

LARD Meeting Minutes

January 20, 2005

Participation on site:

Heidi Suess	Multnomah
Annamarie Geary	Multnomah
Julie Aalbers	Clackamas
Tiare Sanna	Oregon Diabetes Program
Joan Ottinger	Physical Activity and Nutrition (PAN)
Sue Woodbury	State
Susan Greathouse	State
Vernita Reyna	State
Sara Goodrich	State
Julie Reeder	State

Participation by phone:

Diane Cook	Warm Springs
Mary Davis	State
Barbara Dougherty	Lincoln
Ai-Lan Whitson	Marion
Stephanie Reedze	Marion
Angie Treadwell	Umatilla-Morrow
Sheri Tobin	Deschutes

Welcome and Introductions

Business Items

Reviewed agenda changes.

Confirmed 2005 LARD meeting dates. Please add the following dates to your calendar:

The spring meeting will be a breakfast gathering at the state WIC conference in Portland on **Wednesday, May 18 from 7:15 to 8:15 am.**

A fall meeting will be held on **Thursday, September 15 from 1:00 to 4:00 pm** at the Portland State Office Building.

Diabetes Educational Materials

Jamie Klein from the Oregon Diabetes Program requested feedback regarding the use of diabetes education materials that were distributed to all agencies following the last LARD meeting in September 2004. Tiare from Washington County reported that they used the information for paraprofessional staff training. She was pleased to have the materials available. Heidi from Multnomah County concurred that these were good educational materials for staff but expressed concern that the literacy level was high for participants especially with the Spanish materials. Consensus of those in attendance was that materials designed at lower literacy levels would be helpful.

It was noted that WIC RD's do not routinely counsel gestational diabetic patients as they are referred to other programs for more intensive intervention. Single page handouts like those from "Sweet Success" would be most useful in the WIC setting especially if they could be ordered in English and Spanish from the state. Jamie indicated willingness to procure these items for WIC use.

Contact Jamie Klein at jamie.l.klein@state.or.us for additional information regarding diabetes educational materials.

New Medical Consultant

Dr. Beth Epstein, MD, was introduced as the new Medical Consultant for the Office of Family Health. She is also the Health Officer at Hood River County Health Department where she has experience working with WIC. Dr. Epstein will be working part time in both positions. She is interested in expanding the advocacy aspect of her role at the state and will be available to work with staff from public health programs around issues involving physicians. Dr. Epstein can be contacted at beth.epstein@state.or.us

Pediasure Concerns

Heidi reports that Multnomah County has been experiencing an increase in requests for Pediasure. The prescriptions are frequently for children with diagnoses of failure to thrive or slow weight gain. Multnomah RDs are questioning the increasing practice of prescribing Pediasure for children with slow weight gain but steady growth patterns especially when poor diet

practices are present (such as relying on liquid diets via extensive bottle use).

One reason for this trend may be the desire to use Pediasure as a quick fix when the doctor does not have adequate time to delve into feeding issues. Another catalyst may be Pediasure advertisements that encourage parents to use this product as a solution to feeding problems. This could potentially result in an increased number of prescription requests from parents. The Asian population appears to be involved to a greater degree than other ethnic groups in the Portland area (a TWIST query regarding ethnicity and Pediasure use could confirm this). Word of mouth in close knit communities can impact the incidence of usage in addition to effective advertising campaigns.

An additional concern is that prescriptions for Pediasure are being written for six month intervals with no planned follow-up by the physician. Individual dialogue with physicians has met with mixed success. It has been noted that some physicians are unaware that supplemental foods are limited when formula is provided by WIC.

Tiare reports that Washington County has experienced the opposite situation with Pediasure. Participants who are plummeting off the charts are refused a prescription for Pediasure as the doctor's feel they are tracking OK and there are no concerns about the growth. Frequently, these are situations where the parents are small and the care provider makes assumptions about the size and progress of the child without plotting growth or weight for height. Another formula concern in Washington County is the growing number of requests for Isomil instead of Prosobee. Additional education around the use of bid formula has been needed as Ross representatives have been actively targeting local physicians with promotional office visits.

Susan reminded staff that standing order information regarding bid formulas is present in the policy and procedure manual and could be useful for physician education.

Julie from Clackamas County shared that inappropriate prescriptions for Pediasure in their agency seem to be generated primarily by parent request. Additional physician education around the use of Pediasure may be warranted. A one page document could be useful.

Sheri from Deschutes County has used Carnation Instant Breakfast in milk as a substitute for Pediasure when she receives prescriptions indicating one can per day as supplement. This approach has been acceptable to physicians in her area. Education materials could be created incorporating potential alternatives to Pediasure.

Dr. Epstein suggested that WIC RDs assume that most physicians do not understand WIC services and that their nutrition knowledge is limited. One approach to increase awareness would be to create an educational piece in a “Frequently Asked Questions” format addressing the most commonly seen problems and distribute this to all care providers. Physicians have limited time with patients and are dialing with many issues at each contact. Identify the WIC RD as a resource for the physician that he or she can refer to as needed. Set the stage for fostering this partnership by sending out information (but not too much information!) and attending meetings where there may be a concentration of pediatric providers. Consider targeting concerns in specific communities. Dr Epstein is willing to help with this process. She is beginning to work toward increasing the connection between Health Officers at the county level. This interaction could also be useful in developing liaisons within our communities.

The group discussed the possibility of creating a prescription form that could be distributed to physicians. This tool could provide a format for medical documentation of formula requests including formula type, duration of use, and participant diagnosis. Washington State WIC has a form that might be used as reference.

Action items to work on at future meetings:

1. Educational information regarding the appropriate use of Pediasure including alternatives and impact on WIC food packages
2. WIC prescription form
3. Marketing WIC nutrition services to care providers identifying WIC RDs as a professional nutrition resource
4. Update standing order for non-bid formulas in the policy and procedure manual

Contact Susan at susan.greathouse@state.or.us to share recommendations for or examples of educational materials and marketing tools that might be utilized in the development of the above items.

Deschutes County Nutritionist Survey

Sherri from Deschutes County expressed appreciation to the 14 agencies that responded to the survey. Survey results were compiled by Deschutes WIC staff and distributed via email with this meeting's agenda. The purpose for the survey was to see how other agencies utilize their RD time and how they handle requests for nutritionist services that are not WIC related. Since the population in the Bend area has been increasing dramatically, requests for nutritionist assistance have been increasing. Expertise is in demand even from co-workers. Handling these requests has been challenging. How could additional public health nutrition positions outside of WIC be funded?

Julie from Clackamas County suggested contacting Paula McNamee at Clackamas County Health Department. Paula bills through their clinic for the provision of non-WIC nutrition services. This approach requires specific accounting procedures where time dedicated to the delivery of WIC services is paid separately from time spent providing nutrition services through other programs. A clear auditing distinction must be made between RD time billed to medical insurance and RD time to be paid by WIC funds. A provider number is required for reimbursement by insurance.

Tiare from Washington County stated that they do not provide nutrition services in the community. Requests are declined due to the need for RD staff to focus on delivery of WIC services. A \$50 per hour professional fee would need to be charged if services were provided and that would go into county general funds.

Group consensus was that inadequate public health nutritionist positions are available outside of WIC. It would be nice to offer WIC RD services free of charge as good public relations and outreach but fiscal realities require reimbursement. Individual RDs can establish private contracts with organizations to be paid an hourly rate for services rendered. Identifying alternative resources in each community would be useful in order to offer referrals when WIC RDs cannot fulfill requests for service. Oregon Dietetic Association has speaker bureau that might be helpful as a resource.

Joan reports that Oregon has one of the lowest public health nutritionists per capita ratios in the country!

Action items to discuss at future meetings:

1. Effective utilization of WIC RDs including referrals and scheduling
2. How to demonstrate the need for additional public health nutritionist positions to administrators?
3. Other learnings from survey results

PAN Grant

Joan Ottinger works for the Physical Activity and Nutrition (PAN) program with the Office of Health Promotion and Chronic Disease Prevention. Her department promotes environmental and policy change to assist individuals with improving their health. Everyone wants to be healthy but there are situations that are beyond the control of the individual that become obstacles to achieving desired outcomes. One example of this are barriers to walking in neighborhoods. This decreases a resident's willingness to walk for physical activity. Research shows that people hesitate to walk near their homes when they are fearful of unsafe neighborhoods with unleashed dogs, traffic problems and lack of sidewalks. The PAN program can help advocate for positive changes in our communities to resolve issues like these.

Another opportunity for involvement in policy creation is PAN participation in the development of nutrition guidelines for schools. USDA has mandated that all schools establish wellness policies that address nutrition standards for all foods in schools. These policies need to show local involvement. In Oregon, the Oregon Medical Association, OHSU, Oregon Dietetic Association and the Oregon Nutrition Policy Alliance are contributing to the state standards for school nutrition policy. The greatest opposition to this process has come from school board administrators who are reacting to the potential loss of revenue from the sale of soda and fast food in cafeterias and vending machines.

PAN is funded through grants from Center for Disease Control (CDC). CDC is encouraging the provision of consistent messages to the public from all health programs including PAN. The top five messages are:

1. MOVE MORE.

30 minutes of physical activity each day helps to decrease the incidence of cardiovascular disease. 60 minutes each day is needed for weight maintenance. 90 minutes each day is recommended for weight loss. Exercise can be done in 10-

minute segments and can be of moderate exertion (walking at 3 to 4 miles per hour). A walker should generate a slight sweat but have enough breath to sing a song. Combine flexibility and strength training for maximum benefit.

2. REDUCE TELEVISION VIEWING

There is good science behind this recommendation. The amount of unstructured free time that children now have has dramatically decreased. Less time is available for play and any available free time is spent on screen time in front of computers or TVs. Research shows that children average 5 hours of TV viewing per day, that 60% of households have the TV on during meals and households average 4 to 5 TVs per residence. National TV turnoff week will be the last week in April. This is an activity that health programs can promote as another method for improving the family health.

3. BREASTFEED

WIC staff are well aware of the numerous benefits of breastfeeding. Marketing these benefits and continued promotion of breastfeeding as the norm for infant feeding is essential for improving initiation and duration rates nationwide.

4. ACHIEVE CALORIC BALANCE

The latest research on obesity from CDC can be found on their website at www.cdc.gov Essential recommendations for weight control is to substitute water for soft drinks, reduce portion sizes and replace high calorie foods with fruits and vegetables. Individuals eat for many reasons. One theory proposed in the book “Volumetrics” by Barbara Rolls suggests that people feel full on volume, not on calories. Eating one cup of salad or tomato juice or broth before a meal results in consumption of less food at that meal. Foods that contain a high concentration of fiber and water provide volume with low energy density.

5. EAT MORE FRUIT AND VEGETABLES

New dietary guidelines have been released at www.healthierus.gov/dietaryguidelines The new guidelines include recommendations for 2 cups of fruit and 2 ½ cups of vegetables per day for a 2000 calorie diet. Some confusion

exists between the number of servings included in these guidelines and the number of servings recommended via the new soon-to-be-released food pyramid. Canada currently promotes 10 servings of fruits and vegetables per day. In the US, the 5-A-Day campaign has been active so one suggestion for compromise between conflicting perspectives is to encourage 5 cups of fruits and vegetables per day instead of the traditional 5 servings. New educational materials will be developed through the 5-A-Day program. See the 5-A-Day website at www.5aday.gov for additional information. Research suggests that taste preferences and availability heavily influence Americans consumption of fruit and vegetables. Cost per serving is generally affordable according to a USDA report titled “How Much Do Americans Pay for Fruits and Vegetables?” at www.ers.usda.gov/publications Table #1 in this article suggests 7 ways to eat 3 servings of vegetables and 2 servings of fruit for \$1.00 or less.

Additional information regarding 5-A-Day is on the CDC website at www.cdc.gov/nccdphp/dnpa/5aday

2004 NE Plan Survey Results

Julie Reeder informed us that the results of the 2004 Nutrition Education Plan surveys completed by local agency WIC staff last year have been compiled into a report. This document has been distributed to WIC coordinators and is available from Julie at julie.a.reeder@state.or.us

Surveys focused on the areas of Nutrition Education, Overweight/Physical Activity, Breastfeeding, and Fruit and Vegetable Survey.

In the area of Nutrition Education, staff indicated a strong interest in additional training for continuing education. Clerical training opportunities were especially deficient. Updated state training modules were requested. Regular in-services were desired. Consider the following: How do we achieve desired staff competencies? What training strategies would be of greatest benefit? What role can local agency WIC nutritionists play?

In the area of overweight and physical activity, staff indicated a general discomfort with discussing weight issues with parents especially if the staff themselves are overweight. Many agencies reported that primary care physicians were not supportive of WIC's educational efforts around these issues. Two distinct schools of thought were demonstrated in the surveys. One group felt that we must stop soft peddling weight issues with parents and take a hard line approach. The opposite view was the feeling that we can't really make an impact in a short WIC interview so we shouldn't attempt to deal with this issue. Weight management classes were the least favorite class according to staff. Sessions at the May statewide conference should help to begin addressing some of these concerns.

In the area of fruit and vegetable consumption, staff were divided evenly between wanting support at work for increasing intake versus those who were advocating for privacy. Staff generally did not feel that management cared about this issue. Two thirds of staff who were surveyed did not eat 5 servings of fruit and vegetables each day. Staff registered confusion regarding carbohydrate and fiber content of foods. These topics could be options for future staff in-services.

In the area of breastfeeding, common misconceptions surfaced. For example, confusion exists regarding breastfeeding and contraceptive use, breastfeeding and alcohol use and the necessity for women to have a "good" diet to breastfeed or conversely, that women with poor diets should not breastfeed. 15% of staff surveyed said that breastfeeding is best but that bottle feeding is easier. Breastfeeding is the top ranked class and client's favorite education topic according to staff. Breastfeeding updates could be an important component of regular in-services.