

LARD MEETING MINUTES
February 16, 2006
Portland State Office Building

Participants:

Name	Agency
Nora Miller	Salud
Tiare Sanna	Washington
Melissa Nash	Washington
Pat Cwiklinski	Washington
Char McKay	Multnomah
Janet Harris	Deschutes
Sherri Tobin	Deschutes
Laura Spaulding	Deschutes
Diane Cook	Warm Springs
Elizabeth Binkley	Douglas
Angie Treadwell	Umatilla Morrow
Mary Davis	State
Karen Bettin	State
Jane Fouste	State
Katherine Wagner	State
Sarah Rosenberg	State
Susan Greathouse	State
Julie Reeder	State
Prasanna Krishnasamy	State
Rachelle Gonzales	State
Vernita Reyna	State

Save the Date: The next LARD meeting will be on Thursday June 15, 2006, from 1:00 to 4:00pm at the Portland State Office Building.

Kosher Foods

Presented by Sarah Rosenberg

Kosher diets are one aspect of traditional Jewish religion. A passage in the Old Testament refers to not cooking lamb in mother's milk and became the rationale for not mixing meat and milk in a kosher diet. This is the basic tenet of the kosher diet. In addition, pork and specific shellfish such as shrimp, lobster, clams and crab are not allowed.

Jewish adherence to kosher diets varies from very strict to no observance. Very traditional believers will not only separate meat and milk, but they also maintain two separate sets of dishes, two separate sinks and two separate storage areas for dairy and meat. If a meal with meat is consumed, six hours must pass before consuming dairy products. If a meal with dairy is eaten, the consumer must wait two hours before eating meat. In many cases, keeping kosher involves very complicated practices. Rabbis may grant special dispensation for exception to strict kosher diet rules if warranted for serious health related conditions.

A number of rabbinical organizations supervise manufacturing of food products to be sure they are kosher. Rabbis visit factories to be sure everything is clean and there is no cross contamination between meat and dairy. Rabbis confirm that kosher meats are prepared using a special method where death occurs instantaneously so that the animal does not suffer.

A variety of symbols are used on food packaging labels to indicate that the product has been produced in an appropriate manner. Kosher symbols do not refer to a food being "blessed". Specific symbols will indicate which rabbinical organization has approved the product. A "U" with a circle around it is one of the oldest and most widely recognized of these symbols. Other organizations will incorporate a "K" in the design of their mark.

Cheeses are frequently not kosher. Rennet that comes from a cow's stomach is used in manufacturing the cheese. Tillamook Cheese Factory produces kosher cheese one time per month during a kosher run that is supervised by a rabbi.

Parve (or pareve) are foods that are neutral. They are neither dairy nor meat and can be eaten in combination with either dairy or meat. Fruit, vegetables,

legumes, eggs, grains, coffee, tea and fish are parve foods. Vegan diets would be considered parve.

Breastmilk and soy formulas are considered parve. If an infant is nursing or drinking soy formula, they can be fed meat and remain kosher. It would not be considered appropriate for an infant who was on a cow's milk formula to be fed meat.

Materna is one infant formula available in the United States that is certified as Kosher. It is manufactured in Israel. If an infant needs formula and Materna is not available, the following products are acceptable in concentrated liquid form, ready-to-use liquid form, or powder form:

- Enfamil
- Enfamil Lipil
- Similac
- Enfamil Human Milk Fortifier
- Similac Advance
- Enfamil Lactose Free Lipil
- Similac 2 Advance
- Enfamil Next Step
- Similac Lactose Free Advance
- Neosure
- Enfamil Premature Lipil
- Similac Human Milk Fortifier
- Enfamil Prosobee Lipil
- Similac Special Care with Iron
- Similac Natural Care Advance
- Isomil DF
- Isomil Advance
- Similac Special Care Advance 24
- Isomil 2 Advance
- Isomil SF
- Similac PM 60/40
- Pediasure
- Pedialyte

There are three infant formulas that are not acceptable on a kosher diet:

- Enfamil Nutramigen
- Enfamil Pregestimil
- Alimentum

Muslim beliefs follow similar diet rules as kosher diets. Although they can mix meat and milk, they will not eat pork and they look for kosher symbols to guarantee that the product has no contamination. Halal is the Muslim term for kosher.

Albertsons grocery store in Beaverton has an extensive kosher foods section. The state WIC office has received one request from a WIC participant to purchase kosher foods. All WIC foods are parve except cheese and milk. Many brands of regular milk are kosher such as Albertsons and Alpenrose. Kosher cheese is very expensive and if provided by WIC would require special processing in order to clear the banking system without being rejected.

Oregon Obesity, Physical Activity and Nutrition Facts

Presented by Katherine Wagner

The summary of the Oregon Overweight, Obesity, Physical Activity and Nutrition document was emailed with the agenda for this meeting. The full document was distributed to coordinators at the January 2006 OWCA meeting.

The report covers obesity and overweight rates for Oregon eighth and eleventh grade students. Millions of dollars are spent each year on medical incidents that are related to excess weight. Incidence of overweight and obesity in children has increase 14% from 1990 to 2004. This report evaluated student trends in physical activity, screen time, eating disorders, and consumption of fruits and vegetables. Improving health habits when children are young is an important role that WIC can play in combating unhealthy trends.

The State WIC office will be assisting local agencies with materials related to the promotion of good health habits in families with young children:

- Injoy video: “Young Children Eating Right” has been ordered for each local agency. Lesson plans with discussion questions and handouts are included. Delivery should occur during March 2006.
- TV Turnoff month is April 2006. Materials related to this event will be sent in March. A new class outline on reducing screen time will be available in June.
- Third year of the local agency annual nutrition education plan will focus on communities with the same goals as the past two years. These goals include increasing physical activity, increasing the use of fruits and vegetables, providing meaningful nutrition education and increasing breastfeeding duration. Information will be distributed in March 2006 for return in May.
- Regional PAN “train the trainer” trainings will be held in April and May 2006. WIC staff will obtain more information on physical activity for children and the promotion of fruit and vegetable consumption. Programs will be held in Portland, Bend, Eugene and Baker City.

One significant finding from our recently completed participant surveys on physical activity was the consistent indication of need for assistance with identifying free or low cost family friendly activities in each community. A February 9, 2006 Medline article from ADA list serve entitled “Limited Access to Exercise Facilities Fueling Childhood Obesity Epidemic” supports this finding and also refers to the impact of TV time on physical activity. The February 2006 ADA Journal has an article (page 188) on “Playing to Win: Video games and the Fight against Obesity”. This article also references screen time as a factor in childhood obesity and highlights video games that have nutrition messages or that encourage physical participation such as “Dance, Dance Revolution”.

Local Agency Client Survey Results

Presented by Julie Reeder and Prasanna Krishnasamy

Physical activity and breastfeeding survey results for individual agencies have been sent to the agencies that submitted their completed surveys. A

state summary of all results will be distributed when surveys from all local agencies have been received.

Preliminary findings from the physical activity surveys found respondents indicating the following:

- A desire to understand what physical activities are appropriate for each age of child
- A preference for hands on demonstrations as an instructional method
- A need for low cost or free activities for families
- Dancing as a preferred form of physical activity
- Finding adequate time for physical activity is difficult
- 4 to 6 hours of TV watching per day was average.
- TV time is often considered educational (Sesame Street, Baby Einstein videos, etc)
- There is no relationship between being overweight and breastfeeding vs. bottle feeding as an infant

1565 breastfeeding surveys were received. 63% of respondents were breastfeeding at the time of completing the survey and 80% of respondents had a child under the age of one year. Surveys were completed in English and Spanish.

Results of the breastfeeding survey demonstrated strong breastfeeding self-efficacy with 91% of respondents indicating that they felt they could breastfeed as long as desired. 88% were comfortable breastfeeding when family was present although the percentage was slightly lower with Hispanic mothers. Overall, 70% thought they could breastfeed without formula supplementation. 50% of English and 57% of Spanish respondents felt they would need formula supplements if they return to work. This percentage decreased with breastfeeding longevity.

Breastfeeding survey results indicate that we need to continue working with clients to support their efforts toward exclusively breastfeeding while returning to work. Breastfeeding clients believe that they can make and sustain an adequate milk supply but assistance with the specifics of how to accomplish this feat is appreciated. Knowledge is not the main issue. We may be underestimating the number of clients who believe they can

breastfeed. Developing skills is a key component for promotion of breastfeeding exclusivity.

No data has been gathered on how breast pumps impact breastfeeding exclusivity. Research design for studying this issue is complicated as no one wants to deny pumps to breastfeeding mothers in order to have a control group. It is acknowledged that information of this nature would help local agencies know where to focus pump issuance efforts, specifically Lactina vs. pump-in-style. It would also be helpful to understand client's perceptions of pump usage when going home from the hospital with a pump.

The group suggested that Julie consider conducting a survey with participants who have received Lactinas after delivery from hospital pump partners vs. the WIC clinic.

Formula Update

Presented by Susan Greathouse and Vernita Reyna

Formula bid contract has been extended until October 2007. There will be no change in bid product prior to that time.

The "Feeding the Preterm Infant" brochure created in 2002 by the Oregon Pediatric Nutrition Practice Group will be meeting to revise the brochure. Let Susan know if you would like to participate. Meeting participants requested that the current flyer be purchased by the State for all WIC RDs to use as a reference. Susan will check into ordering these brochures for each agency and each RD.

A draft prescription form was emailed with the meeting agenda. The form can be customized for use by each local agency however; there is no requirement to use this document.

Multnomah County's prescription form was the basis for the first draft. They use it to document requests for either medical or non-bid formulas. Diagnosis information is included to assist providers with identifying appropriate diagnoses for prescribing formula. Washington County RD's prefer to offer a prescription form for medical formulas only since prescriptions are not required for non-bid products.

Suggested enhancements to the document included listing bid formulas, listing provider's contact information, removing specific diagnosis categories and adding a statement promoting WIC as a public health program. An updated version of the prescription form that incorporates these suggestions will be emailed with the meeting minutes.

Cereal Table

Presented by Vernita Reyna

Char McKay from Multnomah County has created a table documenting the fiber, calcium, iron and folic acid content of WIC cereals to use as a handy RD reference. Karen Bettin has added portion sizes and updated specific nutrient contents. This resource is not intended to be used as a client handout. The table will be emailed with the meeting minutes.

FLPP Discussion

Local printing of multiple month vouchers is now a reality for all Oregon WIC agencies. RDs discussed their experiences, insights and suggestions for working in the FLPP environment:

Washington:

RD services are running smoothly at this time. Problems are more likely to arise in 6 months with an anticipated increase in the number of clients needing to be seen by the RD as a result of coordinated family appointments. RDs may complete family education for low risk family members during the same appointment when they counsel the high risk participant. Staff are also considering the option of scheduling RD appointments for high risk family members and class or IE appointments for low risk family members at separate times. Overall goal is to have appropriate second nutrition education for each family member. Staff are committed to maintaining quality nutrition education. A higher staff FTE to client ratio may be needed in the future in order to preserve staff and RD morale.

Working with foster families on the Family Summary Screen (FSS) is challenging when numerous participants are associated with one family

number. It is difficult to see all active members when terminated participants are also listed. Staff requests the ability to add a check box to hide the information related to inactive participants or to have children over the age of 5 years removed from view on the FSS. Workaround is to assign the foster family a new number and transfer active participants to this new family number.

Shortening fields on the FSS was suggested in order to view more months on the screen without having to scroll over.

A laminated strip calendar is being used as a tool for certifiers to visually check off months of voucher issuance during coordination of family appointments.

Coordinator plans to spot check participant records to be sure the FSS is being utilized accurately.

Planning will be needed if Farmer's Market classes with coupon issuance occur at the same time as regular voucher issuance.

Field team does not currently provide second NE in home. Training will be needed if this is going to occur.

Multnomah:

It appears that participants may end up coming into the clinic more often than pre-FLPP, especially when RD services are needed. Convenient voucher pick-up times are being scheduled each week and additional drop-in pick-up times between 4:00 and 5:00 pm are being considered for participants who miss classes. Pick-ups are scheduled as individual appointments.

Current RD follow up codes are gradually being transitioned to the new FD code. Consistent use of the FD appointment type will help identify participants who need RD follow up when they transfer between programs.

Home visiting nurses will be used for certifications in the home.

Discussed options for navigation from the Family Summary Screen to other areas in TWIST using fast paths and buttons.

Salud:

A two minute IE appointment is available for staff to insert into a 20 minute follow up appointment so the RD can see both the high risk and low risk family members in the same appointment slot. RDs provide high risk counseling and create a care plan for the high risk participant in their progress notes. RDs then identify a key topic to review with the family for the low risk participant and document this in the NE Plan area of the participant record. Attendance is documented for both participants with a “show” indication on the Family Appointment Record or Daily Clinic Schedule.

Certifier’s schedules are blocked out during peak periods for phone calls and voucher pick-up. In this way, certifying staff can provide assistance to staff working front desk.

Show rates for all appointments has improved since Salud began piloting FLPP in October.

UMHS:

RD referrals and communication with the RD is working well at all of the different clinic sites.

Douglas:

Staff have concerns similar to those expressed by Washington County regarding RD workload with coordination of high and low risk appointments for families. In addition, scheduling adequate RD appointment slots at 6 outlying clinics will be a challenge.

Field staff will complete initial certifications for high risk infants in the home.

Deschutes:

No major problems identified at this time.

Program is beginning the process of gradually transitioning to the FD appointment type.

Coordinator plans to look closely at show rates in three months when clients begin returning for their next set of FIs.

General questions:

Please Note: Specific guidelines for home visit contacts will be distributed in April along with additional NE Guidance from Sara Goodrich.

What training is required for a community health nurse to complete certifications in the home?

- The same training is required for a community health nurse as for a WIC certifier. The certification process is the same except for the location of the contact (home vs. clinic), the use of paper forms rather than an electronic record, and the distribution of vouchers. Guidelines for certifications and second nutrition education contacts occurring in the home setting are being developed for distribution in April.

How can documentation of home contacts be handled?

- Paper certification forms can be completed in the home then data entered in the TWIST system.
- Documentation of second nutrition education completed in the home by community health nurses can be recorded on the non WIC NE screen in the NE Plan section of TWIST.

How can FIs be distributed when contacts occur in the home?

- For new enrollments, community health nurses can deliver FIs at future home visits after TWIST data entry has been completed. Signed FI stubs need to be returned to the clinic.
- For second nutrition education contacts, community health nurses can take multiple months FIs with them to the home and return signed FI stubs to the clinic.
- The participant or their proxy can pick up FIs in the clinic.
- FIs can be mailed if the client understands that lost in mail FIs cannot be replaced.
- A combination of the above, for example: mail one month of FIs and the nurse takes out two months of FIs at the regularly scheduled visit next month.

What about phone contacts for situations such as RD follow up for missed appointments?

- New USDA NE guidelines indicate that phone contacts will be allowed in certain situations. Oregon will be working with USDA

Western Region Office to determine options and obtain approval for use of phone contacts in specific circumstances.

State Meeting:

Presented by Vernita Reyna

State meeting dates have been confirmed for September 13 to 15, 2006. The fall LARD meeting will take place during the conference. Please let Vernita know if you have suggested topics or speaker recommendations for the RD track with CE credits.

Proposed topics from today's meeting:

OHSU Feeding Clinic

GERD

Pediatric Allergies

Review New "Feeding the Premature Infant" Guidelines

Next LARD meeting:

June 15, 2006, 1:00 to 4:00 at the Portland State Office Building.

RDs can get credit for continuing education for specific LARD sessions. These are nutrition related presentations provided by professionals through a public health organization. Each RD can determine which topics fit their Learning Plan submitted as part of their Professional Development Portfolio for ADA.

LARD activities can be documented on the Learning Activities log using code 170 for Lectures/Seminars and one of the 4000 Learning Need codes for Wellness and Public Health. Of course, each RD has to be able to relate this to their learning plan (ie: "How will you use the knowledge or skill acquired from this learning activity?"). As long as the learning goal is broad (eg: "maintain public health nutrition expertise"), most LARD activities should fit nicely. LARD agenda and meeting minutes can be retained for documentation.