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Annual goals, objectives set for Texas WIC

By Mike Montgomery
Texas WIC Director

As I discussed in my previous column, all successful organizations set goals and objectives for the future and then plan on how to reach them. Here are the remaining tasks which were not covered in my September/October 2002 column.

6. Participate as a key member of the TDH Fitness Promotion Workgroup to meet the goals of the department for the development of one coordinated strategy to address obesity and the general need for fitness for all Texans.

7. Assess the feasibility of implementing the Pediatric Nutrition Surveillance System and, if feasible, develop plans for inclusion of the system in the next generation of the Texas WIC Information Network.

8. Develop a data-management plan to include monthly meetings between program staff and staff from the Research and Public Health Assessment Division of the Associateship for Family Health. Conduct a preliminary analysis of data resources and constraints, research priorities, and ongoing routine needs leading to a final plan for use and management of WIC client data.

9. Continue to strengthen collaborative outreach and referral efforts with program partners from Health and Human Services both at the central and local office levels, including coordinated and integrated health messages for client populations.

10. Continue to develop the best and most equitable funding formula possible to ensure that WIC services can be delivered to the most clients possible with excellence and quality.

11. Continue addressing all aspects of quality assurance. Focus on ensuring that local agencies are monitored for quality services according to objective criteria and continuing to participate in the annual risk assessment of WIC local agencies to prioritize contractors by the risk for potential shortfalls in delivering quality services.

12. Continue to work with TALWD to efficiently manage WIC publications, including improving and modernizing the management and distribution of forms, publications, and materials in accordance with TDH policy maximizing the use of an online ordering system.

13. Ensure effective implementation of, and compliance with, the requirements of the USDA Final Rule on Food Delivery Systems for the prevention and detection of client dual participation and the collection of vendor overcharges.

14. Conduct a feasibility study of the data-entry processes for vendor claims submission and payment to explore the potential for enhanced efficiency and potential for cost savings.

15. Continue to refine and improve vendor-compliance monitoring and associated policies and rules.

16. Provide timely and accurate responses to all legislative bill analyses assigned to the program during the 78th Legislative Session in accordance with TDH procedure.

17. Continue to strengthen inclusive decision making, understanding, and open effective communications with external stakeholders by working closely with, and providing administrative support and coordination assistance to, the WIC Advisory Committee.

18. Continue to participate in and coordinate the TDH Customer Service Blueprint Committee.

19. Continue to participate as an adjunct program in the TDH Service Delivery Integration Blueprint initiative.

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Texas WIC NEWS

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Local agency spotlight:

By Joyce Leatherwood
***Texas WIC News* Publications Coordinator**

Congratulations to Local Agency 94 for a job well done!

Judy Harden, Local Agency 94 WIC Director, can't talk long without breaking into a laugh. When you oversee 20 WIC clinics spread across 16 west Texas counties, a sense of humor helps.

Local Agency 94 serves counties in and around Midland and Odessa. About 60 percent of the clients live in urban areas, and 40 percent are rural, so, Judy says, "What works in Midland-Odessa doesn't necessarily work in the rural areas."

One of the challenges of serving such a varied clientele is that staffers must be able to work independently. That's not just a buzzword in a performance journal. In LA 94, it's the truth. Judy cites one clinic in particular as an example.

"We have one clinic, in the Ozona and Big Lake area, with only one employee. The clinic serves 340 clients spread across two counties, and there are no other clinics for 100 miles. I have a great staff because they can work independently."

Asked how the local agency oversees the quality of service in such far-flung clinics, she replied, "I have a nurse — an R.N. — Paula Pierce, who is very detail-oriented. Once a year we go to all of the clinics for an extended visit. In between, the clinics must check 10 percent of their clients' charts once a month."

One of the successes of LA 94 has been sending two nutritionists through the TDH Dietetic Internship. The process of becoming a registered dietitian is difficult, especially in rural areas where few opportunities are available. After getting a four-year degree, a nutritionist must enter an internship program, often at low pay, for 9 months, and then pass an exam. TDH has a program where qualified employees of the WIC clinics can go through an internship within the state of Texas, while still getting their regular pay from the host clinic.

"The first person we sent was a single mom with three teenagers. She would never have been able to go and get her R.D. otherwise. Without her, we'd have to have an L.V.N., an R.N., or a doctor at each clinic. In rural areas, that's just not possible."

Having registered dietitians on staff allows the local agency to establish a WIC Certification Specialist program. Each clinic is required to have a licensed vocational nurse, a registered nurse, nutritionist, or physician on staff to act as a "competent professional authority." Many rural clinics have difficulty retaining these health professionals. The WCS program allows local agencies to train paraprofessional staff to provide many of the services of a CPA under the direction of a registered dietitian.

With the two new registered dietitians on staff, LA 94 can staff a very small rural clinic with a WCS. The registered dietitians circulate throughout the clinics to give high-risk nutrition counseling and to monitor the WCSs.

So what makes Local Agency 94 special?

Judy laughs again. "I have a great staff! We try to be flexible and family oriented."

She thinks for a minute, then continues, "I always say that I may not be that smart, but I'm smart enough to hire people who are smarter than me. The people in our local agency are uniquely suited for what they do, and we use their personalities and skills in places where they can do well and help out, too."

That sounds like a recipe for local agency success, all right, and congratulations to Local Agency 94 for a job well done.

Central office spotlight: Aida Martinez

By Joyce Leatherwood
***Texas WIC News* Publications Coordinator**


Photo by Chris Coxwell

Aida Martinez discovered Texas in 1990 when her baby brother got a basketball scholarship to a Texas college. She intended merely to visit, but central Texas lassoed her with its wide-open spaces and friendly, safe neighborhoods, and soon Brooklyn-born Martinez made Austin her home.

Not long after falling in love with Austin, Aida fell in love with TDH. She was hired in September 1992 as administrative support for the Bureau of Nutrition Services, and quickly became an indispensable part of the Supplemental Nutrition Program for Women, Infants, and Children.

"I had done lots of job hunting, and had other interviews," Aida remembers, "but, when I walked into WIC, the environment was different. I was looking for a place where I could feel comfortable, and I got more of a family feeling at WIC."

Even after 10 years at TDH, Aida still gets that family feeling. Her enthusiasm for her job, and her commitment to helping people made her an invaluable employee in Vendor Operations.

"I did a lot of coordinating for the building, and I enjoyed it, but there was a lot of pressure. It's hard trying to please everybody — 'Aida, this is broken.' 'Aida, can you get this fixed?' 'Aida …'"

With her stylishly short reddish-brown hair and ageless face, it is difficult to believe Aida is a 10-year TDH veteran as well as a grandmother. Her energy is as potent as her Brooklyn accent and, when she talks, people listen. That drive doesn't stop with TDH. She also has a second job as a supervisor with Target stores, where she has worked 25–30 hours a week for 9 years.

Martinez recently accepted a new challenge, and left Vendor Operations to take an administrative support position with EBT. She says of that change, "I feel like a baby, 'cause I'm learning all over again. With Vendor Ops, I knew how to take care of things, and I liked being able to go do it, to take care of it, whatever 'it' was. Now it is a challenge to get to know everything."

The saving factor, says Aida, is that she continues to work with "good folks."

"When I started in 1992, my division was only 9 or 10 people. Everything has grown so much — it's unbelievable."

Still, she says, "I don't ever want to leave WIC. It's a beautiful program. That's the best part — that, even with all the growth, we still feel like a family. That's the part about WIC that I love."

LA 56 recruits peer counselors with a "Breastfeeding Tea"

By Jewell Stremler, C.L.E.
Peer Counselor Coordinator

All pregnant women are being educated, helped, and encouraged to breastfeed

Holding a "Breastfeeding Tea" on Feb. 28 was a crucial step in helping the San Angelo WIC Program meet its target for breastfeeding performance. In January, Local Agency 56 WIC Director Nancy Southard and Breastfeeding Coordinator Gloria Hale found themselves without a peer counselor. They were having a hard time recruiting new counselors, so they decided to try an idea used previously by several other local agencies. They invited all their breastfeeding moms to a "Breastfeeding Tea," where the staff explained the Peer Counselor Program, answered questions, and passed out applications. Twenty-eight moms attended the tea and the agency wound up with six new peer counselors.

Two of their counselors went to work part-time in late March and the other four were trained in July. The two counselors who started in March worked a combined total of 80 hours per month. The local agency's Born to WIC breastfeeding rate was 32 percent in March, but had increased to 56 percent by June. Much of this increase is attributed to the success of their new peer counselors.

All pregnant women are being educated, helped, and encouraged to breastfeed. Counselors assist all breastfeeding women with obtaining additional information, referrals, and pumps, when appropriate. Also, breastfeeding women who come in for package changes to formula see a peer counselor. Breastfeeding moms who request formula often have breastfeeding issues that can be resolved. These moms are being assessed for problems and encouraged not to wean their infants from the breast suddenly — or soon.

For more information about recruiting peer counselors or holding a Breastfeeding Tea, contact Jewell Stremler, peer counselor coordinator at the WIC State Agency (512) 341-4400, ext. 2303, or e-mail jewell.stremler@tdh.state.tx.us.

Graduation day for WIC dietetic interns' class of 2002

The Texas Department of Health's WIC Dietetic Internship Class of 2002 graduated on August 29. Parents, spouses, siblings, children, and friends attended the ceremony and reception. Mike Montgomery, chief of the Bureau of Nutrition Services, congratulated each of the interns and presented each with a graduation certificate. Norma Longoria, president of the Texas Association of Local WIC Directors, presented the interns with a framed plaque congratulating them on their accomplishment. Finally, each intern received a pin representing membership in the American Dietetic Association.

The final step for these interns will be taking the national exam to become registered dietitians, something they all want to do before the end of the year. All of the 11 interns from the previous two classes have passed the national exam.

After an intense eight months, many of the interns planned a brief, but well deserved, holiday before returning to their local WIC agency. Las Vegas was the choice for two of the interns, while others merely wanted to rest and spend time with their families.

The reception, sponsored by TALWD, provided an informal opportunity for guests, interns, teachers, TDH staff, and local WIC agency staff to socialize following the graduation ceremony. Fruit-and-cheese platters, punch, and cake offered a light but satisfying repast for those attending.

Six new interns, already selected for the fourth class, began their 8 month journey of discovery on January 6, 2003.

Six named to WIC nutrition internship

Six local-agency staffers have been accepted into the 2003 class of the Texas Department of Health's WIC Dietetic Internship. They are:

***Yolanda Perez Cepak**, Local Agency 7, city of Dallas Department of Health and Human Services*
***Patricia Clary**, Local Agency 53, Atascosa (RHI) Health Clinic*
***Bridget Hughes**, Local Agency 54, Tarrant County Health Department*
***Pauline Massieu**, Local Agency 13, city of Laredo Health Department*
***Raquel Mendiola**, Local Agency 28, Centro de Salud Familiar La Fe, Inc.*
***Sylvia Vidal**, Local Agency 54, Tarrant County Health Department*

Congratulations to these deserving staffers!

Test Your Nutrition I.Q.

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

Hello everybody, Eaton here to *Test Your Nutrition I.Q.* Forget, for a moment, about carbohydrate, fat, or protein. Water is arguably the single most important nutrient. Without food most people can survive 8 to 12 weeks, but without a drop of water most humans would only last a few days — now that's an important nutrient! Here's the test.

Questions:

1. True or False — The human body is 97 percent water.

2. Water is primarily absorbed in …

a. the stomach.
b. small intestine.
c. the *Iliad*.
d. the colon.

3. True or False — A "watched" kettle of water boils slower in Corpus Christi than in the Fort Davis mountains.

4. Water …

a. transports nutrients around the body to the tissues;
b. moves food along the GI tract for digestion;
c. should never be used to extinguish a grease fire;
d. carries waste products for elimination;
e. moistens body tissues such as the eyes, nose, mouth, and skin;
f. lubricates and cushions;
g. maintains body temperature; or
h. all of the above.

Answers:

1 *¡La respuesta es falsa!* Iceberg lettuce is 97 percent water. Water content in the human body ranges from 50 to 70 percent, depending mainly on the amount of fat tissue. About two-thirds of total body water is inside the cell and one-third is outside the cell.

2 The stomach and colon absorb some water, but the long *Odyssey* from the drinking glass to the cell primarily takes place in the small intestine, more specifically, the duodenum and the jejunum. Isn't it odd that an average "small" intestine is 5 to 6 meters long and the "large" intestine is only 1.5 meters. The *Iliad* is just plain wrong.

3 The boiling point of water gets lower as altitude increases. At sea level in Corpus Christi, water boils at 212° Fahrenheit. But, at 5,000 feet — about where Fort Davis is located — water boils at 202.9°, and up at 10,000 feet it boils at 193.7°. As the altitude increases, there is less air pressure (the weight of all that air above you). Since there is less pressure pushing on a pot of water at a higher altitude, it is easier for the water molecules to break their bonds and attraction to each other and, thus, water boils more easily. *¡La respuesta es verdad!*

4 The answer is *h*, all of the above. Water is a truly remarkable and super-necessary molecule. Grease and water go together like a tasty Red Delicious apple and anvils. Never, never put water on a grease fire! Water will splatter the grease and dramatically increase the size of the fire. You may get burned! NEVER try to carry a flaming grease fire outside. It will quickly be too hot to carry and you will certainly spread the fire over the entire area.

The simplest way to extinguish a grease fire is to place a lid on the pan — the fire should suffocate. A large amount of baking soda can also be used to extinguish a grease fire. Once you have the fire extinguished, don't forget to turn off the burner. But, if the flames are too high, don't risk getting burned.

Remember: in case of a house fire, first get out of the house, then call the fire department.

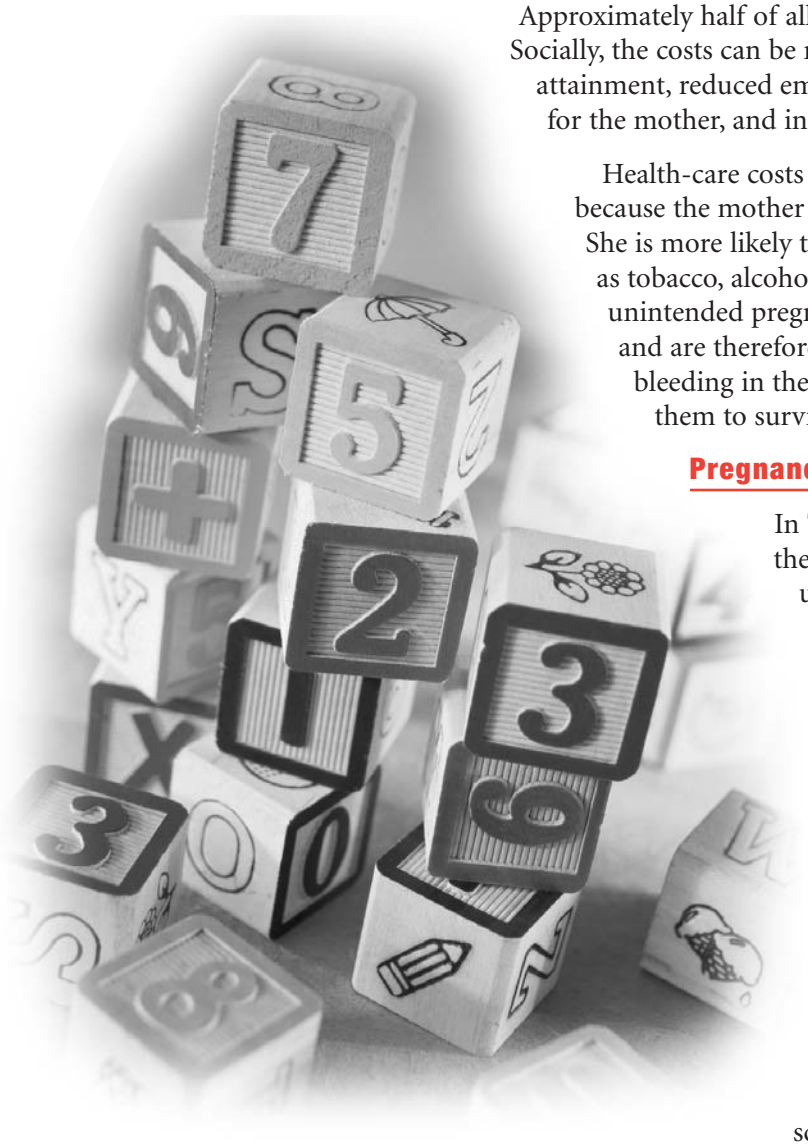
About the author: Eaton Wright is a certified NUT based in Austin, Texas.

WIC counselors help prevent unintended pregnancies

By Deborah Hardin, M.S.N., R.N.
Clinical Education Coordinator, Division of Family Planning

While discussing reproductive health and family planning with clients can be awkward, WIC counselors can make a real difference in the lives of people in every community by helping clients prevent mistimed, unintended, and adolescent pregnancies. To show how WIC counselors can make a difference, this article explores some consequences of unplanned pregnancies.

Costs of unintended pregnancies



Approximately half of all pregnancies in the United States are unintended. Socially, the costs can be measured in terms of reduced educational attainment, reduced employment opportunity, greater welfare dependency for the mother, and increased potential for child abuse and neglect.

Health-care costs also increase when the pregnancy is unintended, because the mother is less likely to seek prenatal care or to breastfeed. She is more likely to expose the fetus to harmful substances, such as tobacco, alcohol, or other drugs. Infants born as a result of unintended pregnancies are at greater risk of low birthweight[1] and are therefore more likely to develop breathing problems and bleeding in the brain that require specialized intensive care for them to survive.[2]

Pregnancy puts teens at risk

In Texas, the 1999 birth rate for teens ages 15–17, was the highest among all states.[3] Problems associated with unintended pregnancy are compounded for teenagers. About half of pregnancies in women ages 15–19 result in births.[4] Added to the risks and consequences associated with unintended pregnancy, teen women younger than 15 are more likely to experience dangerously high blood pressure, anemia, problems with the baby's head moving through the immature birth canal, long labor, and maternal death.[5]

Adolescent fathers, on average, earn less money and are more likely to use alcohol routinely, deal drugs, quit school, and be absent from their babies' homes. Children born to teen parents are more likely to experience behavioral and educational problems, drop out of high school, be incarcerated,[6] or become teen mothers

themselves.[7] As adults, they have more difficulty keeping steady jobs and maintaining marriages.[8]

Repeat births

Almost one in three women whose first birth occurred before age 17 has a second birth within 24 months. Significantly, most of these young mothers say they did not want to become pregnant again so soon. Problems associated with teenage motherhood are less likely to be overcome by teenagers raising more than one child.[9]

WIC offers help

WIC counselors can help prevent these outcomes by becoming familiar with the services available in the community to help women plan their pregnancies. The TDH Family Planning Program contracts with over 100 family-planning agencies, in over 350 clinic sites across the state. The clinics provide comprehensive health assessments for both males and females, contraceptive supply visits, tests and treatments for sexually transmitted infections, preconceptional counseling, screening for domestic violence and abuse, and many other services.

Charges to clients are based on a sliding fee scale that is determined by family income and size. Medicaid-eligible individuals may also receive family-planning services. No client is refused services due to inability to pay.

To find out if a client would benefit from these services, here are some ways to bring up the subject:

- Your baby is very cute; do you plan to have more?
- Being a new parent can be a wonderful experience, but it's a lot of work and can be stressful, too. How long do you think it'll be before you're ready to become pregnant again?
- What would you like your family to look like 5 years from now?
- What are your goals for the next 2 years?
- How do you think becoming pregnant in the near future would affect your life?
- We have discussed other referrals. Have you and your partner discussed family planning?

If the client does want to delay or avoid pregnancy, the next question to ask is: is she receiving family-planning services? Help the client locate a family-planning provider by referring to the online TDH Family-Planning Locator at <www.tdh.state.tx.us/women/clinics.stm> or by calling (512) 458-7796 to inquire what services are available in your area. Family-planning providers in the community can also set up collaborative referral processes.

For additional ideas about how to prevent teen pregnancy in your community, contact Deborah Hardin <deborah.hardin@tdh.state.tx.us> or (512) 458-7111, ext. 3290.

To request a "Teen Pregnancy Prevention Packet", contact Lynn Silverman <lynn.silverman@tdh.state.tx.us> or (512) 458-7111, ext. 3543.

1 Healthy People 2010. 2000. *Family Planning*. Available online at: <www.health.gov/healthypeople/Document/HTML/Volume1/09Family.htm>.

2 *March of Dimes*. 2002. Low Birthweight Fact Sheet. Available online at: <www.modimes.org/HealthLibrary/334_565.htm>.

3 *Texas Teen Pregnancy Fact Sheet*. 2002. R&PHA and Family Planning, Texas Department of Health.

4 Annie E. Casey Foundation. 1998. *When Teens Have Sex: Issues and Trends*. Baltimore, MD: Annie E. Casey Foundation.

5 Brown, S. S. and L. Eisenberg, eds. 1995. *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Washington, DC: National Academy of Sciences, Institute of Medicine.

6 Maynard, R. A., ed. 1996. *Kids Having Kids*. New York, NY: Robin Hood Foundation.

7 The National Campaign to Prevent Teen Pregnancy. 1999. *Facts and Stats*. Available online at: <www.teenpregnancy.org/resources/data/genlfact.asp>.

8 Brown, S. S. and L. Eisenberg, op.cit.

9 Reviving interest in policies and programs to help teens prevent repeat births. 2000. *Guttmacher Report on Public Policy*.

Quality assurance keeps things humming

Patti L. Fitch, R.D.
Clinical Nutrition Coordinator

A well developed quality-assurance plan will keep any department in great working order

A friend's husband had major surgery recently. The surgery went well, but the hospital experience was a nightmare — poor service, poor equipment, and poor nursing. Imagine my friend's surprise when the blame was laid on the fact that the hospital had an inspection coming up from the Joint Commission on Accreditation of Healthcare Organizations. In Texas terms, they were "fixin' to be inspected." The staff was scrambling to get everything in order for the inspectors. You know the routine — put up new baseboards and tiling in the patient's room at 2 a.m., don't bother to wash your hands between patients, don't worry if not everyone gets a food tray, and so on. What's wrong with this picture?

If regular quality-assurance procedures were consistently and correctly followed, and maintenance was performed as needed, there would be no need to rush to prepare for an inspection, while patient care suffers. It is obvious that this hospital has a poor quality-assurance plan in place.

A well developed quality-assurance plan will keep any department in great working order and will prevent inspections, both internal and external, from becoming a frantic, frightening experience for your staff. In fact, it can become a rewarding experience that leads to a solid partnership for quality.

Quality and customer service

Quality assurance begins with good customer service. A customer's first impression begins with the first contact. The TDH monitors who perform WIC program reviews call the local agency clinics and see what happens when they attempt to make an appointment. When was the last time you checked your staff's customer-service performance?

The first phone call or the first visit to a clinic may largely determine whether WIC applicants return. Are those clients greeted promptly, in a warm and friendly manner? Are the encounters with WIC staff pleasant and reassuring?

How are clients ushered through the certification process? Does someone explain what is going to happen during the screening, or are clients moved from one place to the next without any idea of what to expect or what additional paperwork will be required?

Quality assurance is more than reviewing records and making sure that documentation is in compliance with regulations. It is more than making sure to get the Frankfort plane correct when measuring heights and zeroing out the scales after weighing an applicant. It is even more than making sure that the nutrition classes are informative.

Granted, all of those efforts are important, but none is more important than how WIC staff treats people in the clinic. I have seen the best of the best in some of the Texas WIC clinics, and I'd like to share some ideas from those clinic directors about what constitutes good quality-assurance programs.

Local agencies plan for quality

Norma Longoria of Local Agency 12 states that her agency conducts client surveys in each clinic twice a year and that new staff in training make clinic calls to evaluate how well staff answer questions. In addition, if the local agency receives more than two complaints from participants about a clinic, the agency conducts random telephone interviews using a client-survey form. Longoria thinks that the most important piece of quality assurance is the development of a plan that clearly states those objectives. Having clearly defined quality objectives helps staff visualize ways to achieve the objectives. Once a plan is in place, it is much easier to communicate effectively about quality goals and organize efforts to achieve those goals.

Bonnie Horton of Local Agency 77 believes that the staff's commitment and desire to improve is a big consideration in identifying what is most important in quality assurance. Her agency surveys patient satisfaction extensively and in detail twice a year in conjunction with its parent agency. If patient responses suggest that the clinic falls below 80 percent compliance, an action plan is developed to fix the problems. Customer service is paramount in the agency philosophy for taking care of patients.

Beatrice Duarte of Local Agency 13 states that constant training is very important in maintaining a good quality-control program. She visits all of her clinics twice a month.

Good customer service is important for everyone. And staff should know that it is vitally important to management.

Here's a lovely idea from one agency. The agency challenged its staff to tell on their coworkers! Each time staff members caught a coworker in a random act of kindness, they wrote the situation down and submitted it to their supervisor. Weekly, a rose would be delivered to the winner of the "kindness act of the week." Isn't that a super idea? Maybe you can come up with a similar plan to let your staff know how much you value their good customer service.

Please feel free to submit your *Tales of Kindness* to me, and we'll highlight them in future issues of *WIC News*.

Good luck and good service to you.

Cranberries may help prevent urinary infections

Paula Kanter, R.D.
Clinical Nutrition Specialist

Cranberries have been used as a folk remedy for treating bacterial urinary-tract infections since the turn of the century. Today, research focuses on the health benefits of cranberries in preventing the incidence and recurrence of UTI. Studies are also examining the possible role of cranberries in preventing heart disease, inhibiting cancer, and maintaining healthy gums and stomach.

Urinary-tract infections comprise the second most common type of infection in the United States (after respiratory) and have increasingly become resistant to first-line antibiotic therapy. UTIs account for more than 9.6 million visits to physicians each year. One in five women will develop a UTI. Nearly 20 percent who do will develop another, and 30 percent of those will have yet another.

Juice may be effective for prevention

Studies suggest that drinking cranberry juice is effective in preventing UTIs, yet further studies are necessary to validate potential treatment effects. Many reported clinical studies have major limitations because of their small scale and use of different cranberry products (cranberry-juice cocktail, concentrate, or encapsulated powders). Well controlled clinical evidence is limited to a 1994 landmark study of 153 elderly women. Those who drank 10 ounces of a saccharin-sweetened beverage of at least 27 percent cranberry juice daily for six months were about half as likely to have bacteria in their urine — an indication of infection — compared to those who drank a placebo beverage.

According to the National Institutes of Health, "The findings from the preliminary research do provide convincing reasons to support the conduct of small-scale, focused, clinical studies." The Institutes are funding research on the effectiveness of drinking cranberry juice in treating or preventing urinary-tract infections. The first phase of the research will focus on developing a cranberry beverage that meets the requirements of a drug trial. The second phase will be the actual clinical trials scheduled to begin in 2005.

The identity of the specific substance or mechanism responsible for the medicinal effect remains unclear. Cranberries act against infection, but do not acidify urine, killing bacteria, as once was thought. Certain chemical compounds in cranberries appear to prevent bacteria, especially *E. coli*, from adhering to the lining of the bladder and urethra. Presumably, rather than maintaining in the bladder and multiplying, bacteria are flushed out in the urine. The active compounds in cranberries have been identified as the same proanthocyanidins found in blueberries.

Dosage difficult to determine

The evidence indicates that cranberry juice may indeed help maintain a healthy urinary tract, yet there is no dosage recommendation for UTI prevention or treatment. One of the difficulties in developing dosage is that cranberry-juice cocktails vary greatly in their actual cranberry-juice content. Studies documenting the health benefits of cranberry juice have used products containing 27 percent cranberry juice. While some brands are 100 percent juice, some contain as little as 6 percent actual cranberry juice. Most cranberry beverages contain 10 to 33 percent cranberry juice, though they may be sweetened with other juices to claim 100 percent juice.

Whether or not cranberries pass muster with the NIH to prevent and treat UTI, few will be surprised that the century-old home remedy is so good for you.

Healthy diet of fruits and vegetables does not cost more

Researchers wanted to determine if changing to a healthier, nutrient-dense diet that included more fruits and vegetables would result in higher food costs. They measured the changes in food costs in a randomized controlled study of 31 families with obese 8- to 12-year-olds that participated in a family-based, pediatric obesity treatment intervention over a 20-week period. Dietary information was collected before treatment and at 6- and 12-month follow-ups to allow the examination of changes as diet quality improved over time. Using prices from one local supermarket chain, two to six samples of each food item were used to determine the mean cost per serving.

Surprisingly, the researchers found that families were able to eat a more nutrient-dense diet and reduce their energy intake significantly over time. They found that total dietary cost did not change significantly at 6 months but was significantly less at one year. The greatest change was a reduction in the amount of food that contained 5 or more grams of fat per serving, including combination foods and foods low in energy density, such as sweets. During the course of treatment, daily food costs did not significantly change as diet quality improved, but with time, daily food costs did decrease as improved diet quality was maintained.

The results suggest that a change to a healthy diet does not mean that food costs will increase. The length of time on a healthful diet may be an important factor in costs. The researchers recommend that public health nutritionists and others should address the common belief that healthful diets are more expensive, to prevent costs from being a barrier to adopting a healthful diet.

H.A. Raynor, et al. 2002. *Journal of the American Dietetic Association*. 102(5): 645–650.

Thalassemia and children

By Mimi Kaufman, M.P.H., R.D., L.D.,
CSHCN Nutrition Consultant

Thalassemia is the name for a group of blood disorders, or hemoglobinopathies, that cause different forms of anemia. Worldwide, about 100,000 babies are born each year with severe forms of thalassemia.

The anemia of thalassemia is caused by changes in the protein structure of hemoglobin that interfere with the body's ability to carry oxygen. There are two types of thalassemia, called alpha and beta, depending on which part of the protein structure is changed. Either form of the blood disorder can range from minor to severe.

Alpha-type thalassemia affects mainly people of Southeast Asian, Chinese, and Filipino ancestry. While most people with alpha type have a mild form, with varying degrees of anemia, the most severe cases can result in the death of a fetus or newborn.

The beta type is found most frequently in people of Italian, Greek, and Middle Eastern descent. The severe form of the beta type is also called thalassemia major, or Cooley's anemia, and a milder form is called intermedia. People with thalassemia minor, the least severe form, may show no symptoms, even though changes are evident in the blood.

Symptoms mimic iron deficiency

The Texas Newborn Screening Program screens children for blood disorders. A child who tests positive for any type of hemoglobinopathy is referred to a pediatric hematologist. These physicians are trained to diagnose and treat blood disorders in children. According to Nkechi Ede, R.N., the hemoglobinopathies coordinator at the Texas Department of Health's Newborn Screening Program, any child initially testing positive is referred to a pediatric hematologist for confirmatory testing and treatment.

Most children with thalassemia major actually appear healthy at birth, but during their first year develop symptoms that resemble iron-deficiency anemia, including fatigue, weakness, listlessness, fussiness, and poor appetite. Affected children often grow slowly, and often develop jaundice, with yellowing of the skin and urine.

Early detection is extremely important. Without treatment, the spleen, liver, and heart become enlarged, and the bones become brittle. Heart failure and infection are the leading causes of death for children with untreated thalassemia major. People with mild thalassemia usually exhibit mild symptoms until they approach their twenties, but more severe complications can develop earlier.

Anemia requires special formula

The anemia associated with thalassemia may resemble iron-deficiency anemia when the symptoms are mild, and when observing the small size of the red blood cells. In iron-deficiency anemia there is not enough iron to carry oxygen, whereas in thalassemia the red blood cells do not have the structure needed to carry enough oxygen to the body's cells. Unlike the more common iron-deficiency anemia, iron supplements do not help the condition, and can actually be harmful to the person with moderate to severe thalassemia.

Infants with the beta type of thalassemia major must receive special formula that is low in iron, because the higher amount of iron in regular infant formula will not resolve the anemia and can contribute to iron overload, according to Peter Rowley, M.D., a pediatric hematologist at Strong Memorial Hospital in Rochester, New York. Iron overload can be treated (as described later in this article), but prevention or delay of iron overload is preferred.

Treatment options

Successful treatment of thalassemia depends on the type and severity of the symptoms. People with thalassemia minor simply carry the trait, so they have no symptoms and do not require any treatment.

Treatment for moderate thalassemia may include folic acid supplements, since the body uses folic acid to make new red blood cells. Red blood cells are destroyed faster than usual in people with thalassemia, and their bodies need more folic acid. Blood transfusions may also be administered when the person has an infection, or during other periods of stress. People with moderate thalassemia should not take iron supplements, multivitamins with iron, vitamin C, or any medications that increase the amount of iron stored in the body, to prevent organ damage.

Severe thalassemia requires frequent transfusions of red blood cells, often as many as 1 or 2 units every 2 to 3 weeks, to keep hemoglobin levels near normal and to prevent complications. Patients with thalassemia major usually begin receiving regular blood transfusions before their second birthday. Since thalassemia is a lifelong condition, treatment also lasts a lifetime, often amounting to as much a pint of blood every week.

Because the body cannot naturally eliminate iron, people who receive frequent blood transfusions often develop iron overload, where the iron from the transfused cells builds up in the tissues and organs. This overload can cause organ damage or failure, and can lead to early death if left untreated.

Chelation therapy, an intravenous drug treatment, is used to remove the excess iron. The drug is usually given under the skin by a mechanical pump in an all-night procedure. Unfortunately, this therapy is difficult and painful, so many patients do not get regular treatment, or abandon treatment entirely. Researchers are currently working on chelators that require less frequent infusions, or that can be taken orally.

Bone-marrow transplants have been used to treat some cases of thalassemia major when a suitable donor is available, but transplants carry their own serious risks for the patient. Transplants are not a routine treatment for thalassemia at this time.

For more information on thalassemia, how to live with treatment, and legislative issues, the Cooley's Anemia Foundation has an excellent Web site at <www.thalassemia.org>. If you have questions about this article, contact Mimi Kaufman, M.P.H., R.D., L.D., CSHCN Nutrition Consultant by e-mail at <mimi.kaufman@tdh.state.tx.us> or phone (512) 458-7111, ext. 3495.

News to use

By Shellie Shores, R.D., Nutrition Education Consultant
Amanda Hovis, Nutrition Education Consultant
Lynn Silverman, M.A., R.D., Nutrition Education Consultant

Nutrition educators — save the date!

Thursday, April 3, 2003 is the date for the satellite teleconference *On the Road to Excellence: Fit Kids!* The teleconference, co-sponsored by the USDA Southwest region and the Texas Department of Health, will focus on how nutrition educators can help families:

- reduce the risk of childhood obesity,
- improve nutrition and fitness,
- develop healthy feeding relationships, and
- realize the value of healthy food choices and physical activity for their families.

Also, plan to attend the 2003 Nutrition and Breastfeeding Workshop to be held in Austin from April 21 to 23 at the Hyatt Regency Downtown.

Information on how to register for the workshop and teleconference was mailed to all local WIC agencies in Texas in January. Plan to spend time in Austin during wildflower season!

Baby-Friendly Hospital Initiative highlighted

During August 2002 the assistant secretary for health in the U.S. Department of Health and Human Services highlighted the Baby-Friendly Hospital Initiative at Boston Medical Center as one of the best practices in public health. The Baby-Friendly Hospital Initiative was established in 1992 to facilitate breastfeeding by ensuring that women in maternity wards are given full support to breastfeed their infants in a commercial-free environment. Baby-friendly hospitals are a proven method to increase breastfeeding initiation rates.

While over 16,000 hospitals and birth centers in over 125 countries worldwide have achieved baby-friendly status, as of March 2002 only 33 U.S. hospitals were recognized as baby-friendly.

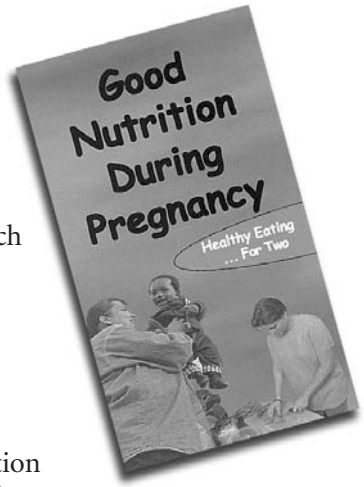
In 1999, the Boston Medical Center became the 22nd hospital in the United States to achieve baby-friendly status. Implementing the baby-friendly initiative dramatically increased BMC's breastfeeding initiation numbers. In 1995, 58 percent of mothers initiated breastfeeding, and in 1999, 86.5 percent of mothers initiated breastfeeding. Nationwide, the breastfeeding initiation rate of African-American mothers is around 19 percent. In 1995, BMC's initiation rate was 34 percent, but by 1999 they had increased this rate to 74 percent! Currently, no Texas hospitals are recognized as baby-friendly, but several are working on achieving baby-friendly status.

For more information on the BMC's baby-friendly initiative visit the Web site at <www.bostonchildhealth.org/special/breastfeeding/overview.html>.

For more information on the Baby-Friendly Hospital Initiative USA visit the Web site at <www.babyfriendly.us>.

New lessons available for nutrition education

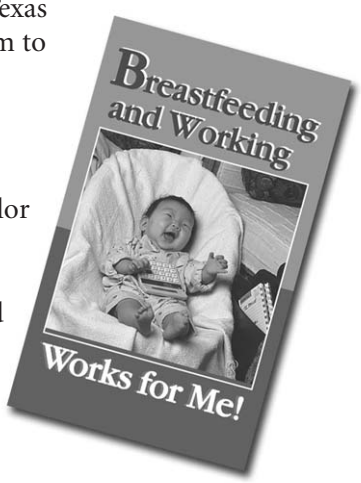
WIC is pleased to announce the distribution of several new lessons and videos in its series of nutrition-education materials. All items listed in this section were mailed to local agencies during the past 6 months. Local WIC agencies in Texas may obtain additional copies by faxing a completed Texas WIC Materials Order Form to the forms coordinator at (512) 458-7446. Lessons can also be downloaded from the Texas WIC Web site at <www.tdh.texas.gov/wichd/nut/lesson-nut.htm>. For those outside the Texas WIC program, ordering information for some items is given on the facing page.



- *Good Nutrition During Pregnancy —— Healthy Eating … for Two*, Stock No. MN-000-10, is a new lesson with video for pregnant participants. The video *Good Nutrition During Pregnancy —— Healthy Eating … for Two*, features information about the importance of weight gain during pregnancy using the Food Guide Pyramid as a guide for healthy eating and choosing foods rich in folic acid, calcium, and iron. The lesson contains an activity that uses the Food Guide Pyramid to evaluate a sample diet. For those outside Texas WIC who are interested in ordering the video, contact Lemon-aid Films, Inc. by telephone at (781) 937-0656 or through their Web site at <www.nutritionvideos.com>.
- *For Goodness Sake! Prevent Anemia*, Stock No. NR-000-12, provides information about iron-deficiency anemia during childhood. The video discusses foods that are high in iron and in vitamin C, and shows the preparation of four iron-rich dishes. The lesson contains an activity using the recipes from the video. The lesson and video target childhood anemia, so they are not appropriate for use in classes for pregnant women. For those outside Texas WIC who are interested in ordering the video, contact the University of California Cooperative Extension by telephone at (510) 646-6540.
- *Eat to Feel Healthy and Lose Weight*, Stock No. SP-000-12, is a self-paced lesson about the long-term health problems associated with being overweight. Its main nutrition message is on limiting serving sizes.
- *Get Moving, Feel Great, Lose Weight*, Stock No. SP-000-13, is a self-paced lesson containing ideas for physical activities families can do together. It also includes a self-directed planning sheet to get clients started on a regular activity.
- *Feeling Great Postpartum: Weight Control Strategies for New Mothers*, Stock No. PN-000-06, is a new lesson designed for postpartum women and focuses on healthy food choices, exercise, and the importance of weight loss for women who had gestational diabetes. This lesson does not have a companion video, but includes a class activity.

Revised shopping lesson and video available

Shopping for WIC Approved Foods, Stock No. GW-000-52, has been revised to reflect changes in the WIC food packages. The revised lesson plan has a date of 4/2002 printed at the bottom of the first page. The video has also been revised; the revision bears a date of 3/2002 on the video label. Local WIC agencies in Texas can order this lesson and video by faxing a completed Texas WIC Materials Order Form to the forms coordinator at (512) 458-7446.



New pamphlet

Breastfeeding and Working Works for Me, Stock No. 13-06-11496(a), a trifold full-color brochure, resembles the protocol poster, Stock No. 13-177, by the same name. The pamphlet gives advice to mothers who continue breastfeeding after returning to work. Tips on pumping, maintaining milk supply, handling and storing breastmilk, and child care are included. This brochure is appropriate for WIC participants and may be distributed to workplaces in your area that have lactation-pump rooms for their employees. This pamphlet will also be added to the Child Care Training Module on the Web site at <www.tdh.state.tx.us/lactate/childcare.htm>.

Schedule of upcoming 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>

Teaching Group Classes

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

Classroom Management

Janice Carpentar, (512) 341-4400, ext.2248
<janice.carpentar@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>
<elvia.andarza@tdh.state.tx.us> or
<esther.diaz@tdh.state.tx.us>

Patient Flow Analysis

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

For more information on breastfeeding trainings, visit the Web site at <http://www.tdh.state.tx.us/lactate/course.htm>. To obtain a registration flyer, call (512) 341-4400, or fax (512) 341-4406, or e-mail <hellen.sullivan@tdh.state.tx.us>. For peer counselor training, contact Jewell Stremler at (512) 341-4400 or e-mail<jewell.stremler@tdh.state.tx.us>.

Certification Training

New WIC Staff

March 18–20, 2003	Austin
May 20–22, 2003	Austin
July 22–24, 2003	Austin
Sept. 23–25, 2003	Austin
Nov. 12–14, 2003	Austin

Advanced CPA Training

June 25–26, 2003	Austin
Dec. 10–11, 2003	Austin

Mini Cert Reviews

April 2, 2003	Corpus Christi For LAs 05, 18, 38, 51, 88

Formula Policy and Basic Formula Information

June 4, 2003	San Antonio
June 11, 2003	Amarillo
June 12, 2003	Lubbock
June 30, 2003	Houston
July 8, 2003	McAllen
Aug. 12, 2003	Austin
Sept. 9, 2003	Dallas

Teaching Series

Teaching Group Classes

April 10, 2003	Austin
Aug. 18, 2003	Austin

Class Management

Feb. 25, 2003	Austin
Feb. 27, 2003	Seymour, LA 76
March 12, 2003	Waxahachie, LA 76
March 20, 2003	TBA, LA 76
March 26, 2003	Borger, LA 76
May 13, 2003	Austin
Aug. 19, 2003	Austin

Creating Skills to Cope and Deal with Difficult Clients and Situations

March 26, 2003	Austin
June 17, 2003	Austin
October 21, 2003	Austin

Facilitated Discussion

March 5, 2003	Austin
July 14, 2003	Austin
Sept. 15, 2003	Austin

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

March 26, 2003	Austin
June 17, 2003	Austin
Oct. 21, 2003	Austin

Advanced Finance

July 15, 2003	Austin

Patient Flow Analysis

New WIN PFA Training or Needs Analysis Class

Tentative Dates

March 13, 2003	Tyler
March 20, 2003	Abilene
April 18, 2003	Dallas
May 14, 2003	Harlingen
May 15, 2003	Laredo
June 12, 2003	Houston
June 26, 2003	San Antonio
July 24, 2003	El Paso
Aug. 14, 2003	Austin
Sept. 3, 2003	Corpus Christi
Oct. 2, 2003	Lubbock

WIN PFA — Phase I

Tentative Dates

April 2–3, 2003	Dallas
Aug. 20–21, 2003	Austin

WIN PFA — Phase II

Tentative Dates

May 21–22, 2003	Dallas
Sept. 24–25, 2003	Austin

Mini PFA Phase I; Advanced PFA; Improvement Class

Scheduled as requested

Satellite Series

April 3, 2003	On the Road Again — Fit Kids
May 1, 2003 (p.m.)	Customer Service / Civil Rights
May 27, 2003 (a.m.)	Customer Service / Civil Rights

▼ Breastfeeding

Mini I

March 6, 2003	LA 64 – Hondo
March 17, 2003	Providence Hospital – Waco

Mini II

March 6, 2003	LA 64 – Hondo
April 7, 2003	Providence Hospital – Waco

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

Phase I

March 24–26, 2003	Laredo
April 15–17, 2003	Fort Worth
May 6–8, 2003	El Paso
June 11–13, 2003	Longview
July 15–17, 2003	San Antonio
Aug. 5–7, 2003	Odessa
Sept. 22–24, 2003	Abilene
Nov. 10–12, 2003	Corpus Christi

Phase II

March 10–12, 2003	Corpus Christi
April 28–30, 2003	Laredo
June 18–20, 2003	Austin
July 15–17, 2003	Fort Worth
Aug. 5–7, 2003	Houston
Sept. 9–11, 2003	Longview
Nov. 17–19, 2003	Abilene
Dec. 9–11, 2003	Midland

Peer Counselor Trainer Workshop

May 13–15, 2003	Austin
Sept. 16–18, 2003	Austin

Texas WIC Nutrition/Breastfeeding Conference

April 21–23, 2003	Austin

Professional Development

Feb. 27, 2003	Interpreting I – San Antonio LA 89
March 12–13, 2003	Supervisory Skills – Tyler
April 2–3, 2003	Supervisory Skills – Houston
May 6–8, 2003	Four Roles of Leadership – Corpus Christi
June 3–4, 2003	Supervisory Skills – El Paso
July 22–24, 2003	Seven Habits of Highly Effective People – Tyler
Aug. 12–14, 2003	Seven Habits of Highly Effective People – Houston
Sept. 3–5, 2003	Four Roles of Leadership – El Paso
Oct. 21–23, 2003	Four Roles of Leadership – Houston
Nov. 19–20, 2003	Supervisory Skills – Austin
Dec. 9–11, 2003	Four Roles of Leadership – Tyler

Vendor Training

Feb. 25–26, 2003	Dallas/Denton
March 18–19, 2003	Fort Worth / Waco
March 26, 2003	Houston — GCRA
April 22–24, 2003	Houston/Pasadena / Texas City / Angleton
May 14–15, 2003	Austin
June 10–11, 2003	Longview/Texarkana
June 17, 2003	Houston — GCRA
July 8–9, 2003	Corpus Christi/Victoria
July 30, 2003	Bryan
Aug. 19–20, 2003	San Antonio
Aug. 26–28, 2003	Port Arthur
Sept. 17, 2003	Houston — GCRA
Oct. 7–9, 2003	San Angelo/Midland / Abilene
Oct. 14–15, 2003	Crystal City/Laredo
Nov. 5–6, 2003	Amarillo/Lubbock
Dec. 2–3, 2003	Tyler/Lufkin

Nutrition Training

Tentative Dates

March 11–12, 2003	Austin
June 18–19, 2003	San Antonio
Aug. 20–21, 2003	Dallas
Dec. 10–11, 2003	Houston

New WIC Director Orientation

Sept. 9–11, 2003	Austin

New WIC Employee Orientation

March 10, 2003	Austin
May 12, 2003	Austin
July 15, 2003	Austin
Sept. 16, 2003	Austin
Nov. 10, 2003	Austin

Formula Conference Calls

Times are from 10 to 11:30 a.m. for Local Agencies 1–53 and 12 noon to 1:30 p.m. for Local Agencies 54–108

March 18, 2003	CPA conference call
May 20, 2003	R.D. conference call
June 17, 2003	CPA conference call
Aug. 19, 2003	R.D. conference call
Sept. 16, 2003	CPA conference call
Nov. 18, 2003	R.D. conference call
Dec. 16, 2003	CPA conference call