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Texas

WIC NEWS

Special Supplemental Nutrition Program for Women, Infants and Children

May 1996

Volume 5 Number 4



*Improving
our services
through
cultural
competency*

Celebrate our successes — and roll up your sleeves

By Debra Stabeno
Associate Commissioner
TDH Health Care Delivery

Report cards at WIC

It's the time of year for report cards, and we have some successes to celebrate. In Texas, we're making significant gains in preventive health care for mothers and children. In a steady increase over the past five years, 67 percent of pregnant women in Texas now seek and receive an adequate number of prenatal visits. The number of babies who die before or within one year of delivery has decreased from nine deaths per 1,000 live births to seven. More mothers are breastfeeding their infants at the hospital. Fewer WIC children are being diagnosed with anemia. More 2-year-olds are fully immunized. That's the good news.

But then we have the "needs improvement" category. Slightly more babies are now born weighing less than 5.5 pounds. More teens, ages 13-17, are delivering babies. WIC can help prevent low-birthweight babies. Research shows that mothers who participate in WIC during their pregnancy are more likely to deliver a



TDH Associate Commissioner Debra Stabeno, left, presents the 1995 Texas WIC Project of the Year award to Ofelia Juarez, director of Project 19.



Award-winning WIC directors are joined by TDH Associate Commissioner Debra Stabeno. Sitting, from left, are Ann Salyer-Caldwell, Ofelia Juarez, and Beatrice Duarte. Standing, from left, are Evelyn Jez, Stabeno, Marie Zaczkowski, Diane Pfeil, and Monica Stender.

healthy-weight baby. This is one more reason why expansion is so critical. By serving more eligible women, we can make an impact on their babies' birthweights.

Celebrate our successes

I've just returned from the "Spirit of Success" in Boston, the 1996 meeting of the National Association of WIC Directors. One clear directive among our many learning experiences was to take time to celebrate our successes, even as we roll up our sleeves to do the work that must be done.

I would like to take time here to honor the Texas WIC local agencies whose hard work in the following areas has earned them special recognition this year:

- ◆ **Project of the Year, Clinical Performance, and Breastfeeding Promotion:** Project 19 (Vida y Salud Health Systems in Crystal City), directed by Ofelia Juarez.
- ◆ **Customer Service:** Project 5 (Driscoll Children's Hospital in Nueces County), directed by Monica Stender.
- ◆ **Fiscal Management:** Project 41 (San Antonio Metropolitan Health District), directed by Diane Pfeil.

- ◆ **Food Delivery:** Project 54 (Tarrant County Health Department), directed by Ann Salyer-Caldwell.
- ◆ **Nutrition Education:** Project 7 (City of Dallas Environmental and Health Services), directed by Marie Zaczkowski.
- ◆ **Outreach:** Project 13 (Laredo Health Department) directed by Beatrice Duarte.

I would also like to celebrate the dedication of one WIC director, Evelyn Jez, who has provided WIC services to Bell County for a full 20 years. She will be retiring in December, and she will be missed.

Texas WIC received a special USDA honor at the NAWD conference in Boston: the Food and Consumer Service Administrator's Citation. *Texas WIC News* and *Food & Family* magazine were highlighted as "state-of-the-art materials which serve as national standards of quality for WIC publications."

Congratulations to all of you who have worked so hard for so long. Stephen Covey tells us that a satisfying life has three characteristics: learning, loving, and leaving a legacy. In WIC, we have an opportunity to do all three.

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Cover: Modern Texas is a unique blend of diverse cultures. In Texas WIC clinics, understanding and respect are the keys to serving the needs of our diverse clients. Design by Christine Grether.



Project 17 Houston WIC clinic featured on national TV

On Easter morning, TV viewers watching the NBC morning-news show, *Today*, were introduced to a new Texas WIC clinic in Houston. The clinic, directed by Karen Gibson, opened recently at the Power Center in south Houston. An NBC camera crew had taped the spot on March 8.



The Power Center is the brainchild of the Rev. Kirbyjon H. Caldwell, a Methodist minister

described by Gibson as “dynamic and down-to-earth, with a financial background.” Caldwell has worked to develop south Houston, a neighborhood that had few community services. He revitalized a declining church and received an old K-Mart store donated by Fiesta Foods. He turned the K-Mart into the new Power Center, a place that seeks to meet the community’s spiritual, educational, and medical needs.

The Power Center contains a private school, a satellite site for Houston Community College, a branch of Texas Commerce Bank, a banquet hall large enough to seat 1,900 people, social-services support groups, a food pantry, and a thrift shop. It also contains a clinic affiliated with Hermann Hospital, staffed by doctors from the University of Texas Health Science Center in Houston. It includes a privately owned pharmacy and an eye clinic. The medical clinic provides pediatric and obstetrics/gynecology services — and WIC.

“We’re in a smaller building in the front of the parking lot, along with social services, in what used to be the K-Mart tire center,” says Gibson. “When the Power Center is completed, it should be able to provide everything the community needs in health care and social services. The concept is just so dynamic and so neat. That’s why the *Today* show is featuring us.”

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Project 31 Bell County WIC reaches out to area’s Koreans

The Killeen area has the largest population of Koreans and Korean-Americans in the state. Many are affiliated with nearby Fort Hood.

At WIC Project 31, director Evelyn Jez is doing something special to reach out to these members of her community.

She arranged for eligibility information about WIC to be translated into Korean and has had the fliers posted in restaurants and other businesses in the Korean neighborhoods. The translations were done by Won Whitty, a former monitor at the state agency who is currently translating the *WIC Reference Guide*, too.

Jez has also recently hired a Korean-speaking clerk, Chong Rowland, who assists Korean clients in the Killeen office.

Project 13

Murillo named Employee of the Month

Leticia Murillo, L.V.N., was selected by the City of Laredo Health Department as the Employee of the Month for April. Murillo, an



Jerry Robinson, director of Laredo's health department, congratulates Employee of the Month Leticia Murillo while Project 13's director, Beatrice Duarte, looks on.

immunizations nurse, began working at Project 13 in December 1994.

Last October, she became clinic supervisor of the Farias WIC clinic in Laredo. She also serves as the clinic's competent professional authority.

New workers hired

To meet the demands of its increasing caseload, Project 13 recently hired Rebekah Valdez, R.D., L.D., as WIC supervisor.

The local agency also hired nutritionist Annette Abdallah as breastfeeding coordinator.

Veronica Valdez, L.V.N., has been placed as a new

immunizations nurse at Project 13, and Amabely Solis is a new immunizations clerk.

Staffers attend CPA training

Thirteen staffers from Project 13 attended competent-professional-authority training in March. The training was held in Laredo and conducted by state-office trainers Anita Ramos and Liz Bruns. It covered topics such as special formulas, breastfeeding, client certification, food delivery, and immunizations.

Nutritionists Annette Abdallah, Eliza Flores, Veronica Garcia, Rosa Moreno, and Donna Rose joined L.V.N.s Dubelza Castro, Cecilia Cruz, Diana Herrera, Leticia Murillo, and Veronica Vasquez at the training. It was also attended by Project 13 director Beatrice Duarte, R.D., L.D.; WIC supervisor Rebekah Valdez, R.D., L.D.; and WIC assistant supervisor Shirley Garza, L.V.N.

*Honesty in little things
is no little thing.*



Project 74

Breastfeeding help available in Brownwood

Georgia Harris, director of Project 74 in Brownwood, says it would be nice if all breastfeeding problems arose only on weekdays between 8 a.m. and 5 p.m.

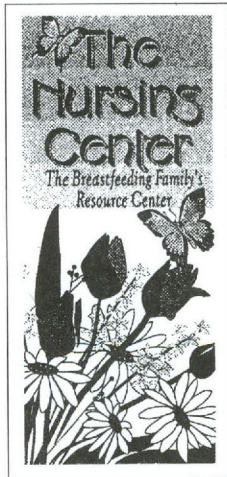
“But,” she says, “we all know that babies don’t know that!”

So, in an effort to be available when help is needed, Project 74 has come up with a way to help breastfeeding mothers seven days a week from 7 a.m. to 11 p.m. Clients call a 1-800 number and are greeted by a message telling them that they have reached the Nursing Center. Callers then leave a message giving their name, phone number,

and a description of their problem.

The message is picked up on a pager that Harris wears. “I’m usually able to call them back within minutes,” says Harris, a board-certified lactation consultant. “If I’m out of town, I turn the pager over to one of our peer counselors to answer.” The pager costs about \$35 a month.

Project 74 developed a brochure that lists the toll-free number. It’s distributed at the WIC clinic, doctors’ offices, and maternity fairs.



You can multiply happiness by dividing it.



Project 37

Easter in Victoria

Staffers at Project 37 in Victoria held an Easter-bonnet contest to celebrate the holiday. Their hats were decorated with plastic eggs and grass, jelly beans, fuzzy baby chicks, colorful bows and ribbons, and even a halo.

WIC clients elected the winner: competent professional authority Belva Harrison, L.V.N.



Staffers show off their Easter hats. From left: Becky Ochoa-DeLeon, L.V.N.; clerk Elva Ramirez; winner Belva Harrison, L.V.N.; clerk Emmy Trevino; Deborah Perry, L.V.N.; clerks Olga Solis (far back) and Martha McCarthy;

director Patricia Patterson; and nutrition educator Felipa Camarillo. (Not pictured are nutritionist Sara Gibson and clerks Laura Liendo and Lisa Alanis.)

Project 61

Sweetheart pageant inspires other states

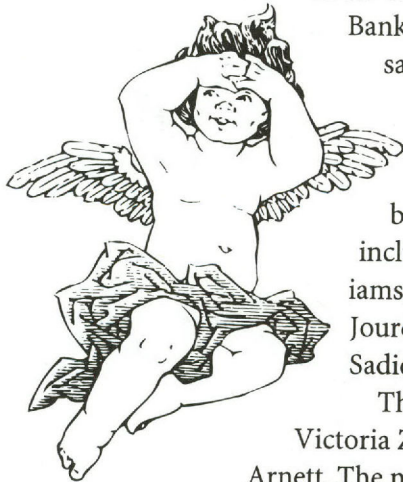
Three years ago, Angela Lamon had an idea. The WIC clerk and breastfeeding counselor wanted to think of a way to encourage breastfeeding among the WIC moms in Jasper and surrounding communities in far east Texas. Her answer was to organize a Sweetheart Pageant. In its third year now, the popular Valentine's Day event has inspired calls from WIC programs in Indiana and Illinois interested in holding their own pageants.

This year in Jasper, the event's theme was "Keep your baby close to your heart: Breastfeed!" About 35 young contestants participated; each was a breastfed WIC baby.

Participants were separated into three age groups, with a Mr. Sweetheart and Miss Sweetheart named within each group. First-place winners received trophies and tiaras. The two runners-up in each age group were awarded trophies, and each contestant received a participant trophy. Local newspapers ran photos of the newly crowned winners.

Lamon served as mistress of ceremonies. The pageant was held in the community room of the First National Bank in Jasper. At least 60 people attended, says Lamon. "The room was full of parents, grandparents, and other family members," she says. "They were all so proud of their beautiful babies." WIC staffers at the event included Project 61 director Anne Williams, breastfeeding coordinator Rebecca Jourdan, and breastfeeding peer counselor Sadie Bebee.

The three winning Miss Sweethearts were Victoria Zavala, Kansas Stephens, and Elizabeth Arnett. The new Mr. Sweethearts are John Barnett, Jeremy McDonnell, and Denton Wallace.



*The smallest good deed
is better than the
grandest intention.*



Project 26

Staffers honored in yearly ceremony

At the annual Employee Appreciation Day held by the City of Houston WIC program last Dec. 1, workers were recognized in the afternoon for their hard work.

Before the awards ceremony, employees spent the morning receiving civil-rights training from Abby November, former director of the state agency's policy and data-analysis section and now a stand-up comedian.



"It was one of the best in-services ever," says a staffer. "We gained a good understanding of the issues at hand."

During a lunch prepared by fellow workers, Project 26 employees were entertained with Christmas music played on a guitar by a staffer's son, Tran Vu Hung.

Darlene Gross, site manager of the Magnolia WIC center, accepts her center's Reaching for the Mark award.

Awards presented

Mara Draais, coordinator of nutrition education and client services, presented the following awards:

- ◆ **Ambassador of Customer Service** — Carlota Arriazola.
- ◆ **Greatest Contribution in Nutrition Education** — Ana Cantu.
- ◆ **Dedicated Service in Nutrition Education** — Ana Brizuela.

Immunization coordinator Lillie Peter, R.N., gave out the awards below:

- ◆ **Most Outstanding Nurse** — Pamela Goodwin.
- ◆ **Most Outstanding Immunization Team Approach** — Northeast WIC center.

The following breastfeeding awards were presented by Vera Petteway-Nyormoi, senior trainer and senior breastfeeding coordinator:

- ◆ **Largest Increase in the Number of Breastfeeding Women** — Southwest WIC center.
- ◆ **Best Breastfeeding Promotion** — Ben Taub WIC center.
- ◆ **Best Individual Breastfeeding Promotion Effort** — Rita Liandro.

The three top awards were presented by director Faye Walker for customer service, quality assurance, facility management, team spirit, employee attendance, outreach, and overall performance:

- ◆ **Most Improved Center** — Southwest WIC center.
- ◆ **Reaching for the Mark** — Magnolia WIC center.
- ◆ **Director's Partners in Quality** — Alief WIC center.

Walker also conferred these five awards upon special individuals:

- ◆ **Most Outstanding WIC Employee** — Marva Pellican.
- ◆ **Mr. Congeniality** — Joel Scott.
- ◆ **Newcomer** — Thelma Sanchez.
- ◆ **Rookie of the Year** — Loretta Peters.
- ◆ **Outstanding Performance in Administration and Client Services** — Gay Quartey.

Support staff from the following departments were recognized for outstanding contributions:

- ◆ Grants and Accounting.
- ◆ Contracts and Legal.
- ◆ Public Affairs and Media.

Halloween: 'Trick or Train'

To attend automation training in late October, Project 26 staffers chartered a bus from Houston to Austin, says Faye Walker. "Some staff were anxious about the Texas-WIN training but were soon put at ease once they arrived," she says. "As usual, they worked hard, ate hearty, and laughed a lot."

One reason for laughing was the Halloween-night entertainment provided by comedian Abby November.

"It made it easier for us to be away from our families on the holiday," says Walker. "We invited Project 17 to join us for the evening's activities. I believe we all had a great time."



WIC director Lupita Fuentes, left, was nominated as an "office sweetheart" by nurse Margy Gomez.

Project 24

Sweets for the sweet

Lupita Fuentes, director of the United Medical Centers WIC program in Eagle Pass, was having a regular workday in her office on Valentine's Day. But things changed when a disc jockey from radio station KINL, Luis Cobo, arrived with an armful of roses for her. Fuentes was being honored as one of the town's "office sweethearts."

A week earlier, a WIC staffer in Eagle Pass, Margy Gomez, L.V.N., heard on KINL that the radio station was accepting nominations for the Valentine's Day contest. "I immediately thought of nominating our boss," says Gomez. "I've been a nurse for 23 years and have had many bosses, but none has been as compassionate, understanding, kind-hearted, or fair as Lupita Fuentes."

Gomez, who has been with WIC just seven months, suggested to her co-workers that they nominate Fuentes. "It's no wonder everyone agreed and signed their names" to the nomination letter, says Gomez, because most of her co-workers have worked with Fuentes for several years.

In addition to the flowers, Fuentes also received a cake from the Jimenez Bakery and a haircut and styling from a local beauty salon. "She was very happy and pleased to receive her prizes," says Gomez.



WIC staffers receive a first-place trophy for their decorated truck.

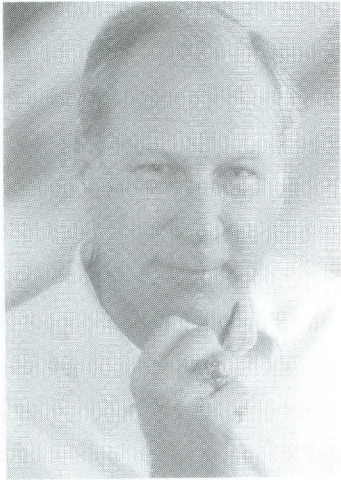
Project 88

WIC parade entry wins trophy in Falfurrias

A truck decorated by staffers at the local WIC clinic in Falfurrias won a first-place trophy in March. The truck was driven during the South Texas town's annual Brooks County Fair parade.

The truck was decorated by nutritionist Amanda Vandine, supervisor of the Falfurrias WIC clinic, and her staffers: Sylvia Garza, Sandra Gonzalez, L.V.N., Nelda Morales, and breastfeeding peer counselors Rosie Garza and Viola Salinas. They festooned the vehicle with balloons and WIC banners. A big basket of fruits and vegetables was balanced on the truck's cab and carried the sign, "Eat Five a Day for Good Health." During the parade, a dozen WIC kids rode in the back of the truck, sitting on bales of hay and waving to onlookers.

Vandine is grateful to her staffers and to Dora Garza, the owner of a fruits-and-vegetables stand who donated the basket's contents. "Falfurrias vendors have always cooperated with WIC to promote good health and eating habits," says Vandine. "In the past year, HEB and Wal-Mart have donated apples, oranges, and other items as prizes when Santa came to visit WIC and when we've played Food-Pyramid Bingo."



In memory

Tom Gosnell, training coordinator

Tom Gosnell, coordinator of the state-agency training section, died of a heart attack on May 18 at his home in Austin. He was 52.

"Tom started the training section from scratch," says Jackie McDonald, who hired him in September 1991. Gosnell developed the section into a professional group of six trainers and two support administrators. Conducting trainings in

Austin and across the state, he became well-known to many local-agency directors and staffers.

"I always thought of Tom as a sort of daddy duck because he had such a stabilizing influence on the people around him," says McDonald. "He always kept us on track and was great at cutting to the heart of a matter. He had a dry sense of humor that we're all going to miss."

Texas WIC has established a training award in Gosnell's name. It will be awarded each year at the state meeting to the local agency with the best training program for its staffers.

Gosnell, who raised three children and was a grandfather of five, was fatherly with his staff. "We called him 'the Office Dad,'" says training specialist Linda Brumble. "He was never cross. Whenever one of us had a car to drop off at the shop, he would always come to pick us up for work and then take us back to pick up the car when it was ready." Training specialist Liz Bruns remembers similar acts of kindness. "We were in El Paso last year and I bought some Mexican tile without realizing how *heavy* it was. Tom was so sweet and agreeable; he just lugged it all the way to the airport for me. He never complained once." Bruns says she'll particularly miss Gosnell's daily greeting. A tall man, Gosnell was her only co-worker able to peer over her cubicle wall each morning to greet her.

"He was so thoughtful," says training-section secretary Andrea Ramirez. "He always remembered our birthdays and celebrated them with us, which is hard considering how much travel the trainers do."

Gosnell had a special reason for enjoying travel to San Antonio: a nine-hole golf course next to his hotel. Training specialist and fellow golfer John Paul Morgante recalls hitting the links there with Gosnell at the end of their workdays.

"Tom was really the kindest man I've ever known," says training specialist Victoria Cummings. "We all thought he was a good boss and a great friend. We all loved him." Gosnell's many friends at WIC included boating, golfing, bowling, and tennis buddies.

One weekend, Gosnell had invited some WIC friends to join him and his girlfriend, Tanya Pavliska, on his boat at Lake Travis. A sudden thunderstorm erupted and Gosnell carefully guided his boatload of friends to safety. After that, Gosnell had earned a new nickname: "Captain Tom."

Gosnell enjoyed his job. Brumble recalls that he particularly liked the following T.S. Eliot quote used in Covey training, which he had been conducting at local agencies across the state:

*We shall not cease from exploration,
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.*

Kate Kelley, former outreach coordinator

Kate Kelley, Texas WIC's first outreach coordinator, died May 20 in Austin of ovarian cancer. She had just turned 41 on May 2.

Kelley worked at WIC from December 1985 until June 1989, when she left to devote more time to her daughters, Rosalie and Ruthann. Kelley had previously directed the Austin Writers' League. With her husband, John Shobe, she operated a small publishing business. In their editing work for a travel agency, the two journeyed to East Africa and Bali.

"Kate was a wonderful person to work with," says Jewell Stremler, coordinator of the breastfeeding peer-counselor program, who job-shared with Kelley for several years. "She was capable, talented, and creative," says Stremler. "She

had vision, lots of ideas on effective ways to get things done, and the energy and enthusiasm to carry out those ideas."

Kelley developed education modules still used by local-agency staff. She was instrumental in securing Texas WIC's first toll-free phone number. She implemented the first direct-mail outreach networking with other state agencies.

"Many WIC staff and participants will continue to benefit from the work Kate did for our program during the time we were fortunate enough to have her," says Stremler.



Outreach UPDATE

By John Koloen, Staff Writer

Free and easy publicity

Not every community has an alternative or community weekly that publishes listings of local nonprofit groups, but some do, especially in larger cities. A couple of examples include the *Dallas Observer* and the *Austin Chronicle*.

These listings are free and are published periodically, depending on how much space the paper has. To get your WIC clinic listed, all you usually have to do is call the paper before its weekly deadline. Frequently, the papers are free and have very good circulation in the community.

Mailouts target doctors, child-care centers, Head Start, other groups

Texas WIC will be reaching out to thousands of doctors, child-care centers, and other agencies between now and August. WIC Outreach plans eight mailouts targeting the following groups:

- ◆ Registered child-care centers (approximately 14,000) — April
- ◆ Texas Head Start agencies — April
- ◆ Early Childhood Intervention sites — May
- ◆ Summer Feeding Program — May
- ◆ Obstetricians, gynecologists, pediatricians, and family practitioners who serve Medicaid or EPSDT patients — June

- ◆ Foster Parents — July
- ◆ Parent Effectiveness Training (PET) program directors, school counselors, and school nurses— July
- ◆ Migrant health workers — August

For more information, call Marsha Walker, outreach coordinator, at (512) 458-7444.

New outreach materials available

New outreach brochures and posters are available for use by local agencies. These include two brochures, *Growing Healthy Families* and *WIC Helps Families Help Themselves*.

For more information, or to order, call Diane Salem at (512) 458-7444.

Information Partnership Program trains WIC moms

The Information Partnership Program (IPP), formerly called the Peer Buddy Program, is being piloted at Project 26 in Houston and Project 54 in Fort Worth. The goal of the IPP is to enhance the WIC experience for participants and staff.

The IPP trainees are former and current WIC moms, as well as some staff. They will be trained as information coordinators. After training May 22-24 in Houston and May 28-30 in Fort Worth, they'll begin their work on June 1.

Information coordinators will greet clients as they enter WIC clinics, tell them how long they can expect their appointment to last, explain certification procedures, and answer questions about redemption of food vouchers. Information

coordinators will also provide referrals and bring clients' complaints to the attention of clinic management.

For more information, call Chris Brown at (512) 458-7444.

Third edition of *Food&Family* shipped

The third edition of *Food&Family* magazine was shipped in mid-April directly to local agencies from the printer in St. Louis. The press run was increased in order to meet demand. As always, local agencies are encouraged to use the magazine in outreach activities, including distribution at community fairs, libraries, grocery stores that sell WIC foods, clinics, and other sites where potential eligibles can be reached.

The state agency is planning to mail out out sample copies of *Food&Family* to doctors who serve pregnant women. A cover letter will encourage them to order copies for inclusion in their prenatal packages.

For more information, call John Koloen at (512) 458-7111, ext. 3429.

Poster wins second award

An outreach poster targeting the Vietnamese community designed by state-agency staff received a statewide award from the Texas Public Health Association at its annual meeting in Plano in April.

The poster tied for the first-place award for Outstanding Research Paper/Demonstration Project Presentation. It was the second award won by the poster.



Cultural competency can improve WIC services

By Francis Ibezim Jr., M.P.A.
Management Auditor

Cultural competency is the ability to function effectively in the context of ethnic diversity and individual cultural differences. The pathway to cultural competency is paved by a basic knowledge of clients' cultures and being willing to accommodate individual cultural differences. WIC is an example of a health-care program that faces these multicultural challenges.

Organizational cultural competency

Becoming culturally competent is an active, ongoing process that never reaches an end point. Organizations striving for cultural competency are encouraged to institutionalize staff-development programs. These programs can cultivate and integrate the cultural diversity and characteristics of the organization's employees and clients.

The following elements describe how individuals and organizations could become culturally competent:

Individuals

- ◆ Awareness and acceptance of cultural differences.
- ◆ Awareness of own cultural values.
- ◆ Understanding the dynamics of cultural differences.
- ◆ Development of cultural knowledge.
- ◆ Ability to adapt practice to the cultural context of the client.

Organizations

- ◆ Valuing diversity.
- ◆ Cultural self-assessment.
- ◆ Managing for the dynamics of differences.
- ◆ Institutionalization of cultural knowledge.
- ◆ Adapting policies and values to the diversity of structure and services.

To be ethnically and culturally competent means to understand the dynamics of difference. It means dealing with racism, bigotry, and prejudice. In a culturally competent organization, professional duties would be consistent with the behavior and expectations that members of a distinctive culture recognize as appropriate among themselves.

It is important for health-care providers to include cultural competency in policies, procedures, staff training, service delivery, and job descriptions.

Workshops and training

Including cultural-competency training programs at Texas WIC's

local agencies could improve the program's services and commitments to its culturally diverse recipients. Continuing assessment of such training programs could increase program effectiveness.

Training may not always be the answer to our growing problems in recognizing cultural differences, but it can serve as a first step toward awareness of the differences of our cultures and ways of communications. Major obstacles to addressing cultural differences include inability to recognize differences, failure to listen or understand, and failure to respect each other's native languages.

Integrating cultural competency into WIC will help staffers increase their understanding of cultural dynamics in the work environment and in the people they serve. Research has indicated that the culturally competent worker knows, appreciates, and can utilize the culture of another in assisting with the resolution of a health or human-service problem.

Ibezim is secretary-elect of the TDH Cultural Awareness Committee.

Resources

- ◆ Training in cultural competency is available from the Centers for Minority Health Initiatives and Cultural Competency. Executive director John Evans says that the centers' trainers can come to local agencies, provide a six-hour orientation workshop, conduct organizational and individual assessments, provide training, and return occasionally to re-assess the clinics' progress. Evans can be reached at (512) 458-7555.
- ◆ Two new training videos which include components on cultural competency, *Breaking the Language Barrier* and *A Winning Balance*, have been added to the WIC video collection. They and other WIC training videos are available from the TDH Audiovisual Library at (512) 458-7260. For more information, call Victoria Cummings, state-agency training specialist, at (512) 406-0740.



Advice to WIC workers

Serving clients from Asian cultures

By Valerie Wolfe, Supervisor
Information and Response Management

It sounds overly simplistic to say that most complaints to Texas WIC are caused by misunderstandings and poor communications. But, after five years of handling complaints from clients, I've repeatedly seen this cause. Many times, both clients and staff fail to share the important information each needs to know.

Explore your own cultural beliefs

The potential for misunderstandings increases dramatically when dealing with clients from other cultures. To provide excellent service to them, the most important thing for WIC staffers to do is to explore their own feelings, attitudes, stereotypes, prejudices, and beliefs. Think about how this might be affecting the interaction between you and the client.

Some things are universal — trust, respect, courtesy, caring. If we keep these in mind, so will our clients.

Experience, and even study, are needed to understand the subtleties of other cultures. What seems to be logical, sensible, reasonable, and important to a person from one culture may be seen as stupid, irrational, unimportant, or even offensive to a person from another culture.

Subtlety and openness

There is a story about two Malaysian families. A daughter from an upper-class family falls in love with a boy from a lower-class family. The two mothers meet to discuss the marriage, and the girl's mother serves tea and bananas. The women exchange pleasantries about the weather.

When the boy's mother goes home, she announces to her son that the marriage is not possible. She knew this because, in Malaysia, tea and bananas are not served together. By serving

foods that clashed, the girl's mother avoided direct discussion and any embarrassment to the lower-class mother and shame to herself for causing it.

We, in the West, are usually not this subtle. We value the ability to openly express our thoughts, ideas, and feelings. We like to tell it like it is and let it all hang out. But not all cultures value such openness. Simple awareness of this can help us serve the client better.

Harmony is of utmost importance to the Asian culture. To achieve it, the Asian client will avoid confrontation and communicate in a style that seems to us to be indirect and talking around the point.

Background is important

In Asia, successful communication depends on both parties' knowing a lot about each other. Knowing another's social class, generation, birthplace, and occupation helps them decide the proper way to conduct themselves. This is true here, too, but it is emphasized in the Asian culture.

An Asian client completely unfamiliar with a WIC staff person knows none of these culturally important cues. She may seem to respond inappropriately and seem unhelpful or unwilling to give us the information we need. If we recognize what's going on, we will save ourselves a lot of frustration and probably do a better job communicating with the client.

Mother's identity tied to child's

Another important cultural value of the Asian client that we should be sensitive to is the relatively extreme connection of the Asian mother to her child as part of her identity. In Korea, mothers aren't even called by their own names; traditionally, they're instead known as "Sam's Mother" or "Bobby's Mother."

Issues involving the child have a direct relationship to the mother's self-esteem. Of course, this is something all mothers feel to some degree, but it is more culturally embedded in the Asian mother. Thus, an Asian client may be

very hesitant to reveal anything to the WIC staff that can be perceived as a deficiency. The mother's own sense of worth and identity are threatened.

Become fascinated

Learn to recognize that your beliefs are just as strange to the client from another culture as you think hers are. Never laugh or criticize the client's food preferences or beliefs about health. Counsel them with extra care and patience.

If you truly don't know much about other cultures, what a wonderful opportunity WIC gives us to learn! Turn your frustration into fascination. Turn your spotlight on the differences between us into a floodlight on how amazing human beings can be in all their strange and wonderful ways. And be careful when you serve tea and bananas!

Tips from a voice of experience

Selena Martinez regularly serves Vietnamese clients in her job as a traveling nutritionist at Project 1 in Travis County. She offers these tips:

- ◆ Vietnamese clients are smaller and thinner than other clients. Accept it, as long as there are no inadequacies in the diet and the children continue to grow.
- ◆ If growth is inadequate, make sure they have medical advice.
- ◆ Hire a competent interpreter. You can't be sure a client understands just because she's smiling and nodding. Using an experienced interpreter instead of another client ensures privacy to both families.
- ◆ Encourage the breastfeeding Vietnamese moms to become breastfeeding peer counselors.
- ◆ Don't be surprised at reports that all three daily meals include rice, meat, and vegetables.
- ◆ You won't see much cheese or milk on their diet-recall sheets.
- ◆ Refer them to dentists; you'll see lots of dental problems.

Window on the world

Coalition in the Philippines promotes breastfeeding in support of child and maternal health



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

Just as Texas is a leader in breastfeeding promotion in the United States, the Philippines is a leader in breastfeeding promotion worldwide. A grass-roots

coalition in the Philippine Islands is described in the condensed and edited article below (*World Health*, September 1995; reprinted by permission of the publisher). Interestingly, in Texas, we are doing many of the same things.

The key to child survival

By Adelpha S. Mabulay and Vida Subingsubing

When a dairy company dumped expired and vitamin-deficient infant formula on the Philippine market 16 years ago, consumers protested in the streets and in Parliament. Although the movement failed to stop sales of the product, it succeeded in raising consumer awareness. Members of various organizations and community actions began to vigilantly keep watch over consumers' health rights, particularly those of mothers and children.

From these beginnings, a coalition of community-based groups formed BUNSO in 1981 to pursue the protection of infants' health. BUNSO is a Philippine term for the youngest child in the family. The coalition was committed to promoting maternal and child health, with emphasis on breastfeeding.

BUNSO studied infant-feeding practices in several government hospitals and found that only 41 percent of sampled mothers were breastfeeding. Rates were lowest among urban women.

BUNSO initiated various activities aimed at increasing breastfeeding. Its membership included consumers, the church, health workers, and the urban poor, which ensured widespread participation.

For three years, BUNSO struggled to get approval for the Philippine Milk Code, which regulates the marketing and distribution of breastmilk substitutes, supplements, and related products. The code finally became operational in 1986. Sponsors of the code now monitor the marketing and advertising practices of dairy companies. Milk Code advocacy is actively pursued to make consumers aware and assertive of their rights.

In 1984, BUNSO conducted breastfeeding seminars for pregnant and lactating mothers in 11 poor urban areas in Manila. About 1,000 mothers were trained on the advantages of breastfeeding, the disadvantages of bottle-feeding, and correct breastfeeding techniques.

Soon, mothers were breastfeeding their infants and advocating breastfeeding in the community. They figured prominently in BUNSO-sponsored motorcades calling for stricter implementation of the Philippine Milk Code. The mothers were trained to plan and run their own community programs.

BUNSO has established a peer-counselor program similar to the Texas program. In 1989, the coalition set up a lactation center in a Quezon City government hospital where peer counselors aid postpartum women. Subsequently, facilities offering similar services were set up in community health centers.

BUNSO's breastfeeding program continues to explore and expand in order to make its activities more responsive to the needs of mother and child. This year, BUNSO has begun setting up support systems in communities and factories to make breastfeeding easier, especially for working mothers. It is also studying the possibility of income-generating projects to augment the community's economy.

The guiding principle of BUNSO's work is to support mothers' groups by getting them interested in counseling mothers, managing infant-health-care services, and starting livelihood projects. Through these, BUNSO hopes that the community will regain self-reliance and self-esteem. The coalition continues to build community awareness about proper child health and nutrition, to equip people with proper skills, and to actively engage the community.

"My mom told me ..."

Mother's Day tips from moms to moms

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



In honor of Mother's Day, and in the spirit of "Mother knows best," we went to all kinds of moms to find

out what *their* moms had told them about breastfeeding. Here are their responses:

My mom breastfed all of her kids, and in my family, it was just kind of assumed that we would breastfeed.

— *Varshna, 26, mother of one*

"Relax!"

— *Victoria, 40, mother of two*

Breastfeeding is a wonderful thing to do — it's so good for your baby. My mother is always telling my sister and me how glad she is that we breastfed because she didn't have a chance to. Her doctor had told her not to.

— *Linda, 37, mother of two*

She said, "Certainly you can do it!" And I did!

— *Mur Anne, 53, mother of four*

For me, my mom's actions spoke louder than her words. I learned from the example she set, watching her nurse my brother and sisters.

— *Deby, 35, mother of four and Mur Anne's daughter*

The choice is yours. However, your milk is made just for your baby, so it's the best start you can give your baby.

— *Lea Anne, 30, mother of one and also Mur Anne's daughter*

I don't remember her giving me any advice. I remember tears welling up in her eyes when she tearfully told me why she didn't breastfeed me.

— *Laurie, 51, mother of three*

She told me to keep him awake as long as possible while nursing. Other than that, when the baby's sleeping, sleep!

— *Betsy, 34, mother of four*

"Do it as long as you can," my mom told me. She was a nurse and was very informative. I would never have tried it and would have quit if it hadn't been for her.

— *Linda, 48, mother of one*

My 83-year-old grandmother told me, "It's so easy — you never have to take any milk anywhere."

— *Carol, 36, no children*

My mom was just really supportive of it — she thought it was great! She's really supportive of the way I parent, even if she wasn't always sure of how it would work out.

— *Kim, 35, mother of two*

The best continuous advice I've gotten from her over the past eight years and the past four kids was to just respond to the baby — whatever the baby wanted was fine.

— *Jocelyn, 30, mother of four*

We should breastfeed our children. It will bring our children close to us. It's more loving. With bottles, you can feed too much. With breastfeeding, you never know how much he drinks, but when he's satisfied, he'll stop drinking.

— *Kavita Khatwani, 55, mother of one*

My mom always told me that breastfeeding was the best, most natural thing you could do for your babies — and probably the most unselfish gift you could give.

— *Jeanne, 41, mother of one*

"Just do it!"

— *Chan, 32, mother of two*

What did your mom tell you about breastfeeding? What will you tell your daughter? Breastfeeding truly is the "gift of love"!



Facilitated discussion succeeds in Tarrant County

By Rachel Jule
Nutrition Education Specialist

“What if no one talks?” “What if the information they pass is incorrect?” “What if they talk too much?” These are some of the many questions that Project 54’s WIC staffers asked in Tarrant County as they planned

facilitated nutrition education in their clinics. One year later, those questions and many others have been answered, and the clients and the staff are thrilled with the results. Ann Salyer-Caldwell, director of Project 54, responds to some of the most commonly asked questions about facilitated discussion that other local-agency directors are asking.

Q: What are the advantages of facilitated discussion?

A: Participants are excited about attending the nutrition-education classes because they are learning from their peers who have had similar concerns and experiences. Also, WIC staff have a much stronger commitment to group nutrition education. Every group is different and presents a challenge. Staffers really enjoy helping facilitate the sharing of ideas among clients.

Q: How long did it take participants to get used to facilitated discussion?

A: It didn’t take long because participants were already in the habit of selecting topics of interest to them. Most importantly, WIC staff started promoting facilitated discussion to participants three months before it started so everyone would expect the change.

Q: How did your staff promote facilitated discussion?

A: The nutrition and clerical staff would say, “Next time, we’re going to be doing things differently in class. Choose a topic you’re interested in so that when you come back, you can discuss and help us learn as a group.” We use acrylic picture frames to display the choice of topics with a brief description of each topic.

The key to promoting facilitated discussion is that your entire staff has to be sold on it, especially those who will be teaching. We had a contest among staff to name this new method of nutrition education. The winner was NAP-Time circles. NAP stands for *nutrition and parenting*.

Q: How does your local agency facilitate Spanish classes?

A: A bilingual staff member helps the nutritionist facilitate the group. It’s very important that the person who assists the nutritionist be familiar with facilitated-discussion techniques. We use both English and Spanish peer counselors for the breastfeeding groups.

Q: When your local agency started facilitated discussion groups, did WIC staff practice every month?

A: Not really. What we did, and still do, is troubleshoot among staff. In other words, someone will bring up a situation about what worked and what didn’t work in their group, and then someone else may suggest a different way of presenting the information. We also meet to discuss the success of the questions and plan future activities.

Q: What is the class structure, and what lessons are you using in the classes?

A: We place the chairs in a circle, and try to limit attendance to 13-15 participants per class. The facilitators use visuals and sometimes a video to illustrate a point. Discussions may take 20-25 minutes, but if the participants start going on a certain topic, the discussion could take up to 35 minutes. We have used some questions from the *New Mexico Facilitators’ Guide* infant-group sessions, but we mostly use our own questions and activities.



1996 Nutrition Education and Breastfeeding Workshop

June 26-28
Austin, Texas

For more information,
contact nutritionist
Ann Sullivan
at (512) 458-7440
or
breastfeeding
coordinator
Janet Rourke
at (512) 406-0744.

Q: What advice can you give to local agencies planning to implement facilitated discussion?

A: Make sure that all the staff buys into it. Explain the purpose and get the entire staff involved in promoting it. Secondly, facilitation techniques require flexibility as the facilitator may need to re-ask or re-state a question to get a response from the group. General topics need to be planned for the makeup groups so that all clients will feel inclined to participate and learn. I would also recommend to start the groups in English and bring in the other languages as you have staff fluent enough to do the facilitation.

Q: Will there be any changes this year with facilitated discussion?

A: Yes. We will not use some of the questions we used last year. Also, we have started working on self-paced modules for the people who are late for their group class and, in the old system, would have had to go to the next group. The last thing you want to try to facilitate is a breastfeeding group with a grandfather of a 3-year-old who missed his regularly scheduled group class.

If you do what you've always done, you'll get what you've always got. Project 54 has proved that changing its teaching method to facilitated discussion could make all the difference in attendance and satisfaction among WIC participants.

Ann Salyer-Caldwell expresses her thanks to Project 54's nutrition-education coordinator, Dee Bash; Lisa Cooley, the first nutritionist to pilot facilitated discussion in her clinic; and all of the Tarrant County WIC staff for their help and support in making facilitated discussion a success.

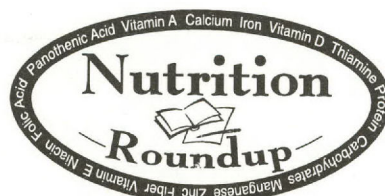
Nutrition educators shine in Texas

Texas WIC can be proud of some very bright nutrition educators in the local agencies! In response to the *Your Time to Shine* pamphlet contest, four local agencies submitted six entries.

- ◆ From Project 5 in Nueces County, *5-A Day: Be Healthy/Ser Saludable* was submitted by Dalia Lovera.
- ◆ From Project 26 in Houston, *Begin with Breakfast* was submitted by Ana M. Cantu, Bernadette Smith, Ana Brizuela, Olevia Biglow, Melissa Townsend, and Mara Draiss; and *The Vegetables and My Children* was submitted by Ana Brizuela and Mara Draiss.
- ◆ From Project 77 in Galveston, *Common Infant Problems* was submitted by Susie Burt.
- ◆ And from Project 88 in Public Health Region 11, *5-A-Day to Keep Diseases Away* was submitted by Rani Madharapeddi; and *Savvy Shopping Before and At The Store* was submitted by Cynthia Fitzgibbons, Rachel Garcia, Annie Green, Tracy Thomas, and Ninfa Villarreal.

Nutrition-education specialists at the state agency will judge these pamphlets and will send comments to the designers.

Two winners will be announced at the summer NE/BF workshop in Austin in June.



By Rachel Jule and
Lynn Silverman, M.A., R.D., L.D.
Nutrition Education Specialists

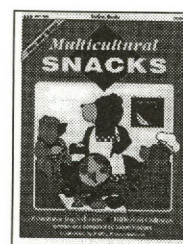
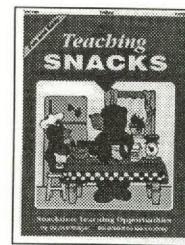
Teaching kids through cooking

If you have children's classes in your clinic, you may want to try food demon-

strations to make the classes more fun and interactive. Totline Books do just that, and more. Two books you may want to consider purchasing for your children's classes are *Teaching Snacks* and *Multicultural Snacks*.

Teaching Snacks includes the following:

- ◆ Recipes for introducing concepts such as numbers, shapes, colors, letters, and opposites.
- ◆ Recipes for extending story time.
- ◆ Recipes for teaching science, self-esteem, and cooperation.



Multicultural Snacks helps children discover similarities and differences in foods and cultures. Each chapter features a common ingredient, then includes a variety of recipes from around the world.

Each book is \$6.95 and will be delivered within two weeks of placing the order. To order these books or to receive a catalog, call (800) 773-7240 or write to:

Totline Books
P.O. Box 2250
Everett, Wash. 98203.

THE SEVEN HABITS OF HIGHLY EFFECTIVE PEOPLE

Covey Leadership Center ©

Article 2 in a series

Learn from your paradigm shifts

By Judith Cayton Devin
Training Specialist

The world used to be flat. Or at least that was the “paradigm,” the widely believed view of that world. A paradigm is our own personal internal map of the world which we believe to be reality. No map is a completely accurate representation of the world since new information and discoveries constantly affect how we view the world.

These changes in our internal maps are called paradigm shifts. The people

of Christopher Columbus’ era had a huge paradigm shift after he sailed around the world without falling off the edge!

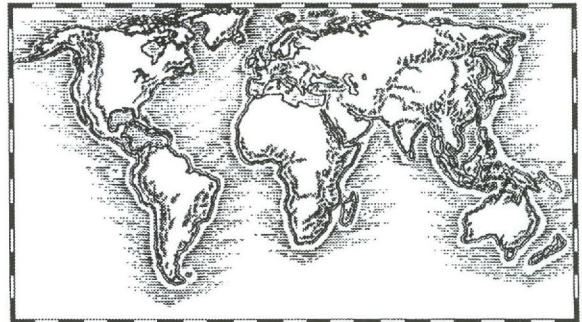
In his *Seven Habits of Highly Effective People*, Stephen Covey says that the biggest changes in behavior come from paradigm shifts. In his *Daily Reflections for Highly Effective People*, he writes, “If we want to change a situation, we first have to change ourselves. And to change ourselves effectively, we first have to change our perceptions.” If we believe the world is flat, we won’t even try to sail around it to explore.

Our paradigms are created by our experiences in our families, school, work, church, and friendships, and from current social paradigms.

They are so much a part of us that we are unaware of them, each of us believing that our vision is clear and that we view the world objectively. Our actions originate in our internal world map. As Covey puts it, “Where we stand is where we sit.”

Therefore, how we see other people powerfully affects the way we interact with them. One staff member may believe that participants are basically the same as her but having a tough time and trying hard to do the best for their children. That staffer will probably treat WIC clients very differently than does her co-worker, who believes that all WIC participants are lazy, shiftless, and trying to cheat the program.

Covey encourages us to continually look at our own assumptions about the world and the people in it. The more aware we are of our paradigms, the more able we are to listen to others’ perceptions and keep enlarging our picture of the world. It isn’t flat anymore!



Character is power.
~ Booker T. Washington

Protect your children from burns

By Penny Workman
Senior Program Specialist
Ready Teddy Child Safety Program



Fire is a useful tool, but no one likes burns.

Paramedic Ready Teddy, TDH's safety mascot, says, "Burns are very painful, so follow these points to protect yourself and your child from burns."

Keep matches and lighters up and away from children, because many children start fires by accident. Do not let them play near the stove whenever you're cooking, and watch them carefully around campfires or lit birthday candles.

Set your water heater down to 120 degrees Fahrenheit, because temperatures of 130 degrees Fahrenheit can cause third-degree burns in just five seconds on a child. A setting of 120 degrees Fahrenheit is hot enough for you to take showers, yet cool enough to keep from seriously burning your child very quickly.

On the playground, many metal slides can also reach temperatures above 120 degrees Fahrenheit in the hot Texas sun, so always test the temperature of the slide surface before letting your child play on it. And always protect your children against sunburn by applying sunblock with an SPF of 15 or above on them before allowing them to stay out in the sun.

June

June 11-14 — Covey Seven Habits of Highly Effective People seminar, Regions 4 and 5, in Tyler. For more information, call Dawn Everett at (512) 406-0740.

June 12-13 — Patient-Flow Analysis for Post-Texas-WIN, Alvin. Through the eyes of PFA graphs and statistics, participants will reevaluate their clinic systems and study the clinic-management opportunities resulting from Texas WIC's conversion to the Texas-WIN computer system. For more information, call Carol Filer at (512) 406-0757.

June 18-19 — Patient-Flow Analysis for Post-Texas-WIN, Tyler. Through the eyes of PFA graphs and statistics, participants will reevaluate their clinic systems and study the clinic-management opportunities resulting from Texas WIC's conversion to the Texas-WIN computer system. For more information, call Carol Filer at (512) 406-0757.

June 19-21 — 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.

June 26-28 — Texas WIC's 1996 Nutrition Education and Breastfeeding Promotion Summer Workshop, Holiday Inn South, Austin. Call Ann Sullivan at (512) 458-7440 with nutrition questions; call Janet Rourke at (512) 406-0744 with breastfeeding questions.

July

July 15-18 — Covey Seven Habits of Highly Effective People seminar, Regions 2 and 3, in Ft. Worth. For more information, call Dawn Everett at (512) 406-0740.

July 18-20 — The 24th Annual Seminar for Physicians on Breastfeeding, San Diego Hilton Beach and Tennis Resort, San Diego. For registration materials and more information, call Carol Kolar at (847) 519-7730.

July 22-25 — Covey Seven Habits of Highly Effective People seminar, Region 10, in El Paso. For more information, call Dawn Everett at (512) 406-0740.

July 30-31 — Patient-Flow Analysis for Post-Texas-WIN, Austin. Through the eyes of PFA graphs and statistics, participants will reevaluate their clinic systems and study the clinic-management opportunities resulting from Texas WIC's conversion to the Texas-WIN computer system. For more information, call Carol Filer at (512) 406-0757.

July 30 - Aug. 1 — Competent Professional Authority (CPA) orientation, Austin. For more information, call Dawn Everett at (512) 406-0740.

July 31 - Aug. 2 — Intensive Course in Breastfeeding, Phase I, Harlingen. For more information, call Missy Hammer at (512) 406-0744.

August

Aug. 2 — Lactation Management Workshop for Physicians, Harlingen. Workshop designed to improve physicians' skills at managing breastfeeding problems and special circumstances and assessing medications for nursing moms. For more information, call Missy Hammer at (512) 406-0744.

Aug. 12-15 — Covey Seven Habits of Highly Effective People seminar, Region 1, in Lubbock. 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.

Facts you should know about pesticide safety

By Marie Garland, R.N.

WIC Immunizations Coordinator



The potential for pesticide poisoning in Texas is quite high, particularly since Texas has a high proportion of migrant farmworkers and families. Texas also has about 227,000 farm and ranch workers, 30,000 unpaid agricultural workers (including family members), and 55,000 hired agricultural workers.

Under the Texas Occupational Disease Reporting Act of 1985, all confirmed and/or suspected cases of pesticide poisoning must be reported to the Texas Department of Health. But, according to a 1989-1990 study by TDH, only 20 percent of pesticide poisoning cases in the state were reported.

How it happens

Accidental pesticide poisoning and exposure to workers, families, and children can occur in a variety of situations:

- ◆ *Crop dusting spray* — Either by being directly in the path of the sprayer or by downwind contamination.
- ◆ *Mosquito spraying* — In crowded cities, ghettos, or barrios along low-lying coastal regions.
- ◆ *Excessive household use* of pesticide sprays to control roaches, fleas, and ants found in many low-income areas.
- ◆ *Overuse of pet flea control* — Spraying or powdering pets leaves a residue on their fur which can be harmful to babies and small children who might pet them and then put their hands in their mouths.
- ◆ *Washing farmwork clothes with family clothes* — If contaminated clothing is washed with other family clothing, the pesticide will contaminate all of the clothing.

Infants and children react differently than adults to toxic substances; in many cases, they suffer far more damage. A faster metabolism and rapid growth and development are the basic reasons for an infant's increased risk. An infant's brain reaches 50 percent of its adult size by age 6 months, with 75 percent of all brain cells developed by age 2.

Mothers who are exposed to high concentrations of pesticides can pass these toxic substances through their breastmilk to their babies.

What to do at your WIC clinic

If the clients you serve are migrant or seasonal crop workers or from farm or ranch families, or if you serve a coastal area prone to mosquitos, you might want to do a bulletin board display and/or have hand-out material on pesticide safety.

You can request more information, pamphlets, books, and stickers from the TDH Department of Epidemiology. Call them at (800) 588-1248.

Ways to prevent pesticide poisoning

1. Stay out of the path of crop dusters or mosquito sprayers.
2. When the sprayers come by, shut windows and doors and keep children inside.
3. Avoid use of household and pet pesticides, especially around young children.
4. Wash contaminated clothing separately from family clothing and with 1½ times the detergent. Be sure to run an "empty" clean-water cycle between the two. Always dry work clothes on a clothesline, not in the family's dryer.

If poisoning happens

1. Call the Texas Poison enter Network at (800) POISON-1, or (800) 764-7661. Call 911 if it's an emergency.
2. Encourage clients to seek medical help if they become exposed to pesticides.



At the Dallas class, seated from left are Ann Salyer-Caldwell, Project 54; Sonya Serna, Project 33; Glenda Washington, Project 7; Delois Ferguson, Project 25; and Leticia Morales, Project 7. Standing from left are Terry Hajny and Mary Bailey, Project 54; Shawn Williams, Project 7; Louella Williams, Project 25; Mike Montgomery, Project 7; Veronica Valencia, Project 33; Marie Zaczkowski, Project 7; Bertha Amaya, Sue Beatty, Leticia Ramos, and Leticia Contreras, Project 33; and Sonya Haynes-Day and Jay Harvey, Project 7.

New PFA trainings held

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

The first post-Texas-WIN trainings in patient-flow analysis have been held, the first in Dallas for four local agencies, and the second in Lubbock for three local agencies. Training dealt with the changes and challenges resulting from software conversion to the new Texas-WIN system.

Class participants interpreted their PFA graphs and statistics while using proper brainstorming and problem-solving techniques to reevaluate and restructure their clinic systems. They learned from peers to “work smarter, not harder.” The training was facilitated by state-agency WIC staffers Carol Filer and Anna Garcia.

Local-agency evaluations were positive:

“Items I found useful were sharing ideas with other projects and comparing pre-Texas-WIN and post-Texas-WIN PFA studies.”

“Great ideas on improvement of the clinics.”

“New ways to analyze the data.”

“I found it useful to listen to staff from other projects and their solutions to problems and creative ways to improve operations.”



At the Lubbock class, seated from left are Martha Ramos, Project 20; Pablo Reyes and Maggie Torres, Project 28; Frances Magallanes, Project 20; and Sylvia Gonzalez, Project 27. Standing from left are Chris Hartley and Barbara Khaleeq, Project 20; Pat Smithwick, Project 27; Maria Elena Guzman, Project 28; Brenda Calloway, Pamela Casarez, and Isabel Barraza, Project 27; and Alicia Sandoval, Project 20.

Dairy Queen offers free treats to immunized kids

By Marie Garland, R.N.
WIC Immunizations Coordinator

For the third year in a row, the Texas Dairy Queen Operators' Council is supporting the Shots Across Texas immunization campaign by providing kids with free ice cream cones.

If your WIC clinic is administering immunizations, you are eligible to participate in the program. WIC directors can order coupons by calling Melinda Ellis at (817) 870-1128. Shots Across Texas asks you to remember to thank Dairy Queen for its generosity and participation.



The coupons are valid *only* for elementary school-aged or younger children who receive immunizations from April 1996 to August 1996. Please do not distribute them to any other clients.

Each coupon must be validated in *one* of the following ways:

- a. Stamp each coupon with an immunization validation stamp and write in the day's date.
- b. Have the attending physician or nurse sign the back of each coupon and write in the date of the immunization.

If you have any problems getting the coupons honored at your local Dairy Queen, contact Carol Murray, Dairy Queen's public-relations representative, at (817) 870-1128.

Manzanilla widely used for infant colic

By Liz Bruns, R.D., L.D.

Nutrition Support Specialist

The herbal tea we probably hear the most about from our WIC participants in Texas is chamomile, or manzanilla tea. Manzanilla is the Spanish name for chamomile, so they are one and the same. Manzanilla is widely used, especially by Hispanics, to treat infantile colic, menstrual cramps, upset stomach, indigestion, swollen gums, and toothaches.

For good reasons and in the wake of some sensational publicity, many health professionals do not advocate the use of herbs as medicines. Texas WIC nutritionists group all herbal teas together and consider them to be inappropriate foods for infants and non-nutritious foods for children. However, not all herbs are dangerous. Manzanilla is one that can be classified as harmless, if it's not contaminated.

Working in the WIC clinic as a nutritionist, I have interviewed many participants, especially Hispanic participants, who used the manzanilla tea to treat colic in their infants. I've also spoken to clinic staff who give chamomile to their own babies for the same symptoms.

Study shows effectiveness

In an article published in the April 1993 *Journal of Pediatrics*, authors Z. Weizman et al. discuss the efficacy of an herbal-tea preparation in infantile colic.

The herbal-tea preparation used in the subject group contained chamomile, vervain, licorice, fennel, and balm mint, along with glucose and natural flavors. The control group received a placebo which

contained glucose and natural flavors, but no herbs.

Infants diagnosed with colic were randomly placed into either the subject or control groups. Colic was defined as spells of unexplained irritability, agitation, fussiness, or crying lasting more than three hours a day, for at least three days a week, and continuing for at least three weeks. Parents were instructed to offer the tea preparation with each colic episode and to keep a diary of the infants' responses.

Colic improvement was evaluated on the somewhat subjective information obtained from the parents' diaries. A colic-improvement score was determined based on the parents' judgment of their infants' condition after consuming the teas. Colic-improvement values were assigned as follows:

- 1 — a worsening of symptoms
- 0 — no change
- +1 — mild improvement
- +2 — moderate improvement
- +3 — significant improvement.

Sixty-eight infants completed the study; 33 in the herbal-tea group and 35 in the control group. All infants received therapy for seven days, followed by seven days of no therapy. The infants were examined by a physician at the start of the study, at day 7, and at day 14.

At the end of the study, all of the data was collected and tabulated. The results indicated that the herbal-tea preparation was effective in the treatment of infantile colic.

In the study group, colic was eliminated in 57 percent of the infants, compared to 26 percent in the control group. The colic improvement score was significantly higher for the study group (1.7), as compared to the control group (0.7).

Manzanilla is used by many

Hispanics to treat infantile

colic, menstrual cramps,

upset stomach, indigestion,

swollen gums, and toothaches.

The authors admit that the study had serious limitations, such as the its short duration and the subjective nature of the method used for data collection (diaries). The authors concluded by encouraging additional study in this area.

For staff in the field, WIC does not advocate the use of herbal remedies or brewed teas for the treatment of symptoms in children and infants. However, because we are unaware of any adverse reactions from the use of manzanilla or chamomile, WIC does not discourage its use, either.

Et cetera

By John Koloen
Staff Writer

Summer food program starts in June

Last year an average of 180,000 Texas children received free meals through the Summer Food Service Program. Some 300 sites served nutritious lunches, and in some places breakfasts, throughout the state.

The summer food program provides free meals to children 18 and younger living in low-income neighborhoods. The meals are offered on a first-come, first-served basis. No evidence of eligibility is required. The summer-food sites start operating during the first and second weeks of June. The program is funded by the Texas Department of Human Services.

After June 1, would-be participants can call the summer-food hotline at (800) 847-8975 to find out the address and operating hours of sites in their areas.

Free diabetes brochure

Hispanics are more likely to get diabetes and at an earlier age than are people from other ethnic groups.

The Baylor College of Medicine in Houston is offering a free diabetes brochure in English and Spanish. To obtain a copy, send a stamped, self-addressed business-size envelope to:

Diabetes
Office of Public Affairs
Baylor College of Medicine
Houston, Texas, 77030.

Specify whether you want the English or Spanish version.



Research available on nutrition education

Does nutrition education work? What are some effective nutrition-education interventions? Can they be replicated?

These are some of the questions that the U.S. Department of Agriculture sets out to answer in a series of reports. The reports provide a review of research on nutrition-education activities on preschool and school-age children, adults, and the elderly.

Copies of the series of research reviews are available from the USDA. Write to:

USDA Food and Consumer Service
Office of Analysis and Evaluation
3101 Park Center Drive
Alexandria, Va., 22302.

Americans eating more fresh fruit

Americans are continuing to increase their consumption of fresh fruit, according to the U.S. Department of Agriculture. In 1994, Americans consumed an average of 100 pounds of fruit per person, an increase of nearly a pound since 1993. This marks the fourth consecutive year during which consumption of fruit has increased.

Consumption of non-citrus fruits grew by nearly two pounds per person, to 76 pounds. Bananas retained their status as the most popular fresh fruit, with Americans eating an average of 28 pounds in

1994, an increase of one pound over 1993.

Cherries and strawberries also showed an increase in demand. However, Americans ate fewer peaches, avocados, and kiwi fruit. The amount of fresh citrus consumed dropped to 25 pounds per person in 1994, down from 26 pounds in 1993.

Source: TACAA Food Journal

Offer ends on free nursing gowns

In the October 1995 *Texas WIC News*, an article caught the attention of readers all over the country: the offer of free nursing nightgowns, nursing pajamas, and nursing lounge sets. The items were being offered by manufacturer Patricia "Ann" Cole of Plano to WIC programs for use as door prizes, gifts to WIC moms, and awards to breastfeeding peer counselors. The offer has ended.

"We had calls from people everywhere," says Cole, "and we've gone quite a bit past our original allotment." Cole mailed out about 130 packets of free sets of clothing worth \$4,000 in retail costs.

How does Cole explain her generosity? "I just really believe in supporting breastfeeding," she says.

Persons interested in ordering nursing clothing from Cole's company can reach her at:

Ann's Rags
1103 10th Street
Plano, Texas 75074.

**Whoever said,
"There's no such
thing as a free lunch,"
obviously didn't know
about the Summer Food
Service Program.**



But, you are one smart cookie.

You know that children 18 and younger can get free lunches this summer. You even know that the program does not require evidence of eligibility. To find out who's dishing up nutritious lunches near you, call:

(800) 847-8975.

Some lunch sites combine summer meals with recreational or educational activities. Meals are provided to any child on a first-come, first-served basis.

If you have more questions or if you would like to order posters, you can call Dan Valliere at (512) 462-2555.



WIC, Bureau of Nutrition Services
Texas Department of Health
1100 W. 49th St.
Austin, TX 78756

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