

Texas WIC NEWS

Special Supplemental Nutrition Program for Women, Infants, and Children
Winter 2004

Volume 12, Number 2

Food banks —
outreach and
coordination
at its best



How's your customer service?

By Mike Montgomery
Texas WIC Director



It has been a long year, but we all survived it. We have a lot going on in WIC right now, and exciting things will be happening this coming year. Despite the numerous changes in infant formulas that we've seen this past year, in addition to trying to get the satellite system up and running, and continuing the process of moving our electronic benefit transfer (EBT) project forward, participation increased from 808,957 in November 2002 to 840,427 in November 2003. Congratulations to each of you for this incredible effort!

In reviewing the no-show rate report for each of the local agencies, I found that some local agencies have greater success than others. As you read the articles in this edition about no-show rates and customer service, think about what you, as one individual, can do to keep our participants coming back. When you certify a client, you have already completed the most time-consuming task in WIC, so what can you do to make sure they return to your clinic?

Good customer service is an important way to help keep our participants coming back. Look around your clinic. What happens when an applicant or participant walks in the door? Does a staff member greet each one of them cheerfully? Is your waiting room child-friendly? Every applicant in WIC is our customer, and our goal should be to treat each person with respect and dignity — every time, every day.

Good customer service is reflected in the way we greet people, talk with them, and provide services. It's reflected in the referrals that we make, the way we follow up on those referrals, and the interest we take in our clients' well being.

Every time you go out of your way to help a breastfeeding mom, change a participant's appointment, make a special referral, or just answer a question, you are reflecting the best in WIC. Remember, you are WIC. And I thank you.

In this issue . . . Articles & Features

- 4 *Local agency spotlight: Cassi Boucher*
- 5 *Central office spotlight: retiring TDH staff*
- 8 *Customer service: making Spanish speakers feel welcome*
- 9 *Powerhouse team in El Paso helps children with disabilities*
- 12 *The longest day*
- 14 *Targeting no-show rates and increasing participation in Texas WIC*
- 16 *Finding help in Texas — as easy as 2-1-1*
- 17 *With hunger increasing, food banks help*
- 18 *Down syndrome*

Columns

- 2 *Mike Montgomery*
- 10 *Eaton Wright*
- 20 *News to use*
- 22 *Training schedule*

Cover photos by Chris Coxwell, design by Brent McMillon

Texas WIC NEWS

Mike Montgomery
Chief
Bureau of Nutrition Services

Barbara Keir, M.A., R.D.
Director
Division of Public Health Nutrition
and Education
Bureau of Nutrition Services

John Dombroski
Director
Division of Health Communications
Bureau of Support Services

Texas WIC News (USPS 0016-975) is published quarterly by the Texas Department of Health, 1100 W. 49th Street, Austin, TX 78756. Subscriptions are free. Periodicals postage paid at Austin, Texas.
POSTMASTER: Send address changes to Joyce Leatherwood, <joyce.leatherwood@tdh.state.tx.us>
Texas WIC News,
Texas Department of Health,
1100 W. 49th Street, Austin, TX 78756.

Patti Fitch
Editor

Contributing Writers:
Isabel Clark, Esther Diaz,
Tracy Erickson, Matt Harrington,
Paula Kanter, Joyce Leatherwood,
Mike Montgomery,
Roxanne Robison,
Shirley Rocha, Shellie Shores

Brent McMillon, Irma Choate,
Lorise Grimbball, Sharon Hipp
Graphic Design Support

Chris Coxwell
Photographer

Joyce Leatherwood
Publication Coordinator

Health and Human Services
Printing Services
Printing

Joyce Leatherwood
Subscriptions

WIC Warehouse,
TDH Automation Mailroom
Mailing

ProtectTexas™

Texas Department of Health

Texas Department of Health
Bureau of Nutrition Services
1100 West 49th St., Austin, TX 78756
<<http://www.tdh.state.tx.us/wic/mainpage.htm>>

Editorial comments may be sent to the editor at the above address or by e-mail to <patti.fitch@tdh.state.tx.us> or call (512) 458-7111, ext. 3598.

In accordance with federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., S.W., Washington, DC 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal-opportunity provider and employer.

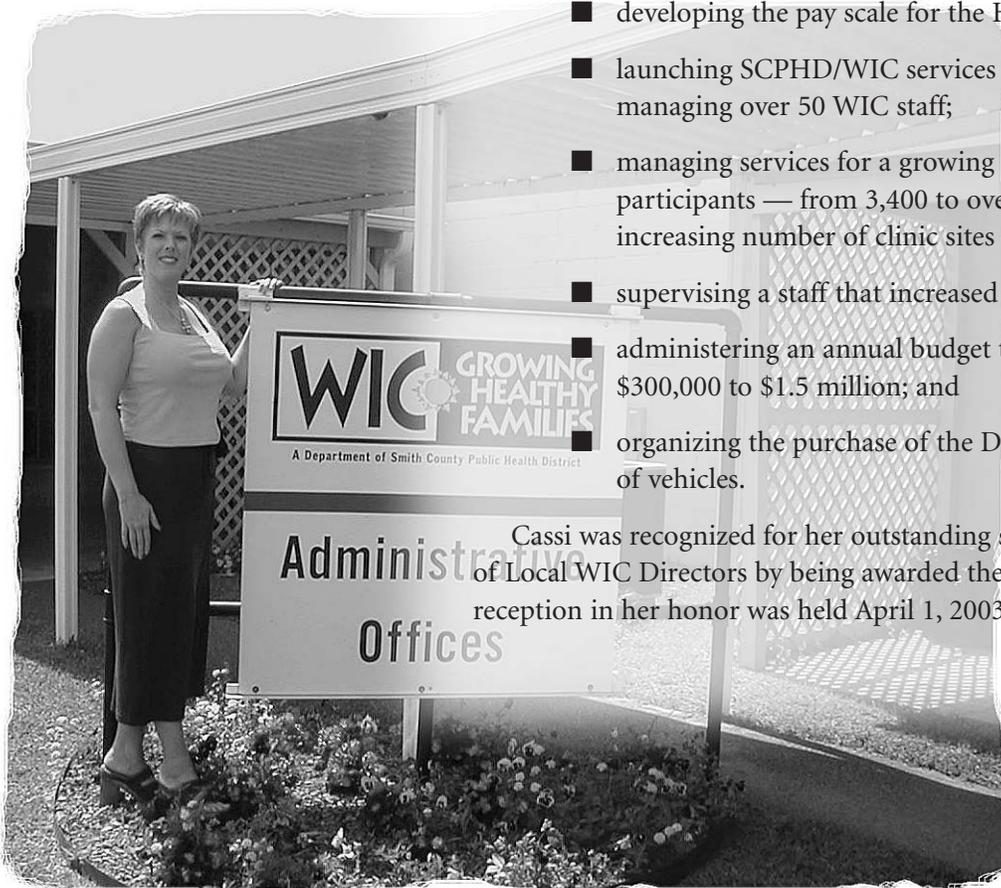
Cassi Boucher, Local Agency 39 director, honored

The Smith County Public Health District in Tyler, Texas bid farewell to a long-serving and outstanding employee, Cassi Boucher, in April. Cassi, WIC Director with Local Agency 39, left the Health District after 10 years of exemplary and dedicated service. Cassi had worked for the Texas WIC Program for 15 years in Angelina, Harris, Anderson, and Smith Counties.

Her many accomplishments include:

- developing the pay scale for the Health District;
- launching SCPHD/WIC services in 7 counties and managing over 50 WIC staff;
- managing services for a growing number of participants — from 3,400 to over 13,000, and an increasing number of clinic sites — from 4 to 13;
- supervising a staff that increased from 12 to over 50;
- administering an annual budget that increased from \$300,000 to \$1.5 million; and
- organizing the purchase of the District's first fleet of vehicles.

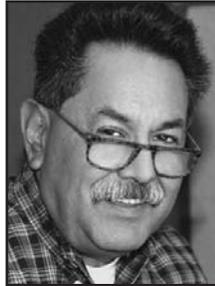
Cassi was recognized for her outstanding service in the Texas Association of Local WIC Directors by being awarded the Art Fuston Award in 2000. A reception in her honor was held April 1, 2003.



Central office spotlight on WIC retirees

JOE SERRANO

Joe started with TDH in the WIC program in 1982 as a fiscal monitor, and traveled around the state for two years, gaining expertise in local agency contracting, funding, and reimbursement. In 2001 he accepted a “temporary” position with the Associateship for Family Health in the Contract Management section, becoming the permanent manager of the section in 2002.



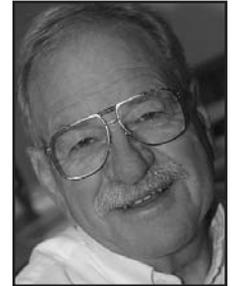
Joe shares these thoughts about his job and his future:

Over the years in TDH I was fortunate to meet and work with many wonderful individuals both in and out of the department who made my job a lot easier and more rewarding. The key to my success is that I have always been surrounded by quality people who were self-motivated, persistent, and professional. I couldn't have done it without you!

After retirement, I plan to work in some capacity in management or consulting. I am looking forward to exploring what is “across the fence,” and seeing if the “grass is really greener.” However, I can't count out the possibility of returning to TDH. You never know!

JACK METZ

Jack began working as a journeyman photoengraver at the Sacramento Bee while going to school to earn his B.S. in Business Administration from California State University. He took a job as a budget analyst for the California Department of Health in 1973, and in 1975 was appointed director of a fledgling program — California WIC. He came to Texas in 1990 on loan from California in an exchange agreement between the two states, and was appointed director of the Local Agency and Vendor Management division in 1992. At retirement Jack managed the Vendor Relations and Support Section in the Vendor Operations Division.



ESTHER DIAZ

Esther Diaz came to TDH after a 23-year career with the Texas Rehabilitation Commission. During her previous life with TRC she worked as a Spanish language translator, disability examiner, training officer, director of staff development, director of inquiry and special services,



continued on page 6

WIC retirees continued from page 5

and director of special operations for disability hearings and translations. She brought her wealth of experience and expertise to TDH as the supervisor of the WIC Vendor Training section.

In Esther's other life she is a professional translator, accredited by the American Translators Association for Spanish-to-English and English-to-Spanish translations. She created and presented a certificate program in translation and interpretation at Austin Community College, and travels training medical interpreters. Esther is the cofounder and board member of the Austin Area Translators and Interpreters Association.

Her thoughts —

I have thoroughly enjoyed my time with WIC, working with colleagues at the state office and staff in the clinics who really care about helping people. Keep up the great work!

After retirement I will train translators and interpreters in Austin and around the country.

MARY VALDEZ

Mary Valdez, known to most as one of the "two Marys," retired recently after serving 20-plus years at TDH. With Mary Dell Heitkamp, she was the first person most callers talked to when calling into the agency. She fielded hundreds of calls, answered thousands of questions, directed countless visitors, and solved a multitude of problems as a representative for the Texas WIC program. Despite the demands, she maintains, "WIC is the



best place to work ...” When asked why the WIC program is so special, she replies, “the people.”

Mary and her husband of 39 years have two daughters, and are blessed with three grandchildren, whom she refers to as her “pride and joy.” She says she enjoys reading, traveling, and spoiling the grandkids. It looks like Mary's retirement will be almost as demanding as her job with TDH, with three grandchildren to spoil. Good luck to Mary, and thanks for a job well done!

ELSA JOHNSON

Elsa, who until her retirement maintained the mailing list for *Texas WIC News*, began her state employment in 1992 with the Bureau of Vital Statistics. WIC finally lured her away in 2000, and in 2002 she retired from the Health Communications division.



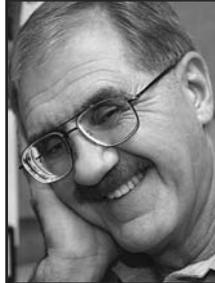
She says:

I enjoyed working for TDH. It is a great department to work for. For me, making the decision of retiring was bittersweet. I have a lot of things that I want to do and hobbies that I want to pursue, but I made some wonderful friends that are like family to me and I am going to miss them very much.

I have an electric scooter and just about every day I regress back to my childhood and ride around the neighborhood like a 10-year-old! I cannot make any big plans for the future until my husband decides to quit work.

AUBREY HERZIK

Aubrey Herzik retired from the Texas Department of Health after almost 10 years, most of which were spent pioneering the use of computer technology to improve communications between TDH and the many contractors and local health departments around the state. He started as the systems manager of the Healthy Texans Electronic Bulletin Board, which was operating before the advent of the World Wide Web. The EBB provided e-mail, discussion groups, and downloadable files to users long before most people had even heard about the Web. The EBB was active from 1994–99, when users migrated to the Web. Aubrey was fluent in both systems, maintaining the EBB at the same time he was starting to develop TDH Web sites. Since 2000 Aubrey has developed and maintained Web sites and online databases for TDH.



Prior to state employment, Aubrey served in the U.S. Air Force for six years, followed by 25 years as a computer programmer, manager, and systems analyst for I.B.M.

He remarks about his time at TDH, and his plans for the future.

I will miss the many friends I have made at TDH, including lots of people across the state. However, I am looking forward to relaxing and pursuing many interests. I plan to teach computer science and math part time (emphasis on “part time”) at Temple College, where my wife is on the faculty. I also plan to enjoy some

hobbies, such as vegetable gardening, sports, country-western dancing, and reading about World War II history.

My wife and I also hope to do some traveling, beginning with places in Texas, such as Palo Duro Canyon and Big Bend National Park. And, of course, most important of all, we hope to spend lots of time with our grown children and grandchildren.

BOB KISSEL

After 26 years of state service, Bob Kissel retired as supervisor of the Automation Division in the Bureau of Support Services. During his tenure with TDH, he also served as the acting bureau chief for the WIC program. Bob is rumored to be adjusting well to the retired lifestyle — doing a little cooking for his wife, who still works at TDH as the Bureau Chief for Children’s Health — and generally enjoying life. Recently Bob was seen shopping at Precision Camera so we can assume that he is preparing to continue pursuing a favorite hobby — photography.



*TDH extends a hearty
congratulations, and sincere thanks
to all of these recent retirees!*

Customer service: Making Spanish speakers feel welcome

By Esther Díaz

How many Spanish-speaking participants come to your clinic every day? Approximately 67 percent of WIC participants in Texas are Hispanic and many of them speak primarily Spanish. Many clinics have Spanish-speaking staff members at the front desk. When that is not possible, here are some tips for making Spanish-speakers feel welcome at your clinic.

Learn a few basic Spanish phrases (phonetic sound for each word is in parentheses)

Buenos días (*bweh-nohs dee-aahs*) — ‘Good morning’

Firme aquí, por favor (*fear-meh aah-key por fah-vohr*) — ‘Please sign here’

Gracias (*graws-yahs*) — Thank you

Un momento, por favor (*oon mo-ment-oh por fah-vohr*) — ‘Just a moment, please’

Voy a traer ayuda (*boy aah trah-air aah-you-dah*) — ‘I’m going to get help’

Learn to pronounce Spanish names correctly

Example: *Perez* sounds much like the English name *Pettis*.

Get their names right

In traditional Hispanic culture, children are named after a saint to watch over them. This first name is just honorary, so people usually go by their middle name, instead. People from traditional families also carry both parents’ last names.

Example: The name I go by is Esther Díaz. As a Hispanic, my full name is:

Mary	Esther	Díaz	Gaytán
First	Middle	Father’s Last	Mother’s Last

If you write down my name according to American tradition (First /MI/Last), I may not respond when you call for **Mary E. Gaytán** in the waiting room.

A helpful way to write these long Spanish names is to hyphenate the last names. That way, the file will be alphabetized correctly and you will automatically call out the correct last name.

Example: Mary Esther **Díaz-Gaytán**.

In traditional Hispanic cultures, married women keep their father’s last name and add their husband’s last name:

Mary	Esther	Díaz	Gaytán	Lewis
First	Middle	Father’s Last	Mother’s Last	Husband’s Last

The best way to know what to call people is to ask them what name they go by.

¿Como le dicen? (*koh-moh leh dee-sen*) — “What do they call you, Mary Lewis or Esther Díaz?”

To learn more helpful phrases to make your Spanish-speaking participants feel welcome, check into the series of Spanish courses offered by WIC state office trainers. Call WIC Training and Technical Assistance at (512) 341-4400 for more information.

Powerhouse team in El Paso helps children with disabilities

The El Paso City-County Health District WIC program recently made a positive difference for young children, above and beyond its nutrition program. A unique collaborative effort teamed WIC with AVANCE and the Texas Interagency Council on Early Childhood Intervention (ECI) to make a difference in the young lives of many El Pasoans with disabilities and developmental delays.

“In the fall of 2001, the El Paso Chapter of AVANCE received an Innovation Grant from the Texas Department of Health to increase referrals to ECI,” explained Sanjay Mathur, executive director. “It is estimated that 3.4 percent of the 0–3 population in Texas has one or more developmental delays or disabilities, and the rate is thought to be higher in poor communities like El Paso.”

ECI is a statewide program of services for families with babies and toddlers, birth to 3 years of age, with disabilities or delays in development. ECI provides evaluations to determine eligibility and the need for services. Families and professionals work as a team to plan appropriate services based on the unique needs of the child and family.

AVANCE staff rotated to different WIC clinics and invited parents to talk about their child’s development and answer a series of questions. WIC staff also passed out booklets by ECI on child development, and played a seven-minute ECI video in the waiting rooms.

When the collaborative project of WIC, AVANCE, and ECI began in El Paso, only 3.09 percent of El Paso children ages 0–3 were being served by ECI. In the 18 months since the project began, the ECI service rate in El Paso has increased to 3.63 percent. WIC and AVANCE have grown to account for nearly one out of



Valerie Saenz, left, WIC Nutritionist, and Gloria Camacho, right, AVANCE Coordinator, pose with the Ramirez family. A TDH-funded Innovation Grant supports early intervention to help children such as Mario and Marcos by making developmental services available to WIC clients.

every six referrals received by ECI. Since fall 2001, WIC has made 91 referrals to ECI, and AVANCE has made an additional 234 referrals.

For more information or to refer a child, call the ECI Care Line at 1 (800) 250-2246.

Test your customer-service I.Q.

By Eaton Wright, B.S., NUT
Nutrition expert

Eaton here, to test not *Your Nutrition I.Q.*, but *Your Customer-Service I.Q.* Customer service: a very simple concept in theory, but one of which we need to be constantly reminded, because, like a cat's litter box, if neglected, it will come back to cause us great discomfort. It is that simple.

REMEMBER:

PROVIDING GOOD

CUSTOMER SERVICE IS

AS SIMPLE AS THIS:

TREAT OTHERS AS YOU

WISH TO BE TREATED.

1. True or false:
If a customer is rude, hanging up on him will help him realize his inconsiderate ways, prompting him to call back and apologize profusely.
2. A customer does not understand English and does not read in her own language. Who is responsible for making arrangements for an interpreter?
 - a. ¡No yo!
 - b. Nicht ich!
 - c. Pas je!
 - d. Not me!
 - e. Duh, the customer?
 - f. You
3. True or false:
When communicating with someone, it is best to get your point of view across first. Then, if time allows, let her speak.
4. The proper place to discuss a participant's risk conditions is:
 - a. the parking lot in front of the WIC clinic.
 - b. sitting next to the participant in the crowded waiting room.
 - c. in the employee break room, while a rerun of *Tu y Yo* is playing on the TV.
 - d. In your office, with the participant's best friend present.
 - e. All of the above.
 - f. None of the above.

Answers:

1. False! Hanging up on a customer will only give your boss (and you) a terrible headache. Remember these seven methods for treating telephone customers properly:
 - (1) walk a mile in their shoes,
 - (2) take responsibility,
 - (3) keep commitments,
 - (4) be flexible,
 - (5) be fair,
 - (6) make their day, and
 - (7) let it roll off your back.

2. ¡Usted! Sie! Vous! You! The answer is f, meaning ‘you the reader.’ Not me, Eaton. According to WIC policy CR:10.0, “Where a significant proportion of the population of the area served by a local agency is composed of non-English or limited-English speaking persons who speak the same language, LA shall ensure that required WIC services are provided to such persons in the appropriate language orally and/or in writing.”

3. False!!! *En boca cerrada, no entran moscas.* But more importantly, being an active listener focuses attention on the speaker. The listener must take care to attend to the speaker fully, and then repeats, in the listener’s own words, what he or she thinks the speaker has said. The listener does not have to agree with the speaker; the listener must simply state what he or she thinks the speaker said. This enables the speaker to find out whether the listener really understood. If the listener did not, the speaker can explain some more. Active listening has several benefits:
 - (1) It forces people to listen attentively to others.
 - (2) It avoids misunderstandings, as people have to confirm that they do really understand what another person has said.
 - (3) It tends to open people up, to get them to say more.

4. Absolutely “f” — none of the above! Confidentiality of participant information is of utmost importance. For a more thorough understanding of just how important this topic is, please read WIC policy GA:01.0 — Confidentiality of Participant Information.

Sources:

- <www.tdh.state.tx.us/wichd/tng/wicworkbook_4.pdf>
- <www.colorado.edu/conflict/peace/treatment/activel.htm>

About the author: Eaton Wright is a certified NUT and customer-friendly guy based in Austin, Texas.

CORRECTION!

While reading Eaton Wright’s excellent article on breastfeeding and smoking, (WIC News, Summer 2003) I noticed that the apples in question 2 were mistakenly rearranged. I spoke with Eaton and he agreed that the statement should read: “Fuji, Gala, and Pink Lady are NOT as tasty as the good old Red Delicious.”

The correct answer should be, “e. Everybody knows that Fuji, Gala, and Pink Lady apples hop in the back seat when the Red Delicious gets in the car.”

The longest day

By Shirley Rocha

In August 2002 the Texas Department of Public Safety issued the first statewide Amber Alert in the case of an infant abduction in Abilene. The Amber Alert was named for Amber Hagerman of Arlington, who was abducted and murdered in 1996. This alert system uses all media — radio, television, faxes, cell phones, business communications, and electronic highway signs — to quickly notify law enforcement and the public about confirmed abductions.

The Texas-born system was successful in its first alert — the safe return of the abducted infant and WIC client, Nancy Chavez, to her parents in Abilene.

Texas' pioneering efforts with the Amber Alert system prompted 41 states to adopt the alert, and in April 2003 a nationwide system was signed into law. Here is the story of the first Amber Alert.

“Incredible! I can’t believe this is happening to me!”

This was the first thought in Margarita Chavez’s mind when the unthinkable occurred — someone had taken her baby. The infant had been snatched right out of the family van with her two terrified sisters watching.

On August 13, 2002 Margarita and her three daughters — Elizabeth, 6; Esmerelda, 3; and Nancy, 4 weeks — were out shopping at Wal-Mart, like many other families that summer day. As they completed their shopping, Margarita did what any responsible parent would do. She secured her children in the van and went to return the grocery cart to the corral. In the seconds that she was away, a woman pulled up beside the van, took Nancy out of the van, and sped away. Margarita chased the woman on foot, shouting and trying to stop the car. She was knocked to the ground and dragged, suffering cuts and bruises on her face. Her hands were lacerated as she grabbed at the car and then fell to the blacktop.

The police arrived, as well as Margarita’s husband. She was grateful for his presence, because she had started to worry that perhaps the kidnapping was her fault — that maybe she had not been careful

enough. One of the policemen threw Margarita and her husband a lifeline when he told her that a woman who wants a baby badly enough to steal one is likely to take very good care of it. Margarita returned to this thought over and over throughout the ordeal as she waited for news of her baby.

During the incident, Margarita's daughter Elizabeth, only 6 years old, began to console 3-year-old Esmerelda, asking permission to give her some soda to distract her and to help her stop crying. Both little girls were traumatized by the abduction of their little sister, as well as by seeing their mother bloodied, upset, and crying.

Margarita went to the hospital by ambulance, and was released after being treated for her injuries. With the Amber Alert activated and city and state police working to find little Nancy, there was nothing left for Margarita and her family to do but to go home and hope for Nancy's safe return. The outpouring of concern in the community of Abilene was amazing to this humble family. They found notes on their cars and front door, and the answering machine was filled constantly with messages from well-wishers.

School was starting in only a few days. Elizabeth's former kindergarten teacher, after speaking with

the Chavez family, bought all of Elizabeth's supplies for first grade, complete with a new backpack. The kindhearted teacher also included coloring books and extra crayons for the girls to distract themselves with.

Though they had no appetite, dishes of food arrived at their door from neighbors, church members, and even strangers. It was during this time that the Abilene WIC office contacted Margarita. As a breastfeeding mother and WIC client, the staff anticipated that she would be experiencing discomfort and would soon be in pain from engorgement. Margarita had a manual pump, but it was painful to use because of the cuts to her hands. The WIC office delivered an appropriate and easy-to-use model to her door. Margarita was able to stay comfortable and maintain her milk supply as she awaited the return of Nancy to the breast.

Twenty-six sleepless hours later, the city, and many around the country rejoiced to see Nancy returned to the arms of her mother. Nancy was in good shape. The police officer had been correct; the abductress had taken good care of her. She was asleep when she arrived in Abilene from Quanah, Texas, where she had been found, fed with formula. When she awakened, baby

Nancy happily returned to the breast. In spite of the trauma, Margarita's milk supply remained steady with the help of the breast pump.

The Chavez family is still working to return to normal. Margarita no longer goes out unaccompanied for now, and Salvador, her husband, shepherds his girls closely. Elizabeth has started first grade and is doing well. She is still fearful of going out, and would rather stay home. Esmerelda has done well. Little Nancy has not skipped a beat; she is happy and secure in her mother's arms.

The woman who abducted Nancy was arrested in Quanah. She faces trial for kidnapping. Margarita's view of the woman who put her family through torment is admirable. She says, "While she did something terrible to my family, I am glad that she took good care of Nancy while she had her."

The camera crews have gone and the national spotlight has moved on to other stories. But when Margarita Chavez brings Nancy to the Abilene WIC office, she brings a reminder of a special success for the family, the nation, and for WIC.

Targeting no-show rates and increasing participation in Texas WIC

By Isabel Clark, M.A., R.D.
Clinical Nutrition Specialist

The Texas Special Supplemental Nutrition Program for Women, Infants, and Children serves over 800,000 participants statewide. WIC's primary goal is to serve all eligible individuals and families, and to provide nutritious foods, nutrition education and counseling, and referrals to other health-care services.

The program employs a variety of methods to identify and enroll persons eligible for the WIC program, but not participating in it. One important, and sometimes overlooked, population to target comprises those classified in WIC as "no-shows." No-shows are enrolled in the WIC program, but do not attend their scheduled appointments to receive education and vouchers. Identifying these persons and why they are no longer participating in the WIC program is important when trying to increase participation through outreach programs.

RACE AND ETHNICITY AS FACTORS

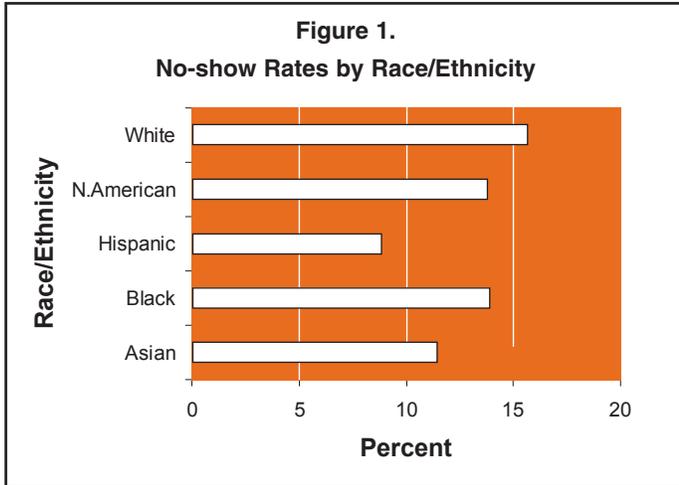
How do no-show rates compare among the different racial or ethnic groups participating in the Texas WIC program? As illustrated in Figure 1, whites have the highest no-show rates (15.7 percent), followed by blacks, Native Americans and Asians; Hispanics have the lowest no-show rates (8.9 percent). Further study is needed to determine what factors influence these differences and whether outreach projects can reduce the proportion of no-shows.

WIC CATEGORY

Contrary to popular belief, children have one of the lowest no-show rates, following breastfeeding women. As shown in Figure 2, breastfeeding women have the lowest rate (7.6 percent), followed by children (8.3 percent), pregnant women (13.1 percent), infants (13.8 percent), and postpartum women (14.9 percent).

While the no-show rate for children is low and remains almost constant at about 8.3 percent (range = 7.8–9.0 percent) (Table 1), infants are among those with the highest no-show rates. As shown in Table 2, the no-show rate for infants is very low during the first few months, but then climbs and peaks during the 11th month.

Changing this trend requires identifying the reasons that approximately 70 percent of the infants originally enrolled in WIC no longer participate by the time they are 1 year old. This issue needs to be addressed throughout the infant period. Although WIC provides nutrition information for the parents of infants, the importance of good nutrition throughout the preschool years needs to be stressed beginning in infancy. As obesity continues to climb, sound nutrition messages are critical in helping address the problem, and sound nutrition practices during the formative years may help reverse this trend. WIC foods provide important nutrients to enhance growth and, when combined with nutritional assessments and education, these children and their families will benefit greatly in the years to come.

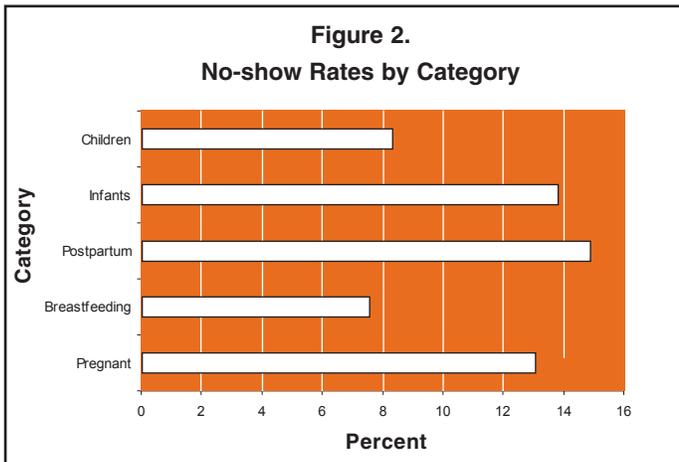


Data based on Texas Dept. of Health, Bureau of Nutrition Services, Texas WIN — April 2003.

Table 1. Child No-show Rate by Age (months)

Months	Participation	Enrollment	No-show Rate (%)
12-17	61,037	66,632	8.4
18-23	60,695	66,083	8.2
24-29	52,420	57,274	8.5
30-35	53,187	57,851	8.1
36-41	46,838	51,154	8.4
42-47	47,143	51,155	7.8
48-53	41,309	45,103	8.4
54-60	44,630	49,043	9.0

Data based on Texas Dept. of Health, Bureau of Nutrition Services, Texas WIN — April 2003.



Data based on Texas Dept. of Health, Bureau of Nutrition Services, Texas WIN — April 2003.

Table 2. Infant No-show Rate by Age (months)

Months	Participation	Enrollment	No-show Rate (%)
< 3	57,790	59,865	3.5
4	19,555	20,912	6.5
5	18,408	19,975	7.8
6	19,037	21,488	11.4
7	18,913	21,916	13.7
8	19,485	22,611	13.8
9	18,818	22,416	16.1
10	16,064	19,834	19.0
11	15,343	19,684	22.1

Data based on Texas Dept. of Health, Bureau of Nutrition Services, Texas WIN — April 2003.

Finding help in Texas — as easy as 2-1-1

By Paula Kanter, R.D.

For years, Americans have had to call many different telephone numbers to obtain different types of assistance. Now the national 2-1-1 initiative aims to implement a single call system for accessing information and referrals for community-based organizations and government agencies available within a caller's area.

Today, 2-1-1 is the three-digit telephone number assigned exclusively for easy access to community information and referral services. It is like 9-1-1 for emergencies, 3-1-1 for non-emergencies or 4-1-1 for directory assistance.

Since July 21, 2000, when the Federal Communications Commission approved 2-1-1 as the national abbreviated dialing code for this purpose, 22 states have implemented the system. To date, 23 percent of the U.S. population has access to 2-1-1. The national 2-1-1 coalition's goal is to ensure access to 2-1-1 for at least half of the U.S. population by 2005.

In Texas, the Texas Information and Referral Network is the Texas Health and Human Services Commission program responsible for administering Texas 2-1-1. The TIRN is a private-public partnership composed of several organizations, including THHSC, the Texas Alliance of Information and

Referral Services, United Ways of Texas, and numerous community-based organizations.

Texas 2-1-1 is a bilingual telephone-based system handled by information-and-referral specialists who assess callers' needs and provide referrals to all appropriate resources in the community. There is no cost to the caller and all information is kept confidential. Texas 2-1-1 can be accessed 24 hours a day, seven days a week.

When a call is placed to 2-1-1, an information-and-referral specialist responds to the call. If all IR specialists are busy, the caller can remain on hold or chose to leave a voice mail message with contact information. During normal business hours, the 2-1-1 center has four hours to return the call. Dialing 2-1-1 connects the caller to the Area Information Center in the caller's area. The AIC is a regional center that gathers and maintains comprehensive information on local services including federal, state, and local government agencies, community-based organizations, and private nonprofit organizations.

The IR specialist can provide referrals for assistance ranging from basic human needs (food pantries, clothing closets, rent, and utility assistance) to physical and mental health resources, child or adult day

care, job training, transportation, and education programs.

Texas 2-1-1 is not just for people in need. IR specialists also take calls from individuals seeking volunteer opportunities or wanting to donate money.

At present, not all Texans have access to 2-1-1. According to David Smith, Certified Resource Specialist at THHSC, "We currently have 24 Area Information Centers up and running. These are the first points of contacts in the statewide information and referral network for that community. Out of those 24, 13 are currently accessible through 2-1-1. Full statewide coverage of 2-1-1 is expected in summer 2004."

Mr. Smith strongly encourages WIC local agencies to contact their regional AIC to verify that the local agency is listed in the AIC database. Local agencies can locate the nearest AIC by going to the Web site at <<http://www.hhsc.state.tx.us/tirn/aicsearch.asp>>.

For more information on TIRN and the Texas 2-1-1, go online at <<http://www.hhsc.state.tx.us/tirn/tirhome.htm>> or at <<http://www.211.org>> to obtain more information about the national 2-1-1 initiative.

With hunger increasing, food banks help

By Paula Kanter, R.D.

Texas has the second-highest percentage of hungry families in the nation. It is estimated that 1.1 million children in Texas — 32 percent of all Texas children — are hungry or at risk of hunger (Center for Public Policy Priorities, 2002). In central Texas alone, the Capital Area Food Bank saw a 47.5 percent increase in the number of households requesting emergency food assistance from 2001 to 2002 and has already seen an additional 25.3 percent rise in the first quarter of 2003. With these statistics in mind, area food banks work to provide relief for needy Texans.

Food banks are nonprofit organizations that solicit, receive, inventory, and store donated food and grocery items. The terms food bank and food pantry are often confused. Food banks distribute food to nonprofit organizations such as food pantries, soup kitchens, and low-income day-care centers. Food pantries are nonprofit organizations that distribute food directly to low-income individuals and families.

The Texas Association of Second Harvest Food Banks is the largest network of food banks in Texas and is an affiliate of America's Second Harvest — the nation's largest domestic hunger-relief organization. The TASHFB comprises 18 food banks in Texas. The list of food

banks can be found at: <http://www.americassecondharvest.org/foodbanks/state_search_tx.html>.

Food banks receive a majority of their donations from companies such as General Mills, Nabisco, and Kraft. Food banks also receive a large part of their donations from local businesses and the public, through food drives. Companies often donate to food banks because of excess inventory or inventory control, errors in packaging, changes in the formulation of a product, products approaching sell-by date, and coupons expiring. Food banks also receive commodities from the United States Department of Agriculture.

Before receiving food and grocery items from food banks, nonprofit organizations must become food-bank members by submitting an application and fulfilling eligibility criteria. Once membership is established, the organizations can place weekly orders and pick up their items at the food banks' warehouses. Members located in remote or rural areas must have their orders delivered by the food bank. Although remote deliveries occur less frequently, the total quantity of each food order usually doubles to compensate.

A food bank's inventory may include such items as frozen meats and entrees, canned and frozen fruits

and vegetables, cereal, juices, and personal-care and hygiene products. Infant formula may not be a regularly stocked item or be available in large quantities unless a food bank is located in an area where a manufacturer produces formula and donates to the local food bank.

Food banks also operate several programs to expand their services. Programs such as the Capital Area Food Bank's Fresh Food for Families provides low-income families with fruits, vegetables, and other perishables free of charge, and Kids Cafe (a service of America's Second Harvest) provides free and prepared food to hungry children by using community resources, such as boys and girls clubs, or schools where children already naturally congregate.

WIC agencies and local food banks and food pantries can be good partners. Providing WIC outreach materials to food banks makes good sense because they will make referrals to health and human service agencies when an individual contacts them. Food pantries are an excellent referral for those in need, and fostering a good relationship with food pantry staff will help ensure that potential WIC applicants are sent to the WIC clinic.

Early intervention helps kids with Down syndrome

By Roxanne Robison, R.D.

First in a series

The greatest window of opportunity for influencing a child's development is during the first 3 years

When a child has Down syndrome, an early-intervention program can make a big difference.

Down syndrome, one of the most common genetic birth defects, affects about one in 800 to 1,000 babies. It occurs when there are three chromosome 21s instead of the usual two; because of that it is sometimes referred to as trisomy 21. All of the features and birth defects associated with Down syndrome result from having an extra chromosome 21.

Down syndrome is one of the most common "special needs" conditions seen at WIC clinics. Some of the more noticeable features of persons with DS include eyes that are slanted upward and outward; small, low-set ears; and a small mouth that causes the tongue to protrude. The person may have a thick, short neck; hands that are short and broad; and short arms and legs. Some of these characteristics are also part of other syndromes.

Certain characteristics of persons with DS can affect development and may include:

- hypotonia (low muscle tone) and weakness
- slower reflexes
- loose joints
- cognitive impairment

- feeding difficulties
- health problems
- short arms and legs
- vision problems
- hearing loss

The greatest window of opportunity for influencing a child's development is during the first 3 years of life. It is during this period that children achieve their basic physical, cognitive, language, social, and self-help skills that lay the foundation for future progress. Children with DS face potential difficulties in certain areas of development that can be addressed by Early Childhood Intervention programs.

When an infant or child is referred to an ECI program, a service coordinator goes to the child's home or other location to help determine the child's specific needs. Based on a developmental assessment, the ECI service coordinator and the family will decide on the team of therapists to help with the child's development. Five key areas of development are assessed: cognitive, physical, communicative, social and emotional, and self-help. Children with DS are also screened for potential nutritional problems and those suspected of being at nutritional risk are referred to a registered or licensed dietitian, if the family agrees.

Disciplines that may be involved in the treatment team are physical, occupational, and speech therapies and nutritional and developmental rehabilitation. Some ECI programs also have nurses and family counselors who can provide medical services and emotional support.

Occupational or speech therapists can assist with oral motor feeding problems. Because of low muscle tone and weakness of the muscles in the cheeks, tongue, and lips, feeding is difficult for some infants with DS. A high, arched palate may also present a problem with sucking. The occupational therapist helps the child improve sucking and feeding techniques, recommends adaptive feeding utensils, if needed, and demonstrates proper positioning to facilitate feeding. Many infants with DS can breastfeed but may need extra help from a lactation consultant or another health professional. Breastfeeding helps children with DS build oral strength. If breastfeeding is not possible, feeding the breastmilk will benefit the child in many ways, including reducing the risk of infection.

Occupational and physical therapists may work together on gross motor skills involving large muscle groups. Hypotonia and loose

ligaments in the joints make sitting, crawling, standing, and walking more challenging for a child with DS. The therapist assists with developing fine motor skills, such as the use of hands and fingers. Play activities such as grabbing toys, putting things into containers, and opening and closing lids are particularly helpful to the child with DS.

The goal of physical therapy is not to accelerate development, as is commonly believed, but rather to prevent the child from developing compensatory patterns that can become ingrained. For example, when the child learns to stand, he may only be able to do so by locking his knees because of weakness in his trunk and legs. Helping him develop strength allows him to stand properly without locking his knees.

Nutrition goals for a child with DS, as with other disciplines, change over time. The dietitian may recommend fortifying the diet of infants who — because of a weak suck, high arched palate, and tongue protrusion — may not be able to take in all the milk that is needed to grow. Solid foods may be delayed because of oral motor problems and sensory aversion. The eruption of teeth in persons with DS is usually delayed and may

occur in an unusual order. There is a high rate of missing teeth, as well. Constipation can be a real problem and is caused by a variety of factors, including weak abdominal muscles, inactivity, a low-fiber diet due to chewing problems, and inadequate fluid intake. Overweight may become a concern later when growth in height begins to slow. Muscles with low tone do not use as many calories and this must be considered when addressing the caloric needs of a person with DS.

Although there are no speech and language problems unique to children with DS, most children with DS will have speech and language challenges. A speech therapist can design an individual program to help the child communicate to his fullest potential.

The WIC program can be a much needed resource for the child with DS. Medical nutritional products and formula may be needed, depending on the health and feeding problems of the child. The dietitian from the WIC clinic can coordinate nutrition care with the dietitian at the ECI program. If the child is not already receiving services from an ECI program, WIC staff can assist families with locating an ECI program in their area by calling 1 (800) 250-2246.

News to use

By Shellie Shores, R.D., nutrition education consultant, and Tracy Erickson, R.D., WIC Breastfeeding Coordinator

AAP weighs in on preventing childhood obesity

The dramatic increase in the prevalence of overweight children, and the associated health and financial burdens, are issues every pediatrician faces daily. A new policy from the American Academy of Pediatrics (AAP) entitled, "Prevention of Pediatric Overweight and Obesity" proposes strategies to foster prevention and early identification of overweight and obesity in children.

A primary diagnostic tool suggested by the AAP is Body Mass Index, the ratio of weight to height. BMI is widely used to define overweight and obesity, and significant changes in a child's BMI should be recognized and addressed before the child becomes severely overweight. The policy points out that some parents may not recognize or accept the potential risk of their child being overweight. It also notes that guidance or intervention before obesity has become severe will likely be more successful. According to the statement, the number of overweight and obese children has doubled in the last two decades. Nationally, more than 15 percent of 6–11-year-olds and 12–19-year-olds are either at or above the 95th percentile for BMI.

Recommendations in the policy include:

- ▶ identify and track patients at risk by virtue of family history and birthweight, as well as socioeconomic, ethnic, cultural, or environmental factors
- ▶ calculate and plot BMI once a year in all children and adolescents
- ▶ use changes in BMI to identify the rate of excessive weight gain relative to linear growth
- ▶ encourage, support, and protect breastfeeding
- ▶ encourage parents and caregivers to promote healthful eating patterns

- ▶ routinely promote physical activity, including unstructured play
- ▶ recommend limitation of television and video time to a maximum of two hours per day

The new policy advocates that pediatricians help parents, coaches, and others who influence youth to discuss health habits, not body build, as part of their efforts to control overweight and obesity.

Source: <<http://www.aap.org/advocacy/releases/avgobesity.htm>>.

Revised nutrition-education pamphlets available

The brochure *Family Planning and Breastfeeding: A Powerful Way to Protect Your Family*, stock nos. 13-101 (English) and 13-101A (Spanish), has recently been revised. The revision, titled *Breastfeeding and Family Planning* is now available. The handout provides information on family-planning options that are safe while breastfeeding. Please recycle your old brochures and order the revised brochure from the TDH warehouse, using form AG-30.

Eat Well, Be Well — A Nutrition Guide for Women, stock no. 13-169, has been revised. The new pamphlet is bilingual and contains practical tips on health and nutrition for all women of childbearing age. Please recycle your old pamphlets and order the revised pamphlets from the TDH warehouse, using form AG-30.

The pamphlet *Food for You Now That Your Baby Is Here!*, stock nos. 13-66 (English), 13-66A (Spanish), and 13-66V (Vietnamese), has been revised and is now entitled *Healthy Moms for Healthy Babies*. The pamphlet has information on eating healthy foods, weight loss, physical activity, sleep, and postpartum depression. Order the English and Spanish versions from the TDH warehouse, using form AG-30. Order the Vietnamese version from the WIC Warehouse using the Texas WIC Materials Order Form. Please recycle your old pamphlets.

New Fit Families materials help combat obesity

Fit Families is a series of new materials that are intended to be proactive in addressing the issue of obesity. Each poster and pamphlet combination targets a specific area and category of participant.



Bounce Back: Getting in Shape After Your Baby is Born provides postpartum women with practical nutrition and activity advice. The goal is to give these postpartum women information that will help them achieve and maintain a healthy weight.

First Steps to an Active Life encourages parents of children birth to 5 years of age to actively play with their infants and young children. The pamphlet gives parents a list of age-appropriate activities they can engage in with their children and stresses the idea that active children are healthy children.

Baby Talk About Food targets parents of infants and children 4 months to 24 months of age. The pamphlet provides parents with a wealth of information about developmental milestones related to eating. Parents are provided with a list of hunger and satiety cues common in infants and young children, and encouraged to respect their child's natural ability to regulate food intake. The goal of this pamphlet is to help parents establish healthy feeding relationships with their children based on mutual respect.

All the Fit Families materials can be ordered from the WIC Warehouse using the Texas WIC Materials Order Form.

Name, Item	English stock no.	Spanish stock no.
<i>Bounce Back</i> , pamphlet	13-06-11621	13-06-11621A
<i>Bounce Back</i> , poster	13-06-11620 Bilingual	
<i>First Steps</i> , pamphlet	13-06-11623	13-06-11623A
<i>First Steps</i> , poster	13-06-11622 Bilingual	
<i>Baby Talk</i> , pamphlet	13-06-11619	13-06-11619A
<i>Baby Talk</i> , poster	13-06-11618 Bilingual	

Texas Now Has a Hot Line for Women with Postpartum Depression

The Postpartum Resource Center of Texas is a 24 hour-a-day hot line staffed by volunteer physicians, psychologists, and therapists. Women who call the toll-free number receive immediate support for postpartum depression and referrals to treatment providers, support groups, and other services in their area. PRCT follows up on each call by sending a packet of information on postpartum depression and a summary of local resources recommended during the call. With the caller's permission, staff will check in with the woman a week later to see if she has located the help she needs. The hot line can support callers who speak Spanish, Vietnamese, or any of over 100 other languages.

Your WIC Clients can reach the hot line by calling 1 (877) 472-1002. The Web address for the organization is <www.texaspostpartum.org>.

Training schedule — classes in 2003, early 2004

If you would like more information on upcoming classes, contact the appropriate staff for the following classes.

Certification Classes

Anita Ramos, (512) 341-4400, ext. 2218
<anita.ramos@tdh.state.tx.us>

Teaching Group Classes

Janice Carpenter, (512) 341-4400, ext. 2248
<janice.carpenter@tdh.state.tx.us>

Class Management

Janice Carpenter, (512) 341-4400, ext. 2248
<janice.carpenter@tdh.state.tx.us>

Professional Development

Todd Shaw, (512) 341-4400, ext. 2266;
or Elvia Andarza, ext. 2257
<todd.shaw@tdh.state.tx.us>
<elvia.andarza@tdh.state.tx.us>

Patient Flow Analysis

Anna Garcia, (512) 341-4400, ext. 2246;
or Ted Manning, ext. 2274
<anna.garcia@tdh.state.tx.us>, or
<ted.manning@tdh.state.tx.us>

Nutrition Training

Shirley Ellis, (512) 341-4400, ext. 2304;
or Rachel Edwards, ext. 2296
<shirley.ellis@tdh.state.tx.us>, or
<rachel.edwards@tdh.state.tx.us>

Vendor Training

Todd Shaw, (512) 341-4400, ext. 2266;
or Elvia Andarza, ext. 2257
<todd.shaw@tdh.state.tx.us>
<elvia.andarza@tdh.state.tx.us>

Breastfeeding Training

Web site:
<<http://www.tdh.state.tx.us/lactate/courses.htm>>
Hellen Sullivan, (512) 341-4400, ext. 2302
For registration fliers, call 341-4400, ext. 2302,
or e-mail <hellen.sullivan@tdh.state.tx.us>

Peer Counselor Training

Jewell Stremmler, (512) 341-4400, ext. 2303
<jewell.stremmler@tdh.state.tx.us>

Formula Training

Liz Bruns, (512) 341-4400, ext. 2268
<elizabeth.bruns@tdh.state.tx.us>

Certification Training

New WIC Staff

Jan. 27–29, 2004	Austin
March 30–April 1, 2004	Austin

Formula Policy and Basic Formula Information

Feb. 16, 2004	Laredo
---------------	--------

Teaching Series

The Adult Learner

Jan. 12, 2004	Austin
---------------	--------

Teaching Group Classes

Jan. 8, 2004	San Antonio; LA 73
Jan. 21, 2004	Austin

Class Management

Feb. 9, 2004	Austin
--------------	--------

Creating Skills to Cope and Deal with Difficult Clients and Situations

March 4, 2004	Austin
---------------	--------

Facilitated Discussion

Feb. 25, 2004	Austin
---------------	--------

Love 'Em or Lose 'Em: Key to Employee Retention

Scheduled as requested

Advanced Finance

Scheduled as requested

Patient-Flow Analysis

WIN PFA — Phase I

Feb. 5, 2004	Abilene
March 4, 2004	Harlingen

WIN PFA — Phase II

Training dates coming soon

Mini PFA Phase I; Advanced PFA; Improvement Class

Scheduled as requested

Breastfeeding

Mini I and II

*Mini I and Mini II are scheduled as requested.
Contact Helen Sullivan at (512) 341-4400, ext. 2302.*

Phase I

Feb. 6, 2004	Abilene
March 30, 2004	Harlingen

Peer Counselor Trainer Workshop

Jan. 27–29, 2004	Austin
------------------	--------

New WIC Director Orientation

Feb. 3–5, 2004	Austin
----------------	--------



Coming
next
issue:

Fitness & Nutrition

Texas WIC News is now available on the Texas WIC Web site!
<<http://www.tdh.state.tx.us/wichd.gi.wicnews.htm>>

For information about subscriptions to *Texas WIC News*, e-mail <joyce.leatherwood@tdh.state.tx.us> or call (512) 341-4400 ext. 2288#.

ProtectTexas[™]
Texas Department of Health

WIC, Bureau of Nutrition Services

Texas Department of Health



1100 W. 49th St.
Austin, TX 78756

PERIODICALS

ADDRESS SERVICE REQUESTED