

Texas

applemental Nutrition Program for Women, Infants and Children

April 1996

A Diabetes Primer

Your clients could be at risk for diabetes

Keeping our children growing strong

By Debra St.abeno Associate, Commissioner TDH He'alth Care Delivery

J.n Texas, 645,664 children between the ages of 1 and 5 live in low-income households. All are potentially eligible for the WIC program. Yet, about half of these children, a total of 320,522 preschoolers, are not enrolled in WIC. They have no guaranteed access to the nutritious foods and education essential to the development of healthy bodies and brains.

How important is it *really* for children older than 1 to receive WIC benefits? If parents make a choice to remove their children from WIC because it takes too much time, or the food package is not perceived as valuable enough, or the grocery shopping is too complicated, what is left for us to do?

First of all, it is *extremely* important for children ages 1-5 to receive supplemental, nourishing foods and to be assessed and referred into health care by the WIC program. And it is up to us to deliver the message to parents that WIC is absolutely critical to their developing child and to convince them to keep their child on WIC.

Nourishment and intellect

In the February 1996 issue of *Scientific American*, J. Larry Brown and Ernesto Politt discuss several studies of under-nutrition in young children. These studies illustrate how intellectual development is impaired in numerous interacting ways when a child does not receive adequate nutrition.

For example, a child who is not receiving adequate nutrition lacks energy, tends to be withdrawn, and is less likely to explore the environment, all of which slows intellectual development. Under-nourished children are

more likely to be ill, which delays physical growth and communication skills. Parents then have lower expectations of the child who appears to be immature, which further limits development. An under-nourished child may have structural brain damage, which is further complicated by minimal stimulation.

Early nutrition crucial

One of the article's featured projects was carried out in Guatamala by the Institute of Nutrition of Central America. In their infancy in the 1960s, study participants received nutritional supplements, a protein called Atole.

Two decades later, they were studied to assess the influence of early diet and poverty on their intellectual development. Participants were given a battery of cognitive tests including reading comprehension, vocabulary, general knowledge, and arithmetic.

Those who had regularly consumed the nutritional supplement up to the age of 2 performed well. Even more interesting, they performed at the same level on most tests regardless of the family's economic status. Good nutrition, early in life, evidently helps to counteract the destructive effects of poverty on intellectual development.

Providing adequate nutrition during infancy and early childhood definitely lessens the deficits caused by poverty, say the scientists. "It is clear that prevention of malnutrition among young children remains the best policy, not only on moral grounds but on economic ones as well," they say. "The U.S., for example, invests billions of dollars in education, yet much of this may go to waste when

children appear at the school door intellectually crippled from undernutrition."

They conclude: "The immediate expense of nutrition programs and broader interventions should be considered a critical investment in our future. Malnutrition alters educational preparedness and, later, workforce productivity, making it an unacceptable risk for its victims as well as for a nation's strength and competitiveness."

Keeping older children on WIC

WIC plays a major role in providing nutrition supplements to at-risk children. But, to be truly effective, we need to keep at-risk children on the program beyond the initial 12 months. Some ways to increase participation by children include:

- 1. Talk to your WIC mothers with 1-year-olds and explain the value of continuing nutrition and health care. Let them know that we welcome children on the program and that we want them to continue as participants.
- Make certain your clinic is child-friendly. When possible, provide education and activities for children.
- 3. Be certain that your clinic is accommodating and understanding of working families. Remember, there is a statistical jump showing that many women return to work after their child's first birthday. Working moms may not realize that they are still eligible for WIC and that we will accommodate their schedule by serving them in the evenings or on weekends.

Texas WIC News

Published monthly by the



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Texas

Special Supplemental Nutrition Program for Women, Infants & Children

Volume 5, Number 3
Government Publications Texas State Documents

April 1996

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Jennifer Van Gilder. Cover design by Christine Grether.



Project 69

Seeing double - and more - in Floresville

At Project 69 in south-central Texas, WIC staffers at the Floresville clinic have seen their share of multiple births. "We have several sets of twins," says Pauline Saenz, WIC clerk. The local agency, with a relatively small caseload of just 1,049 children and infants in February, now also serves a set of triplets — *and* a set of quadruplets.

The Ortiz quadruplets

Kristin Gallagher first came to Project 69's WIC clinic in Floresville in late June with a due date of Feb. 3, 1996. She knew she was carrying quadruplets and had been told that an early delivery was a possibility.

Still, as the local newspaper reported, Gallagher was surprised when she went into labor on Oct. 24 at her rural home. Local EMS rushed her to a local park where a helicopter transported her to San Antonio University Hospital. The four babies — Crystal, Brandon, Dustin, and Alexandria Ortiz — were delivered there by Caesarean section.

At 1 pound, 8 ounces, Crystal, the eldest, was also the lightest. At 2 pounds, 2 ounces, tiny Brandon was the heaviest. The infants were quickly weaned from their life-sustaining ventilators, but they stayed in the hospital for several months.

By late January, all of the babies were at home and doing well. They are all gaining weight on special formula provided by WIC.



The Sisti triplets

By Teresa J. Sisti WIC Mom, Floresville

On Feb. 26, 1993, I gave birth to triplets. I had one boy, Luke, weighing 3 pounds, and two girls: Kalyn, also 3 pounds, and Shelby, weighing 2 pounds, 7 ounces. They were not due until May, but had to be taken early due to Shelby's distress. They remained in the hospital about two months.

As motherhood soon became a reality, so did all of the doctor and hospital bills. We learned really fast just how expensive one baby can be — times three! The expenses soon became quite overwhelming, and dealing with insurance agencies just added to our stress. A nurse who cared for our babies in the hospital suggested that we look into our local WIC program.

As soon as everyone was home, we visited WIC. I felt much relief after just the first visit. WIC provided the very essential, but also very expensive, baby formula. I had worried about how we'd be able to afford months of formula for three babies. Finally, thanks to WIC, my worries were put to rest.

From the start, I have had pleasurable experiences with my WIC visits. Everyone in the office has been kind and helpful. Being a first-time mother, I have really benefited from the instructional tapes shown at every visit.

Starting the babies on solid foods was stressful. I was never sure if they were getting the essential

Santa visits the Ortiz quads in the hospital. From left to right are Crystal, Brandon, Dustin, and Alexandria.

vitamins they needed. I was so unsure about everything I was doing, but I made it through the solid-foods stage as well as several other difficult stages with the help of WIC's instruction and support. Sometimes, I'm helped tremendously just by seeing a friendly face or having someone to talk to who understands.

Today, I'm happy to say that my tiny 4-pound babies are now healthy, active 3-year-olds. I feel very fortunate to have found WIC. The program has helped me in so many ways.

Triplets Luke, Shelby, and Kayln Sisti fill the doorway of their home in Floresville.





Project 81

Window painting shows community spirit

Each September in Caldwell, a town of 3,200 in Burleson County, merchants and citizens paint their plate-glass windows as part of a contest held during the county's annual Kolache Festival. Forty thousand people attended last year's festival, and many admired the town's painted windows. That inspired Caldwell's WIC staff to have a window painting, too.

Sylvia Hein, a local window-painting artist, joined WIC clerk Joan Stone in painting the clinic's front plate-glass

The plate-g ass painting on the front window of Caldwell's WIC clinic was painted by Sylvia Hein and WIC clerk Joan Stone.

window. They worked after hours for three evenings. Their painting shows a bright-red map of Burleson County, marks the locations of the county's two WIC two clinics, and includes depictions of WIC foods, a breastfeeding mom, a nutritionist with her class, immunizations and WIC slogans, and the state's 1-800 phone number.

"It took a lot of work," says Stone, who added a protective coat of shellac. "Everybody says the window still looks great."

"Many Burleson residents drove by and stopped to let us know how nice the window looked," says Jean Edmundson, L.V.N. "The only criticism we received was not entering the contest!"

Edmundson notes a unusual point about window paintings: "In order to paint a window, it must be done from the inside out, which means it must be painted backwards," she says.

5



Project 1

Grocery-store tours guide clients to smart food choices



Project 1 staffers Paula Courtney, left, Diane Turner, Sylvia Torrente, and Annette Phinney designed and conducted educational tours of area grocery stores.

In early December, participants from four of Project 1's clinics were given nutrition-education tours in two HEB grocery stores in Austin. The tours were conducted as part of enhancement to triple issuance. Nutrition-education coordinator Sheree Scudder says that Project 1 is looking forward to doing a future tour in place of a class at the clinic.

Staffers involved in planning and conducting the tours were Annette Phinney, Diane Turner, and Paula Courtney, R.D., from the St. Johns WIC clinic; Sylvia Torrente of the Northeast Austin clinic; Robin Dennis, R.D., of the South Austin clinic; and Sara Goodrich, R.D., of the Dove Springs clinic. In October, planning began on content and materials.

"It was a bit difficult to do for the first time, but now that the materials are pulled together, we can change it to fit almost any audience," says Phinney. "Next time, it will be a breeze." During their tours, WIC clients learned about the following topics:

- ♦ Fruits and vegetables: Preparation for kids
- ♦ Fat content of hot dogs, luncheon meats, and cheese: Making low-fat choices within your budget
- Breakfast cereals: Fiber and sugar content
- The lowdcwn on packaged roodles
- Blind taste test of low-fat and lactose-reduced milks
- ♦ Samples of new fruit varieties.

All discussions included WIC foods as a healthy comparison.

Participants were also given recipes for nutritious foods.

Staffers found the tours successful. "The staff did a great job both in preparation and handouts," says Scudder. "And the tour was done well, with staff available to speak English or Spanish. At the end, participants were asked to name

one thing they had learned, and most could name several things."

Josie Okuly, a busy WIC mother with a 1-month-old, joined the grocery-store tour. She said that the tours would be helpful to her if she could buy her WIC purchases at the same time. "It would be one less trip for me," she says.

Outreach brings in new clients

The community surrounding the Parkfield WIC clinic in Austin was a major focus for outreach at the end of 1995. VISTA workers Patsy Flores, Loretta Nichols, Tresia Garcia, Diane Olugue, and Hoang Pham went from door to door in the neighborhood in November and December.

Working in teams supervised by Rebecca Lopez, the VISTAs contacted 3,000 residents about the Parkfield clinic's immunizations and WIC and EPSDT services.

The VISTAs made appointments

for some eligibles and encouraged others to just walk in.

New WIC applicants were eligible for one of various incentives — coupons for local restaurants, a holiday fruit basket, or coupons for kids' activities in the area. Parkfield WIC also held a "Bring a Friend to WIC" contest in December. The winner was WIC mom Minivera Miranda, along with her two children, 3-year-old Paige and 1½-year-old Erin.

By February, the Parkfield clinic's participation rates had increased 7.7 percent over the November numbers. "We're trying very hard to reach the Parkfield community in our efforts for caseload expansion," says Project 1 director Phyllis Day. "Working with the VISTAs and the community is a way to make that happen."



WIC mom Minerva Miranda receives an incentive award from clerk Esther Montoya. With Miranda are her children Paige, center, and Erin.



WIC staffers welcome moms to Project 58's new breastfeeding support group.

Project 58

New breastfeeding support group serves Lufkin moms

Angelina County and Cities Health District's WIC Project 58 in Lufkin is now sponsoring a monthly breastfeeding support group for the entire community. The first meeting was held January 25 at the Lufkin City Hall.

The event was publicized by fliers posted in the community and sent to all pregnant WIC clients and breastfeeding WIC mothers. Articles also apppeared in the local *Peddler* magazine and in the *Lufkin Daily News*.

About 20 mothers attended the meeting. Some had previously breastfed, some were currently breastfeeding, and a few were pregnant and interested in learning more. Two older mothers who had breastfed their children were there supporting their daughters' decisions to breastfeed.

Peer counselor Rhonda Hardesty gave a presentation on the benefits of breastfeeding. She and other staff members then fielded many questions from the moms. Sharon Sanders, I.B.C.L.C., a local lactation consultant, also spoke with the support group.

"Everyone stressed the point that they were excited and thankful that such a group was formed," says Project 58 director Angela Quillin. "Many times, we heard from the moms, 'I am so glad you are here now."

Refreshments were provided by peer counselor Debi McDonald and other WIC staffers. WIC technician and bilingual breastfeeding educator Mela Hernandez, who had recently taken a class in cake decoration at the local college, decorated the group's cake. "It shows a beautiful, but discreet, breastfeeding mom," says Quillin.



Project 63

Space-saving 'kids' corner' simply effective

A "kids' corner" in the classroom at Project 63 in Kountze serves as a popular solution to an old WIC problem: squirmy kids distracting their moms during nutrition-education classes. "This is a very simple idea that does not take much time, money, or space," says Kim Guice, nutrition-education

coordinator and breastfeeding coordinator.

The main purpose of the corner is to keep the children occupied and under supervision while the mothers learn in the WIC class. "The idea for the classroom came about when I first started to work at WIC," says Guice. "I realized that the mothers did not pay attention in class because they were having to 'wrestle' with the kids and try to keep them quiet. So, I decided that the children would be easier to handle if they had something to do, and the mothers would have a more productive and enjoyable experience in the classroom."

The kids' corner consists of a couple of donated desks, some donated toys, decorations on the walls, and some educational books. Sometimes, the corner is also used as a tiny classroom for small children.

The corner is in front of the

classroom, so moms can keep an eye on their children during class and no additional staffers are needed. "We're all pleased with the outcome of this simple new addition to the clinic," says Guice. "Participants seem to leave much less exhausted and more educated on the day's subject. It takes very little energy or resources, and the outcome is wonderful."



WIC kids have their own special corner at the front of the classroom in the Kountze WIC clinic.

There are two things
to aim at in life:
first, to get what you want;
and after that to enjoy it.
Only the wisest
of people achieve the second.

Logan Pearsall Smith

Project 17

Mock funeral held for passing of ODBS computer system

Staffers at Project 17 in Houston started off the New Year by saying goodbye to something old and dead: ODBS, Texas WIC's former computer system, now replaced by the Texas-WIN system.

Karen Gibson, director of Project 17, notified employees of the event by sending each an "obituary" announcement.

Everyone was required to wear black and bring a covered dish for the "Irish wake" afterwards. "Mourners" were also asked to bring an object that reminded them of some part of the ODBS system that they were happy to see go.

At the funeral, one by one, each person went up to the



Dabbing their eyes with tear-drenched tissues, staffers at Project 17 mourn the demise of Texas WIC's old computer system.

"coffin" and tossed their object in, saying a few words about why they were happy to say farewell. "People threw in things like stamps and ink pads, old voided cards, blank ID cards, manual back-up instructions, EOM instruction books, and advanced card envelopes," says Gibson. "It was almost like therapy. We began to enjoy throwing those things away!" Ron Fenton, R.D., a clinic manager, gave a touching eulogy which added to the humor of the situation

and complimented his fellow staff.

"It was a great way to celebrate the new system that we had been anticipating for so long," says Gibson. "I told the staff to remember that the first three letters of the word "funeral" are F-U-N, and that's what we had!"



IN REMEMBRANCE OF ODBS



ODBS... What did that mean? Time ran out before I knew, but when I had a question I could always ask Terri Lew.

Sweat would form upon the brow of those, whose job it was to run the EOM report, Pat, Janet, and Adela would call security (the Help Desk) for an armed "escort."

When they arrived all was well, for they could get us through the system from hell.

Now we have CIDs and FIDs and WIN; Karen is happy to see that the cards are in the bin.

While we are still learning, our clients have to wait an hour and a half, but when they come, they still love the staff.

Travel team adds four sites

Project 17 recently created a travel team which began offering WIC services in February to four new clinic sites: Catholic Charities. the K.I.N.D.E.R. clinic, Rusk Elementary School Medical Clinic, and the Fondren WIC clinic.

The travel team also covers three older satellite sites.



You cannot hope to build a better world without improving individuals.

We all must work for our own improvement, and at the same time share a general responsibility for all humanity.

Marie Curie

Project 34

Immunizations get boost from bibs

At Project 34 in Abilene, WIC clients who bring in their infants for immunizations get more than protection from disease — they're given baby bibs, too. It was the idea of nutritionist Deanna Gates.

"We went to our vendors, Fiesta Foods and Abilene Nutritional Foods, who donated enough money to buy cloth for the bibs," says Gates. Next, Gates went to the local volunteer-services center, where Vivian Zug volunteered her time to make the bibs. She even donated some of her own cloth.

The bibs are white flannel and have prints of boys and girls on the front. A January article in the *Abilene Reporter-News* showed a photograph of two tiny WIC babies modeling the bibs and snoozing on a soft mound of flannel. More than 250 of Zug's 300 bibs have been distributed since late last year, says Gates.



Project 11

On March 1, Sharon Hawkins became the new WIC director of Project 11. Former director Theresa Bette, L.V.N., now serves as support coordinator for outreach.

The WIC-Bethel Hall clinic at 400 E. Texas Ave. in Galveston opened March 11. Its hours are Mondays from 8 a.m. to 7 p.m. and Tuesdays to Fridays from 8 a.m. to 5 p.m. Its phone number is (409) 747-5580. Its mailing address is:

Sharon Hawkins, WIC Director Galveston County Health District 1207 Oak St. La Marque, Texas 77568.

Project 17

On March 1, Project 17's administrative office moved to a new location:

12401½ South Post Oak Road Suite 122 Houston, Texas 77045.

Its Astrodome clinic changed its name on March 1 to the Power Center WIC clinic and was moved to Suite 128 at the above address. Its phone number is (713) 728-8582. The new Power Center clinic is open on Mondays from 10 a.m. to 7 p.m., on Tuesdays and Thursdays from 8 a.m. to 4:30 p.m., and on Fridays from 8 a.m. to 4 p.m.

Project 33

On Feb. 1, three clinics serving Hudspeth County were moved from Project 83 to Project 33. Clinic hours have not yet been announced. All have the same mailing address:

Donna Seward, WIC Director WIC Administration Office 1148 Airport Blvd. El Paso, Texas 79925.

- The Ft. Hancock clinic at Ranch Road 1111 and Highway 80 is open on the third and fourth Mondays of odd months and on the first and fourth Mondays of even months.
- The Dell City clinic at the Dell Valley
 Clinic Building in Dell City is open on
 the third Friday of odd months and the
 second and fourth Fridays of even months.
- 3. The Sierra Blanca clinic at Old Highway 80 and FM 1111 in Sierra Blanca is open on the first and third Mondays of odd months and on the second and fourth Mondays of even months.

Project 73

Two new clinics were recently added to Project 73, El Centro del Barrio, in San Antonio. Both have the same mailing address:

Kelly AFB, WIC 7303 123 Ascot San Antonio, Texas 78224.

- On Dec. 1, 1995, a WIC clinic opened at 143 Amistad Center at Kelly Air Force Base. It's open from 8:30 a.m. to 12:30 p.m. on varying Fridays. Its phone number is (210) 924-6004.
- On April 1, the Laurel Heights WIC clinic opened at 2602 N. Main, Suite 400. It's open from 8 a.m. to 5 p.m. on Mondays, Tuesdays, Thursdays, and Fridays. On Wednesdays, it's open from 10 a.m. to 7 p.m. Its phone number is (210) 736-9474.

Project 96

On March 1, a new Texas WIC local agency, the Van Horn Rural Health Clinic, began operations. Its WIC director is not yet hired; its administrator is Tillman Farley, M.D. The clinic is located at 704 W. Broadway in Van Horn and is open on Wednesdays and Thursdays from 8 a.m. to 5 p.m. This clinic serves Culberson County, formerly served by Project 83. The clinic's phone number is (915) 283-9194. Its mailing address is:

Tillman Farley, M.D. WIC Office 309 E. Broadway Van Horn, Texas 79855.



WIC mom encourages breastfeeding

To all of the mothers out there:

My name is Mary Hill. I am writing this message to you to let you know the great joy it is to breastfeed.

First, I am not saying that it is for every mother and child. But, if you do find it's for you, you and your child will enjoy it and benefit from it. You do not have to worry about making bottles. You do not have to worry about the cost of formula. Most women are worried about their figure. What can they do for these things? Well, you can exercise for 10 minutes before you go to bed and for 10 minutes when you wake up: nothing hard, just simple things to keep your shape.

Some women worry about breastfeeding in public. You can always find a restroom to nurse in. Or you can make a bottle before you go, the same as if you were formula-feeding.

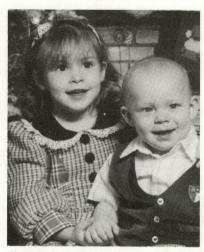
When I breastfed my two little children, I noticed that they had fewer colds. I felt very good inside knowing that I was making them healthy. Plus, I know that, when I get older, I won't be able to help them as much as I can now, so I am starting as soon as I can to make them the best they can be.

So, if you can breastfeed and you would like to give your child a great start on life, learn more about it and ask questions. Don't you think your baby is worth at least that much? Don't be afraid to know all you can to help your baby!

Thank you for caring so much.

From a mother who thinks kids are first and most,

Mary Hill Sulphur Springs



Christian and Daniel are Mary Hill's two breastfed children.

Correction

A rushed proofreading resulted in two errors on page 5 of the March 1996 issue of *Texas WIC News*. Project 83 was referred to once as Project 88, and Project 57 was referred to three times as Project 67. Please accept the editor's apologies.

Education at WIC can help prevention

By Mary Van Eck, M.S., R.D. Nutrition Education Specialist

Wow . 500,000 undiagnosed Nearly a million Texans have diabetes, although about half of them have not been diagnosed.

One in 14 Texans age 20 and older have the disease. Each year, 23,000 more Texans will develop it. Across the United States, 16 million people have diabetes.

Any ethnic group can be affected by diabetes. Native Americans, Hispanics, and African Americans are particularly hard hit by the disease. In Texas, one in six Hispanics and one in eight African Americans have diabetes, as compared to one in 12 whites.

What is diabetes?

Diabetes is a disease that causes disturbances in the way the body metabolizes food. Normally, when food is eaten, it is broken down into many tiny particles, much of which is a sugar called glucose.

When the blood glucose reaches a certain level, a hormone named insulin is normally released from the pancreas. Insulin is necessary for glucose to leave the blood and enter the cells of the body that require glucose to function. Glucose is our bodies' main energy source.

Diabetes results when insulin is either in short supply or not being properly used by the body, thereby causing glucose levels in the blood

to get higher and higher. As a result, there are many serious complications to the body.

There are three main kinds of diabetes: Type I, Type II, and gestational.

Type I and Type II diabetes

Type I diabetes, also called juvenile-onset diabetes or insulindependant diabetes, is usually detected during childhood and almost always before the age of 30. People with Type I diabetes must receive insulin injections for the rest of their lives because their pancreas is no longer able to produce insulin. Only about 10 percent of people with diabetes have Type I diabetes.

Type II diabetes is the most common form of the disease, with 90 percent of people with diabetes having it. Many of these people can control their blood sugar with diet and exercise. Some take pills, and some must have insulin injections.

Type II diabetes can progress with few or no symptoms. Left untreated, it can cause serious health problems such as deteriorating eyesight and blindness, numbness and pain in limbs (sometimes leading to amputation), depression, fatigue, kidney damage, and heart disease. Although Type II diabetes is most common in people older

than 40, it can also affect younger adults. People who are overweight or have a close relative with Type II diabetes are more likely to develop Type II diabetes.

Low blood sugar and high bood sugar

People who take diabetes medications (pills or insulin) may experience low blood sugar, or hypoglycemia. Symptoms can develop rapidly. They include irritability, shakiness, dizziness, headaches, nausea, and even loss of consciousness. Hypoglycemia can be caused by illness, skipping meals, eating less than normal, or not following the suggested timing of meals and medications.

Low blood sugar is relieved by ingesting carbohydrates such as juice, crackers, a glass of milk, a slice of bread, or a piece of candy. People taking diabetes medicine should always carry a quick source of carbohydrate with them to relieve hypoglycemia.

High blood sugar, or hyperglycemia, occurs in people with diabetes when their blood sugar exceeds the normal range. It is a serious condition that needs prompt treatment.

The symptoms of hyperglycemia develop slowly and can go unnoticed: fatigue, weakness or tingling in limbs, frequent urination, excessive hunger or thirst, or blurry vision. Illness, overeating, not taking medications on time, or doing less physical activity than normal can lead to hyperglycemia.

This condition can be corrected by returning to a physical-activity

These warning signs of Type II diabetes often develop slowly:

- excessive hunger or thirst
- frequent urination
- weakness and fatigue
- hard-to-heal skin
- blurred vision

- tingling or numbness in hands or feet
- recurring gum or bladder infections
- itching.

routine and a prescibed meal and medication schedule, or by seeing a health-care provider for proper care.

Gestational diabetes

VIC

MOMS!

leas too.

Gestational diabetes is a serious but temporary condition that occurs during pregnancy. Screening is usually done between 24 weeks and 28 weeks gestation. Left untreated, the mother and baby can have serious, even fatal, complications before or after delivery.

Women who have gestational diabetes must be monitored carefully and follow a specific diet during pregnancy to keep their blood sugar normal. Ideally, they should receive nutritional counseling from a registered dietitian. In some cases, insulin injections are required.

Although this kind of diabetes goes away after the pregnancy, these women are at high risk to develop Type II diabetes later in life, so regular medical care is important.

How WIC can promote awareness of diabetes

-workers their At WIC, we have early contact with many of the people at risk for diabetes. This puts us in a unique position to not only provide information about diabetes, but also to refer our concerned and high-risk participants for further evaluation.

• Emphasize healthy low-fat eating, weight control, and physical activity as being important components of diabetes prevention and management. Maintaining a healthy weight is the best insurance policy against developing Type II diabetes. Almost four out of five people with Type II diabetes are overweight. The food-guide pyramid is a great guideline for healthy eating for people with Type II diabetes.

- Provide diabetes pamphlets in your waiting area.
- Hang posters about the signs and symptoms of diabetes (available from pharmaceutical companies).
- Show videotapes on diabetes in your waiting room.
- Make a list of the physicians and clinics in your area that take referrals for diabetes. Include information about diabetes-education groups and support groups in your community.

Gestational diabetes and WIC moms

WIC nutritionists should give specific attention to any clients diagnosed with gestational diabetes. Offer them the following important guidelines:

- Keep all prenatal and WIC appoint-
- Carefully follow the advice and meal plan provided by your health-care provider. Most meal plans for gestational diabetes are based on the following recommendations:
 - Eat three moderate-sized meals and three small snacks every day.
 - Don't skip meals. Try to eat at the same time every day.
- Do not add sugar to coffee or tea. Do not eat foods high in sugar, such as soft drinks, candy, Jell-O, syrup, pies, cookies and cakes, sugar-coated cereals, sweet drinks, fruit canned in syrup, popsicles, and snow cones.

If the WIC participant seems confused about her meal plan or does not have one, contact her health-care provider for more information. Emphasize that a healthy baby is the desired outcome. Clients are likely to comply with your advice when they realize that the health of their child is in jeopardy.

Available resources

(1) The Texas Diabetes Council provides funding for diabetes-care programs in Austin, Dallas, Ft. Worth, El Paso, Houston, Laredo, Pharr, Port Arthur, Presidio County, San Antonio, Sweetwater, Tyler, and Wichita Falls. Call the council at (512) 458-7490 for more information.

2) Diabetes videotapes are available from the TDH Audiovisual Library at (512) 458-7260 and the Nutrition Education and Training Library at (800) 982-3261.

3 A low-literacy patient-education pamphlet, "You Have the Power: Living Well with Diabetes," can be ordered free of charge from the Forms and Literature Warehouse at TDH. Be sure to designate quantity and catalog number (No. 10-21 for English and No. 10-21A for Spanish). Send your order to:

> TDH Forms and Literature Attn: Warehouse Manager 1100 W. 49th St. Austin, Texas 78756.

(4) The American Diabetes Association is available at (800) 232-3472. This is a bilingual phone line for both professionals and individuals with diabetes questions.

(5) The Juvenile Diabetes Foundation can be reached at (210) 692-9264.

- (6) Many pharmaceutical companies will provide free educational materials such as posters and pamphlets. Check with your health department for local representatives of pharmaceutical companies such as:
- Eli Lilly, (800) 545-5979.
- Beck and Dickinson, (800) 237-4554.
- Novo Nordisk, (800) 727-6500.
- Up to 50 copies of an English-only booklet on gestational diabetes can be ordered free from the National Institutes of Child and Human Diseases at (301) 496-5133.

(8) Information in English and Spanish on gestational-diabetes protocol and meal plans is available from TDH Public Health Nutrition at (512) 458-7785.

(4) Also, investigate what your local hospitals and community groups can offer in the way of education and support groups. Remember order on AG-30 form)

April 1996 Texas WIC News

Cup-feeding can help some breastfed babies

By Nancy Liedtke, M.S. Breastfeeding Promotion Nutritionist

Cup-feeding is an infant feeding method that has been practiced since ancient times. It is becoming increasingly popular as a *temporary* feeding option for breastfed babies when mothers or babies are unable to breastfeed.

Sandra Lang, an author about cup-feeding and a research midwife with the National Perinatal Epidemiology Unit in Oxford, England, identifies the following situations as appropriate times for practicing cup-feeding:

- ♦ The mother isn't available to breastfeed her baby.
- A breastfed baby requires additional supplements after nursing.
- A pre-term infant cannot suck yet but is alert during feedings and capable of lapping up milk.
- ♦ A baby has uncoordinated sucking, swallowing, and/or breathing patterns that interfere with the establishment of breastfeeding or bottle-feeding.

Basic benefits of cup-feeding

Lang says that a primary advantage of cup-feeding is that the baby controls the intake of milk. Babyled intake allows the infant to rest and feed whenever she wishes, an important aspect in learning to control breathing and feeding. Baby-led feedings also reduce the chances of vomiting.

Cup-feeding can promote good eye-to-eye contact between the feeder and the baby. The feeder must be attentive to how the cup is being held. Milk should *never* be

poured into the baby's mouth. Instead, the milk should just touch the baby's upper gums and lip. The baby will move his upper lip and, eventually, his tongue to lap the milk into

his mouth. Often, infants become aroused and animated during cupfeeding and will focus on the feeder's face.

Advantages of cup-feeding premature infants

- ♦ The reflex required to lap up milk from the cup develops before the sucking reflex does. Pre-term infants as early as 30 weeks gestation have been adequately fed by cup. The sucking reflex, required for breastfeeding and bottle-feeding, develops at around 34 weeks gestation. Taking the milk in through the mouth allows the enzymes in the mouth to start the process of digestion.
- ♦ Cup-feeding stimulates tongue movement, which is important in breastfeeding effectively when the infant matures.
- ♦ Introduction of milk in the mouth begins the stimulation of taste, touch, and smell.
- Depending on the age of the baby and his developmental



An infant is cup-fed at the Crozer-Chester Medical Center in Chester, Penn.

stage, the distress of having to feed via a gastric tube may be minimized or entirely avoided.

Cup-feeding can support breastfeeding

Hospitals and clinics can support the maintenance of breastfeeding by practicing cup-feeding as a substitute feeding method. It's a viable option for hospitals that want to enact a "no bottle and artificial nipple or teat" policy for breastfed infants.

A baby can develop a preference for one type of feeding method over another. The cup protects the baby from forming a preference for a bottle's large, firm, artificial nipple. However, if cup-feeding is used inappropriately, the cup could become the baby's favorite way to feed, preferred even over the breast. Inappropriate cup-feeding also could interfere with the baby's need to suckle. Therefore, breastfeed whenever possible, and use the cup as an alternative only when it's needed.

How to learn more about cup-feeding

Lang has published two articles on cup-feeding:

- ♦ "Cup-feeding: An Alternative Method," *Midwives Chronicle* & *Nursing Notes*, pages 171-176, May 1994.
- ♦ "Cupfeeding: An Alternative Method of Infant Feeding," Archives of Disease in Childhood Journal, pages 365-369, Vol. 71, 1994.

A nine-minute instructional cup-feeding video featuring Lang, *The Baby Feeding Cup* is available through Ameda/Egnell at (800) 323-8750. Ask for stock No. P/N 11491.

A 75-minute video, *Cup-Feeding* in the Neonatal Unit, records Lang's presentation last July at the International Lactation Consultant Association Conference in Scottsdale, Arizona. This video can be ordered through First Tape, Inc. at (708) 386-0660. Ask for stock No. V532.



La Leche League/ WIC Conference June 7-9, San Antonio

For a registration packet, call Missy Hammer at (512) 406-0744.

SEVEN HABIS OF HIGHLY EFFECTIVE PEOPLE Covey Leadership Center •

Article 3 in a series

The goose and the golden egg

By Judith Cayton Devin Training Specialist

You may remember the fable of the goose and the golden egg. In the story, a poor farmer found to his disbelief that one of his geese had laid what appeared to be a golden egg. He had it appraised and discovered that it was indeed pure gold. He was rich!

And he grew richer, as once a day the goose laid a golden egg.

But he became greedy and impatient and he killed the goose to get the rest of the golden eggs inside her. Alas, all he got was a dead goose.

The farmer thought that effectiveness was simply producing more golden eggs by any method. By focusing on the product (the eggs) he neglected the asset (the goose) which produced the eggs. In *The Seven Habits of Highly Effective People*, Stephen Covey points out that true effectiveness lies in balancing the asset and the product.

In our efforts to be more productive, we frequently destroy the asset through neglect or abuse. If you don't perform regular oil changes and tune-ups on your car, it will break down and you won't have transportation — the golden egg.

Nor is it effective to focus solely on the product. If the farmer lavishes care on the goose and never sells the eggs, they may both starve to death!

In our Texas WIC clinics, healthy babies are our ultimate golden eggs. In order to "produce" those healthy babies, we have to care for the producer — the moms. If they aren't served well by WIC, the goal of having healthy babies becomes impossible.

Other "producers" are WIC clinic staffers. If they're working long hours under stressful conditions, they may not be able to serve clients effectively and may jeopardize the goal of producing healthy babies.

The key is balance. Paying attention to assets, both physical and human, as well as paying attention to the product (or golden egg), is Covey's principle for long-term effectiveness.



Nutrition

New staff trainings effective and popular

By Lynn Silverman, M.A., R.D., L.D. Nutrition Education Specialist

Last month in this column, nutrition
educators learned a new way to assess
how they teach nutrition information to
WIC participants. Now, courtesy of
Project 76's Ann Latham, R.D., L.D., and
Robin Pruitt, R.D., L.D., educators who
train their staffs can receive a valuable
tool: new staff-training modules.

Latham and Pruitt began developing these modules last year as a way to offer quality staff training in a large number of clinics over a wide geographic area. Project 76 operates 32 full-time WIC clinics and serves residents of 52 counties in central and western Texas, an area larger than many Eastern states.

Latham says their new system for training staff has been effective. "In the clinics, you can see a big difference in the CPAs' counseling compared to before," she says. "They don't seem to be struggling to do their jobs." Staffers teach WIC clients more effectively now, says Latham, and provide higher-quality customer service to participants.

Frannie Nuttall, R.D., director of Project 76, says she is impressed by Latham and Pruitt's achievement. "By developing and implementing these excellent modules," Nuttall says, "Ann and Robin answered our staff's needs and dedication to quality nutrition education. Their expertise has let them increase the nutrition knowledge of all of the staff: WIC, EPSDT, and women's services."

When the local agency was formed in July 1993, only six employees had previously worked in WIC. "It was basic training then," recalls Latham. "We had to teach everyone the very basics just to keep things running." Supervisors found that the new employees felt uncomfortable in their jobs. But that has changed now. "With our new training plan, everything is working out a lot better," says Latham. Nutrition education, certification, individual counseling, and customer service have all improved.

How it works

Every two months, Latham and Pruitt hand out the modules and conduct a mock training session with the local agency's assistant directors, who then take the trainings

back to their clinic staffs.

The staff-training modules focus on lessons for group classes, WIC policy, individual counseling, and staff awareness of participant issues such as the difficulties experienced by mothers with premature babies.

Latham has found it helpful to plan the year's staff trainings in conjunction with the year's nutrition-education plan. This ensures that staffers are trained in time to teach each nutrition-education class to participants.

Latham and Pruitt's modules for training nutrition educators who teach group classes come complete with the lesson to be taught to clients, a background handout for staffers, and a training outline for the nutrition-education coordinator or trainer. Module titles include:

- ♦ The Fat Scoop
- ♦ Weight Gain During Pregnancy
- ♦ Premature Infants
- ♦ Food Guide Pyramid
- ♦ Seven Habits for Fighting Cancer
- ♦ Folic Acid
- ♦ Sugar Myths

Staff trainers also use a monthly newsletter, WIC Nutritionist, initially developed as part of the staff-training packet. Some nutrition educators shared the newsletters last year with WIC participants, who liked them so much that they're now handed out in the clinics during nutritioneducation classes.

The modules' different teaching methods make the learning fun. WIC staffers say they like the new material, some of which comes in the form of games.

These modules are available to any WIC local agency interested in using them for their own staffs.

To order your copies, call Delores Preece at the state agency at (512) 458-7440.

For more information about the modules, call Project 76 at (806) 371-9446 and leave a message for Robin Pruitt or Ann Latham.

The Forum for Local Agency Nutrition Education Coordinators.

Is your local agency trying something new? Do you want ideas about new classes, teaching techniques, materials, or research tools that other agencies try? Call Lynn Silverman at (512) 458-7444 and let her know what's news in nutrition education at your agency.



1996 Nutrition Education and Breastfeeding Workshop

June 26-28 Austin, TX

For more information, contact nutritionist Ann Sullivan at (512) 458-7440 or

breastfeeding coordinator Janet Rourke at (512) 406-0744.

New flier features vitamin A

It's time to get rid
of the old flier on
vitamin A and to order
the new one. Toss the old
pamphlets into your recycling
bin so you can start using the updated



material as soon as possible. The new one-page flier is similar in format to the handouts on vitamin C and iron. It is printed in English on one side and Spanish on the other. Its stock number is

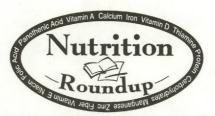
TDH 13-9. Texas WIC local agencies should fill out order form AG-30 and send it to:

Texas Department of Health Attn: Warehouse Manager Materials Acquisition and Management Division 1100 49th St. Austin, Texas 78756.

Getting kids to eat more fruits and vegetables

Although local agencies have received several hundred of the WIC fliers listing 10 ways to get kids to eat more fruits and vegetables, more fliers are available. Each one is printed in both English and Spanish on brown "paper-sack" paper. They are great to use as handouts to participants in the clinics, at health fairs or farmers' markets, or however you'd like. Contact Delores Preece at (512) 458-7440 to request copies.





By Mary Van Eck, M.S., R.D Nutrition Education Specialist

New dietary guidelines for Americans

tion Specialist

The 1995 dietary guidelines are now available. Revised
every five years, the newest set of guidelines is well worth
reading. It emphasizes food variety and use of the food-guide pyramid as the foundation for meal planning. Grain products, vegetables, and fruits are promoted as key components of a healthy diet, along with moderate intakes of fats, sugar, and salt. Benefits of vegetarian

The guidelines also emphasize the importance of physical activity, weight maintenance for adults, and realistic weight loss when appropriate for overweight individuals. The important relationship between a healthy diet and good health is noted, especially regarding heart disease, certain cancers, diabetes,

diets are acknowledged and included as a

healthy choice for Americans.

stroke, and osteoporosis. Alcohol intake is looked upon less negatively in this new set of guidelines.

The 43-page booklet also includes many useful tables, as well as suggestions for implementing the guidelines. You can order a booklet for 50 cents from the:



Consumer Information Center, Dept. 159-Y Pueblo, Colo. 81009.

Bulk copies can be purchased for \$53 per package of 50 from the Government Printing Office. Ask for Stock No. 001-000-04625-0. Call (202) 512-1800 to order by phone with a credit card, or send a check with your order to:

Superintendent of Documents U.S. Government Washington, D.C. 20402.

New law seeks to prevent AIDS transmission to infants

By Marie Garland, R.N. WIC Immunization Coordinator



A new state law came into effect on Jan. 1. It mandates health-care providers with pregnant patients to administer two HIV tests — one at the first prenatal visit and one at the time of delivery, unless patients specifically refuse. Physicians must also distribute specific printed materials about HIV to pregnant patients.

Although these tests will not be conducted at WIC clinics, WIC nutritionists may continue to encounter HIV-positive clients needing personalized nutrition counseling.

Recent research has shown that maternal-to-fetal transmission of HIV can be significantly reduced by a three-phase administration protocol of zidovudine (AZT). A national study conducted by the AIDS Clinical Trial Group at the National Institutes of Health found a two-thirds reduction in maternal-to-fetal transmission of HIV when the mothers received AZT orally during pregnancy and by IV during labor and delivery, and when their newborns were treated orally for 6 weeks after birth.

The new law

This new law requires the physician to tell pregnant patients that an HIV test will be done unless the patient refuses. The patient's medical record must show that specific written materials, as well as the verbal notification, were given to the patient before testing. For a list of these materials and an order form, fax the Texas Department of Health's HIV Health Resources Division at (800) 490-2538.

Obtaining permission for HIV testing emphasizes that it is simply a part of the normal prenatal routine. If the pregnant woman refuses testing, the law requires that she be referred to an anonymous testing facility or given instructions about anonymous testing methods. Refusal should be noted in the medical-record documentation. Face-to-face counseling for patients with a positive HIV test result is required.

This new legislative mandate involves complex, emotionally charged, medical situations. It will mean learning skills in — and establishing procedures for — properly counseling women about the risks and benefits of testing, obtaining permission to test, informing patients of test results, and safeguarding those results. In providing services to WIC clients, WIC staffers may become part of this

process as they screen for immunizations and perform nutrition counseling. All staff members should recognize the important contribution their efforts make in safeguarding the health of mothers and infants.

Confidentiality

Texas law puts stringent restrictions on the confidentiality of any information pertaining to a patient's HIV status. A patient's HIV test results are confidential and can only be released as allowed by law: to the health department, to a local health authority for reporting purposes, to the physician who ordered the test, or to a healthrelated provider with a legitimate need to know the results in order to provide for his or her own protection and to provide for the patient's health and welfare. Additionally, HIV test results may be released to a person's spouse if the results are positive.

Violating HIV confidentiality carries both civil and criminal penalties. The offense is punishable by a fine not to exceed \$4,000, confinement in jail for a term not to exceed one year, or both. The person whose test result was illegally released may sue for damages resulting from job loss, invasion of privacy, or any other untoward consequence of the breach of confidentiality.

All WIC personnel should be aware of their responsibilities regarding client confidentiality. Water safety

By Penny Workman Senior Program Specialist Ready Teddy Child Safety Program

Everybody
enjoys playing
in the water.

Paramedic Ready
Teddy, TDH's safety mascot, says,
"By taking a few precautions, you
can make sure that your child is safe
around water."

Always supervise your children when they are near water or in water. Drowning is the second-leading cause of death for children younger than 5. Children can drown in even an inch of water, as long as the water covers their mouth and nose.

Bathtubs and mop buckets can become dangerous water holes for top-heavy toddlers who can't get up once they've fallen in. Swimming pools and garden pools should have fences with self-locking gates around them to keep children from wandering into the water. And children should always wear a safety-approved personal floatation device, or a life jacket, when they are in the water.

Love looks through a telescope; envy through a microscope.

— Josh Billings

WICalendar

April

April 24-26 — Texas Association of Community Action Agencies, "Community Action: Building the New Consensus," Best Western Sandy Shores Hotel, Corpus Christi. Call Lisa Gauthier at (512) 462-2555 for more information.

April 29-May 1 — "Many Faces, Our Future," 1996 Early Childhood Intervention Statewide Conference, at the Stouffer Renaissance Hotel in Austin. Registration \$60. Call Lyn Cox or Sheri McIntire at (512) 502-4910 for more information.

April 29-May 1 — Texas Family Planning Association 20th annual meeting, "Riding the Waves of Change," the Bahia Mar Hotel, South Padre Island. For registration information, call (512) 448-4857.

April 30 - May 2 — Breastfeeding Peer Counselor Training workshop, Austin. Attendees will learn to train breastfeeding peer counselors and to plan a peer-counselor program. For more information, call Jewell Stremler or Missy Hammer at (512) 406-0744.

May

May 3-6 — 1996 National Farmworker Health Conference, "Confronting the Challenge of Change," Stouffer Renaissance, Nashville. For more information, call Jennifer Shehand at (202) 659-8008.

May 3-4 — 1996 Breastfeeding and the High-Risk Neonate conference, "Feeding and Swallowing Disorders in Infancy: Assessment and Management," Albuquerque, New Mexico. For more information, contact Carol L'Esperance at the University of New Mexico at (505) 277-0077.

May 6-9 — Covey Seven Habits of Highly Effective People seminar, Harlingen. For more information, call Dawn Everett at (512) 406-0740.

May 8-10 — Intensive Course in Breastfeeding, Phase II, Austin. An indepth 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 9-10 — 11th annual Social Work Futures Conference, "Coming of Age with Intergenerational Social Work," at the University of Houston Hilton Conference Center in Houston. For registration information, contact Ann McFarland at (713) 743-8145.

May 9-12 — Texas Medical Association, 129th annual session, "Interlink for Patient Care," at the Henry B. Gonzales Convention Center in San Antonio. For registration information, call Dawn Roland at (512) 370-1454.

May 12-15 — National Association of WIC Directors annual conference, "The Spirit of Success: WIC '96," at the Park Plaza Hotel in Boston, Mass. Hosted by the Northeast Region's state and tribal WIC agencies and regional office. Registration fee is \$195 for members, \$245 for non-members. Registrations after March 31 are \$245. Single-day registration fees are \$125 for May 12, 13, and 14, and \$75 for May 15. Hotel rooms are \$126 single, \$146 double. For more information, call Kathy Lyons at (508) 875-8765.

May 21-23 — Competent Professional Authority (CPA) orientation, Austin. For more information, call Dawn Everett at (512) 406-0740.

May 20-23 — Covey Seven Habits of Highly Effective People seminar, Corpus Christi. For more information, call Dawn Everett at (512) 406-0740.

If you know of an event you'd like to include in this calendar, call Shelly Ogle at (512) 458-7444.



PFA and Texas-WIN: Imagine the possibilities

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

WIC clinic staffers across the state are working smarter, not harder. Many clinics have been able to cut waiting time for clients while giving the

same quality of service, spending the same amount of time, and using the same number of employees. They do it with patient-flow analysis. The following examples reflect some of the successes that Texas WIC clinics have had with PFA:

- ♦ Participants had an average of 27 minutes cut from their waiting time in one clinic.
- ♦ Waiting time for participants in another clinic decreased from 41 minutes to 23 minutes.
- ♦ In a third clinic, the average time participants spent in the clinic remained the same at 43 minutes while their waiting time decreased from 17 minutes to 15 minutes. Although this 43 minutes is within the recommended time frame of one hour for a client's visit, the clinic is striving to improve customer service by eliminating *any* waiting time.

PFA improvements

What changes made this happen?

- ♦ Participants are being served by appointment time rather than arrival time. This gives participants an incentive to keep their appointment and to arrive close to their appointment time.
- ♦ Dedicated WIC employees are staggering lunches and work times to meet the needs of their clinic's participants. This prevents the slow start-up syndrome.
- ♦ Vouchers are issued immediately after class to the individual participants whose vouchers have been readied, rather than waiting for everyone's vouchers to be prepared before anyone can receive hers.
- ♦ Appointments are evenly distributed throughout the day rather than being grouped into large blocks of participants in a small amount of time.
- Bottlenecks are reduced by transferring some of the job tasks or eliminating any duplicated tasks or unnecessary traditional tasks.

The above changes may help your clinic. However, since the causes of waiting time can differ between clinics, each clinic should go through the PFA process of identifying and solving its own clinic problems. After PFA training, clinic staffers come up with solutions to delete waiting time. They then conduct

follow-up. Their work has had excellent results.

We can improve customer service at WIC by retaining the time we spend with participants while eliminating their waiting time. Often, when data for PFA is being collected, staffers feel obligated to rush their task so that participants can get out of the clinic in record time. Instead, quality should be maintained while getting participants through the clinic. If waiting time is deleted, participants have more time with staff, increasing customer satisfaction.

PFA hand in hand with Texas-WIN

But wait! You may be asking, "When was this waiting-time data collected?" It's from PFA studies conducted before Texas WIC converted to the new Texas-WIN computer system. Just imagine the possibilities now! As the dust settles from the conversion, PFA can help meet the administrative and customer-service challenges presented by the new system.

Once local agencies feel comfortable with Texas-WIN, each should plan to conduct a new series of PFA studies. A new PFA training course, "Intermediate PFA for Post Texas-WIN," is scheduled to reach all areas of the state this year. The training will objectively view clinic sessions from the participants' point of view. Staffers' meetings with their peers will be valuable, since they share similar problems yet may have different solutions.

For more information on the new PFA training sessions, contact the Texas WIC clinic-management section at (512) 406-0757.



Local outreach and the media

Local agencies are encouraged to promote WIC through local newspapers, radio, and television.

For fiscal information about allowable outreach costs, refer to the "Accounting" section in the *Policy and Procedure Manual* or call Joe Serrano, chief accountant of the state agency's claims-processing section, at (512) 458-7444.

We recommend that local agencies contact Texas WIC's outreach section before placing radio or TV ads. We may be able to provide advice and support for your expansion efforts. And, telling us what you're doing helps us to keep track of local outreach efforts. This information can be important when planning future outreach.

Outreach-section coordinator Marsha Walker and her staffers are available at (512) 458-7444.

Tapes of radio and TV publicservice announcements are available from video producer Lee Marris at (512) 458-7437.

There aren't many restrictions regarding the use of media by local agencies. One is that television promotions must include the WIC non-discrimination statement. Radio promotions do not.

All media promotions must include the statewide toll-free WIC phone number. Call your IRM liaison at (512) 406-0777 to let the staffers at the 1-800 line know about the expected increase in calls. Of course, it's always a good idea to include your local phone number on outreach materials, too.

Local-agency poll results

Outreach staff conducted a poll of local-agency directors to determine how agencies work with pregnant and parenting teens and with the Head Start program. Here are some of the results:

- ♦ Seventy-six of 85 local agencies have an ongoing relationship with Head Start.
- ♦ Forty-five local agencies are offering teen programs. The programs are offered either in

high schools or in special teen classes at the clinic. Last year, WIC served more than 15,000 pregnant teens. Statewide, 20,000 teens 17 and younger gave birth, which means WIC is reaching a large percentage of the state's teen eligibles.

For more information, contact Marsha Walker, outreach and marketing coordinator, at (512) 458-7437.



Mayors' survey finds hunger increasing

Hunger and homelessness continued to increase in 1995, according to a survey by the U.S. Conference of Mayors. Here are some of the findings:

- Sixty-three percent of those requesting emergency food assistance were members of families (children and parents).
- ♦ Unemployment and other employment-related problems lead the list of causes of hunger identified by the city officials. Other causes included poverty or lack of income, the high cost of living, and inadequate benefits from public-assistance programs.
- ♦ Requests for emergency shelter by homeless families increased by 15 percent over the previous year. Twenty-four percent are estimated to have gone unmet in 1995.

- ♦ Officials estimate that children account for 25 percent of the homeless population.
- ♦ The homeless population is estimated to be 56 percent African-American, 29 percent white, 12 percent Hispanic, 2 percent Native American, and 1 percent Asian.

The outlook for 1996, according to the survey, is bleak. All 29 major cities included in the survey expect an increase in requests for emergency shelter, particularly from homeless families.

Pago Pago gets WIC

American Samoa, a U.S. territory in the Pacific, now has a state WIC agency. Suzie Gwizdala is the nutrition coordinator. The address of the new state agency is:

American Samoan WIC Program
Agency on Aging, Food,
& Nutrition Services
Office of the Governor
American Samoan Government
Pago Pago, AS 96799.

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Jan./Feb. - April 1996

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Immunizations get boost from bibs 10, 4/96	Special WIC father cares for growing family
Project 45	
WIC mom receives breastfeeding award5, 1-2/96	<u>T</u>
Project 48	'Texas WIC News'
Appreciation Day honors each WIC employee 6, 3/96	Subject Index, Jan./Feb-April 1996 22, 4/95
Norman named Employee of the Quarter 6, 3/96	U
Project 56	V
San Juan Elementary School clinic opens	
Project 57	Vendors
WIC parade float wins awards 5, 3/96	Knowledge improves customer service
Staff changes	Vendors trained in new voucher system
Project 58	W
New breastfeeding support group	WICalendar
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Space-saving 'kids' corner' simply effective	WICalendar
Project 69	X-Z
Small clinic serves multiple WIC babies	
Project 73	
Two new clinics added 10, 4/96	
10, 470	

April showers bring May flowers...

and the new WIC income guidelines!

April 1 marks the beginning of new income guidelines for WIC participants.

The outreach section at the state agency has prepared a couple of fliers showing the new guidelines.

One is an three-part flier that can be cut to fit inside brochures, envelopes, and other materials. One side is printed in Spanish and the other in English.



The second flier is 8 1/2" x 11" and has the income guidelines in English and Spanish on one side. On the other side, it describes WIC benefits.



To order these fliers, call
Diane Salem or Susan Presto at (512) 458-7444.

Other state-produced items will be updated and reprirted in the next couple of months. Their availability will be announced in the "Outreach Update" section of the *Texas WIC News* and in the monthly *Outreach Eulletin* sent to local-agency directors.

New Texas WIC Income Guidelines

The following income guidelines for WIC participants are effective from April 1, 1996, through March 31, 1997.

Number Household Members*	Gross Monthly Household Income	Gross Yearly Household Income
1	\$0 up to \$1,194	\$0 up to \$14,319
2	\$0 up to \$1,598	\$0 up to \$19,166
3	\$0 up to \$2,002	\$0 up to \$24,013
4	\$0 up to \$2,405	\$0 up to \$28,860
5	\$0 up to \$2,809	\$0 up to \$33,707
6	\$0 up to \$3,213	\$0 up to \$38,554
7	\$0 up to \$3,617	\$0 up to \$43,401
8	\$0 up to \$4,021	\$0 up to \$48,248
-1	+ \$404	+ \$4,847

* One pregnant woman counts as a household of two family members.



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