

19. The Douglas MacArthur High School clinic opened Oct. 24 at 2923 Bitters.

20. The James Madison High School clinic opened Oct. 31 at 5005 Stahl Road.

21. The Theodore Roosevelt High School clinic opened Oct. 31 at 5110 Walzem. Its phone is (210) 653-3900.

22. The UTOTO clinic opened Nov. 1 at 503 St. James. Its phone is 9210) 212-9117.

WIC clinics start offering voter registration services Jan. 1

ON MAY 20, 1993, PRESIDENT Clinton signed the National Voter Registration Act (NVRA) into law. The NVRA requires states to provide voter registration services at designated agencies, including public assistance agencies. This includes, but is not limited to, WIC, Food Stamp, AFDC, and Medicaid offices. The law must be implemented by Jan. 1, 1995.

Many WIC staff may have heard the NVRA referred to as "Motor Voter." This term was coined due to the provision in the law which mandates states to provide a voter registration opportunity to all citizens when applying for or renewing a driver's license.

The objectives of the law are:

1. To establish procedures which will increase the number of eligible citizens who register to vote in elections for federal office.

2. To protect the integrity of the electoral process by ensuring that accurate and current voter registration rolls are maintained.

3. To enhance the participation of eligible citizens as voters in elections for federal office.

In January 1995, WIC staff began pursuing these objectives, as every WIC clinic has become a voter-registration site, and WIC clients will have an added opportunity to register to vote at the time they apply or reapply for services.

Local agency WIC staff are now required to:

- ✓ Appoint a person to act as liaison with each county voter registrar.
- ✓ Provide applicants who are at least 17 years and 10 months of age with the opportunity to register to vote.
- ✓ Assist applicants to register to vote, if assistance is needed.
- ✓ Provide a form for applicants to sign if they decline to register to vote.
- ✓ Keep all declination forms for 22 months.
- ✓ Mail all completed registration forms within 10 days to the voter registrar of the county in which the clinic is located.

WIC staff weretrained by the end of December. The training included an overview of the NVRA, instructions for the completion of the voter registration documents, an overview of the procedures to be used to ensure that the voter registration requirements are met at each application and recertification, and an overview of prohibited activity and client rights.

Those with questions on the implementation of the NVRA should call Valerie Wolfe at (512) 406-0777 at the state agency.

Send us your stories

News tips, articles and story ideas are always welcome at *Texas WIC News*. These can include success stories about your participants, news items on what your staff is accomplishing or tips about what works best at your clinics. Call John Koloen or Shelly Ogle at (512) 458-7444, or write to us at *Texas WIC News*, 1100 W. 49th St., Austin, Texas 78756.

Part I: Required referrals

Helping WIC applicants

EXTENDING A HELPING HAND IS WHAT WIC is all about. And part of this helpfulness is providing referrals to other resources that can benefit participants.

WIC clinic staff are required to refer applicants to five other programs. This means that all WIC applicants receive written information about the Food Stamps program, AFDC, Medicaid, EPSDT (Early and Periodic Screening, Diagnostic and Treatment Services) and the Child Support Enforcement program.

Additionally, any local agency that operates at maximum caseload, or has a waiting list, is required to refer potentially eligible applicants to other sources of food assistance, such as food banks, pantries, Food Stamps, etc.

Although not all WIC participants or applicants will be eligible or interested in these programs, many could benefit. Participation in these programs could enhance their quality of life and improve their future possibilities.

How a referral is done varies, depending on local-agency policies. At some clinics, the certification clerk will provide this information. At others, a certified professional authority (CPA) will provide the information. The important part is that the information be offered to all applicants and participants at the time of application or reapplication to WIC.

Local agencies have the option of distributing fact sheets and brochures produced by the state office, or they can create their own. However, locally produced fact sheets must include, at a minimum, the information provided by the fact sheet or brochure produced by the state agency. Local or toll-free telephone numbers should be included. Texas WIC

provides a referral guide that includes a statewide listing of government and nonprofit social-service agencies. They can be ordered from Diane Salem at (512) 458-7437, ext. 3426.

Here are brief descriptions of the five programs for which referrals are required:

Medicaid — This program helps participants pay for some medical services. A family's income and resources — such as a home, automobile and savings — are used as the basis to qualify. Pregnant women and children younger than age 1 can qualify with a higher income than other persons. Families do not receive money from Medicaid. Medicaid benefits include hospital insurance and doctors' services and help toward paying for prescriptions. To have Medicaid pay for a service, participants must use a doctor, clinic, hospital or pharmacy that accepts Medicaid payments.

Food Stamps — This program provides help with food to households that meet the income guidelines. Food stamps are coupons that are used like cash to buy food and garden seeds. They cannot be used to purchase tobacco, alcoholic beverages or non-food items. Most grocery stores accept food stamps. Like Medicaid, participants are qualified on the basis of income and available resources. Some resources, such as a home, personal belongings and life insurance policies, are not counted.

AFDC — Aid to Families with Dependent Children provides money directly to low-income families with dependent children younger than 18 who lack parental support. Lack of parental support means that one or both parents are dead, disabled, unemployed or continuously absent from the home. The

family does not have to be completely without money to receive help. The amount of income and resources a family has is used to determine eligibility.

EPSDT — This program provides preventive, primary health and dental services to Medicaid-eligible youth from birth to age 20. It pays for eye checkups, hearing tests, dental checkups and well-baby care. Depending on their age, children get regularly scheduled visits. Infants from birth to age 2 can have eight health checkups. Children ages 2 to 5 can get one medical checkup each year. Children ages 6 to 10 can have a medical checkup every two years. Older children ages 11 to 20 can receive a yearly medical checkup. Handouts and fliers are available from Oralia Clark, TDH EPSDT Program, 1100 W. 49th St., Austin, Texas 78756. Participants can call 1-800-252-8263 for more information.

Child Support Enforcement — This program helps people who take care of a child get payments from an absent parent who is not contributing to the child's support. The program also helps mothers prove the identity of a child's natural father. The parents need not have been married for the child to receive child support. The program helps people to locate parents and to be sure the legally required child support is paid.

In part 2, we'll look at recommended referrals and how to create a list of community resources.

Following a few rules can make low-literacy materials more effective

By John Koloen
Staff Writer

REACHING OUT TO LOW-LITERACY groups is not difficult. All it takes is a good idea of whom you are trying to reach. And a little thoughtfulness.

Persons who do not read well are often thought of as stupid. But this is not true. Never confuse ignorance with illiteracy. A person who can't read probably wishes she could read. And a person who doesn't read well probably wishes she was a better reader.

Producing low-literacy materials actually helps poor readers become better readers, because it gives them something to read. One of the hardest things for poor readers is finding materials that they can read. So, you can think of your low-literacy materials not only as providing information to poor readers but helping them become better readers.

Use large type

The type used for text in this newsletter is sized at 10½ points. There are 72 points to an inch, so 10½-point type is about one-seventh of an inch high. Poor readers need larger type, usually 12-point to 14-point. If your materials are aimed only at poor readers, use 14-point type. Use 12-point type if your materials are meant to be read by poor and good readers alike. Keep in mind that people who read well may not like to read materials written for low-literacy audiences.

You might be tempted to use even larger type than 14-point for text. This isn't a good idea because not enough words will fit on a line to make it readable. Very long lines of type — across a whole page for example — can

be difficult to read. Very short lines also can be difficult to read.

The typeface, or lettering, should be easy to read, with fully formed letters and serifs. "Serifs" are the little lines and squiggles that appear at the upper and lower edges of letters. One serif type that works well is called "Times." Avoid using "script," italics or typefaces that look like handwriting or calligraphy.

Using **boldface** can help emphasize key words. Avoid using underlining or *italics*. Underlining cuts off the lower portion of letters, which makes them less distinct. Italics is not recommended for poor readers.

Avoid using words and phrases that are displayed in ALL CAPITAL LETTERS. These can be difficult and confusing to read.

Line spacing — the space between the lines of type — should be spacious enough so that the lines of type do not touch.

The space between lines of
↑
type is called "line spacing."

Use short sentences

Use short sentences of 10 words or less. Many people believe that using long words should also be avoided. This isn't necessarily true. Words of three or more syllables can be used, but just make sure that you explain what they mean.

The fact is that the 500 most common words in the English language have more than 14,000 meanings. Often, the most important thing is the context in which the word appears.

reverse type

boldface

ALL
CAPITAL
LETTERS

If you are writing an article, keep it short: 300 words or less. Focus on a single idea or subject. It's okay to be repetitive to reinforce the idea.

Use concrete words, not abstractions. Don't use "nutrition" when you're really talking about "food." Use words that the reader would use.

When you're done writing your article, ask someone else to read it. Make sure it says what you intended. Also, check for spelling errors. Remember, materials for low-literacy audiences not only carry the WIC message but also can help improve reading skills among poor readers. Giving them misspelled words doesn't help them become better readers.

Use an active voice. Make your writing personal. Write directly to your audience. Write: "We can tell you more about WIC if you will call us at" instead of, "For more information, call"

Be careful with graphics

Graphics and photographs can enhance a message, but they can also become a distraction. Select a graphic or photo that reinforces what you say in the text. If the text is about mothers and children, use a graphic or photo depicting moms and kids. Avoid charts and tables. These can be difficult to read and even harder to interpret. Avoid using too many graphics, because they can confuse the reader.

sans-serif Serif

Use graphics and photos that are easy to understand. Avoid displaying them at unusual angles.

Use colors sparingly. Bright colors, while they draw attention, also tend to distract a reader. You're better off using muted colors.

Avoid the use of "screens," such as gray shaded areas, over text. The screens can make the type difficult to read.

If you use "reverse" type, use a sans-serif typeface, such as Helvetica. "Sans-serif" means "without serifs." Serifs don't show up well on reversed type such as white letters on a black background.

If you're using color paper, make sure it's a light color and offers contrast to the text. Goldenrod works well with black type. Pink can also work. Blue and green may not have enough contrast if you're using black text.

Avoid bilingual fliers (fliers that have English on one side and Spanish or another language on the other). This implies that the reader isn't important enough to have a flier written especially for her. Also, the reader may become suspicious about a language she doesn't understand, and may worry that a secret is being kept from her.

How to use headlines

Headlines should tell the reader about the article or flier. It should use only a few words and be large enough to

see from a distance. If your flier is meant for a bulletin board, make sure the headlines can be read clearly from six feet away.

Fliers used as handouts should use headlines that are twice the size of the text they go with. Use 28-point headlines over a story printed in 14-point type. Making headlines larger than twice the size of the text can make the text difficult to read at arms' length or closer.

Avoid using ALL CAPITAL LETTERS in large type sizes. These can

be difficult to read even for good readers.

Use a sans-serif type for headlines. You can achieve a pleasing contrast by using a serif type, such as Times, for the text, and a sans-serif type, such as Helvetica, for the headlines.

Producing materials for low-literacy audiences takes planning and sensitivity for the special needs of your readers. But the extra effort will be well worth it if it means that your audience gets the message.

Advanced breastfeeding course designed for health-care providers

By Laurie Coker
Breastfeeding Promotion Specialist

THE INTENSIVE COURSE IN Breastfeeding (ICB) has inspired a Phase II course for participants who have completed Phase I. Like ICB, Phase II is sponsored by the Bureau of Nutrition Services and Healthy Mothers, Healthy Babies. The course is designed for health-care providers who promote and support breastfeeding.

During five days of basic breastfeeding education, trainees get hands-on experience assembling breastfeeding equipment, preparing care plans from actual case studies and working in a clinical situation. Some of the skills taught include positioning and latch-on, infection control, self-examination of the breast and collecting breastfeeding data and health histories. Role-playing is used to teach empathetic listening and the finer points of helping new mothers overcome breastfeeding barriers.

Phase II participants develop care plans for breastfeeding mothers to

manage engorgement, unusual conditions, jaundice and slow weight gain in breastfed infants. They visit local hospitals and meet new mothers who, faced with the overwhelming miracle of birth and infant-feeding, usually have just one short day to receive instruction on positioning, latch-on, milk production, pumping and follow-up care.

The final phase of training includes reviewing drugs and lactation, implementing counseling skills and practicing the assembly and demonstration of breastfeeding pumps. Participants network to assist each other in supporting breastfeeding.

Phase II is taught by Mom's Place director Jeanne Fisher, La Leche League leader Terri Moser and lactation consultants Linda Zeccola and Barbara Wilson-Clay. If you are interested in Phase II training, see the WICalendar on page 19 or call Jeanne Fisher at (512) 719-3010.



By Rachel Jule
Nutrition Education Specialist

Heart-healthy cookbook for kids

The American Heart Association published a cookbook last year for children. The book is for children ages 8 to 12 to use in preparing foods in a healthy way, and offers information to parents about healthy eating for children.

There are more than 30 recipes in the cookbook illustrating many types of foods from soups to desserts, with special attention to microwavable snack foods and party foods. The recipes emphasize substitution and modification instead of outright elimination of children's favorites. Some recipes are designed for beginners, and all are simple enough for most children in the targeted age group. The book features full-color original art, easy-to-read instructions, skill-level designations and kids' favorite recipes.

The *American Heart Association Kids' Cookbook* also includes information on shopping, reading food labels,

substitution tables, menu planning, table setting, personal safety and kitchen rules on cleanup. Other sections include "Did You Know," which explains the ethnic background of foods such as pita bread, and "Cook's Note," which explains how to cut onions without getting teary-eyed, as well as other hints.

All of the recipes in this cookbook have been kid-tested and kid-approved. Children do not need special kitchen tools or gadgets to prepare these recipes. Measuring spoons and cups, knives and spatulas are a few of the kitchen tools kids will use.

The cookbook is available for \$15 at local bookstores or can be ordered direct from Times Books/Random House by calling 1-800-733-3000.

Nutrition library has wealth of materials

The Texas Nutrition Education and Training Library provides nutrition education materials and information to any person who wants to know more about nutrition. Library resources can be borrowed free of charge by any Texas resident.

The NET program targets children, parents, educators, and food-service personnel in schools, day-care centers or day homes participating in USDA's child-nutrition programs. Resources for nutrition and health-care professionals are also available.

Audiovisual resources include videocassette, 16mm films, slides, filmstrips and audiocassettes. Many materials are available in Spanish.

The NET Library is located in Austin at 1106 Clayton Lane, Suite 220 East. It's open to the public on weekdays from 8 a.m. to 5 p.m. Most NET Library patrons borrow their materials through the mail, using a special request form. Print and audiovisual catalogs listing all of the library's resources are available for free. NET staff can be reached at 1-800-982-3261 for more information.



Clinic for teens

PROJECT 22 IN WACO BEGAN SEVERAL new ideas for delivering nutrition education in 1994. The project started a Wednesday-night clinic just for teenagers, who love to be together, away from adults. The teen mothers have formed a cohesive group. They feel freer to share their ideas and ask questions when they're with peers. They are very vocal and eager to share information with each other. One favorite activity for them is doing nutrition crossword puzzles which have been developed for them. Posters in the clinic are also geared toward teens, who like the programs and extra attention designed to meet their needs.

Another idea from Project 22 gets clients more involved in class and provides useful information. In group classes, clients are regularly asked to name their favorite food or a food they had eaten during childhood. Many of the foods mentioned are ethnic or regional foods which may not be addressed in other settings. The class then discusses how to prepare the food in a healthier way. If the food is not easy to trim down in fats or calories, the class discusses how to include it in an overall healthy diet or meal pattern. Clients can get important information on how to continue to have foods they really like while eating for their long-term health.

If you want more information about these ideas or would like a copy of the crossword puzzles, contact Project 22 director Carolyn Scott, Ph.D., R.D., L.D., at (817) 750-5474.

Implementation Team

State entrusts more to local agencies

By Shelly Ogle
Staff Writer

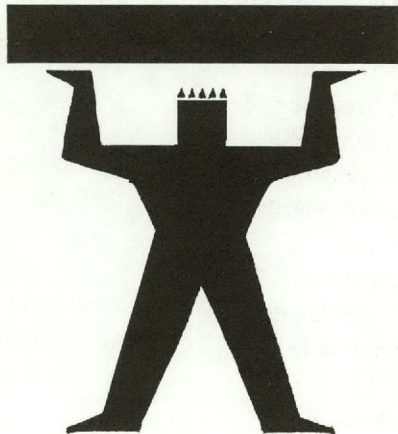
At its monthly meeting on Oct. 31, the I-Team discussed its work teams' proposals for improving Texas WIC, which were outlined in last month's *Texas WIC News*. The proposals were still under discussion by the TDH division directors who would choose the ones to implement.

Pretesting of the permanent data-collection system at eight pilot sites was discussed. To placate fears by some local-agency directors that this system — and social marketing in general — would be used by the state agency to pinpoint and punish certain projects, two points were stressed:

1. No data specific to any local agency has ever been distributed by Best Start to state-agency staff. All data in the social-marketing survey is a compilation of reports from local agencies.

2. The permanent data-collection system is simply a tool to assist local-agency directors manage their clinics.

New logos and slogans were discussed, as was work on training cashiers, testing of the community organizer's kit and the importance of improved internal communications and training in customer service.



February 1995

Feb. 4-7 — “WIC and Health-Care Reform: Emerging Issues,” hosted by the NAWD Training Institute, at the Hotel Washington in Washington, D.C. Call 1-800-424-9540 for reservations.

Feb. 6-9 — Seven Habits of Highly Effective People, San Antonio. No registration fee. Call Dawn Everett at (512) 406-0740 for information.

Feb. 13-16 — Certified Professional Authority training, Austin. Call Dawn Everett at (512) 406-0740 for information.

Feb. 13-17 — Intensive Course in Breastfeeding, Phase II, Austin. An in-depth week of training following up on concepts introduced in three-day Phase I session. For more information, contact Jeanne Fisher at (512) 719-3010.

Feb. 15-17 — Vendor training, San Antonio. Call (512) 406-0740.

Feb. 21-24 — New Local Agency Directors' Orientation, Austin. Call Dawn Everett at (512) 406-0740.

Feb. 22-25 — “Campaign to End Childhood Hunger: Building Strength through Diversity and Partnerships,” 1995 National Conference of the Food Research and Action Center, Hyatt Regency Washington on Capitol Hill. Registration \$400, hotel \$119 (hotel reservations: (202) 737-1234). Contact FRAC, 1875 Connecticut Ave. N.W., Suite 540, Washington, D.C. 20009.

March

March 6-9 — Seven Habits of Highly Effective People, Tyler. No registration fee. Call Dawn Everett at (512) 406-0740 for information.

March 6-10 — Intensive Course in Breastfeeding, Phase II, Austin. An in-depth week of training following up on concepts introduced in three-day Phase I session. For more information, contact Jeanne Fisher at (512) 719-3010.

March 9-11 — “Leave No Child Behind: Building and Strengthening Communities for Children,” annual national conference of the Children's Defense Fund, Washington State Convention and Trade Center, Seattle. On-site registration \$325 for non-profits, \$400 for businesses. Call CDF conference hotline at (202) 662-3684.

March 15-17 — Vendor training, Brownwood area. Call Dawn Everett at (512) 406-0740 for information.

March 18-21 — “Focus on Health in '95,” 70th annual convention of the Texas Public Health Association, Odessa. Call Terri S. Pali at (512) 451-1846 or fax her at (512) 451-8064 for further information.

March 27-30 — Certified Professional Authority training, Austin. Call Dawn Everett at (512) 406-0740 for information.

March 29-31 — Intensive Course in Breastfeeding, Phase I, Mother Frances Hospital, Tyler. Three-day course designed to prepare health providers to promote and support breastfeeding. Contact Missy Hammer at (512) 458-7440.

April

April 3-7 — Intensive Course in Breastfeeding, Phase II, Austin. An in-depth week of training following up on concepts introduced in three-day Phase I session. For more information, contact Jeanne Fisher at (512) 719-3010.

April 9-12 — “1995 Annual Conference: WIC — The Next Generation,” hosted by NAWD and the NAWD Training Institute. Omni Shoreham Hotel, Washington, D.C. Call (202) 234-0700 for reservations.

What's in it for me?

By Brian Senecal, M.B.A.

Program specialist, Clinic Management

HOW CAN YOU MOTIVATE PEOPLE'S BEHAVIOR SO THAT THEY PUT FORTH THEIR best effort? "Money" is an answer that quickly comes to mind. Money helps, but the key to understanding motivation is in how people think. "What's in it for me?" they ask. There is a price to pay in successfully motivating others. Think of it as P.R.I.C.E. — Pinpoint, Recording, Involvement, Consequences and Evaluations.

Pinpoint the behavior, not the outcome. In other words, look at the source of a problem, not at the symptom. Ask if the behavior is observable, specific, and quantifiable. If it is, then you have identified the root of the problem.

Next, pinpoint the objective so you can understand what behavior is desired.

Make sure that the objective meets the five criteria of being:

1. measurable,
2. realistic,
3. meaningful;
4. understandable and
5. "owned" (supported from the top down).

With these criteria in mind, you have taken the first, essential step in motivating people toward their achievement.

Recording is the next step that lets people know how they're doing, compared with the overall performance of the clinic. When presented objectively, records can show people that their performance does matter and can encourage improvement. Establishing a connection between individual effort and overall improved performance is a critical element of any motivational system.

Involvement captures the power of synergy. The trend in today's work environment is that attitudes toward authority are dramatically changing, unlike the definitions of authority. Work is no longer the center of people's lives. Workers expect to participate in decision-making. When clinic staff are involved, they exercise self-motivation.

Consequences are the rewards and punishments linked to desired behavior. Reinforcement of behavior can be positive, negative or neutral. Without positive reinforcement, performance will stay at just above the level where punishment would occur. When giving negative reinforcement, give a warning, make the punishment timely, make it appropriate and be consistent. Correct the behavior, not the person. Ideas for positive reinforcement include public praise, a parking spot, a letter of recognition, naming the employee "boss for the day" or "employee of the month," recognition from the regional director, a banner, an opportunity to address the staff meeting or a change in job title. When you dispense consequences, you dispense motivation.

Evaluations provide feedback so that people can continuously improve their performance. This fine-tuning technique checks for weak spots, areas of strain and places where the principles of motivation are not understood or are inappropriately applied. Feedback lets people know if they're on the right track, and it contributes to motivation.

You must make an effort to motivate people. You may ask, in a given situation, what price should be paid for motivation. The P.R.I.C.E. to motivate people has no limits because this method of payment provides a great return on investment.

Reference: Fran Tarkenton, *How to Motivate People*. New York, NY: Harper & Row, 1986.

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.....

Shots across Texas conference focuses on coalitions

By Sylvia Harris, R.N.
Special Initiative Coordinator

MEMBERS OF LOCAL immunization coalitions in Texas had the opportunity Oct. 24-25 to network with peers and to share successes of the past year's projects and programs. They gathered at the second Shots Across Texas Annual Conference and Expo in Austin, sponsored by the Shots Across Texas Immunization Coalition. Many success stories concerned special immunization clinics for preschool children in communities in every corner of Texas. In break-out sessions, the coalition members shared information on how to:

- increase awareness for childhood immunizations.
- reach and immunize preschool children in their community.
- reach and organize the volunteer resources in their community.
- form or shape their local immunization coalition.
- develop private-sector resources and support.

The following breakout sessions were offered:

· **Medical community:** This session addressed the roles and responsibilities in the initiative of public and private health-care providers. The Texas Vaccines for Children Program, the volunteer paramedic project in Region 7 and immuniza-

tion liability issues were addressed by a representative of the TDH General Counsel.

· **Computer applications:** The state immunization tracking system, the Integrated Client Encounter Services (ICES), Kids' Immunization Data System (KIDS), the clinic-level immunization tracking system and other automation issues of interest to coalitions were discussed.

· **Funding resources:** The many corporations and organizations that have been involved in funding the initiative were on hand to answer questions on how to become an effective fundraiser and how to write a successful grant application.

· **Volunteers:** This session addressed how to learn new ways to recruit, train and retain volunteers, the most important aspect of any community-outreach program.

· **Coalitions:** Many stories of successful coalition activities such as special immunization clinics and projects were shared, demonstrating the diversity of clients and communities served in Texas by the coalitions. Local coalitions in Laredo, Tarrant County and Lubbock were serving their communities in very different, but effective, ways.

· **Community outreach:** This session had many ideas on how to reach out to the community served by your

coalition. The VISTA volunteer effort, under the direction of Marge Tripp, was an important facet of the conference. These volunteers have been involved this past year in outreach efforts to promote immunizations, well-child services and WIC.

The commissioner of health, Dr. David Smith, gave an update on the success of the immunization initiative in the state as a whole. Vaccine doses administered in Texas for 1993-1994 is up from 25 percent to 31 percent. A total of five million vaccine doses were administered for the year 1993-1994. The measles-mumps-rubella immunization status in Houston is now at 70 percent compliancy. The commissioner pointed out a very compelling fact relative to the immunization initiative: Every year, 324,000 infants are born in Texas, and the effort of the immunization initiative begins all over again!

I would like to thank all of the WIC nurses and directors who have been involved in their local coalitions. I had the opportunity to attend sessions with many of you, and I applaud the effort that you — as peers, and as concerned citizens of Texas — have taken to ensure the health of our children.

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Many stories of successful coalition activities such as special immunization clinics and projects were shared, demonstrating the diversity of clients and communities served in Texas by the coalitions.

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Working Together

Negotiating win-win agreements

By Cathy Schechter
Marketing Specialist

IT HAS BEEN THREE MONTHS NOW, AND Caroline the clerk and Nancy the nutritionist are still locked in a nasty little dispute. Their supervisor, Sarah, has used her best communication skills to confront the issue head-on. She understands the root causes of the conflict, and she has spent the past month thinking about how to put this information to good use.

As you'll recall, after talking to everyone, Sarah discovered that what both Nancy and Caroline really want from each other is respect. You can't really make rules about something like respect, but you *can* put solutions in place that help generate respect.

Sarah is about to negotiate solutions with Caroline and Nancy. She has decided to introduce the notion of collaborating on some new rules for the clinic, and she wants them to do the talking. It's uncomfortable for Caroline and Nancy because they've avoided talking to each other for months, and they had never communicated very well in the first place. Still, there are some things they can do to collaborate successfully.

The negotiation process has five steps. After collaborating with the editor of this newsletter, I know that I only have space in this issue to write about the first one. Where should Nancy and Caroline start?

Opening with recognition and respect

Setting the tone with recognition and respect is the key to successful negotiation in collaboration. It allows you to seize opportunities for collaboration and to secure a commitment from the other

person to go forward with collaborative talk. Good timing may well win half the battle. In this case, an unusually slow day in the clinic over the holidays, when everyone is in a festive mood, may be just the opportunity to begin.

In opening the actual conversation,

No one should ever

assume anyone can read

their mind; it invariably

leads to worlds of mis-

communication.

we can set the tone both verbally and nonverbally. Verbally, Nancy and Caroline both may want to state their concern by saying something such as, "I would like to talk to you about solving our problem." Respect for the other can be communicated by Nancy's saying to Caroline, "Sarah tells me you think cross-training may be a good idea. I'd like to hear how you see that working."

Nice words, however, can be undone by negative nonverbal cues. Body posture, facial expressions and eye contact often say more than words about

our openness to new ideas or suggestions. Crossed arms, sour frowns and wandering eyes send unfriendly signals. Both women need to take a deep breath and face one another squarely.

One frequent mistake made by people in a conflict situation is assuming that others can read their minds. Caroline or Nancy may assume that, since Sarah had spoken with each of them, she may also have conveyed each's position to the other. In fact, Sarah had mentioned no specifics when she told Nancy that Caroline thought cross-training would be a good idea. So, when Caroline responds to Nancy's question, she should not assume that Nancy already understands Caroline's ideas about cross-training. *No one should ever assume anyone can read their mind; it invariably leads to worlds of miscommunication.*

Sometimes, people in conflict will open with their defenses *and* their hackles raised. They begin with an attack. Let's suppose that Caroline presents her idea of cross-training, and Nancy says, "That's a ridiculous idea!" The last thing Caroline should do is to answer with a counterattack, which could lead to a more personal attack or an escalation of the feud.

Rather than saying, "That's what I would expect to hear from you," Caroline may want to answer with a question: "How so?" By asking a question, she can gain more information about Nancy's position while giving herself a little extra time to think.

Once an opening with respect and recognition is made, Caroline and Nancy will move on to the next step in the negotiation.

Next: Defining the collaborative path.

The information presented here is derived from Chorda Conflict Management Systems Collaboration Training, taken by the author in the spring of 1994.

Customer-service resources are yours for the asking

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

"Where do I find customer-service resources?" This question is challenging WIC directors across the state who are trying to comply with Training Policy No. 3.0.

There are a number of resources around the state available for customer-service training. A partial list of possible sources of these training materials or information follows below. As we find more, we will pass them on to you.

TDH Audiovisual Library

The TDH Library is the same one from which many of your nutrition-education materials are shipped. They have several videos available on a range of topics related to customer service.

Several titles listed in their catalog include:

- *How to Deal with Difficult People*, Vol. 1 & 2, 1991, (order No. 4851),
- *Professional Telephone Skills*, Vol. 1 & 2, 1989, comes with facilitator guide (order No. 4825)
- *Telephone Courtesy Pays*, 1983 (order No. VP-13)
- *Managing Stress*, 1991 (order No. 5106)

Order ahead. In most cases, the library has only one copy of each, and the demand for them is great.

Customer-service seminars and workshops

Staffers at Texas WIC local agencies can attend a number of local, state and nationally sponsored customer-service workshops. In some city or county health departments, hospitals, etc., there are sometimes personnel responsible for staff development who may be able to offer a course on a number of topics related to

customer service. Many of your local telephone companies have someone on staff who will come out and talk to your staff about telephone skills.

Several national companies frequently offer courses around the state on a number of topics which may be of interest to WIC employees. These topics include general customer service, telephone skills, listening skills and dealing with difficult customers. You can reach these companies at any of the following 1-800 numbers. Ask for catalogs and schedules showing when they'll be in which cities offering which training.

Seminars International:

1-800-832-9337

CareerTrack Seminars:

1-800-423-3001

Skill Path Seminars:

1-800-873-7545

Fred Pryor Seminars:

1-800-255-6139

Your local agency's training coordinator or other designated person might be able to attend the seminar and

bring back the information for a staff in-service training. Sometimes the companies will have materials which can be purchased if no one on the staff is able to physically go to the training.

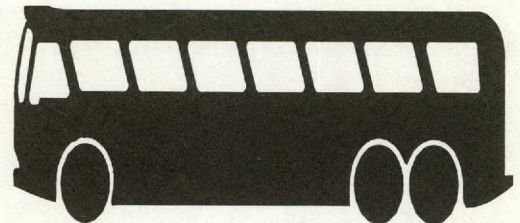
Training resources developed by the state agency

The Texas WIC training section can help provide ideas, resources and lesson plans for your local agency to conduct its own in-services or workshops.

In addition, given enough time, state-agency staff may be able to provide full-day or half-day workshops for local-agency staff. We need at least a month's notice, but we're willing to come to you if there are more than 10 persons on staff. If your staff has less than 10 people, we ask that you combine with another agency. If you have questions about this option, please call Victoria Cummings or Linda Brumble at (512) 406-0740.

Solving 'wheel' problems at WIC

Transportation can be a real problem for many WIC clients, and it's a problem that Texas WIC's projects are trying to solve. If you have a success story about how your staff was able to help solve a client's transportation problems, send it in to *Texas WIC News* at 1100 W. 49th St., Austin, Texas 78756.



TDH breastfeeding quarterly report

July 1994 - September 1994

Peer-counselor program

Active peer counselors in Texas WIC	300
Local agencies with peer-counselor programs	34
Texas hospitals using WIC peer counselors	20
Hospital-based peer-counselor programs modeled after the Texas WIC peer-counselor program	1

National breastfeeding MediaWatch

Letters sent by Texas WIC to the media	49
Positive sightings	31
Negative sightings	18

Mom's Place (a pump room at TDH)

Women using the room	5
----------------------------	---

Breastfeeding classes at TDH (for staff and relatives)

Classes per quarter	6
Total number of students	24
Total number of sites	2

Breastfeeding promotion and support certificates

Number awarded	146
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Materials developed and distributed

Stickers	5,000
Buttons	4,500
Mommy's Milk for Mommy's Baby video and lesson	450

Newly developed materials now available

- 11/94 — Revised crib card
- 12/94 — *Contraception and Sexuality*

During Breastfeeding Fact Sheet

- 12/94 — Revised *Breastfeeding: Baby's First Immunization* poster

Estimated completion dates for material in progress

- 2/95 — *Betsy's Shower*, a video and lesson on nutrition during lactation
- 6/95 — First group of posters for breastfeeding poster series, theme: African-American families

WIC staff trainings

"Mini" trainings have been held in Laredo, Huntsville and El Paso.

We can't believe we heard this

From Betsy Coats, communications coordinator with Information and Response Management (IRM):

A caller to the IRM line reported that her doctor had told her not to breastfeed her baby for more than 15 minutes per session. If she did, he said, the calories burned by the sucking motion would negate or exceed the calories taken in from the milk! Coats was able to give the caller accurate information about the importance of letting the baby nurse until it falls asleep or falls off of the breast. She also explained the value of the hind milk, the rich, high-calorie milk that comes at the end of the feeding.

Mom's Place — WIC Breastfeeding Resource Center

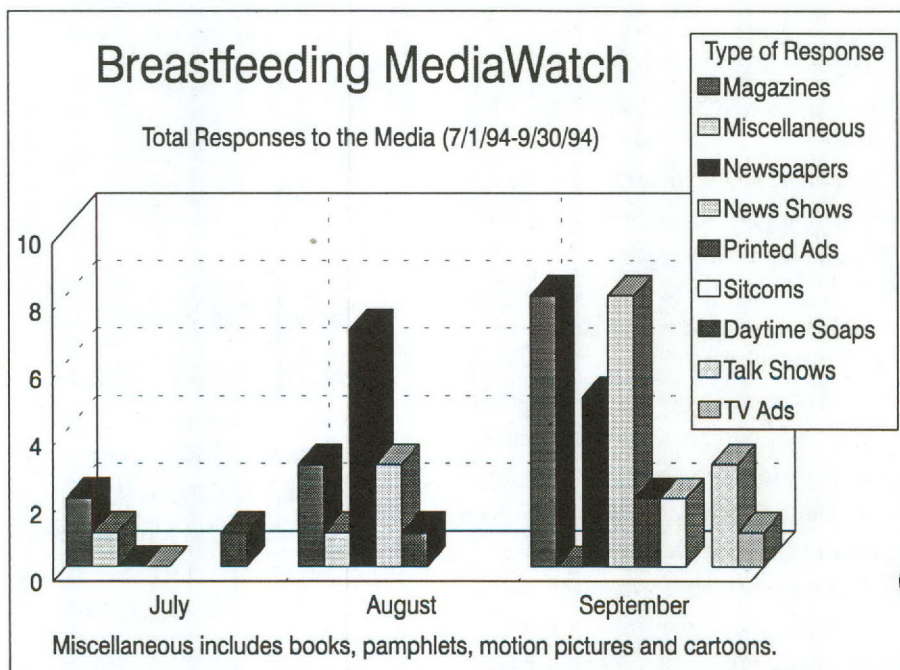
Monthly statistics — phone counseling

	July	Aug.	Sept.
WIC clients	10	21	17
Technical assistance (to WIC staff and La Leche League leaders across the state)	2	10	7
Follow-up calls made by peer counselors	66	52	38

Monthly statistics — appointments

Number of clients seen	19	25	27
Percent still breastfeeding after 1 month	74	68	74

Mom's Place is conducting an informal study to determine the role that follow-up phone calls play in the mother's decision to continue nursing. Results so far have shown that moms who are still breastfeeding at one month after the initial contact with Mom's Place received two to three follow-up phone calls from Mom's Place, while moms who stopped nursing by one month after initial contact had received just one follow-up phone call.



Children with ADHD respond to consequences

By Abby November, Ph.D., R.D., L.D.
Director of Policy and Research

The following article is a summary of a presentation on attention deficit hyperactivity disorder (ADHD) given in September 1994 by Leo Christie, Ph.D.

ADHD consists of developmental deficiencies in the regulation and maintenance of behavior by rules and consequences. There are three major components of attention deficit hyperactivity disorder in children and adults: Inattention, impulsivity and overactivity.

Primary symptoms

A number of symptoms appear in persons with ADHD. They will display some hyperactive, impulsive or inattentive symptoms that cause impairment *before* age 7.

Some impairment from symptoms will be present in two or more settings, such as school, home or work. Also, there must be clear evidence of clinically significant impairment in social, academic or occupational functioning.

The following is a list of the components of attention deficit disorder and their defining qualities:

Inattention — Does not seem to listen, fails to finish assigned tasks, is easily distracted, daydreams, requires frequent redirection.

Characteristics of ADHD

Here are some common characteristics of persons with ADHD:

- Often fidgets with hands or squirms in seat.
- Difficulty remaining seated.
- Is easily distracted by external stimuli.
- Has difficulty waiting turn or in line.
- Often blurts out answers.
- Often talks excessively.
- Often interrupts/intrudes on others.
- Often engages in physically dangerous activities.
- Often does not listen to what is being said.
- Has difficulty following through on instructions.

Educational rights of ADHD children

There are two federal laws which address the educational rights of ADHD children. They are:

1. Section 504 of the 1973 Rehabilitation Act
2. Public Law 94-142, Individuals with Disabilities Act (IDEA)

Problems associated with ADHD

- Academic achievement
- Health problems
- Learning disabilities
- Sleep problems

Misconceptions

The child's diet, especially additives, sugar, or milk, is *not* a cause of ADHD.

Psychostimulants

The clinical effectiveness of psychostimulant medications is high, with clinical improvement rates of 73 percent to 77 percent. However, these medications are generally *not* recommended for children younger than 4 years of age.

Impulsivity — Behavioral disinhibition, rushes into things, makes careless errors, takes risks, displays impatience, causes interruptions.

Hyperactivity — Restless, talks excessively, fidgets, always on the go.

Most behavioral problems with children occur when the parent is talking on the phone or getting dressed, or when there are visitors in the home. However, it is reported that these children behave their best when their father is at home.

The prevalence of childhood ADHD

varies with the differing methods of definition, population studies, geographic location and degree of agreement among parents, teachers and professionals.

Consensus estimates are that 3 percent to 5 percent of the population has ADHD. Boys are affected three times as often as girls.

Assessment

The assessment of ADHD is multilevel and consists of the following:

- Parental interview
- Child interview
- Medical interview
- Physical interview
- Laboratory tests
- Behavior rating scale
- Neuropsychological testing (checks frontal-lobe functioning).

Treatment

There are four components of treatment:

1. Parent training
2. Cognitive-behavioral training
3. Educational management
4. Medication therapy (psychostimulants).

Since ADHD are biologically based handicaps, ADHD children should not be blamed for not behaving normally. Unlike non-ADHD children who respond to principle-governed, goal-directed behavior, ADHD children respond best to immediate, consequence-driven behavior that features immediate feedback.

The general principles of behavioral management of ADHD children follow:

1. Rules and consequences must be brief, swift and overt.
2. Consequences are delivered swiftly and frequently.
3. Consequences must be intense.
4. Put "positives before negatives": Rewards must be established first and be powerful enough to counterbalance punishments.
5. Rewards must be changed or

Continued on page 26

ADHD continued

rotated frequently.

6. Anticipation of coming activities is the key to preparing ADHD kids for transitions.

Teaching techniques

Recommended teaching techniques for ADHD children include:

1. Use novelty to increase the interest level of tasks.
2. Vary the presentation format.
3. Assign brief tasks and give immediate feedback.
4. Allow frequent and active child participation.
5. Intersperse academic activity with physical exercise.
6. Schedule all subjects during morning hours.
7. Supplement verbal instruction with active practice.

Suggested readings

- Barkley, R.A. (1990) *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment*. New York: Guilford Press.
- Bellak, L. & Black, R.B. (1992) *Attention Deficit Hyperactivity Disorder in Adults. Clinical Therapy*, 14,2, 138-147.
- Goldstein, S. & Goldstein, M. (1992) *Managing Attention Disorders in Children*. New York: John Wiley & Sons.
- Weiss, L. (1992) *Attention Deficit Disorder in Adults*. Dallas, Texas: Taylor Publishing Co.

Policy Perspectives

Answers on age discrimination, residency proof, nursing foster children

By Valerie Wolfe, Supervisor
Information & Response
Management

Q: If a participant cannot sign her name on the food vouchers and instead chooses to make a mark such as an "X," do grocery-store staff or local-agency staff have to witness the signature?

A: No. The "X" is acceptable and the vouchers will be processed for payment in the same manner as all food vouchers.

Q: A foster mother who has a newborn premature infant in her care asks the local-agency breastfeeding coordinator for guidance on how to attempt to breastfeed the infant. The breastfeeding coordinator is concerned that if the infant is adopted soon and removed from foster care, it will need abrupt weaning, which may be harmful to the child. What should be done?

A: The Texas Department of Protective and Regulatory Services, which includes foster services and child-protective services, considers breastfeeding of a foster infant completely inappropriate. Any incidents that come to the attention of WIC staff should be reported to the Texas Department of Protective and Regulatory Services at 1-800-252-5400.

Confer with your local-agency director if such a situation occurs in your clinic.

Q: Can a woman who is breastfeeding someone else's infant be categorically eligible for WIC as a breastfeeding woman?

A: No. The definition of a breastfeeding woman in the federal regulations states, "Breastfeeding women means women up to one year postpartum who are breastfeeding their infants."

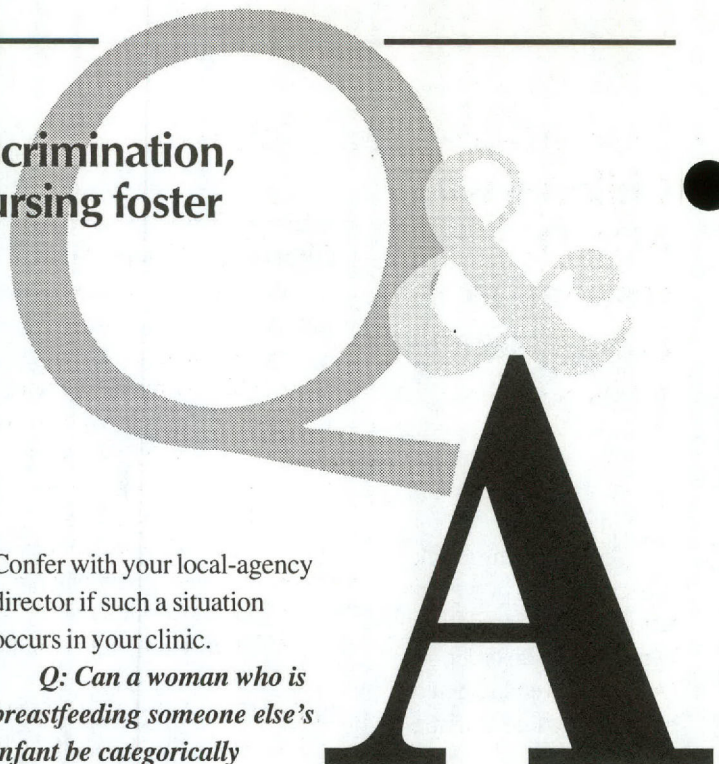
Q: Why is "age" one of the protected classes that is mentioned in the nondiscrimination statement since children are only eligible up to the age of 5?

A: In accordance with the Age Discrimination Act of 1975, no person in the United States can, on the basis of age, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any program or activity receiving federal financial assistance. However, the Act permits specific age distinctions if they are necessary for the normal operations of the program or the achievement of a statutory objective. The WIC program meets this

description. Therefore, WIC is allowed to limit categorical eligibility for children to only those younger than age 5.

Q: Can an applicant draw a map showing where their residence is if they forgot to bring proof of residency?

A: Depending on your local agency's policy in this area, the drawing of a map is allowed but *only* when there is no written proof. In this case, the client does have access to written proof but forgot to bring it. The client must be required to provide written proof. (Local agencies may have a local-agency policy which disallows the drawing of a map when, for example, the local agency is located on the U.S./Mexican border and has to be more strict about proof of residency.)



By Kimberly D. McCampbell
Health Education Assistant

How much fat in your diet?

Consumer Reports on Health.
Vol. 6, No. 9. September 1994

Dietitians have come up with five easy steps that will help lower the amount of fat in your diet.

1. Try not to use high-fat butter or margarines on vegetables and bread.
2. Decrease the amount of meat you eat. An example would be trying a meatless spaghetti sauce.
3. Change the way you prepare meat by choosing leaner cuts, trimming the fat, eating smaller meat portions and choosing to broil or bake instead of to fry.
4. Eat low-fat or nonfat foods.
5. Replace high-fat snacks and desserts with fresh fruits and vegetables.

Three simple steps to skinnier ground beef

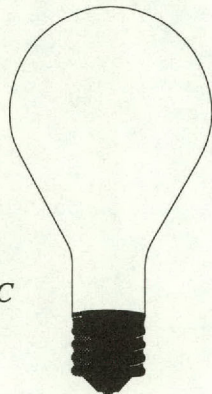
Environmental Nutrition. Vol. 17, No. 4. April 1994

If you are trying to avoid ground beef because of its fat, three simple steps can decrease the amount of fat. These steps are for recipes, such as chili or taco fillings, that use crumbled ground beef. Herbs and spices will add any flavor that is lost in this process. One tip to remember is to add ingredients, such as onion and garlic, *after* this process.

1. Brown the meat in the skillet.
2. Remove the meat from the skillet to the plate with paper towels using a slotted spoon. Blot the meat with the paper towels.
3. Place the meat in a strainer and rinse with hot (not boiling) water. Let the meat drain for five minutes and then continue with your recipe.

What do you think?

Share your thoughts and opinions with our readers. *Texas WIC News* welcomes your letters to the editor as well as letters you may have received from WIC participants. Send them in to John Koloen or Shelly Ogle at *Texas WIC News*, 1100 W. 49th St., Austin, Texas 78756.



... et cetera

Pacifiers recalled

In cooperation with the U.S. Consumer Product Safety Commission, Gerber Products Company has voluntarily recalled approximately 10 million NUK Orthodontic Pacifiers. The pacifiers were manufactured between July 1, 1993, and June 30, 1994. No other Gerber pacifiers or products were involved in this recall. NUK Orthodontic Pacifiers distributed by hospitals were not involved.

The pacifiers were recalled because they may separate into pieces. The pieces could present a choking hazard to young children. Although there have been no injuries reported, the company received 26 consumer reports of the pacifiers separating into their component parts.

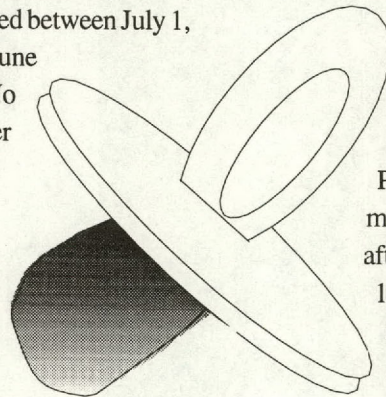
The pacifiers have the name "NUK" embossed on the mouth shield of each product. The packages in which the recalled pacifiers were sold read, in part, "Nipple made in Germany. Plastic parts molded and unit assembled in USA. Printed in USA. Distributed by Gerber Products Company" Date

codes on the back of the package range from "070193" to "063094." The pacifiers sold in retail stores nationwide. They were sold in single and multiple packs in a price range of \$1.29 to \$4.99.

Pacifiers involved in this recall have been removed from store shelves. NUK Orthodontic Pacifiers manufactured after June 30, 1994, were modified and are not affected by this recall.

These modified pacifiers are on store shelves. These can be identified by a date code of "070194" or later and by the word "NEW" on the front of the package. Any "NUK" pacifiers for which consumers do not have the packages in which the pacifiers were sold should be considered subject to this recall.

Consumers are urged to take the recalled pacifiers from children immediately and throw them away. Call Gerber Products Company toll-free at 1-800-443-7237 to receive a free replacement pacifier.



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