

# Texas WIC NEWS

Special Supplemental Nutrition Program for Women, Infants, and Children

September/October 2002

Volume 11, Number 5

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**Encourage  
Physical  
Activity**



# Texas WIC announces goals, objectives for 2003

By Mike Montgomery  
Texas WIC Director



All successful organizations set goals and objectives for the future and then plan on how to reach them. Watchwords act as guideposts to assist us in reaching our goals and objectives. Our watchwords for FY 2003 are:

- Quality;
- Integrity;
- Respect; and
- Services to 100 percent of funded potentially eligible clients.

*Quality* is a degree or grade of excellence. It is doing the right thing. It is the hallmark of how we want our services delivered to our external and internal customers.

*Integrity* is firm adherence to a code or standard of values. It is accountability, effective stewardship of federal and state funds, and the state or quality of being whole and balanced.

*Customer service with respect* is the willingness to show consideration or appreciation and the willingness to modify clinic or state agency systems, whenever possible or necessary, to satisfy customer needs and wants in an expeditious yet efficient manner. This premise should permeate the culture of the program, accommodating diversity and special needs, and follow the Covey principle to “first seek to understand.”

To serve the maximum number of potentially eligible clients, program managers must constantly strive for quality and integrity in order to serve the maximum number of potentially eligible clients within the limitations of the federal grant dollars.

By delivering quality services with integrity and respect, Texas WIC will move closer to serving 100 percent of our funded potentially eligible population and ultimately contribute to better health outcomes for the families of Texas.

### Tasks to be accomplished in 2003

We have many tasks to accomplish in 2003. Presented here are the first five tasks. The remaining tasks will be covered in my column in the November / December 2002 issue of *Texas WIC News*.

1. Identify the barriers to serving more clients, the opportunities for growth, and the strategies, plans, and priorities for the program which would lead to

successfully serving and sustaining a caseload of 950,000 clients by 2007. Develop incremental strategies for change and implement those that can be undertaken and completed in FY 2003.

2. Implement an Electronic Benefits Transfer pilot project in El Paso to deliver food benefits by smart card.

3. Implement the statewide deployment of a Very Small Aperture Terminal (VSAT) satellite communications system for improved state to local communications linkage and the provision of interactive distance learning.

4. Plan and develop the migration of the Texas WIC Information Network statewide automation system to a Windows environment.

5. Reinvigorate the Nutrition Services Program Integrity Initiative to improve and strengthen nutrition services so that WIC will continue to be the premier public health nutrition program. Further explore, finalize, and implement staffing standards for qualified staff in WIC clinics. Develop commensurate training for staff development. Include TALWD and USDA staff in all phases of this task as appropriate. Sponsor and conduct the Road to Excellence Teleconference on Obesity and the implementation of the Literacy Project as part of this task.

In the next issue of *Texas WIC News*, I will discuss the remaining tasks to be accomplished in 2003.



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Texas WIC News (USPS 0016-975) is published in January, February, March, May, July, September, and November 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 Doug Jumper, Texas WIC News, Texas Department of Health, 1100 W. 49th Street, Austin, TX 78756.

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## Central agency spotlight: Tami Altmiller

By Doug Jumper  
Texas WIC News Publication Coordinator



Tami Altmiller is continuing a family tradition by working at the Texas Department of Health. Her mother is in contract management, her aunt is in communications, one of her sisters is in consumer health protection, and her brother-in-law works in HIV. Her other sister works in long-term care at the Department of Human Services.

“Most of my family works here,” stated Tami.

A TDH employee for 13 years, Tami currently serves as Texas WIC Director Mike Montgomery’s

administrative support person. She also works with Brenda Bardwell, Valerie Wolfe, and the WIC Advisory Committee.

“I try to help keep Mr. Montgomery on track by managing his calendar, handling conference calls, answering the phones, gathering e-mails, and arranging his travel,” noted Tami. “He is so busy, he is like a little tornado. But I try to help keep him at tropical storm level.”

What Tami likes best about her job is dealing with all of the people. “Every day you learn something new,” Tami said. The least favorite part of her job is when on rare occasions she does not have much to do.

When Tami is not at the office, she likes sewing, gardening, indoor football, watching ice hockey, and following the University of Texas sports programs. And this single person, who claims to be between boyfriends, loves to watch her brother work on his race car.

# Local agency spotlight: Joe Ellen Ticknor

By Doug Jumper  
Texas WIC News Publication Coordinator

WIC has certainly changed over the past 26 years in Grayson County.

When Joe Ellen Ticknor started the nutrition education program at Local Agency 10 at the Grayson County Health Department in 1976, her 100 participants would walk into the office whenever they wanted to pick up their vouchers.

Now as the WIC director, Joe Ellen's caseload has increased to 3,100 participants served through one clinic in Dennison and another clinic in Sherman. Also, she now has a staff of 11 people, including a nutritionist, two licensed vocational nurses, five clerks, and two breastfeeding peer counselors.

According to Joe Ellen, the biggest change at WIC during her quarter-century of service has been using computers to issue WIC vouchers.

"Originally, nutrition assessment was done in health department clinics by a regional nutritionist, and then sent to me to be enrolled in WIC," reminisced Joe Ellen. "And their vouchers were issued by hand."

In her clinics, Joe Ellen focuses on strong nutrition education. One of her favorite activities is the "Iron-Expo," where clients participate in an introduction and icebreaker session, followed by wandering and looking at displays on the walls and answering questions about the displays. The clients then gather back into a group and a teacher leads a discussion about what they have learned.

Joe Ellen has also been the TALWD nutrition education chairwoman for the past five years. In this capacity, she helps the state agency review and field test nutrition materials, helps set priorities, and helps with the Nutrition Education/Breastfeeding Plan and participant survey.

When she is not working, Joe Ellen likes to quilt by hand and by machine. She is also involved with the Quilters Guild of Dallas. On the family side, Joe Ellen has two sons, a daughter-in-law, and two granddaughters.

"It has been a very rewarding career," noted Joe Ellen.

# CDC encourages parents to 'brush up on healthy teeth'

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

The prevalence of dental caries among children has declined steadily since the 1940s. But by the time children in the United States reach 9 years of age, 56 percent of them have dental caries. The major cause of dental caries is *Streptococcus* bacteria, which are often transmitted from one family member to another. The bacteria require a particular environment to thrive. In infancy, this is frequently provided by substances in baby bottles which are often allowed to pool in the mouth.

Not only is poor oral hygiene a health issue, it also affects children's ability to learn in school. According to a report by U.S. Surgeon General David Satcher, 51 million school hours are estimated lost each year because of dental-related illness. Early tooth loss caused by dental decay can result in failure to thrive, impaired speech development, absence from school and inability to concentrate there, and reduced self-esteem. Dental pain can cause an inability to focus, distraction, and deterioration in school performance. Left untreated, the pain and infection can also lead to problems with nutrition and speech.



Dental experts from the Centers for Disease Control and Prevention have recently released a set of pediatric oral-health tips, *Brush Up on Healthy Teeth: Simple Steps for Kids' Smiles*. WIC can play a big part in encouraging parents to start early in taking care of their child's teeth and to teach good dental-health practices. Drinking fluoridated water and brushing with a "pea-sized" amount of fluoride toothpaste can greatly improve oral health in children. Brushing with fluoride toothpaste can lower the risk of decay by 15 to 30 percent, and drinking fluoridated water lowers the risk by 18 to 40 percent.

### Simple steps for kids' smiles

1. Start cleaning as soon as the first tooth appears. Begin by wiping the tooth with a clean, damp cloth

every day. Switch to a small, soft toothbrush when more teeth come in. Begin using toothpaste with fluoride when the child is 2 years old. Use toothpaste with fluoride earlier if your child's doctor or dentist recommends it.

2. Use the correct amount of fluoride toothpaste. Fluoride is important for fighting cavities. But, if children younger than 6 years old swallow too much fluoride, their permanent teeth may have white spots. To keep this from happening, use only a small amount of toothpaste — about the size of a pea. Teach your child to spit out the toothpaste and rinse well after brushing.
3. Supervise brushing. Brush your child's teeth twice a day until your child has the skill to handle the

*Continued on page 7*

# Overuse of sippy cups can cause dental decay

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

According to Austin Children's Dentistry, the overuse of sippy cups is the reason they are seeing 10 to 20 children a week with dental decay bad enough for the child to require general anesthesia in a hospital. Sippy cups, just like baby bottles, allow liquids to pool behind the front teeth, and can cause this kind of painful decay in children.

When we encourage parents to wean their children off the bottle, we need to strongly warn against the overuse of



sippy cups. The weaning process should take only about six months. So if you notice older children in the clinic using a sippy cup – or, during the diet recall, the parent mentions that a child over 18 months old is still using a sippy cup – be sure to discuss the potential hazards of this practice and encourage the parent to train the child to use a regular drinking glass.

*CDC continued from page 6*

toothbrush alone. Then continue to closely watch brushing to make sure the child is doing a thorough job and using only a small amount of toothpaste twice a day.

4. Talk to your child's doctor or dentist. Check with the doctor or dentist about your child's specific fluoride needs. After age 2, most children get the correct amount of fluoride to help prevent cavities if they drink fluoridated water and

brush their teeth with a pea-sized amount of fluoride toothpaste twice a day.

Parents of children older than 6 months should ask about the need for a fluoride supplement if their drinking water does not have enough fluoride.

Do not let a child younger than 6 years old use a fluoride mouth rinse unless the child's doctor or dentist recommends it.

To receive copies of the oral health tip sheet for participants, *Brush Up on Healthy Teeth: Simple Steps for Kids' Smiles*, send a request to [brushup@cdc.gov](mailto:brushup@cdc.gov).

Information for this article came from *Anticipatory Guidance in Infant Oral Health: Rationale and Recommendations*, Olga M. Sanchez, D.M.D., M.S. and Noel K. Childrens, D.D.S., M.S., Ph.D.



# Test Your Nutrition I.Q.: Physical activity

By Eaton Wright, B.S., N.U.T.  
Nutrition Expert

Hello everybody. Eaton Wright here to test your Physical Fitness I.Q.

Physical activity is key to maintaining a healthy weight and achieving physical fitness. Yes, choosing the right foods is important. Yes, saying “no!” to the Behemoth Burger, the dump truck load of fries, and the half-gallon of soda is very, very important. Portion control, in general, is important. But the key to physical fitness and lifelong weight maintenance is introduction to physical activities at an early age.



And it is tougher than ever to get kids to be active.

With the disappearance of physical education classes, kids are plumper and more physically unfit than ever. Daily enrollment in physical education classes has dropped in recent years and continues to decline, as children grow older. Between 1991 and 1995, participation in PE classes among high school students dropped from 42 percent to 25 percent. At the same time, kids are growing up in a fast food, super-sized society where any portion less than “extreme to the max” is “totally whack, dude.”

All right, enough ranting. Now for the raving. Answers follow this pop quiz.

## 1. How can children get regular physical activity?

- A. Walk with mom, dad, or the whole family.
- B. Participate in age-appropriate household chores.
- C. Get kids involved in school and community physical activity and sports programs.
- D. Be like Mike. Jordan, that is, not Tyson!
- E. Limit the time spent watching television and playing video or computer games.
- F. All of the above.

2. True or false? Children are more likely to be physically active if their parents are active.



## 3. Which of the following are contributing to the obesity epidemic in America?

- A. “Bypass burger” that could fill the Palo Duro Canyon.
- B. “Thirst Thrasher” soda the size of Caddo Lake.
- C. Stuffed crust cheese pizza, served with cheesy dipping sauce, wrapped in a blanket of cheese, topped with fat-free mozzarella cheese.
- D. La demanda para más comida por menos dinero.
- E. All of the above and more!



**Answers**

1. The correct answer is F, “all of the above.” Especially the part about raising children NOT to be like Mike Tyson. Losing an ear does not count as weight loss.

The best way to get kids active and fit is simple.

- (A) Parents must set a healthy example early.
  - (B) Get kids involved with household activities. Assigning chores around the house is also a good way to teach kids about responsibility.
  - (C) Although many famous athletes proclaim that they are not role models, the fact is — they are. So pick positive ones. Being a native of Texas, I have always liked Lance Armstrong.
  - (D) Take the video games away.
2. **True!** Plain and simple, Parents who value physical activity themselves raise children who also value physical activity.
3. The answer is the ever-predictable E, “all of the above and more!”

Palo Duro Canyon is approximately 120 miles long, 20 miles wide, and 800 feet deep. Extending from Canyon to Silverton, Palo Duro Canyon was formed primarily by water erosion from the Prairie Dog Town Fork of the Red River, which began to carve the canyon less than one million years ago. Palo Duro Canyon is the second largest



canyon in the United States. Palo Duro Canyon is slightly bigger than the biggest burger. But the battle among fast food franchises to make the most outrageous burger has led to some really big burgers.

Caddo Lake is a sprawling maze of bayous and sloughs in East Texas covering 32,000 acres of cypress swamp. The average depth of the lake is 8 to 10 feet, with the deep water in the bayou averaging about 27 feet. An angler’s delight, the lake contains 71 species of fish. It is especially good for crappie and large-mouth and white bass. Naturalists can enjoy stately cypress trees, American lotus, and lily pads, waterfowl, alligators, turtles, frogs, snakes, raccoons, minks, nutrias, beavers, squirrels, armadillos, and white-tailed deer. Caddo Lake is not the name of a giant drink sold at a convenience store.

In any language, the bottom line is the same — if we as Americans did not demand huge portions for little money, restaurants and convenience stores would not sell food in such huge portions.

Reward kids with the gift of good health. Teach the value of physical fitness.



*About the author: Eaton Wright is a certified N.U.T. based in Austin, Texas.*

# Take Time for Kids program to offer 'Parenting Tips' in *Texas WIC News*

By Jere Brewer, C.P.N.P.  
Child Health Consultant

Take Time for Kids, a child health and safety program for the young child, will present an ongoing column in *Texas WIC News* called "Parenting Tips." One of the program's goals is to increase parent-education opportunities and resources. Since WIC serves approximately two-thirds of Texas' young children, what better way to distribute parenting information than through *Texas WIC News*? Hopefully, this column will offer helpful information relating to growth and development for parents in WIC.

So, do you have parents in your WIC clinic who ask for parenting information?

Do they ask you about child development or discipline?

Is your WIC clinic noisy, with some parents screaming at their children?

And — have you noticed the nurturing and concerned parents?

All of these clients are trying to be the best parents they can be and all react to their children in different ways. How they react depends on their knowledge about parenting, on what they remember of role models' reactions, or on outdated parenting information passed on by well meaning relatives.

Parents need support, resources, and knowledge to help their children reach their full potential. Early childhood is where healthy foundations begin. Children need nurturing caregivers, good nutrition, safe environments, and preventive health care. It is essential they reach age-appropriate developmental milestones. If any of these components are missing, the child's potential may be compromised.

WIC provides a great opportunity for parents to learn about their children, what they need, and why they act the way they do. Anticipatory guidance or parent education can help parents know what to expect.

This column will address child-development, health, and safety issues to share with your clients to facilitate strong and healthy family relationships – all important matters for WIC families.

## ***A special word to fathers about their newborns***

Fathers play an important role in taking care of their new babies, and the new babies need their fathers. And mothers need them to share many of their caretaking responsibilities. When dads do things with their children, a special bond is formed that helps babies feel secure and safe.

Fathers may feel nervous around a newborn, or may be afraid to touch the baby. The best way to get over the uneasiness is to hold, and interact with, the baby.

Dads find that the more they do with the baby, the more comfortable this new role will become. Here are some tips for dads to help them become a part of their baby's life.

- Hold and cuddle the baby.
- Smile and laugh with the baby.
- Talk to your baby. He or she will quickly learn to recognize dad's voice.
- Change the baby's diapers.
- Cuddle with mom and baby during breastfeeding.
- Feed the baby when mom's breastmilk has been put into a bottle. Cuddle, talk, and sing to the baby during feeding.
- Take your baby for a walk. Babies love the sights and sounds of the outdoors.
- Play with your baby.

If you have topics you especially want to learn about or need answers to questions frequently asked by WIC parents, please e-mail me at [jere.brewer@tdh.state.tx.us](mailto:jere.brewer@tdh.state.tx.us).

# Infants and toddlers need more activity!

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

Guidelines recently released by the National Association for Sport and Physical Education stress the importance of physical activity for infants and toddlers, and suggest ways parents and professionals can get their kids to be more active. Restricting babies to car and infant seats, strollers, and playpens for long periods of time can lead to sedentary lifestyles and childhood obesity.

Dr. Jane Clark, professor and chairwoman of the Department of Kinesiology at the University of Maryland, led the NASPE Early Childhood Physical Activity Guidelines Task Force, comprised of motor-development experts, movement specialists, exercise physiologists, and medical professionals. They have developed the following guidelines.

## Infants

- Infants should interact with parents and or caregivers in daily physical activities that are dedicated to promoting the exploration of their environment.
- Infants should be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods of time.
- Infants' physical activity should promote the development of movement skills.
- Infants should have an environment that meets or exceeds recommended safety standards for performing large-muscle activities.
- Individuals responsible for the well-being of infants should be aware of the importance of physical activity and facilitate the child's movement skills.

## Toddlers and preschoolers

- Toddlers should accumulate at least 30 minutes daily of structured physical activity. Preschoolers should have at least 60 minutes every day.
- Toddlers and preschoolers should engage in unstructured physical activity from 60 minutes up to several hours each day. Also, they should not be sedentary for more than 60 minutes at a time except when sleeping.
- Toddlers should develop movement skills that will result in more complex movement tasks. Preschoolers should develop competence in movement skills that will result in them eventually performing more complex tasks.
- Toddlers and preschoolers should have indoor and outdoor areas that meet or exceed recommended safety standards for performing large-muscle activities.
- Individuals responsible for the well-being of toddlers and preschoolers should be aware of the importance of physical activity and facilitate the child's new movement skills.

According to NASPE Executive Director Judy Young, these recommendations are based on children's developmental characteristics, and recognize that children develop skills through the involvement of their parents.

In WIC, these guidelines can be helpful, especially for children at risk of overweight or already overweight, by encouraging parents to promote and support a routine of physical activity for the whole family. If parents realize the importance of physical activity, even for infants and toddlers, they will be more likely to continue throughout life.

For more information, check out the Web site at  
[www.aahperd.org/naspe/template.cfm?template=toddlers.html](http://www.aahperd.org/naspe/template.cfm?template=toddlers.html)

You won't find 'couch potatoes' on his list of healthy vegetables

## A call to action: The Surgeon General's report on overweight and obesity

By Lynn Silverman, M.A., R.D.  
Nutrition Education Consultant

"Unhealthy dietary habits and sedentary behavior together account for approximately 300,000 deaths every year." If you don't find that number significant, what about an estimated \$117 billion annually for impaired health and lost wages attributed to obesity? Type 2 diabetes, coronary heart disease, and hypertension account for most of that \$117 billion. These three chronic diseases commonly accompany weight gain, which also increases risk for endometrial, colon, postmenopausal breast, and other cancers, and some musculoskeletal disorders. You can find this information along with Dr. David Satcher's recommendations and priorities in *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*.

You don't have to gain a lot of weight to increase your risk for disease. A person's risk of developing type 2 diabetes doubles with a modest weight gain of 11 to 18 pounds. When weight gain increases, risk increases. For example, risk for type 2 diabetes increases four times with a gain of 44 pounds or more. The risk of developing endometrial cancer increases more than six times

for women with a body mass index of 34 or greater. Health professionals consider a woman obese if she has a BMI equal to or greater than 30.

With 61 percent of adults and 13 percent of children overweight or obese, Satcher calls the increase in obesity and associated chronic diseases an epidemic in the United States. He urges a national response to prevent and treat overweight and obesity. He encourages the adoption of five principles:

- Promote the recognition of overweight and obesity as major public health problems;
- Help balance healthful eating with regular physical activity to reach and maintain a healthy or healthier body weight;
- Identify effective, culturally appropriate interventions to prevent and treat overweight and obesity;
- Encourage environmental changes to help prevent overweight and obesity; and
- Develop and enhance public-private partnerships to help implement the prevention and treatment of overweight and obesity.

Satcher recognizes that individuals need a supportive environment in the form of commitment to good health in their own families, safe communities, changes in school meals and physical activity, positive media messages, worksite awareness, and health-care providers sensitive to the complexities of obesity. To create that supportive environment, he emphasizes the fundamental need for public-private partnerships to build on existing successful programs, identify current gaps in action, and focus messages on health, not appearance. He provides potential public-private partnerships with a model known as CARE, which stands for communication, action, research, and evaluation.

- **Communication:** information and tools to empower decision makers to support healthful habits.
- **Action:** interventions to assist individual and group decision makers in making healthy changes.
- **Research:** causes of overweight and obesity are explored, leading to new strategies for initiation or maintenance of healthful changes.





- **Evaluation:** assessment of the effectiveness of change strategies and interventions.

To guide public-private partnerships in facilitating the prevention and decrease of obesity, Satcher gives numerous examples of the CARE model applied to the five settings listed here:

- families and communities;
- schools;
- health care;
- media and communications; and
- worksites

For example, in a health-care setting such as a WIC clinic, the CARE model would follow this example.

- **C:** Educate expectant parents and other community members about the potentially protective effect of breastfeeding against the development of obesity.
- **A:** Create community environments that promote and support breastfeeding.
- **R&E:** Develop and evaluate preventive interventions that target high-risk infants and children.

Examples of CARE applications to other settings include:

#### **Family and community**

- **C:** Educate parents about the need to serve as role models through healthful eating habits and regular physical activity.
- **A:** Create and implement public policy related to the provision of

safe and accessible sidewalks, walking and bicycle paths, and stairs.

- **R&E:** Identify how to motivate people to increase and maintain physical activity and make healthier food choices.

#### **Schools**

- **C:** Educate students about the importance of physical activity and nutrition programs and policies.
- **A:** Ensure that school breakfast and lunch programs meet nutrition standards.
- **A:** Provide healthy snacks and foods in vending machines, school stores, and other venues within the school's control.
- **R&E:** Evaluate the relationship between healthy eating and physical activity, and student health, learning, attendance, classroom behavior, violence and other social outcomes.

#### **Media and communications**

- **C:** Build awareness of the importance of social and environmental influences on making appropriate choices about diet and physical activity.
- **A:** Develop the sensitivity of educators, health-care providers, and the media about the problems encountered by the overweight child.
- **R&E:** Examine the marketing practices of the fast-food industry and factors determining construction of new food outlets.

- **R&E:** Conduct consumer research to ensure that media messages are positive, realistic, relevant, consistent, and achievable.

#### **Worksites**

- **C:** Inform employers of the direct and indirect costs of obesity.
- **A:** Establish on-site exercise facilities or create incentives for employees to join local fitness centers.
- **R&E:** Evaluate best practices in worksite overweight and obesity prevention and treatment efforts, and widely disseminate results of studies.

#### **Priorities**

Drawing from the examples of the CARE framework in the report, Satcher lists 15 communication, action, research and evaluation activities as national priorities for immediate action. The first communication priority is to change the perception of obesity at all ages with the primary concern one of health, not appearance. The second communication priority, and one pivotal to education at WIC, is educating all expectant parents about the many benefits of breastfeeding to both the baby and the mother. To read the other 13 priorities and the entire report, visit the Web site [www.surgeongeneral.gov/topics/obesity/calltoaction/toc.htm](http://www.surgeongeneral.gov/topics/obesity/calltoaction/toc.htm).

# Texas nurses prepare against

By Marie Garland, R.N.  
WIC Immunization Coordinator

Today we witness heightened national preparations against terrorism, disasters, and threats to the homeland. The Ready Texas Nurses now form an important facet of our state's preparedness.

To explore a statewide plan of action, Texas Gov. Rick Perry formed the Governor's Task Force on Homeland Security in October 2001. Its purposes included assessing preparedness, encouraging coordination among agencies at different government levels, and recommending improvements. The Texas Nurses Association was invited to represent nursing in that effort.

One of three subcommittees, the Work Group on Health and Bioterrorism was charged with assessing the medical and public health preparedness and adequacy of response mechanisms in Texas and recommending resources or activities. A number of health-related organizations including TNA, the Texas Medical Association, the Texas Hospital Association, and the Texas Department of Health gave their expert input.

One of the first recommendations was for the governor to establish a permanent coordinating council, with representatives from both public and private health-care sectors, to define efficient plans for detecting and responding to bioterrorism.

The Texas Nurses Association became a public partner of this group, prepared nursing's area of responsibility, and submitted a plan that was adopted by the governor and his Coordinating Council. That plan provides for a nurse emergency-response system called the "Ready Texas Nurses Emergency Response System" to support Texans during crises and disasters.

The special focus areas of the Ready Texas Nurses will be:

- Education for the nursing workforce to enable them to function effectively in an emergency. Besides state, local, and regional public health nursing staff, training is also aimed at nurses unattached either to the public health system or to hospitals. This includes nurses who work in areas such as occupational health, public and private schools, home health, long-term care, utilization review/discharge planning, community health, physicians' offices, and volunteer organizations, as well as unemployed and retired nurses.

# terrorism, disasters

- Communication with nurses during emergencies using the Internet, fax, and mail. Nurses will be told of changes in clinical best practices and informed about early detection of nuclear, biological, or chemical terrorism, and procedures for reporting related symptoms. Special messages will be directed at nursing leaders in inpatient hospitals, outpatient care, school health, home health, clinics, long-term care, and public health. Nurses will be encouraged to volunteer.

Ready Texas Nurses will maintain a database — including contact information — of Texas nurses who have registered, received disaster training, and had their credentials cleared. TNA will activate this system when TDH needs it. Toll-free phone numbers will be available for nurses who wish to volunteer, even from out of state. Nurses with a certain needed skill, such as immunization, can be identified and contacted as needed.

Nurses who want to become a part of the Ready Texas Nurses Emergency Response System can log on to [www.texasnurses.org](http://www.texasnurses.org), click on the Ready Texas Nurses logo and update their profile.

In collaboration with the TNA and the UT School of Nursing, TDH's Office of Public Health Nursing will present an educational program called the "Ready Texas Nurse Conference." Its purpose: to educate the statewide nursing workforce regarding bioterrorism and disaster response — covering topics such as the state's plan for handling bioterrorism and other disasters, how and where to respond if an incident occurs, licensure verification, and building local response teams.

The first Ready Texas Nurse training was held in Austin on July 27 and downlinked via satellite to regional offices. To reach as many nurses as possible, eight more conferences will be held across the state over the next 18 months. Continuing education credits (ED-1 only) will awarded. TNA will handle advertisement and notification using Texas nursing licensure records from the Board of Nurse Examiners and the Board of Vocational Nurse Examiners.

Nurses who have moved recently should notify their licensure board to continue receiving conference details as they become available, including the dates of sessions near them. Those who have not completed the Texas Nurse Licensure Compact should contact their licensure board for forms and instructions.

# Don't let the media influence your body image

By Elaine Goodson, M.S., R.D.  
Special Projects Nutritionist

America has become a nation preoccupied with weight. Though obesity is a serious and growing problem, many American women are burdened unnecessarily by negative body image. Much of the blame goes to the media, which bombard consumers with images of unrealistically thin women, ignoring such normal variations as those based on ethnic diversity and age-related change. In turn, body image can influence whether someone will make healthful choices, such as eating enough fruits and vegetables or exercising regularly.

## What does 'body image' mean?

Body image is the mental impression a person has of her body. Besides visual imagery, it includes thoughts, feelings, judgments, and sensations. Subject to constant revision, body image is influenced by such factors as:

- Comments from family, friends, strangers, and health providers;
- Prevailing social values;
- Physical changes during puberty or pregnancy;

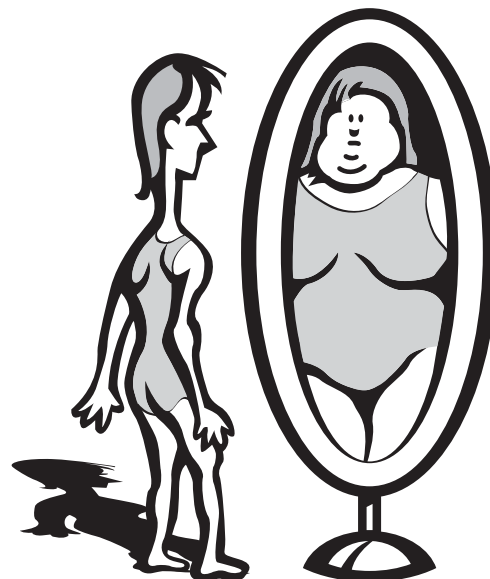
- Violence, including verbal, physical, or sexual abuse.

A woman with a healthy — accurate and positive — body image takes care of herself; she is more likely to make healthy choices about eating and physical activity.

Many women are dissatisfied with their body image, or have a distorted image. A woman with body-image distortion will see herself as larger or smaller than she really is. Dissatisfaction or distortion can lead to preoccupation with weight, depression, dieting, compulsive eating, anorexia nervosa or bulimia nervosa.

## Advertising influences body image

Magazines, billboards, Hollywood, the Internet — no one can avoid unrealistic portrayals of women in advertising, not even children. According to polls, U.S. high school students have, on average, viewed 350,000 advertisements, over half stressing thinness and beauty. Yet, at the same time, half of these commercials are selling food. Advertisers, of course, are not



concerned about any harmful effects of their messages. Families in ads have wonderful times at fast-food restaurants. Children who play with toys are thin, have lots of friends, and are conventionally cute.

A viewer can avoid being manipulated by commercials simply by thinking critically about them. For example, after seeing an ad for a doll, ask yourself (and your children) a few questions:

- Will the doll really bring great friends and good times?
- Does the ad provide information about the doll and what it can do? Or does it just appeal to emotion?
- What is the ad really selling — the doll, having lots of friends, or an emotion?



Thinking about, discussing, and questioning ads will help break their spell. Toddlers, however, are not ready to talk about advertising. They need protection from the media.

### Setting limits

The American Academy of Pediatrics recommends that children under 2 years old should not watch TV. It is best to provide them with activities or let them interact with adults.

Older children need limits on TV, video games, and the Internet. Parents can start early in children's lives to set standards for how they interact with media:

- Set a daily time limit for TV viewing or Internet access.
- Teach children to ask before turning on the TV.
- Use program guides to plan each week's TV viewing.
- Turn off the TV after the selected program is over.
- Watch TV or access other media with children, and discuss what you see.
- Mute the ads.

By limiting TV time, families can avoid detrimental messages that can lead to:

- An unhealthy body image;
- Unhealthy dieting;
- Craving fast foods, sugary cereals, and processed foods.

Teaching participants how to limit their family's TV viewing can make it easier for them to make healthy choices.

### References used in this story

*Eye Spy Program: Early Youth Education Program.* Media Alert! P.O. Box 735, Littleton, CO 80160-0735. 800-986-5560 code 02. A coloring book with pages that can be photocopied for use with many children. It is designed to help youngsters build critical skills concerning the media.

Sue Lockwood Summers, *200 Activities to Create Media-Savvy Kids.* Media Alert! P.O. Box 735, Littleton, Co 80160-0735. (800) 986-5560 code 02. Includes activities for children, preschool and up, to give them skills for evaluating media messages.

### Want to know more? Check these resources:

- [www.opc.on.ca/beststart](http://www.opc.on.ca/beststart) for information on body image.
- [www.med.sc.edu:108](http://www.med.sc.edu:108) and [www.media-awareness.ca](http://www.media-awareness.ca) for more information on children and the media.
- [www.medialit.org](http://www.medialit.org) for teaching older children about the media.
- [www.aap.org](http://www.aap.org) for American Academy of Pediatrics policies on children and the media.

## Listeriosis and pregnancy – a new education resource

By Shellie Shores, R.D.  
Nutrition Education Consultant

*Listeria monocytogenes* are bacteria that increase the risk of miscarriage, stillbirth, and can cause other serious health problems. Pregnant women are 20 times more likely than other healthy adults to become infected with listeriosis. To reduce the risk of listeriosis for pregnant women and their unborn babies, the USDA's Food Safety and Inspection Service has developed a new patient education sheet, *Listeriosis and Pregnancy: What is*

*Your Risk?* The education sheet covers symptoms, methods of transmission, treatment, and the following tips for the prevention of listeriosis:

- Do not eat hot dogs, luncheon meats, or deli meats unless they are reheated until steaming hot.
- Do not eat soft cheeses such as feta, Brie, Camembert, blue-veined cheeses, and Mexican-style cheeses such as "queso blanco fresco."
- Do not eat refrigerated paté or meat spreads.
- Do not eat refrigerated smoked seafood unless it is an ingredient in a cooked dish.

For more information about this patient education sheet contact FSIS at (202) 720-7943 or [fsis.outreach@usda.gov](mailto:fsis.outreach@usda.gov).

## Santa Fe Community College offers nutrition education classes online

### Interested in continuing or starting your college education?

Santa Fe Community College offers college nutrition credit in a online format. Check their Web site at [www2.santa-fe.cc.nm.us/nutrition](http://www2.santa-fe.cc.nm.us/nutrition) for more information. Courses offered, depending on the semester, are Introductory Nutrition, Life-Cycle Nutrition, Community Nutrition, and Diabetes Management. The course fees are WIC-reimbursable expenses.

### You will need:

- ◆ Your WIC director's approval.
- ◆ Access to a computer with e-mail and the Internet.
- ◆ Willingness to spend at least six hours per week devoted to each class.

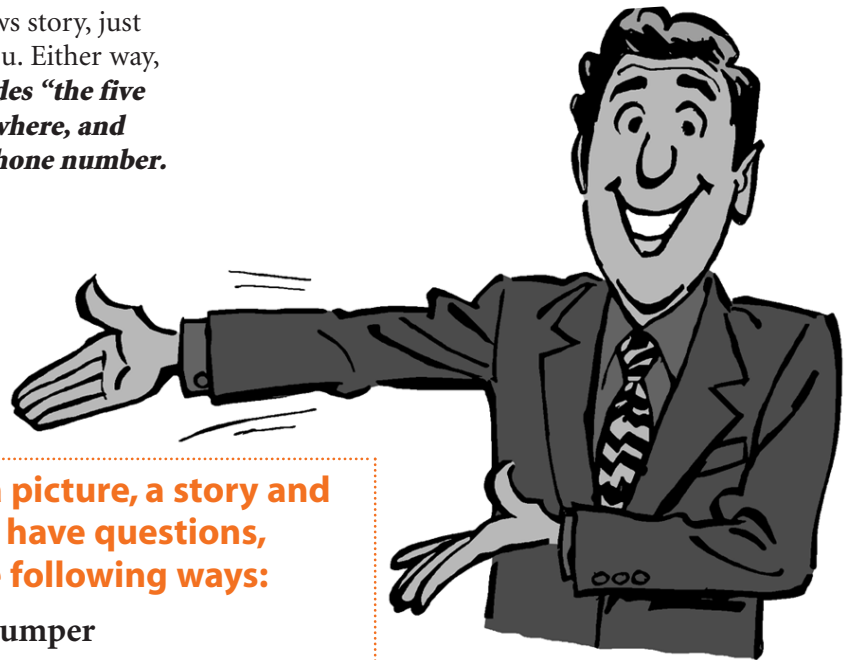
Check the web address for more information or call Mary Van Eck, nutrition education coordinator, at (512) 458-7111, ext. 3484.

## How to submit news items and pictures for “local agency news”

Have you always secretly wanted to be a news reporter? Or do you just wish you could get some publicity for the great work being done by your local agency? Submitting a news item to the “local agency news” section of *Texas WIC News* is easier than you think!

If you know of a recent event that you would like to share with WIC people across the United States, write us a short news story and we will run it as soon as we can. If you are uncomfortable about writing a news story, just send us the facts and we will write it for you. Either way, **please make sure your submission includes “the five Ws” of a news story - who, what, when, where, and why - along with your name, title, and phone number.**

We also love to get pictures of your people and events. E-mail us your digital photographs (best), or send us your 35mm glossy-finish color prints (good), or color Polaroid prints (not as good), along with the names, titles, and subject of your photo. Also send us your name, title, and phone number so you can get credit for being the photographer. When taking your pictures, please remember to get as close as you can to the subject and make everyone stand close together.



**If you have a story, a picture, a story and a picture, or just have questions, contact us in the following ways:**

Doug Jumper

Publication Coordinator  
*Texas WIC News*  
1100 West 49th Street  
Austin, TX 78756

Phone (512) 341-4400 ext. 2238#

Fax (512) 341-4406

E-mail [doug.jumper@tdh.state.tx.us](mailto:doug.jumper@tdh.state.tx.us)

## News to use

By Laurie Coker, Breastfeeding Promotion Specialist  
and  
Lynn Silverman, M.A., R.D., Nutrition Education Consultant

Several new resources are available that offer breastfeeding information to WIC staff. Surf the WIC Web site for new segments on World Breastfeeding Month at [www.tdh.state.tx.us/wichd/nut/nut1.htm](http://www.tdh.state.tx.us/wichd/nut/nut1.htm), including the theme, materials, and ideas for 2002; Teen Topics at [www.tdh.state.tx.us/wichd/nut/teens.htm](http://www.tdh.state.tx.us/wichd/nut/teens.htm); Kid's Stuff at [www.tdh.state.tx.us/wichd/bf/kids.htm](http://www.tdh.state.tx.us/wichd/bf/kids.htm); WIC and Special Needs Infants; and Bulletin Boards. In addition, the education sections of the nutrition education and breastfeeding sites now include more lessons and handouts you can print for your agency. WIC staff continues to work on making the Web site easier to use and to include more information and teaching tools for local agency staff.

The Bulletin Board site gives advice on creating eye-catching bulletin boards, how to get your health message across on a bulletin board, sample ideas, and local agency favorites. Do you have a bulletin board you are particularly proud of? Send us a photo and we will add it to our new Web page.

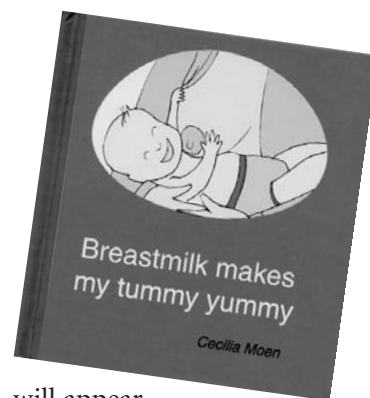
Do you have a breastfeeding quilt at your clinic site? Send us a photo and we will add it to our new web page at [www.tdh.state.tx.us/wichd/bf/WBM2001\\_quilts.htm](http://www.tdh.state.tx.us/wichd/bf/WBM2001_quilts.htm).

Send your suggestions for improving the Nutrition Education and Breastfeeding web pages to [WICGENERAL@tdh.state.tx.us](mailto:WICGENERAL@tdh.state.tx.us).

### Children's book lesson

*Breastfeeding Makes My Tummy Yummy*, by Cecilia Moen, is the focus for a new Texas WIC children's breastfeeding lesson using a child's book to portray breastfeeding as the healthy, natural way to feed babies. In lesson CH-000-18 children will learn to point to the baby who is breastfeeding and tell you where babies get their food — from

mommy's breast. The book and a coloring sheet help the instructor show children many good things mommies do for their babies. The lesson, available in English and Spanish, with information on



how to order the book, will appear online as well. Although the book is available only in English, Texas WIC has translated the brief text into Spanish so it may be used with the book illustrations. *Breastmilk Makes My Tummy Yummy*, published by Midsummer Press, may be purchased for \$9.50 from The Software Place Plus, P.O. Box 26630, Austin, TX 78755, (512) 345-5273, fax (512) 345-2373, [www.thesoftwareplaceplus.com](http://www.thesoftwareplaceplus.com).



**Self-paced breastfeeding lesson for pregnant teens**

*How to Feed Your New Baby: A Self-Paced Lesson for Pregnant Teens*, SP-000-12, uses a series of photos to help pregnant teens see why breastfeeding is the healthiest, most convenient, least time-consuming way to feed their babies. The lesson teaches mothers that breastfeeding is not only more healthful for babies, but more healthful for moms as well. This lesson is available from the WIC Web site at <http://www.tdh.state.tx.us/wichd/nut/bflessons-nut.htm> and from the new Teen Topics section at [www.tdh.state.tx.us/wichd/nut/teens.htm](http://www.tdh.state.tx.us/wichd/nut/teens.htm).

## Breastfeeding update

A new study indicates that breastfeeding mothers are less likely to abuse their children. This study looked at 7,695 women over a 14-year period, and found a lower incidence of abuse the longer a mother breastfed her baby. Dr. Lane Strathearn, of the Baylor College of Medicine and Texas Children's Hospital in Houston, presented his findings at the 14th International Congress on Child Abuse and Neglect in Denver, Colorado this year and at the Texas WIC Nutrition Education Breastfeeding workshop this past August.

The study suggests that breastfeeding may be related to the severity of abuse inflicted on children. The shorter the period of time women spent breastfeeding, the more likely their children were to suffer the most severe forms of neglect and physical abuse. Strathearn reported that almost 11 percent of the study participants — 838 children — were reported as having been mistreated. Of those, 548 had at least one substantiated report of abuse.

The researcher found that babies who were breastfed until they were at least 4 months old were much less likely to be the subject of a substantiated report of neglect or physical abuse and intervention by authorities than those who were breastfed for shorter periods or not at all. When comparing all of the factors associated with the risk of substantiated reports of child abuse, Strathearn found that breastfeeding infants for less than 4 months was the strongest predictor of whether those infants would be the subject of substantiated reports of abuse. Other risk factors for child abuse included having a single mother, a mother with a low education level, or a mother who was a binge drinker. The researcher could find no significant association between duration of breastfeeding and the risk of emotional or sexual forms of child abuse.

Strathearn explained that the link between breastfeeding and abuse might result from a combination of factors. For example, he said he thought that mothers who are more likely to abuse their children would be less likely to breastfeed the children during their first months of life. However, he also said that breastfeeding might actually offer a form of protection against abuse by lowering a mother's inclination to abuse. The very act of breastfeeding can affect the relationship between mother and child, the researcher added. "Through this process of breastfeeding, the mother is learning to be responsive to the infant's needs," Strathearn said.

# Schedule of future training classes

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](mailto:anita.ramos@tdh.state.tx.us)

**Teaching Group Classes –**

Janice Carpenter, (512) 341-4400, ext. 2248.  
[janice.carpenter@tdh.state.tx.us](mailto:janice.carpenter@tdh.state.tx.us)

**Class Management –**

Janice Carpenter, (512) 341-4400, ext. 2248.  
[janice.carpenter@tdh.state.tx.us](mailto:janice.carpenter@tdh.state.tx.us)

**Professional Development –**

Todd Shaw, ext. 2266; Elvia Andarza, ext. 2257; or Esther Diaz, ext. 2267; (512) 341-4400.  
[todd.shaw@tdh.state.tx.us](mailto:todd.shaw@tdh.state.tx.us)  
[elvia.andarza@tdh.state.tx.us](mailto:elvia.andarza@tdh.state.tx.us) or  
[esther.diaz@tdh.state.tx.us](mailto:esther.diaz@tdh.state.tx.us)

**Patent Flow Analysis –**

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

**Nutrition Training –**

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

**Vendor Training –**

Todd Shaw, ext. 2266; Elvia Andarza, ext. 2257; or Esther Diaz, ext. 2267; (512) 341-4400.  
[todd.shaw@tdh.state.tx.us](mailto:todd.shaw@tdh.state.tx.us)  
[elvia.andarza@tdh.state.tx.us](mailto:elvia.andarza@tdh.state.tx.us) or  
[esther.diaz@tdh.state.tx.us](mailto:esther.diaz@tdh.state.tx.us)

For more information on breastfeeding trainings, use the web site at <http://www.tdh.state.tx.us/lactate/courses.htm>. To obtain a registration flyer, call (512) 341-4400 ext. 2302, fax (512) 341-4422, or e-mail [hellen.sullivan@tdh.state.tx.us](mailto:hellen.sullivan@tdh.state.tx.us). For peer counselor training, contact Jewell Stremler at (512) 341-4400, ext. 2303 or e-mail [jewell.stremler@tdh.state.tx.us](mailto:jewell.stremler@tdh.state.tx.us).

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**Advanced CPA Training**

Dec. 10–11, 2002          Austin

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**Advanced PFA Training**

Oct. 10, 2002              Lubbock

**Mini PFA — Phase I**

Oct. 9, 2002                Lubbock

**Breastfeeding**

Sept. 30–Oct. 2, 2002      5th Annual Texas Breastfeeding Summit – San Antonio

Oct. 9–11, 2002            Breastfeeding Phase II, San Antonio

Oct. 15–17, 2002          Breastfeeding Phase I, Beaumont

Nov. 6–8, 2002            Breastfeeding Phase II, Nacogdoches

Dec. 3–5, 2002            Breastfeeding Phase II, Beaumont

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**Class Management**

Nov. 8, 2002                Tyler

Nov. 14, 2002              Austin

Dec. 4, 2002                Amarillo

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### New WIC Staff Certification

Nov. 19–21, 2002      Austin

### Professional Development

Oct. 8–10, 2002      Seven Habits of Highly Effective People, Austin

Oct. 17, 2002      Spanish IIIc Interpreting, Houston

Oct. 31, 2002      Spanish IIIb Interpreting, Angleton

Nov. 6–7, 2002      Supervisory Skills, Austin

Nov. 15, 2002      Spanish IIIb Interpreting, Houston

Nov. 21, 2002      Spanish III Interpreting, Angleton

Dec. 16, 2002      Spanish IIIc Interpreting, Houston

Dec. 17–19, 2002      Four Roles of Leadership, Austin

Jan. 21–23, 2003      Seven Habits of Highly Effective People, Austin

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### Vendor Training

Oct. 16, 2002      Crystal City, Vida y Salud Health System

Oct. 17, 2002      Laredo, City of Laredo Health Department

Nov. 5, 2002      San Angelo, Tom Green County Health Department

Nov 5, 2002 (a.m.)      Lubbock, Groves Library

Nov 5, 2002 (p.m.)      Amarillo, City of Amarillo WIC

Nov 6, 2002 (a.m.)      Midland, TDH Regional Conference Room

Nov 6, 2002 (p.m.)      Odessa, TTUHSC

Nov 7, 2002      Abilene, Abilene Civic Center

Dec. 3, 2002      Corsicana, TBA

Dec. 4, 2002      Tyler, Smith County Public Health District

Dec. 5, 2002      Lufkin, Angelina County Health District

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### Teaching Group Classes

Nov. 13, 2002      Austin



*Quality assurance begins with great customer service.*