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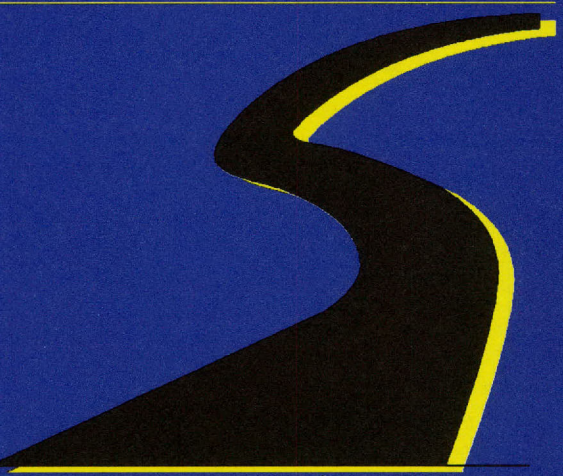
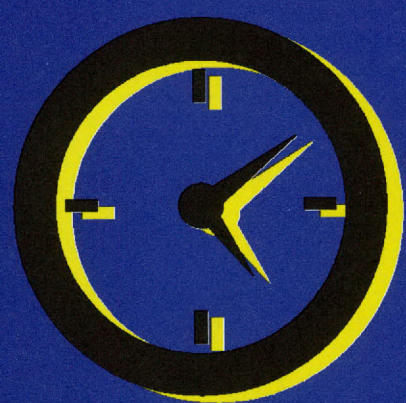
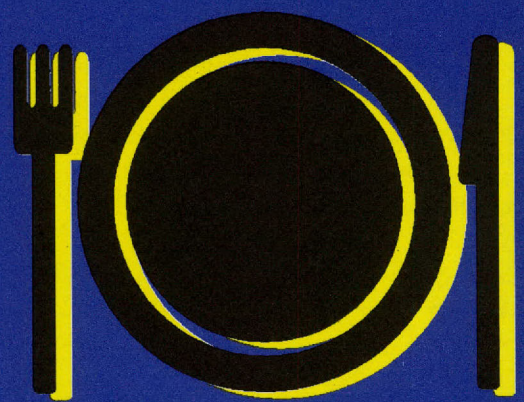
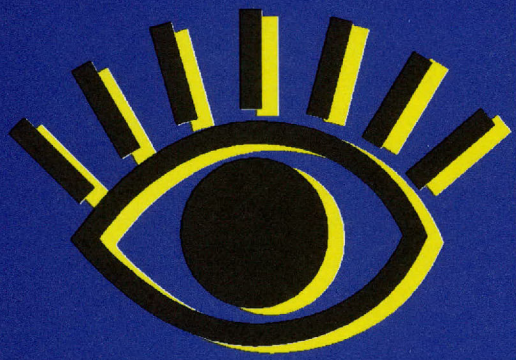
Texas

WIC NEWS

Special Supplemental Nutrition Program for Women, Infants & Children

March 1995
Volume 4, Number 3

Discover Nutrition



Anytime

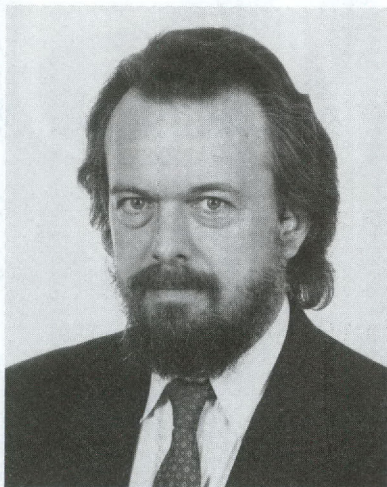
Anywhere

In
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issue
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Keeping
clients
interested

From the Chief

Media becoming more positive about breastfeeding

By Dennis H. Bach, Chief
Bureau of Nutrition
Services



ANYONE WHO HAS been involved with WIC in recent years knows that breastfeeding promotion has taken on an increasingly large role in our overall mission. As we have become more sophisticated in our efforts, many people have developed a high degree of expertise in the area. To discuss this issue with any credibility these days, we first need to establish our "credentials." I describe my own breastfeeding credentials this way: I have four healthy sons, each of whom was breastfed for 12 to 18 months. While I was not directly responsible, I did play a major supporting role. And I learned a lot, both about the joys and benefits to mother and infant, and about society's attitudes towards

breastfeeding.

In the area of breastfeeding promotion and support, WIC has an important responsibility to the population we directly serve. But I am convinced that the degree of success we have with our clients will be directly related to the change in breastfeeding rates in the general population. And

changing the incidence of breastfeeding in the general population will require much more than simply teaching new moms about the benefits of breastfeeding. It will require a major shift in society's attitudes. Breastfeeding an infant needs to become as acceptable, and commonplace, as giving a burger and fries to a teenager.

Our culture is influenced by mass media, and the media has a major role in shaping society's attitudes about breastfeeding. That is why Texas WIC sponsors the National MediaWatch. Volunteers from all over the country report to us on articles about breastfeeding or examples of breastfeeding in newspapers and magazines, on radio and television, and even on billboards. For those examples that are positive, we write the sponsors and commend

them. For those examples that are not a positive reflection on breastfeeding, or that provide inaccurate information, or that "innocently" portray bottlefeeding as the norm, we write the authors or sponsors and tactfully point out the error of their ways.

Is this activity effective? We think so. We have seen an increase in the overall number of media references to breastfeeding in the past few years, with the majority of these being positive. In 1993, we sent an average of two MediaWatch letters per month. In 1994, that number increased fivefold, to 10 per month. In 1993, magazines had twice as many positive as negative references; in 1994, there were four times as many positive ones. Newspapers had more negative than positive references in 1993. By 1994, that had reversed, and there were twice as many positive as negative references.

In the electronic media, both the number of references and the number of positive examples have increased. This has been true both for news and entertainment programs, from *Good Morning America* to *Murphy Brown* and *Roseanne*. There is some increase in the number of positive portrayals of breastfeeding in ads for baby or family products. Unfortunately, while there are more and more ads directly promoting the use of infant formula, there are no ads specifically promoting

breastfeeding. Maybe if some company can figure how to make a profit off of it. ...

Talk shows, especially call-in talk shows, have the most room for improvement. These shows tend to get a lot of their material from sensationalizing issues or making fun of things. It is easier to find a minor incident involving breastfeeding and blow it out of proportion, or to make fun of legislation guaranteeing a woman's right to breastfeed, than it is to educate their listeners about the benefits.

The National MediaWatch was mentioned in a couple of national magazines last summer, and the number of letters we receive increased significantly. We send a Media-Watch packet to anyone who requests one, so others can join in reminding the media who their audience is. Hopefully, by the time today's breastfed babies are old enough to write their own letters, they won't need to.

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Texas

WIC NEWS

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Cover: "Discover Nutrition" is the theme of National Nutrition Month.

Breast lumps need to be examined

By Shelly Ogle
Staff Writer

NURSING MOTHERS SOMETIMES find that their breasts can develop lumps. These lumps are often caused by clogged milk ducts. To alleviate them, the breastfeeding mother can apply a warm compress, massage the breast, and nurse more frequently on the affected side. She should rest often and drink plenty of fluids.

The lump is likely to get better, shrinking and becoming less tender. If it gets worse, it has probably become infected, a condition known as mastitis. The breastfeeding woman should contact her doctor right away.

Treatment for mastitis usually involves a 10-day to 14-day dose of antibiotics. The most important thing to remember about mastitis is to continue breastfeeding. Stopping can lead to more blockage in the milk ducts. Some mothers hesitate to see a doctor, fearing that they'll be ordered to stop nursing. But doctors can prescribe many types of antibiotics that are compatible with breastfeeding, so the baby remains unaffected.

Cancer

The lump that neither improves nor gets worse within a few days is the one to be most concerned about. Ignoring it can be a death sentence. Breast cancer can develop rapidly and needs to be diagnosed immediately by a doctor. A mammogram is usually called for. Radiologists may recommend that a nursing mom stop breastfeeding for a full month before an effective mammogram can be conducted because the breast tissue of a nursing mother is too dense for a mammogram to be read accurately.

If the lump is cancerous, treatment can include radiation, surgery, and chemotherapy. Breastfeeding will have to stop.

At WIC, we encourage our participant moms to breastfeed because it is undoubtedly the best nourishment for their babies. But we must recognize the potential danger in each breast lump and encourage WIC clients to visit their doctors to acquire the best information possible about their bodies. Breast cancer affects one out of nine women, so any lump should be a cause for concern. A lump that remains unchanged after several days of the plugged-duct treatments mentioned above is an excellent reason to visit the doctor.

A nursing mother with a breast lump should trust her instincts. She should not allow her concerns to be dismissed until she has received the treatment she needs. Tragic anecdotes abound. We have been told of a young WIC mother with breast cancer whose doctor avoided diagnosing and treating her because he believed she was simply too young to have cancer. We know of another nursing mother whose lactation consultant advised her to avoid medical intervention for her breast lump, and the result is that her advanced breast cancer had spread rapidly by the time it was finally diagnosed.

Good news

Various medical studies have found a favorable correlation between breastfeeding and cancer. Breastfeeding as a young woman reduces the risk for that woman to develop breast cancer later in life.

Anyone with questions about breastfeeding and breast cancer can call Mom's Place, a breastfeeding resource center in Austin, at (512) 719-3010.

Jocelyn Racklyeft, breastfeeding-promotion specialist, assisted in the research for this article.

more

Where to get information about breast cancer

Most of the numbers below are answered by staffers during regular business hours. Answering machines are available at other times to record callers' names and phone numbers.

Texas Cancer Center at Brackenridge 1-800-458-4990

Offers information on the disease process, teaches breast self-exams, has access to the National Cancer Institute's most recent information available to the public on new findings and treatments. (The National Cancer Institute has no 1-800 line.)

M.D. Anderson Cancer Center 1-800-4CANCER

Provides help with references and information on medical bills, pain therapy, indigent care, and other issues.

Texas Cancer Registry (Texas Department of Health)

1-800-252-8059

Offers statistical and demographic information about cancer in Texas.

Texas Cancer Response Center (American Cancer Society) 1-800-227-2345

Offers advice on detection and treatment, sends out free literature, and helps women with breast cancer through its Reach for Recovery program with treatments and prostheses.

Feeling good about WIC keeps clients from dropping out

By Mark Clardy
Staff Writer

PREVENTING DROPOUTS AMONG THE clients we serve is an ongoing effort. We cannot assume that a person will return simply because the classes and vouchers are available at no charge. If it is inconvenient for people to come in, they may drop out. If they are treated rudely at the clinic or at the grocery store, they may drop out. Making sure that people feel good about participating in WIC may not seem important, but *that* is what will keep them coming back. There are several ways you can make people feel good about WIC.

Advertise your hours

Some clinics may feel that extended hours are not needed, but it could be that clients are not aware of the extended hours and so do not take advantage of them. Make sure your hours are clearly posted, and advertise in the local paper or radio if possible. (The state office can help you with advertising materials.) A cost-effective way to advertise is to ask local grocers to put WIC posters in their stores. A poster may remind clients that they had missed their last appointment and may give them the incentive to call again.

An easy way to make people feel good about WIC is to make sure that they feel welcome in the clinic. Be sure to warmly greet everyone who comes in. Handing a toy or book to the kids can give mom a chance to get her things organized before her appointment.

Be positive

Parents often must swallow their pride when they come in to WIC. By

coming, they are admitting that they do not have the resources to take care of their child as well as they want to. You can help them keep their dignity by letting them know that they are doing something good for their family. They can be proud of the fact that they are doing the best thing for their children. Empathize with them when you must deal with touchy issues such as income.

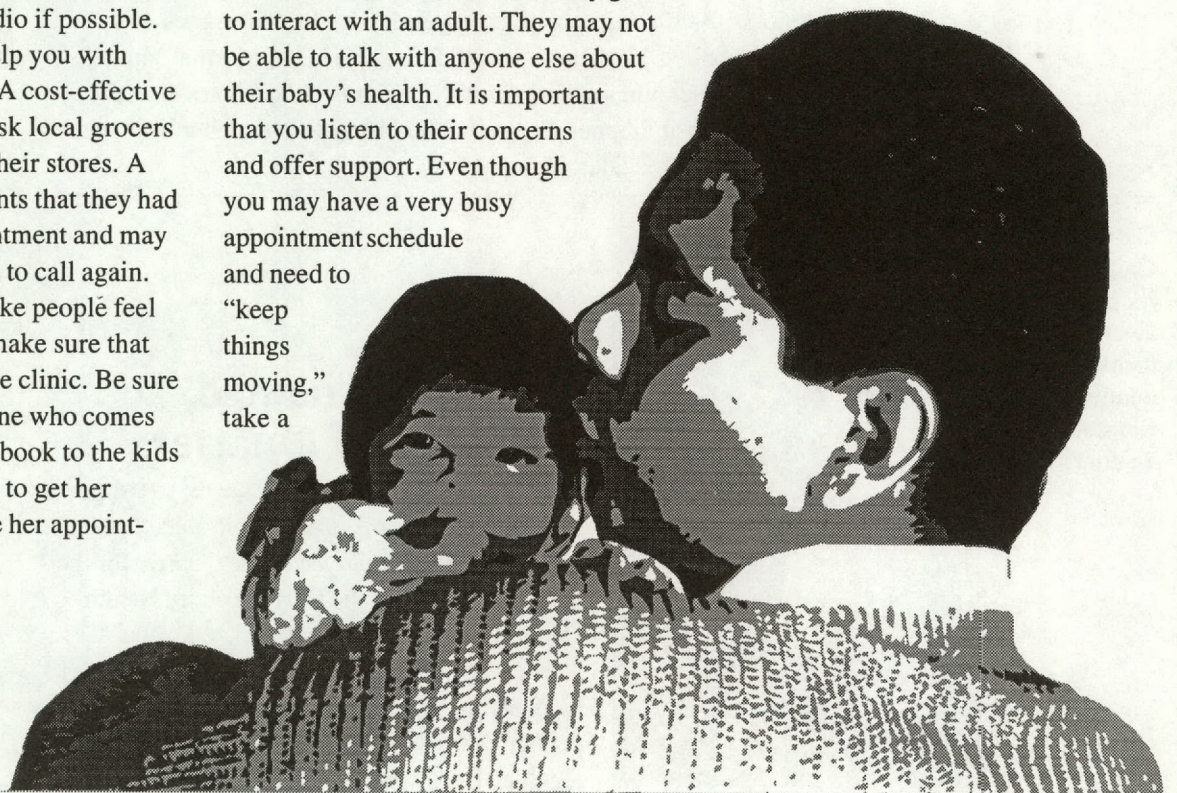
When you assess someone's child, the client may feel that you are judging her ability as a parent. Complimenting her on the growth of her child lets her know that you have confidence in her and makes her feel good about WIC. Phrases like "This baby looks good" and "You're doing a good job!" can create trust between you and the mom and build up her self-esteem.

Many mothers stay home with their children. Their visit to the clinic may be one of the few times when they get to interact with an adult. They may not be able to talk with anyone else about their baby's health. It is important that you listen to their concerns and offer support. Even though you may have a very busy appointment schedule and need to "keep things moving," take a

minute or so to ask how the mom is doing and to answer any questions she may have.

Some clients think they are not eligible for benefits if they cannot attend classes. Encourage them to attend, but make sure they know that attending classes is not mandatory.

Remember, WIC is here to help mothers and children, not to impose unnecessary rules and restrictions on them. By being positive and informative, we can all make WIC a program that no client would even want to drop out of.



Project 87

Halloween brings out wacky creativity

Seventy-five employees of WIC Project 87 gathered for a staff meeting on Oct 31. Several dressed in Halloween costumes, including Shannon O'Quin, breastfeeding promotion coordinator. O'Quin's outfit was somewhat unusual: She dressed up as a pregnant, breastfeeding mother, complete with a ready-to-nurse "infant" strapped into a harness she was wearing. She credits her costume choice to her enthusiasm for breastfeeding.

Center clinic shows Christmas spirit

Willie Mae Bush, the L.V.N. at Project 87's clinic in Center, brought the true spirit of Christmas to WIC this year. She created handmade Christmas stockings for each of the children she had immunized in December. And she did something thoughtful for the son of co-worker Christina Hudspeth, whose house had burned down. Because of the fire, Hudspeth's son was to have no Christmas tree, but Bush packed up the little tree in her office and gave it to the child for his very own.

In other news from the Center clinic, WIC technician Kerri Shofner continues to be creative in decorating the clinic's bulletin boards with catchy breastfeeding messages. Her November board told readers, "Have Thanksgiving at Mom's" and pictured a mother nursing her infant. Nutritionist Angie Vera is working on an internship at Stephen F. Austin University to obtain her license to become a Registered Dietitian.



Breastfeeding peer counselors surround a 'pregnant' Shannon O'Quin, center. From left: Jana Dunaway, Angela Spencer, Eva Martinez, Carol Diane Tedder, Dana Sullenbarger and baby, Kelly Donaghue, Kathy Franklin, Rebecca Loper, and Mary Bravo.

Gloria Gajere, left, receives her award from former winner Clementine Young.



Project 48

Nutritionist named Employee of Quarter

WIC nutritionist Gloria Gajere, site supervisor of Project 48's Antoine clinic since June, was named the Employee of the Quarter for the nutrition section of the Harris County Health Department. Gajere was nominated by co-workers as being an unselfish person who works hard, always goes the extra mile, and remains readily available to both staff and clients. She received her award on Dec. 2.

Project 74

Santa's sleigh makes the rounds in Brownwood

"The kids just love it," says Georgia Harris, director of Project 74 in Brownwood. "They just look at it and look at it and look at it." She's speaking about Santa's work sleighs, on display at the WIC clinic and loaded chock-full of WIC foods. The sleighs have been used in several outreach activities, including an exhibit Dec. 17 at the local Wal-Mart. "It's been a real attention-getter," says Harris.

The display was constructed by Johnny Sanders, the father of a special-needs WIC baby. A red-nosed reindeer is hitched to the first



Justin Lyle enjoys Santa's work sleigh and WIC sleigh.

its colorful load of WIC foods. Flashing lights, Christmas music, and a teddy bear holding two WIC balloons provide the final touches. "It's a friendly, great way to promote the WIC message," Harris says.

sleigh, where a polar-bear "Santa" sits, accompanied by tin soldiers, wrapped gifts, and a Christmas tree. Behind Santa is the second sleigh and

Project 7

Dallas project wins grant to pilot nutrition education in grocery stores

WIC staff at Project 7 in Dallas are excited about a new nutrition-education project they're working on. In October, they received a \$103,687 USDA grant, referred to as a "cooperative agreement award." They'll use these funds to provide nutrition-education tours of grocery stores. The population being targeted are parents of youngsters in USDA food-assistance programs such as WIC, Food Stamps, or the School Lunch program. The project's mission is to improve the eating habits and health of low-income people and to reduce diet-related diseases.

Hazel Catlett, nutrition-education coordinator at Project 7, says the new "point-of-purchase" project is still in the developmental phase. She will devote half of her time to being the project director. Focus groups have been conducted, and pilot tours are planned for the spring. The grant, one of 10 awarded nationally in a \$1 million package, has a chance to be funded for a second year.

Project 31
Getting her beans' worth

A young woman named Heather Brown, coming to WIC for the first time, paused at a nutritional display in the Copperas Cove clinic. She was looking at a gallon jar filled with layers of different beans: great northern beans, chimney beans, kidney beans, lentils, large lima beans, pinto beans, and black beans. Project 31 nutritionist Cathy Riggins reports that the clinic also displayed posters showing the benefits of beans, such as high fiber and high iron, and gave out recipes to participants. The bean display was exhibited in September and October.

Clients were encouraged to guess the number of beans in the jar (11,408). Brown put her estimating skills to work and came up with the closest number: 11,281. The result was a wonderful WIC welcome for her. WIC employees and the local Winn Dixie grocery store donated the prizes: two \$10 gift certificates, a book on mothering and another for children, a "sippee" cup, a three-piece storage container, baby wipes, and a musical toothbrush.

A photo of Brown appeared in the *Copperas Cove Leader Press*.



Project 31 participant Heather Brown wins an armful of prizes. (Photo courtesy of the Copperas Cove Leader Press)

Project 81
WIC joins Homecoming Parade

Residents of Marlin, a Central Texas community, were treated to small boxes of raisins tossed to them by WIC staffers participating in the town's annual Homecoming Parade on Oct. 28. The staff rode in a truck decorated with balloons, WIC banners, and colorful paper roses that they had made themselves.

From left, Project 81 staffers Beulah Branch, L.V.N., nutritionist Milissa Cantu, immunization community-service aide Annette McElroy, and community-service aide Felicia Allen enjoy a breather during Marlin's Homecoming Parade.





Photos of WIC kids decorate a Christmas tree at Project 43.

Project 43 Tree bedecked with babies

Immunization clerk Kiki DeLaRosa wanted a special way to decorate Project 43's clinic in Gonzales for the holidays.

She hung "snowflakes" from the ceiling, set up a miniature snowy train scene on a ledge, put up paper snowmen and candy canes, crowned filing cabinets with stuffed toys in holiday garb, and strung lights throughout the clinic.

DeLaRosa added a special touch by pasting photos of WIC babies onto angels lining the walls and onto red-capped elves hanging on a Christmas tree.

Project 19 Cable TV a useful outreach tool for rural projects

By Shelly Ogle
Staff Writer

At Project 19 in the Valley, director Ofelia Juarez has come up with a winning team: WIC and cable TV.

Juarez uses local cable TV to place free information about her WIC program. The information appears each day on a cable channel that shows public-service listings and announcements, such as news about school, church and community activities.

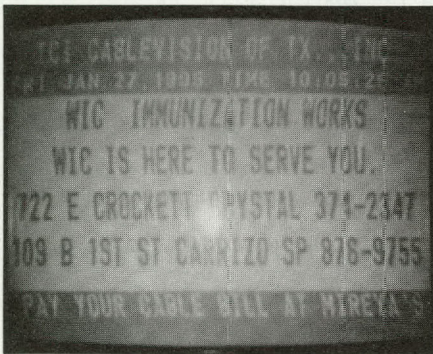
Juarez has been using the free cable ads for more than two years. They appear frequently, about once every five minutes. The messages are changed occasionally, depending on what news Juarez wants to share. The current message announces the availability of WIC immunizations. Other messages announce special WIC events or general WIC information on eligibility and benefits.

"It's important not to put too much at once into your message," she says. "Viewers only get about 30 seconds to read it, and you want to be sure they're able to finish it before it flashes off the screen."

The WIC messages can be seen by anyone in the area with a working television set. "If you're down here and you don't have cable or a satellite dish, then you just don't have TV," says Juarez. "Every channel on your screen just stays black."

Juarez encourages directors interested in running cable ads to call their local cable companies.

At Project 19, outreach means more than just cable TV ads. "I believe in trying everything," Juarez says. Last year, her staff conducted a door-to-door outreach campaign in poor neighborhoods. After Dennis Bach,



Continued on page 10

Continued from page 9

bureau chief of Texas WIC, announced that WIC's least-served eligibles are workers earning up to 185 percent of the poverty line, Juarez put articles in the local newspaper and sent outreach materials to 150 local employers. And her staffers regularly schedule times when they can tuck WIC pamphlets beneath the windshield wipers of cars parked at schools, bingo halls, grocery stores, and Wednesday-evening church services.

Juarez also believes in one-on-one outreach. She approaches pregnant women in stores, at church, and in the street, encouraging them to come to WIC. Juarez, who's worked for WIC for 20 years and has directed Project 19 for 12 years, is well-known and trusted in her community, and people flock into the area's WIC clinics. "In a rural area like this," she says, "everyone knows you."

Participation rates: Calculating the numbers

Project 19's active outreach has resulted in impressive participation rates. Across the state, on the average, 67 percent of potential eligibles are actually served by WIC. But at Project 19, the WIC participation rate is an astonishing 111 percent of eligibles.

This figure is based on a formula begun last year. A combination of figures from the U.S. Census Bureau and the TDH Bureau of Vital Statistics led the state agency to estimate in April 1994 that Project 19 has 4,112 potential eligibles. In November 1994, 4,562 (111 percent) actually received WIC services.

It can be assumed that the official estimate of 4,112 potential eligibles was inaccurate. It was based on data that excluded most migrants in the area. Such statistics inevitably skew participation data in local agencies serving counties with large migrant populations.

In fact, all of the other five local agencies with official participation rates of more than 100 percent are located in South Texas and serve large migrant populations: Project 4, 105 percent; Project 9, 116 percent; Project 24, 118 percent; Project 51, 107 percent; and Project 68, 111 percent.

Transitions

Project 30: A change occurred in July 1993 at the Port Arthur City Health Department. At that time, Ernestine Wade, R.N., was named as Project 30's WIC director. Wade also serves as the local health department's director of nursing services.

Project 39: The Lindale Clinic opened Oct. 13 at 114 E. Hubbard in Lindale. Its mailing address is the Smith County Public Health District, 601 E. Valentine St., Tyler, Texas 75702. Its phone number is (903) 592-7635. The clinic's hours are 9 a.m. to noon on the second and fourth Thursday of each month.

Project 87: The Tatum Clinic opened Dec. 27 at 200 Forest Acres in Tatum. Its mailing address is 481 W. Sabine, Carthage, Texas 75633, and its phone number is (903) 693-9322. The clinic's hours are 9 a.m. to 3:30 p.m. on the fourth Tuesday of each month.

new look

New logo shows WIC's new face

By Shelly Ogle
Staff Writer

AT TEXAS WIC, WE KNOW THAT WE ALL DO MORE than just provide food to women, infants, and children. Our informative nutritional education, breastfeeding encouragement, immunizations, and referrals to a multitude of other services all show WIC to be more than a food-distribution program.

We want Texas to know that we also provide health-education services. One part of showing this new face of WIC was to develop a new logo.

Thorough testing of several logos was conducted this past year across the state by staffers at Best Start, the social-marketing firm under contract with Texas WIC. The test logos were created by an ad agency in Tampa, Fla., that was experienced in social-marketing research.

Best Start interviewed 75 Texas WIC participants, 43 local-agency staffers, and eight state-agency staffers. The interviews were conducted in El Paso, San Angelo, Amarillo, Dumas, Dallas, Houston, Brownsville, Palestine, Austin, and Copperas Cove.

The winning choice was by far the overall favorite. It shows a burst-of-energy sun and the slogan, "Growing healthy families." Those being tested said that they liked the bright design, found the sun to be "warm and comfortable," and thought that the slogan really summed up what WIC is all about.

The logo is already being put to use. It's appearing on grocery sacks in Driscoll County and in the Dallas area. A 10-foot-long one is emblazoned on the sides of the new mobile clinic being used in Austin to serve homeless clients. And a statewide media campaign in April will show the new logo on billboards and in radio and TV ads.

Local agencies have already received black-and-white "master" veloxes of the new logo, along with a color copy. They're encouraged to use it as frequently and as widely as possible. Anyone with questions on how to put the new logo to use can have them answered by WIC designer Linda Erwin. She can be reached at (512) 458-7111, ext. 3465.



Better understanding makes for better communication

By Michelle Wang
Former Training Intern

Learning a foreign language is not easy, but living in a foreign country is even more difficult. Let's look at the experience of one of my Asian friends, Ling Chen, who came from China to the United States in 1986.

After arriving at the airport, Ling Chen needed to call an American couple to come pick her up. Though she could speak some English, she had never used an automatic public telephone before. China didn't yet have them. The instructions on the phone only added to Ling Chen's confusion.

With her limited English vocabulary, Ling Chen looked for help at the nearest information desk. "Excuse me," she said. "I came from China. I would like to make a phone call, but I don't know how to do —."

The woman behind the desk interrupted her. "There are instructions on the phone," she snapped impatiently.

"She didn't even let me finish my sentence," Ling Chen told me. "She just looked me up and down as if I came from another planet. I didn't quite understand her response."

The woman then did what most Americans do: repeat the misunderstood phrase word for word, but louder. "There are instructions on the phone," the woman bellowed to my friend.

Clearly, this was not real communication. The woman understood Ling Chen's question, but not her problem. She had no knowledge of Ling Chen's country and little willingness to try to understand Ling Chen's problem.

"I am not an idiot," Ling Chen told me sadly. "I am not deaf. I simply came from a country without such a toy. I needed a little more help."

Feeling frustrated, Ling Chen found another information desk and

asked again for help. This time, the response was more encouraging.

"The lady looked at me and my heavy baggage," Ling Chen told me. "She smiled and gestured me to follow her to a public phone where she demonstrated, step by step, how to make a phone call. She had a very friendly voice, and her eyes told me that she understood my situation."

Ling Chen faced frequent communication problems before her English improved. She always treats people whose English is not as good as hers with patience, respect, empathy, and understanding.

Ling Chen's story reminds me that we must try to understand people from different cultures. Otherwise, no communication occurs.

But we can communicate successfully when we try to understand. We can try various ways to help people from other cultures — whether it's verbal, gesture, pictures, or a combination. Understanding opens the door to communication, creates a warm atmosphere, and clears language obstacles. Better understanding leads to better communication.

Wang is a former intern in the WIC training section.

Dear WIC nutrition program,

I would like to thank your staff for such good work that they are doing. I would also like to say that your program has been a good thing to many people.

Your program has been a great option that I have chosen. Without your program, many people would be trying very hard to make ends meet. When I have an appointment for your program, I enjoy going because it is fun and I learn new things every time. The staff there is great. If you have any questions, they are always happy to answer them. This program has taught me a lot about my child.

Thank you for your time and effort. I really admire what you have done for all the people who could not make it without your help.

**Paula Marquez
Lancaster, Texas**

The above letter was originally sent to Project 7's Lancaster-Kiest clinic.

Nutrition counseling Listening bridges the gap between cultures

By Jerri Flatten, M.A., R.D., L.D.
Clinical Operations Monitor

COUNSELING PARTICIPANTS WHO are of a different culture than the counselor's can be an extremely challenging task. Cultural awareness is important because it plays a critical role in beliefs, attitudes, and behaviors. Nutrition counselors must create ways to educate our clients with respect for their beliefs.

The following true/false statements should assist each person who provides nutrition counseling or other types of counseling to bridge differences in cultures and to communicate more effectively. Remember, these are general comments about cultures. Individuals are unique. You may find individual clients who act in a way contrary to the general expectations of their culture.

Most people who share a common language belong to the same culture.

False. While a common language indicates a partially shared history, language alone is not a good predictor of culture. A person who speaks Spanish may have roots in the Philippines, Argentina, Puerto Rico, or Mexico. A person's race is not a good predictor of culture, either. For example, a person who is black may be Nigerian, Haitian, or African-American. Though they are of the same race, they may have very different backgrounds and beliefs. If the counselor is unsure of the ethnicity of a client, she could simply ask, "I can hear an accent in your voice. Where are you from?"

When faced with a language barrier in a cross-cultural setting, children should be asked to translate.

False. Children should not be asked to translate for several important reasons. One is that children rarely have an adequate vocabulary for medical terminology in order to accurately translate the information. Also, adults place their credibility in other adults, not children, so the message may not be perceived as important by the listener. A trained interpreter should be used. In fact, USDA requires that WIC local agencies be responsible for providing a translator. Additionally, problems can arise when children from immigrant families learn English in school and serve as translators for the family. This new role often displaces the parent as the one charged with responsibility for the family. It can cause parents to feel threatened and frustrated.

One prerequisite for competent cross-cultural counseling is an awareness of one's own beliefs and values.

True. Beliefs and values are a source of pride to all individuals. If we can identify with our own beliefs, then we can understand how others hold their own beliefs. For example, time is approached in a different manner among different cultures. In the United States, a scheduled appointment time is usually honored literally. In some cultures, scheduled meetings and appointments often take place whenever the entire group decides they are ready, not at the exact time that the meeting is scheduled. If a participant is late for a WIC class, try not to become flustered. Just state the rules and provide your perception of the problem

in a courteous manner. Allow the participant to make the decision to reschedule the appointment or to wait for a later class.

The most effective way to sharpen cross-cultural nutrition counseling skills is to learn more about the eating patterns of the culturally different.

False. While this information is useful, it will not teach you how to appreciate differences and guide your listener. The five most effective ways to sharpen cross-cultural counseling skills are to:

1. *Listen* - Listen to the person's perception of the problem. For example, some cultures have a "hot/cold" theory of disease in which some conditions that are "hot" require a "cold" food for treatment, and vice versa. The counselor must listen to the client's healing strategies and try to understand her view.
2. *Explain* - Explain your perception of the problem.
3. *Acknowledge* - Acknowledge the client's feelings and opinions.
4. *Recommend* - Recommend multiple culturally sensitive dietary changes and options. For instance, for the participant who believes that she is experiencing a "hot" condition, allow her to suggest a variety of "cold" foods that she might try. For example, during the postpartum period, a "cold" condition, fresh fruit may be more acceptable than fruit juice because it is considered "less cold." The counselor needs to be clear on instructions because the client may perceive something different based on her cultural background.
5. *Negotiate* - Of all the options, negotiate the one which would be the easiest for the client to try.

The most valuable skill in cross-cultural nutrition counseling is listening.

True. Listening intently requires a counselor's undivided attention. The biggest mistake we make when we are listening is called *internal dialogue*. It describes how we think about what we're going to say, what we have to do later, etc., instead of listening to what another person is saying. An effective counselor will listen with the ears and the eyes and will shut out everything else.

During a cross-cultural counseling session, the client's non-verbal cues are a good indicator of how well the session is going.

False. Non-verbal cues may not tell you very much unless you know how different cultures assign unique meanings to different actions. For instance, in many Asian cultures, it is respectful to gaze down when another person is talking. If the counselor is unaware of this practice, she might ask, "I am noticing that you are looking down. Would you tell me what that means in your culture?" Another example is the concept of "personal space." In some cultures, if another person comes too close, he or she is invading one's personal space. To others, closeness may be preferred. A counselor can allow the client to establish the range of personal space by inviting the participant to sit wherever she likes.

It is usually harder for people to change food preferences, but easier to change food practices such as food-preparation methods, portion sizes, and frequency of consumption.

True. Food preferences are the hardest to change. Instead of changing

the foods they like to eat, it is easier to eat less or to bake instead of frying.

Counseling has been described as "getting acquainted." By the time you get to the subject matter, it is well received. We must strive for personalized interactions with people so as not to assume their beliefs. Belief systems must be respected, and we must create ways to bridge differences and to educate without offending our clients. In order to do this, each counselor must know her own cultural beliefs by developing her own, personal mission and value statement.

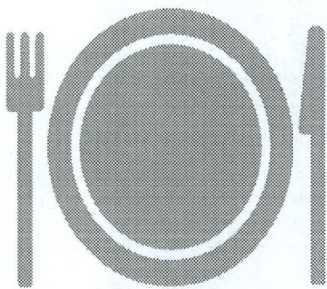
Other important ways to be a more effective counselor to clients of different cultures include bringing in people of various cultures, providing cross-cultural counseling training sessions and communications-skills training for staff, and using materials that reflect the cultural group (use appropriate photos and representations of that culture).

The information above is based in part on a presentation given by Marcia H. Magnus, Ph.D., associate professor of dietetics and nutrition, Florida International University, during the American Dietetic Association's 77th annual meeting, held in October 1994 in Orlando, Fla.

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Strengthen coalitions during National Nutrition Month

By Carmen Keltner
Staff Writer



“Discover Nutrition — Anytime, Anywhere!” That’s the theme that nutritionists around the

country will be promoting in March for the American Dietetic Association’s National Nutrition Month.

“By the time our nutritionists receive this newsletter, they should already have gotten a promotion kit from the state office to support them in celebrating National Nutrition

Month,” says Claire Heiser, M.S., R.D., L.D., wellness and chronic-disease-prevention nutritionist for the Bureau of Nutrition Services.

“We hope National Nutrition Month will provide an opportunity for dietitians from various sectors in each community to work together on a fun project,” Heiser says. “This is a great way to build a coalition if one doesn’t already exist.”

National Nutrition Month gives dietitians a chance to position themselves in their communities as nutrition experts, says Heiser.

If your area has a chapter of the American

Dietetic Association, be sure to coordinate your efforts with theirs, she advises.

Celebrating National Nutrition Month need not be a big effort for every WIC clinic or regional nutritionist. “It could just be a lesson plan taught during the month of March or a display at the local library,” Heiser says. If you live in an area with a college, enlisting the help of student dietitians is one way Heiser has found to get some enthusiastic help with promotions.

The promotional kits mailed out in January contain many ideas for promotions, big and small. “The idea was to offer a lot of possibilities, but each dietitian’s situation is different,” Heiser says. “We want people to use as much or as little of the kit as will work for them.”

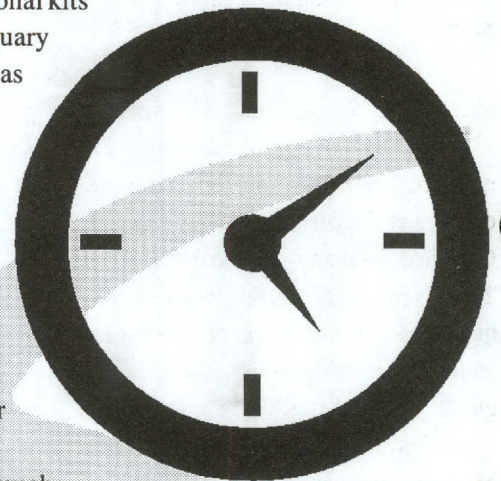
The kit contains:

- Ideas for promoting National Nutrition Month.
- Tips on working with the media.
- Sample press releases.
- A fact sheet about National Nutrition Month.
- A list of Registered Dietitians interested in promoting National Nutrition Month.
- Information on the video news release.

“We especially want

people to let us know how they decided to promote National Nutrition Month,” Heiser says. “We hope everyone who holds an event or activity will write in and let us know how it went. Also, if they get newspaper, radio, or television coverage, we’d like to hear about that, too.”

Heiser can be reached at (512) 458-7785.



● Use your video news release to promote National Nutrition Month

A video news release is mentioned in the promotional kit being received by local agencies for National Nutrition Month. Sent out after the kits, it is a videotape that should have been received in mid-March. Local agencies are strongly encouraged to then send it on to their area TV stations.

The video news release for National Nutrition Month consists of five “packaged” stories, each about 90 seconds long. Packaged stories are stories that can be used “as is” by TV stations.

The stories cover the following topics:

- Food labeling — Explains the new food label, using Texas foods as examples. Taping was done with representatives from Guiltless Gourmet and with Eddie Wilson, owner of Threadgill’s Frozen Foods. Includes “sound bites” from nutrition experts.
- Food Guide Pyramid — Describes how to use the food-guide pyramid as a guide for meal planning.
- Breastfeeding promotion — Explains the benefits of breastfeeding, anytime and anywhere.
- 5 A Day For Better Health — Focuses on how to increase consumption of fruits and vegetables. Includes tips and advice from cancer experts and nutritionists.
- Wrap-up story — Sums up all of the above topics, stressing overall good nutrition.

In addition to the packaged stories, the state agency will also provide additional relevant video footage, unedited interviews, other “expert” sound bites, and a list of local experts so TV stations could do their own “package” and localize the story.

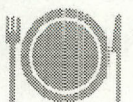


Staff photo by Jennifer VanGilder

Rich Tharp and Yolanda Baz Dresch edit video news releases for National Nutrition Month.



● Discover Nutrition





NUTRITION roundup

By Ann Sullivan, M.P.H., R.D.
Nutrition Education Specialist

Use fact sheets to prepare lessons

The TDH Bureau of Nutrition Services has produced 10 fact sheets on various nutrition topics. More are planned for the future, including several that focus on breastfeeding. These fact sheets are designed for staff, students, and others interested in keeping up with the latest nutrition issues and recommendations. Most of the fact sheets list additional references and can be used for staff training, developing lessons, etc. Printed copies on quality paper are now available from the state office. If you need copies of any of these fact sheets, contact Texas WIC's nutrition-education section at (512) 458-7437.

- No. 1 - *A Quick Consumer Guide to Safe Food Handling* (11/93)
- No. 2 - *Meat and Poultry Guidelines* (11/93)
- No. 3 - *Handling Eggs Safely at Home* (11/93)
- No. 4 - *Gluten Intolerance* (11/93)
- No. 5 - *Lactose Intolerance* (11/93)
- No. 6 - *Maternal Nutrition Gestational Weight Gain* (11/93)
- No. 7 - (revised) - *Infant Feeding: Low-Birth-Weight and Pre-term Infants* (4/94)
- No. 8 - *Postpartum Questions* (11/93)
- No. 9 - *Herbal Teas* (7/94)
- No. 10 - *Lead Poisoning* (To be available by summer 1995)
- No. 11 - *Iron Deficiency* (11/94)

New catalog has heart, plus more

The National Heart, Lung and Blood Institute (NHLBI) has just released its latest *NHLBI Educational Materials Catalog*. The catalog provides information on more than 140 publications, posters, and other educational materials designed for the lay public, as well as more technical resources for health professionals. Single copies of most materials are available for free (and that includes some wonderful posters from the National Cholesterol Education Program).

Bulk copies of 10 or more items require payment of a \$10 postage and handling fee. In addition to materials related to cardiovascular health, pulmonary disorders, and blood diseases, there is a section on minority programs, a calendar of national health observances, information on ordering two free newsletters (*HeartMemo* and *AsthmaMemo*), and a form for getting on NHLBI's mailing list.

All of the materials in the catalog are in the public domain. They are not copyrighted and may be adapted, photocopied, or otherwise reproduced without permission, but with appropriate citation of the source.

To get your copy of this valuable catalog (NIH publication No. 94-3085), write or call the NHLBI Information Center, P.O. Box 3015, Bethesda, MD 20824-0105, (301) 251-1222, FAX (301) 251-1223.

Celebrate diversity!

A wonderful guide entitled *Celebrating Diversity:*

Approaching Families

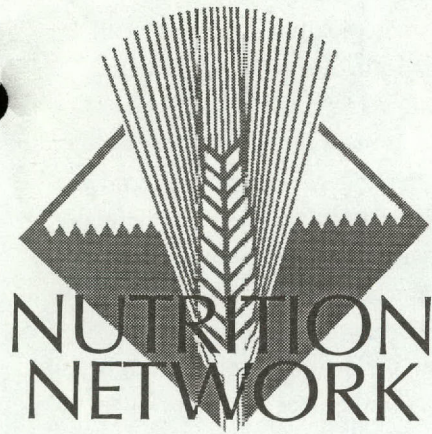
Through Their Food has been published by the National Center for Education in Maternal and Child Health. The book is full of practical tips and suggestions to help public-health educators communicate nutrition messages to people from a variety of cultural backgrounds.

The book includes specific ideas that have worked in WIC clinics, Head Start classes, and other public-health settings. Each WIC local agency should have received two copies of this resource, and additional copies are available by contacting:

Supplemental Food Program Division
Food and Consumer Service, USDA
3101 Park Center Drive, Room 540
Alexandria, VA 22302
(703) 305-2730

One example in the book describes a Head Start nutritionist who identified the need to teach parents the importance of sanitation and food safety. Deciding to teach by example, she invited parents to a special feast and asked them to bring in food representing their culture. As they brought the food in, she talked about the importance of keeping hot foods hot and cold foods cold, and she demonstrated how to do that. She also discussed germs and how to keep them from growing and spreading. She then showed them how to make sure their children's hands were clean before they sat down to eat. In the end, the families enjoyed a multi-cultural event, plus they learned the importance of food safety and sanitation.





By Rachel Jule
Nutrition Education Specialist

Notebook guides counselors

Project 32 in Bryan has developed an individual-counseling notebook that serves as an easy-to-use guide for WIC staff who counsel participants.

The information in the notebook was adapted from the state agency's training modules. It includes important points to cover for each section and is clearly labeled with dividers. Transparent pocket pages hold samples of pamphlets to use during different individual-counseling sessions. The purpose of the notebook is to provide a consistent message to the clients. It's also an excellent training tool for staff.

The notebook consists of the following sections:

- ❖ Breastfeeding
- ❖ Formula-feeding
- ❖ Baby-bottle tooth decay
- ❖ Introduction of solid foods
- ❖ Appropriate infant-feeding practices
- ❖ Inappropriate infant-feeding practices
- ❖ Weaning
- ❖ Parents with overweight infants

Create your own notebook based on the needs of your participants, and watch your individual-counseling sessions become more beneficial.

WIC clinics to pilot interactive videos

By Elaine Goodson, M.S., R.D., L.D.
and Donna Logan

SIX NEW INTERACTIVE VIDEOS ARE being introduced as a pilot program in three Texas WIC clinics in the first few months of 1995. These interactive videos were developed by the Texas Agricultural Extension Service and the Bureau of Nutrition Services. The videos use a hand-held device which allows clients to first select the video which they want to see, and then continue to make selections as to how to proceed throughout the video. The interactive videos can be shown on a regular TV, using a CD-I player about as large as a VCR. The six videos are *The Food Guide Pyramid*, *Stretching Food Resources*, *Food Safety and Preparation*, *Healthy Habits During Pregnancy*, *Feeding Infants and Children* and *The Kitchen Magician*.

Each video can be reused to learn new lessons. Because the interactive videos offer options to clients, going through a video for the second time can be a whole new learning experience, depending upon the options the client picks. Each of the six videos has several options which clients can select. Going through one option can take about 10 minutes. The interactive videos are available in both English and Spanish.

Field testing of the interactive videos with WIC clients received enthusiastic and often surprising results. One young mother said that the video she saw answered questions on infant feeding which she felt were too foolish to ask anyone. She was too embarrassed to tell the interviewer what her question had been, but she

was relieved to have an answer.

Another client with limited reading skills used the interactive video to practice reading. The videos have both the written text as well as a voice-over of what is printed. This enabled her to see and hear the written material at the same time. At the end of the lesson, the mother remembered the text of the videos almost word for word.

One of the six videos, *The Kitchen Magician*, is designed for preschoolers and their parents to do together. Some clients in the field testing wished that they had their children with them in the clinic to see the video. Other clients wanted to know how they could get copies of the video to take home to show to all of their children.

Features of the interactive videos that the clients liked were having control over what they learned and setting their own pace. The children also enjoyed interacting with new technology. With no instruction on how to run the machine, one clever 3-year-old watched and interacted with all of the adult and children's interactive videos.

The interactive videos will be piloted at three clinics in two local agencies: Project 20 in Plainview and Project 29 in Richmond. Three control sites include two in Project 27 in Levelland and one in Project 35 in Lewisville. The Extension Service will evaluate the videos' impact on WIC clients to see if the pilot should be expanded.

The videos will also be used independently of WIC in community centers which Texas A&M is helping to start in the Valley. The videos will be available for everyone to see at the state nutrition meeting.

Goodson is a nutritionist with WIC and Logan is an assistant with the Department of Animal Science, Texas Agricultural Extension Service.

Understanding Diversity

Taking a look at political correctness

By Valerie Wolfe
Supervisor,
Information & Response Management

HAVE ANY PEOPLE RECENTLY corrected you by explaining that something you just said wasn't "politically correct"? Did you wonder what they meant, or did you even take them seriously? Perhaps you listened to their explanation about why individuals with disabilities don't like to be called "handicapped." Or, perhaps you already knew that the word "handicapped" had originated long ago when many disabled people had no opportunities for work and were forced to beg, standing on the street corner, "cap in hand," which evolved over the years into "handicapped."

On the other hand, you've met people who dislike the word "disabled" since it sets up a comparison with the word "abled" and implies that abled people are normal while disabled people are not. Sometimes you just shake your head and conclude that this whole "political-correctness thing" is much too confusing!

The idea of political correctness and a tolerant society is actually fairly radical in nature if we stop to think about it. For generations, even centuries, different cultures and nations have fought battles and waged wars to defend and advance their religious, political or moral beliefs as being the correct way. These wars are still being waged across the planet, even if they include university students demanding a class on Black American Literature instead of the usual class on Great American Poets (with "great" translated to mean "white"). Far away in Smalltown, Texas, the battle may seem distant and irrelevant to us as we go about our work in WIC.

Each year, all WIC staff must attend civil-rights training. For years, this was the *only* repeat training mandated for all staff every year. Customer-service training was added recently because it goes hand in hand

No one can force
you to be tolerant,
but ask yourself
if you would rather
be judged on
your skin color or
your strength of
character.

with learning about providing equal treatment and service to all. Why is there such an emphasis on civil rights? Isn't it just another federal mandate that came out of the 1960s but isn't really a problem anymore in the 1990s?

It depends on whom you ask. The woman in the wheelchair who overheard you using the word "crippled" might disagree. And what about your Hispanic co-worker who notices you

stereotypically assuming that all Hispanic clients will want beans instead of peanut butter?

Both of these examples seem minor in the larger scheme of things. However, repeated doses of intolerance can fatally infect a program with complaints, no-shows, and apathy, just as certainly as lack of space, staff, or time can. Civil-rights training simply helps us to remember the basics — that we certify, educate and serve each client with the same degree of excellent quality service regardless of his or her race, gender, sex, age, national origin, color, or disability. That standard of service is part of the "WIC 101" curriculum.

If we signed up for "Tolerance 101," we'd learn that tolerance doesn't mean that we give up our own beliefs or principles. Such a course, if it existed, would help us remember what our social-marketing study revealed — both clients *and* staff desire and expect respect. Branching out even further, we can try to imagine what we might learn if we could study "The Beauty of Diversity 303," "Dangers of Stereotyping 501," "Paradigm Shifting 603" and "Standing up to Intolerance 902."

Many WIC staffers are young enough to have learned at an early age from Kermit the Frog of *Sesame Street* that "it's not easy being green." We used to believe it and completely empathize with Kermie. Strangely, some *Sesame Street* viewers then "grow up" and find it difficult to accept others who may be of a different color, religion, ethnicity, language, or physical appearance! Fortunately, most of us working in WIC do value diversity, tolerance, and respect.

As WIC expands and changes, both in the numbers of clients served and in the racial/ethnic makeup of our clients, the opportunities for staff to expand and grow both personally and professionally are enormous. WIC staff

across the state are meeting the needs of people from all walks of life and experience, and from many other countries, cultures, and races. This daily exposure to "Tolerance 101" is a valuable job experience that all employers will expect us to have in the coming years as Texas and the United States meet the challenges of an increasingly multi-cultured and multi-ethnic society.

No one can force you to be tolerant, but ask yourself if you would rather be judged on your skin color or your strength of character. If the answer is the latter, then you'll agree that tolerance is not just a philosophical ideal to be cultivated, but a professional attitude and necessary job skill that will serve us and our clients well.

Take our Daughters to Work Day

To help our daughters re-establish the self-esteem often lost during their formative years of adolescence, the Ms. Foundation is sponsoring its third annual Take Our Daughters to Work Day on Thursday, April 27. Worksites across the nation are encouraged to welcome their workers' daughters for the day. Anyone with questions about the event can call 1-800-676-7780.

TAKE OUR DAUGHTERS TO WORK

WICalendar

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

March 27-30 — Competent 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 8-12 — "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.

April 17-20 — Seven Habits of Highly Effective People, Houston. No registration fee. Call Dawn Everett at (512) 406-0740 for information.

April 19-21 — Vendor training, El Paso. Call Dawn Everett at (512) 406-0740 for information.

April 24-27 — Competent Professional Authority training, Austin. Call Dawn Everett at (512) 406-0740 for information.

May

May 8-12 — 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.

May 10-12 — Vendor training, North Texas. Call Dawn Everett at (512) 406-0740 for information.

May 12-15 — Seven Habits of Highly Effective People, Corpus Christi/Harlingen. No registration fee. Call Dawn Everett at (512) 406-0740 for information.

June

June 7-9 — Vendor training, North Texas. Call Dawn Everett at (512) 406-0740 for information.

June 11-14 — NAWD Training Institute will host a Vendor Management Conference, Red Lion Hotel, Austin. Registration fee: \$145. Call Mary Alice Winfree at (512) 406-0777.

By Kimberly D. McCampbell
Health Education Assistant

New meat-safety labels address contamination

Environmental Nutrition

Vol. 16, No. 10. October 1993.

In 1993, the meat supply in Washington state was contaminated with a harmful bacteria called *E. coli*. Because of such outbreaks, the USDA now puts safety labels on meat packaging.

These labels advise consumers to follow the four steps below:

1. Keep all meat refrigerated or frozen. Thaw the meat in the refrigerator or the microwave.
2. Keep raw meat separate from other foods. Wash kitchen surfaces, utensils and hands after touching raw meat.
3. Cook all meat thoroughly.
4. Refrigerate all leftovers within two hours of cooking.

These instructions are expected to reduce the chance of *E. coli* breakouts.

Making smart breakfast choices

Environmental Nutrition

Vol. 17, No. 4. April 1994.

For breakfast, many Americans eat pastries such as Kellogg's Pop-Tarts or Pillsbury's Toaster Strudel. These products are often low in fiber and high in calories, fat, sugar, and sodium.

Health-conscious consumers should compare nutrition labels when choosing pastries. They may find that many of the frosted pastries are actually lower in fat than the plain ones.

Since most pastries are not very nutritious, a couple of slices of whole-wheat bread with jelly or jam would be a better breakfast. A glass of instant breakfast with skim milk or 1 percent milk is another smart breakfast choice. Also, a piece of fruit will provide fiber.

These breakfast examples are better than pastries because they offer fiber, vitamins, and minerals.

Implementation Team I-Team's work now in the home stretch

By Shelly Ogle
Staff Writer

The I-Team's December meeting was held Jan. 9 and was attended by Dennis Bach, Texas WIC bureau chief. A quick review of ongoing projects was conducted.

Kickoff scheduled for April

Best Start, the social-marketing firm contracted to help initiate Texas WIC's social-marketing campaign, has been granted an extension on the delivery of the community organizers' kits, the permanent data-collection system, and the training materials. All should be delivered to the state agency in March. The one exception is a component of the training materials: the script for the grocery cashiers' training video. This was delivered to the WIC video-production teams in January so a video can be produced by the April deadline.

Marsha Walker, WIC outreach and social-marketing coordinator, said the kickoff of the new social-marketing campaign will be in April. The goal is to build Texas WIC's client participation by 2 percent each month. This would enable the program to serve more than 700,000 participants each month by summer.

A report on the work team's assignments is still pending.

Progress report

Testing continues on ways for clients to fill out the surveys for the permanent data-collection system. Mail-in, call-in, and in-clinic surveys have been tried.

The community organizers' kits are being finalized. They will be distributed across the state as a tool for any local-agency director or staffer to use in informing her community about WIC. The kit will include a tabletop display board with colorful information on the front for the audience to see and a sort of "cheat sheet" of WIC information on the back for the presenter to see. It will also include a flipchart, overhead transparencies, how-to instructions on using the kit, a sample press release, a motivational poster for WIC staff, brochures to hand out, and a half-inch VHS video.

Work continues on training modules. Besides the cashier-training script mentioned above, training modules include one for WIC clerks who teach nutrition education and another one on customer service.

Testing is under way for the media campaign, which includes radio and television public-service announcements, as well as materials for billboards and transit-service ads, hospital-discharge packets, and posters and pamphlets targeted to specific groups. A revised plan for the media campaign is to make it as extensive as possible. It's expected that WIC will receive \$3 worth of air time from the Texas Broadcasters Association for each dollar spent.

Working Together

Part V — Clearing the path for collaboration

By Cathy Schechter
Marketing Specialist

REMEMBER THE WIC staffers Caroline, Nancy, and Sarah? We left them sitting in Sarah's office, frozen in a conversation about how to cure tensions that had started after Caroline and Nancy exchanged unpleasant words. Since then, Sarah, the supervisor, has heard all sides of the story and has used excellent communication skills to bring them together to talk. Now, she will attempt to get them to negotiate a win/win solution to their problems. By "win/win," she means that the solution will have something for everyone, even if it's not everything they want.

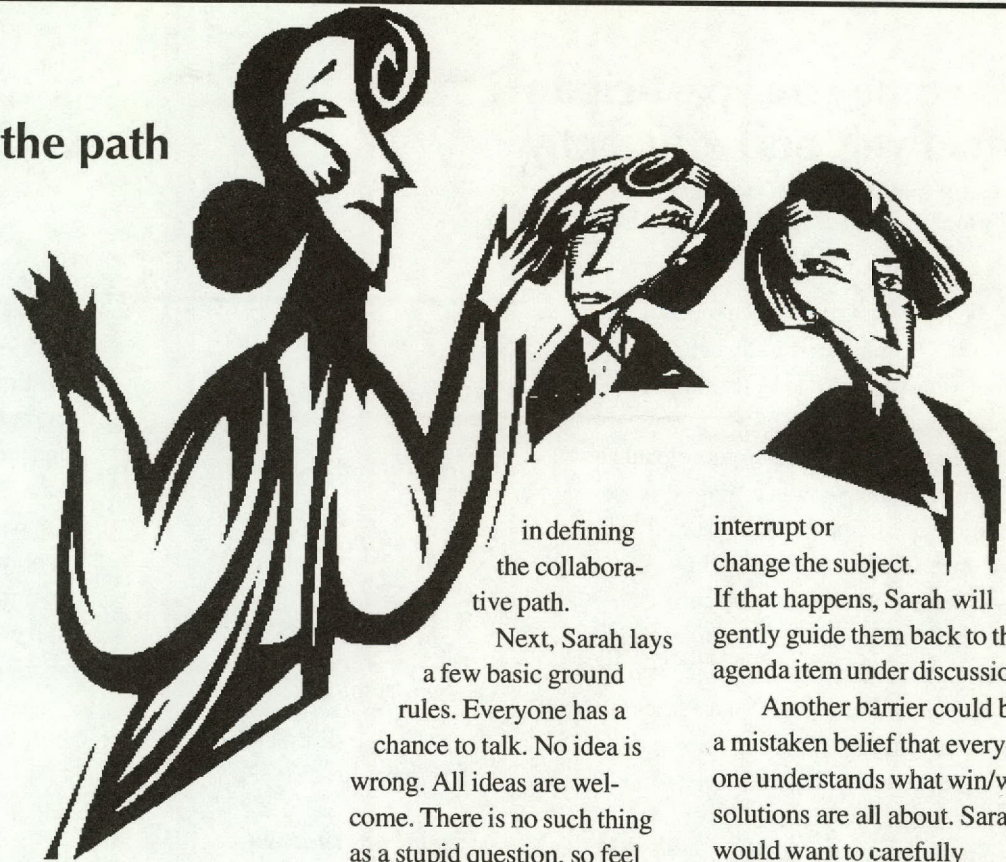
Now, sitting in Sarah's office, they have opened the conversation with respect. They may disagree with each other, but they've come far enough to know that they will never accomplish anything without a willingness to listen. They both show an openness to problem-solving with relaxed postures and candid tones of voice. Their next step in the negotiation is *defining the collaborative path*.

The collaborative path

Much like trailblazers in the woods, we must clear the collaborative path so that the parties have direction. When we have a definition of the

problem, an agenda for solving it, and a commitment to go forward, meetings are much more likely to be productive and to yield real results. Most importantly, ground rules must be laid from the very beginning, particularly in situations where conflict may arise.

Now that Nancy and Caroline have greeted one another, Sarah may say, "I would like to talk about the tension in the office in the past few months. What would either of you like to include in this discussion?" Nancy, a nutritionist, may say she wants to talk about doing an in-service for clerks. Caroline, a clerk, may say she wants to talk about office rules and procedures. Sarah adds their items for discussion to Sarah's agenda. By knowing that their ideas will be heard, they have taken the first step



in defining the collaborative path.

Next, Sarah lays a few basic ground rules. Everyone has a chance to talk. No idea is wrong. All ideas are welcome. There is no such thing as a stupid question, so feel free to ask! Also, speak one at a time and allow the other person to finish her thought. (This may seem like basic courtesy, but even courteous people need reminders from time to time, especially in stressful situations!)

Sarah leads the discussion by summing up the purpose: "As we discuss these issues with one another, please say what your interest is, and see if we can arrive at solutions that will work for all of us." Caroline and Nancy both agree, and so they begin to move forward.

Pitfalls

There are a few pitfalls in the process that Sarah will want to avoid. One is the temptation to talk about too many things at one time. Often, people who don't listen well, or who are anxious to discuss their agenda item, will

interrupt or change the subject.

If that happens, Sarah will gently guide them back to the agenda item under discussion.

Another barrier could be a mistaken belief that everyone understands what win/win solutions are all about. Sarah would want to carefully explain that everyone wins by expressing their interests and earnestly seeking solutions that will meet everyone's needs at least somewhat, even if they don't get everything they want.

Finally, talking about a problem is not the same as making a commitment to collaborative problem-solving. Have you ever been in a situation which has been talked to death, yet nothing changes? Define a collaborative path, and then *stay on it*, even if it's rough.

Next, we'll finally see how these co-workers solve their problem when they create a "one-text" solution to their problem.

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

Schedule your participants effectively and efficiently

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

Program Specialist, Clinic Management Section

A DYSFUNCTIONAL SCHEDULING system can usually cause participants to have a long waiting time. An efficient and effective system, however, evenly distributes participant appointments throughout a clinic session, minimizes participant wait time, and maximizes staff time. Patient-flow analysis (PFA) studies have clearly indicated that clinics that schedule many participants into a single block of time have longer waiting times than clinics that evenly distribute participants throughout the day. On a PFA appointment schedule, the distribution of appointments and the availability of staff will determine if a clinic's scheduling system is effective.

Large blocks of appointments put a strain on the clinic system. They cause an overcrowded, noisy waiting room and result in an uneven work distribution, which stresses clinic staff. When scheduling participants, the staffers need to ask, "Can we get to all of the participants at the time we have them scheduled, or will some of these participants have to wait?"

Some clinics justify scheduling large amounts of participants for their first appointment block because all clinic staff can pitch in to complete income screening. This may decrease the waiting time for the initial stop, but it creates a bottleneck later in the certification process when only some staff can complete the later steps, such as the assessment or counseling.

Arrival patterns

How should an appropriate participant arrival pattern be set? First, list all of the routine "stops" a participant passes through for a visit, and list the time that

To avoid too many large families in one appointment block, it is beneficial to document the number of family members that will be certified in the clinic's appointment book.

participants spend at each "stop." Include the amount of time that it takes to complete paperwork. So that this is not overestimated, be sure to look at the total time usually required. The "stop" that requires the most time will become the number to base appointments on. This is the number of participants you want to arrive per hour. For example, if your CPA takes 15 minutes to complete assessment and counseling and all other steps require less time, you will want to schedule four participants per hour. In setting this arrival pattern, you will want to consider the number of staff at each clinic "stop" as well as compensate for "no-shows" (see page 24 of the August 1994 *Texas WIC News*).

There are additional considerations

to make when scheduling family members. A common mistake is to multiply the time required for one participant by the number of family members to be seen, and then setting aside that amount of time. But that would be an over-estimate. To avoid too many large families in one appointment block, it is beneficial to document the number of family members that will be certified in the clinic's appointment book.

Fix the problem

Many times, rather than identifying and fixing the problem of too many participants scheduled into one block of time, we magnify the symptoms and make adjustments for these symptoms. Additional clinics are opened or new clinics are built with huge waiting areas, but the appointment system is never adjusted. Instead, we pack participants into the clinic, which raises the noise level, which leads to an increased stress level. Then, to counteract this stress problem, we must attend "stress" and "conflict management" workshops. This constant stress and fatigue can lead to staff burnout. We may not know of any other way to serve participants, or we may think that "that's the way we've always done it" carries greater weight than the possibilities of a smoother-flowing clinic.

There are no secret numbers to share as to the amounts of participants to schedule or blocks of time to allow, since each clinic is unique. The objective approach to finding out whether your scheduling system is working effectively and efficiently is to conduct a PFA survey. The methods described above can enhance a customer-friendly service while maintaining or improving the quality of WIC nutrition services.



Learning to analyze patient flow

PFA trainers Brian Senecal, rear, and Carol Filer, right, welcome their class of Phase I trainees in October. From left, the students are Brenda Green Law, L.V.N., from Project 5 in Corpus Christi; Gloria Wafer from the USDA Dallas office; Sharon Swize from Project 5 in Corpus Christi; Nancy Escalante from Project 56 in San Angelo; UTMB regional directors Sue Denosowicz from Beaumont, Charlotte Swift from Conroe and Carol Verheyden from Stafford; Ihsie Esquivel from Project 56 in San Angelo; and Deborah Escobar and Lydia Ortiz, L.V.N., from Project 38 in Corpus Christi. (Staff photo by John Koloen)



New PFA graduates

Bottom row, kneeling and sitting, from left: Mary Reed, University of Texas Medical Branch (UTMB); Carol Filer, state agency (trainer); Brenda Greenlaw, Project 5; Margaret Espinosa, Project 38. First row standing from left: Carol Verheyden and Rosemary Carter, UTMB; Gloria Wafer, USDA Regional Office; Charlotte Swift and Sue Denesowicz, UTMB; Sylvia Montano, Project 38; Mary Lou Vasquez, Project 5. Top row standing from left: David Kowis, UTMB; Brian Senecal, state agency (trainer); Charlesetta Lewis, UTMB; Jackie Abels, Project 5; Lydia Ortiz and Deborah Escobar, Project 38; Sharon Swize, Project 5. Not pictured are Nancy Escalante, Ihsie Esquivel, and Alma Rivera, Project 56; Hilary Belamy, Best Start Social Marketing. (Staff photo by Jennifer VanGilder)

breastfeeding abstract

The role of smell in babies' first feeding

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

H. Varendi, R.H. Porter, J. Winberg. "Does the newborn baby find the nipple by smell?" *The Lancet* 1994, 344: 989-990.

Anyone who has seen the film *Delivery Self-Attachment* is impressed with the ability with which a newborn can get itself onto the breast and initiate suckling. Several theories exist as to what leads the baby to the breast. One is that the linea negra that runs up the mother's abdomen and the darker areola color are both guides for the baby in seeking the breast. A new study, published in *The Lancet* in October 1994, considers the possibility that smell is involved in helping to guide the baby.

In the study, 30 infants were placed directly in the middle of the mothers' chest. All of the babies were born of mothers without analgesia. Investigators had washed one breast thoroughly with an odorless soap immediately after delivery and had left the other unwashed. In 22 of 30 cases, the babies selected the unwashed breast. The investigators conclude that the breast naturally secretes odors that are attractive to infants, and that some routine hospital protocols may actually work to inhibit early breastfeeding.

The study also pointed out several other interesting things. First, of the 30 infants, 25 spontaneously grasped a nipple and began to suckle, generally within about 51 minutes of birth. The range was 22 minutes to 100 minutes. Only five needed to be assisted onto the breast. Even in these cases, the babies had mouth contact with the nipple, but simply needed assistance in grasping it with the mouth. It is my feeling that this may indicate that newborns and their mothers often need less assistance, rather than more, in initiating the breastfeeding relationship.

In addition, the study refers to a previous study that showed that, even at 2 weeks of age, formula-fed babies showed preference to breast pads treated with the breastmilk of an unfamiliar mother over one treated with their own familiar infant formula.

Weight Management

Successful weight loss programs start with realistic goals

By Liz Bruns, R.D., L.D.
Nutrition Support Specialist

EVERYONE LAUGHED WHEN BILLY CRYSTAL WOULD SAY ON *Saturday Night Live*, "It's more important to look good than to feel good!" But in reality, it's no laughing matter. Our culture is extremely appearance-conscious, and we spend billions of dollars trying to achieve an ideal appearance.

Most people trying to lose weight have unrealistic expectations of weight loss. It's not very surprising when you consider the influences we have in our lives. Think about TV, movies, magazines, catalogs, etc., that display beautiful people having great lives free of problems. Think about women's magazines that show us unreachable images such as models with body fats of 10 percent to 15 percent, equivalent to those of elite long-distance runners. (A normal body fat for a healthy woman is 22 percent to 26 percent). And, it's not uncommon for women in the spotlight to develop eating disorders, such as anorexia nervosa and bulimia, in their attempts to lose or maintain their weight.

Special effects go a long way

Be aware when looking at photographs that the image you see may not be a true reflection. The media industries have the world's most skilled artists and producers working to sell an image. A makeup artist can cover up a multitude of sins. Producers, with all their tricks of the trade, know how to deceive the eye through camera angles, lenses, etc. And now, through computer-enhancement, legs can be lengthened, noses shortened, breasts enlarged, waists reduced and wrinkles faded. We must, however give credit where credit is due, and admit that some of these models are truly blessed with exceptional genes and wonderful luck.

Mom is usually the first role model for little girls, but sooner or later Mom is replaced by Barbie, a hard act to follow. In a 1989 article in *Self* magazine, writer Penny Ward Moser discussed her own weight and how the Barbie doll has influenced the beauty ideal. Moser stands 5 feet, 7 inches tall and weighs 124 pounds. This places her in the low-normal weight range on the height/weight charts. Figuring that the Barbie doll is one way that youngsters learn about the ideal body, she measured the doll and then measured herself. Using the hips as a constant, Moser did some calculations to

estimate how her own body would have to change to attain Barbie's distorted proportions. She found that her bust would need to grow 12 inches, her waist shrink 10 inches, and her height would need to measure 7 feet, 2 inches!

Kelly Brownell of Yale University suggests that there are two assumptions that obese or overweight people have about weight loss. The first is that the body is "infinitely malleable," and the second is that "vast rewards" are waiting for the person who achieves his/her weight loss goal.

No guarantee of perfection

Let's consider the first assumption. Americans spend \$30 billion annually on dieting aids such as weight-loss programs, diet foods, and diet books. The exercise/fitness industry also fishes our dollars in.

Gyms and health clubs are everywhere, and memberships can be quite expensive. You can buy home exercise equipment, shoes, and clothes for each and every type of activity you participate in, plus videotapes to flatten your tummy and harden your buns. But diet and exercise can only do so much. Since 1981, dollars spent for plastic surgery have doubled. The American Society of Plastic and Reconstructive Surgeons report that liposuction is their leading procedure, with 101,000 performed in 1988 compared to 55,900 in 1981.

The second assumption is probably the more important of the two.

What do people who want to lose weight expect after the weight loss? Do they expect to be physically fit? Or, do they expect to have "success, happiness; a fuller life, and positive relationships with the opposite sex"? Hmmmmm! Be aware that, depending on their basis in reality, dreams of a changed life after weight loss may not materialize.

When working with obese and overweight participants, think about their influences and assumptions. Ask about their thoughts and feelings. If they pull out a picture of Sharon Stone and say, "I want to look like her," you will need to counsel on realistic expectations.

Kelly Brownell. "Dieting and the Search for the Perfect Body: Where Physiology and Culture Collide." Behavior Therapy, Vol. 22, pp. 1-12, 1991.



Learning about TQM/CQI

Effort at improvement comes from top and bottom

By Jeannie Weaver

TDH Quality Coordinator

SOME PEOPLE SAY CQI (TQM) should be “top down” and others say it should be “bottom up.” What exactly does this mean? Which is correct?

Activities intended to alter a course of events or change a system or organization are referred to as *interventions*. Different types of interventions call for different types of implementation, depending on the organization and the degree of change being attempted.

“Top down” and “bottom up” are terms that refer to how an intervention is best driven throughout an organization. “Top down” describes efforts at change that are initiated and strongly supported by upper management. “Bottom up” refers to efforts initiated at the staff level that cause change to ripple upward. Because continuous quality improvement is such a complex intervention — requiring fundamental changes in both what we do and how we go about doing it — both top-down implementation strategies and bottom-up implementation strategies are necessary.

Top-down changes

At the Texas Department of Health, we initiated simultaneous top-down and bottom-up processes from the very start of our quality initiative. The TDH Learning Council is providing the top-down perspective at this time. This is a group consisting of 18 senior executives in the agency including Commissioner David Smith, M.D., both deputy commissioners, the associate commissioners, the quality coordinator, and representative regional directors, bureau chiefs, and division directors.

The Learning Council has met each month for well over a year now. Initially, its members called themselves the

Quality Council. However, after realizing how much they needed to learn about quality, they renamed themselves the Learning Council. Their first tasks involved reading current literature on quality and brainstorming about how these principles and practices could best be implemented at TDH. Their second step was to identify several key areas within the agency considered to be

*Both top-down
implementation
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necessary.*

critical leverage points. A leverage point is an area where the least amount of intervention brings about the greatest degree of improvement.

The council then formed process-improvement teams to look at these large, strategic issues. We have leverage teams working on partnerships and coalitions between private business and public agencies, customer-service issues, marketing and recruiting, and the

agency’s performance-evaluation process, among others. As we get further along in the implementation of quality, more and more managers and supervisors will be drawn into specific training and quality teams.

Bottom-up changes

At the same time the Learning Council was getting started, TDH also began training non-managerial staffers in the principles and practices of process improvement. As part of their training, participants were asked to look at their areas of responsibility and to identify processes that could be improved. In this way, those employees closest to the work being done were taking on the task of improving or in some cases actually re-designing the way work is done. These changes, no matter how small, directly and indirectly influence the entire agency. This is what is meant by bottom-up implementation.

All literature on quality stresses the critical importance of top-down involvement and support. Without it, the quality initiatives are doomed to retirement in the same closet as Management By Objectives, Situational Leadership, and other management strategies that experienced their day in the sun and then quietly faded away.

However, management can preach all it wants to, but without the energy, enthusiasm, and efforts of regular TDH staffers, nothing of significance would change. It is just one more example of how we are all in this together. Together, our individual efforts create a web of support for creating a new way of safeguarding public health.

Part II: Referrals

Optional referrals can make life better for your clients

By John Koloen
Staff Writer

THE JANUARY EDITION OF *TEXAS WIC News* listed the referrals that WIC is required to provide to new participants. This article outlines optional referrals.

Required referrals include Medicaid, Food Stamps, AFDC, EPSDT and child-support enforcement.

In many situations, optional referrals can be as important as the required referrals, depending on the needs of the participant. For example, a pregnant woman who uses drugs could greatly benefit if she is successfully referred to a drug-treatment program. This could benefit not only herself, but her baby.

Similarly, if a potential eligible visits your clinic and you suspect that she's the victim of family violence, you might refer her to a shelter in your community. If your clinic serves a migrant population, you may want to tell them the location of a nearby migrant health center. The reason to make referrals isn't simply to abide by regulations, it's to provide people who need help with an address or phone number of someone who can help them.

It's not possible to produce a listing of all the agencies that you might want to include on a recommended referral list. Texas is too large, and there isn't enough space in this newsletter. But creating a local referral list is highly recommended.

You can do this by looking through your local telephone directory under the listings for the federal, state, county, and local government. Also, check the Yellow Pages under social-service organizations. If you're in an urban area, the listings may number in the hundreds.

There's no way a local clinic can maintain a list of that length.

But, every day as you perform your job duties, you can see what people's most common problems are. Create a list that addresses the needs of the majority of the people you see.

Here are some optional referrals to consider:

DRUG TREATMENT — There are many agencies that offer treatment for substance abuse, ranging from Alcoholics Anonymous to community detoxification centers and local MHMR offices.

DOMESTIC VIOLENCE — If you suspect domestic violence, refer to a local battered-women's facility. The Texas Department of Human Services (DHS) abuse hotline is 1-800-252-5400.

EDUCATION — This includes literacy training for those who can't read, or other educational opportunities for those who didn't finish school. Most counties have a branch of the Texas Association for Family and Community Education. The organization focuses on family literacy.

PARENTING — Classes on parenting and referral to Head Start.

EMPLOYMENT — Texas Employment Commission and job-training opportunities through DHS.

HOUSING — Local shelters for homeless families; DHS Home Energy Assistance Program at 1-800-252-8060.

TRANSPORTATION — For medical appointments via Medicaid or other providers.

HEALTH SERVICES — Emergency Medical Services (EMS), dental services, childbirth-education classes, family-

planning services, Early Childhood Intervention (ECI), Children with Special Health Care Needs (formerly called the CIDC program) at 1-800-252-8023, Mental Health Mental Retardation services for children and adults, and family-counseling services whose services are free or based on a sliding scale.

FOOD BANKS — Emergency food pantries, food banks, and other food assistance.

MIGRANT WORKERS — Special services for migrants and seasonal workers such as migrant health centers.

CHILD CARE — Listing of all child-care resources, including centers and registered-family-home scholarships or DHS child-care payments. For DHS clients, the Self-Arranged Child Care Hotline (SACCH) at 1-800-252-8063 provides information regarding the status of SACCH reimbursements and eligibility information.

CLOTHING/HOUSEHOLD — List of second-hand stores and local thrift shops

Remember to include release forms with photos

Texas WIC must receive written permission from participants before we can print their name or photo in the *Texas WIC News*. Clients need to sign a simple photo-release form for themselves and their children. We can fax the form to you if you call Shelly Ogle or John Koloen at (512) 454-4307.

New WIC statistical group can fill requests for data

By Lisa Heino, M.S.
Health Program Specialist

The Bureau of Nutrition Services now includes a statistical group that accepts requests for data. The group, part of the Policy and Research Section, provides current, accurate data and analyses. It also conducts studies for both program evaluations and outcome evaluations.

The group welcomes requests for basic statistics or for more extensive research assignments. Basic statistical requests include inquiries on participation and certification data, as well as estimates of WIC potential eligibles. A research request can include program evaluation or survey design and analysis. The statistical group will meet as needed to discuss and prioritize current requests.

The statistical group currently has two main sources for its data. The most accurate — participation data from the state agency's Contracts and Financial Management Division — is, unfortunately, also the least detailed. It provides monthly data on the numbers of individuals served by WIC category and priority, the number of migrants served by category, and the total number of WIC-certified individuals.

The other data source is the Teradata computer files. Due to poor reporting and errors in the transfer of data, the database files are not as complete as they should be. A new computer system to be implemented in 1995 should be beneficial. Teradata files contain certification data such as racial/ethnic breakdowns and information relating to conditions of nutritional need. An advantage of these files is that unduplicated enrollment counts are possible for any time span because data is stored by the WIC ID number of certified individuals.

When making your data request, be as specific as possible. We will want to know what information is needed, the purpose of the project, how the requested information will be used, the due date, and your name, phone number, and fax number. We look forward to helping you with your requests.

The WIC statistical group has been busy producing its first semi-annual report. It will be distributed to each of the local agencies, as well as to state-agency staff. It contains participation data, potential eligible information, racial/ethnic breakdowns, graphs, trends, tables, and more. You won't want to miss it!

If you have any questions, call or write: WIC Statistical Group, Bureau of Nutrition Services, Texas Department of Health, 1100 W. 49th St., Austin, Texas 78756; (512) 406-0730; Fax: (512) 406-0703.

Immunization Initiative A time of transition

By Sylvia Harris, R.N.
Special Initiative Coordinator

SOMEONE ONCE TOLD ME THAT THE HARDEST THING in life is to accept change. I was a non-believer until I began my work at the Texas Department of Health. Change here is almost constant, and everyone survives by rising above it and accepting it. I have been made a believer, and now I, too, must accept change.

I am moving on to a new challenge in my career with TDH. I've accepted a position as a nursing consultant with the Bureau of Chronic Disease Prevention.

As I reflect back on the past 16 months, I find satisfaction with many aspects of the WIC immunization initiative. With the help of personnel in the WIC local agencies, Bureau of Nutrition Services, and the TDH Immunization Division, the initiative has moved forward with impressive growth.

We have succeeded in making a difference for under-immunized children in our state. Texas has made a profound statement by providing immunizations in a non-traditional health-care setting. Your work has not gone unappreciated or unacknowledged. The Centers for Disease Control and Prevention have applauded your accomplishments. Many states now use the Texas WIC Special Initiative as a model to launch their own immunization initiatives.

Jackie McDonald, R.D., L.D., R.N., director of the Division of Nutrition, Education, Outreach, and Training, will serve as the interim initiative coordinator. Public-health specialists Camila Pinson and Jack Sims at the TDH Immunization Division's 1-800-252-9152 phone line are available to assist you with immunization and WIC immunization policy questions.

As I close this chapter in my personal nursing career, I look back and smile at all of the times when people looked at me and said, "Immunizations in WIC will never succeed." Oh, how wrong they were.

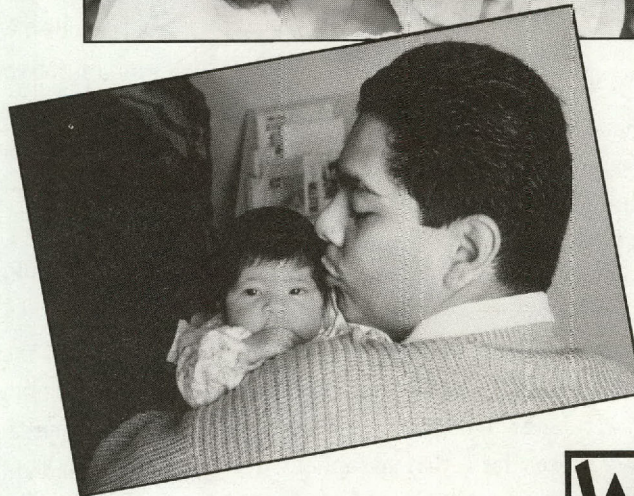


*measure
of
success*

is found in the stories
of the parents, infants,
and children who are
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