

## **LARD Meeting Minutes** **May 17, 2007**

### **Participants:**

Mari Booker	Clackamas
Julie Aalbers	Clackamas
Sarah Fife	Washington
Melissa Nash	Washington
Kathryn Forrester	State
Mary Rhode	State
Tiare Sanna	Washington
Nora Miller	Salud
Kim McGee	State
Susan Greathouse	State
Robin Stanton	State
Heidi Suess	Multnomah
Elizabeth Berol-Rinder	Multnomah
Vernita Reyna	State
Susan Gerig	Baker
Shelley Paeth	Lincoln
Nancy Ludwig	Lincoln
Dona Gormley	Marion
Lindsay Grosvenor	Malheur
Sara Goodrich	State
Mary Davis	State
Cheryl Kirk	Josephine
Ai-Lan Whitson	Marion
Dale Erickson	Marion
Sandra Farley	Marion
Jackie Lucas	Lane
Leslie Houghton	Lane
Janet Harris	Deschutes
Sheri Tobin	Deschutes
Laura Spaulding	Deschutes

## **Welcome and Introductions: Vernita Reyna**

### **Future LARD Meeting dates:**

- September 20, 2007, 1:00 to 4:00 pm, Room 918, Portland State Office Building
- January 17, 2008, 1:00 to 4:00 pm, Room 918, Portland State Office Building
- May 2008 at the State WIC Meeting, location and time TBA
- September 18, 2008, 1:00 4:00 pm, Room 918, Portland State Office Building

### **Follow up on the Dietetic Internship Issues:**

A meeting is scheduled on June 5<sup>th</sup> with the new OHSU internship director Monica Hunsberg and Maureen McCarthy. State and local WIC staff will be represented. RDs from Washington, Salud and Multnomah will participate. Discussion topics will include rotation scheduling, intern preparation and materials review.

### **In Harm's Way: Environmental Contaminants and Children:**

Pat Westling, RN, MSN

MCH Emergency Preparedness Manager

Physicians for Social Responsibility (PSR) sponsored this presentation. PSR was founded and has been active since the 1960's. Program Director is Sara Wright, MPH. For more information or additional materials, contact Sara at 503-274-2720 or [sarawright@oregonpsr.org](mailto:sarawright@oregonpsr.org) or visit their website at [www.oregonpsr.org](http://www.oregonpsr.org)

A pdf of the presentation power point was emailed with the LARD meeting reminder on May 11, 2007. A packet of PSR materials was mailed to each agency on May 8, 2007. It was addressed to the coordinator with an encouragement to share with their RD.

**Learning disabilities** occur in 5 to 10% of all children. The incidence of **autism and ADHD** has dramatically increased over the past 30 years. ADHD increased from 1% to 20% and autism by 100%. Ritalin use in schools increased 800% from 1971 to 1996. The number of children in special education classes has increased by 191% from 1977 to 1994. Cost of special education is now over \$800 million per year in Oregon.

It is unknown whether these significant increases are due solely to greater awareness and better identification on the part of health care providers or if the conditions are simply occurring more frequently.

Toxins have the propensity to cause behavior changes in children. It is suspected that numerous neuromuscular and neurobehavioral disorders can be attributed to environmental pollutants. Social environment, physical environment, nutrition, and genetics all interact to affect development. Exposure to environmental toxins is preventable.

Children are more vulnerable to toxins as they have greater opportunity for exposure. They reside closer to the ground, frequently put items in their mouths and often breathe through their mouths. Exposure is compounded with rapid brain development and an immature blood brain barrier resulting in greater risks than experienced by adults.

**Toxic chemicals** can be considered persistent, bioaccumulative or transient. Bioaccumulation occurs when children inherit an accumulation of heavy metals from their mothers. It takes 166 years to get rid of lead received from our mothers before birth. Transient exposure occurs over a short period of time. Persistent exposure occurs with repeated and prolonged contact with a specific chemical. The burden of exposure to a variety of chemicals is the greatest in the breastfed infant as many contaminants can be passed through in breastmilk. However, breastmilk is and will remain the best source of nutrition for all infants.

Four billion pounds of 80,000 chemicals are used over the course of one year in the US. Of these, only 20% have been tested for chronic toxicity and 12 have been tested for neurodevelopment toxicity according to FDA standards. Testing costs \$200,000 per full array of chemical tests. Burden of proof is to show it causes harm not that it is safe.

**Lead** is one well-known heavy metal that can impact mental and behavioral health. A lead handout was emailed with the LARD meeting reminder on May 11, 2007.

**Mercury** exposure can have health affects such as cerebral palsy, mental retardation and developmental delays. Methyl mercury is the most toxic form, easiest to absorb and easily transferable in the environment. In Oregon, 4500 pounds are released into the environment annually. Facilities are not required to report mercury release.

Sixteen bodies of water are considered contaminated in Oregon. Resource information regarding water contamination is being distributed with these minutes. Mercury in fish can be a major source of exposure. Handouts are available for all WIC clinics from DHS called *An Expectant mothers Guide to Eating Fish in Oregon*. Pregnant women and young children should avoid shark, tilefish, swordfish, bass and mackerel. Chunk light tuna, catfish, lobster, shrimp, sturgeon should be acceptable for weekly use but safe intake varies according to region.

**Pesticides** are persistent and designed to kill living organisms. Their synthetic composition can be confusing to the human body in regards to how to process them. 140 pesticides are considered neurotoxins and have been associated with childhood cancers and birth defects. 37 of these are used to on food or animal feed. Pesticides are used on pets for fleas, lawn for weed control and garden plants for pest control. Dust from outdoors is the source of 70% of infant exposure. Pesticide contamination is often found in the water of streams and wells due to runoff from fields, gardens and lawns.

Organic diets are recommended to reduce pesticide exposure. Individuals consuming organic diets show reduced pesticide levels in urine. Clean all fruits and vegetables after purchase. Select nontoxic products for lawn care and pest control. For additional information, Oregon State University operates a National Pesticide Information Center at [npic@ace.orst.edu](mailto:npic@ace.orst.edu)

**Bisphenol A** is a chemical used in the manufacturing of plastic. This chemical is an estrogen hormone disrupter associated with miscellaneous birth defects, breast and prostate cancers. To limit exposure, use glass, metal and ceramic items rather than plastic. Never heat in plastic. Do not reuse single serving plastic containers. Don't continue to refill or wash polycarbonate bottles as this causes the plastic to breakdown increasing exposure to bisphenol A.

Check the numbers on the plastic items that come in contact with your food and beverages. There are 7 types of plastic:

- 1 is polyethylene terephthalate used for single use items such as bottled water, liters of soda, peanut butter jars and cooking oil containers, not recommended for reuse
- 2 is high density polyethylene used for colorless but opaque bottles for shampoo, detergent or milk jugs, not recommended for reuse
- 3 is polyvinyl chloride or PVC, hard plastic
- 4 is low density polyethylene used for plastic bags, not recommended for reuse
- 5 is polypropylene used for margarine and yogurt containers and should be safe to reuse
- 6 is polystyrene or Styrofoam
- 7 are “other” plastics such as Tupperware and Rubbermaid and should be safe to reuse.

**Formula Update:** Susan Greathouse

Providence contract has been completed and their services are available for use.

Training information on the formula changes that will go into effect October 1st has been distributed to local agencies. Consider how RDs can assist staff with changes that will be happening in your agency. Facilitated discussion may be useful for staff. Talking points and scripts to use when talking to clients and community partners about these changes will be available.

Ross representatives are already marketing this change to health care providers but we must continue to abide by the Mead Johnson contract until October 1<sup>st</sup>. This will help Oregon maximize our rebate.

The “No Exception” policy will be implemented at the same time as the bid formula changes. This includes all Mead Johnson products except for medical formulas. No medical formulas will be impacted by this change. Good Start will be the only non-bid formula as Ross does not have a similar product. A prescription will be required for the Good Start non-bid formula as well as medical formulas. This is required by the federal regulations. RDs can work with health care providers around prescription needs as is currently happening.

The “No Exception” policy should ease conflict between staff and clients. Staff should spend significantly less staff time negotiating with clients.

No formula samples will be available after October 1<sup>st</sup> due to the expense for the formula company. Sample Mead Johnson products can be ordered during the summer in anticipation of the need for transition formulas during October and November. . Samples of medical formulas may still be available through individual formula representatives.

Breastfeeding promotion and support messages will continue to be important.

Formula packages will be end dated October 1<sup>st</sup> resulting in a much shorter list of formula options (300-400 fewer formula package options). Mass formula package changes will occur June 30 or July 1. State staff may contact local agency RDs for assistance with selecting correct formula packages for those participants using blended formulas.

Client education materials will be sent in June. A “Z” fold handout is being developed in English and Spanish and will include blending instructions and key points regarding formula transition. Russian and Vietnamese translations will be on the Oregon WIC website.

Participants on Gentlease will be switched to Similac Advance. Composition is more like Advance than Similac Sensitive. Similac Sensitive should work well for lactose intolerance.

The state WIC office will be communicating with hospitals, pediatricians and family care clinics via letters to provide information about the formula changes.

New formula brochure on preparing formula is under development. If you have samples of formula handouts, please share them with Susan.

**Nutritionist Competencies:** Kim McGee

Competency models are being developed for WIC nutritionists, certifiers (CPA), clerks and coordinators. These will help identify how to train a staff member to what they should be able to do and provide performance-based training. Competencies focus on the functions that staff perform in their

specific role. They are not content based. Training designs will cover how to accomplish specific tasks.

Competencies are used to develop training materials for new staff. CPA and Coordinator competency models are in the review process. Nutritionist competencies have been drafted. The draft competencies were distributed by email with the LARD meeting reminder on May 11, 2007.

Nutritionist competencies identify the responsibilities and skills that set the nutritionist apart from other staff. These competencies are specific to the WIC nutritionist. If the nutritionist also determines eligibility, he or she must also meet the CPA competencies.

3 core areas of expertise have been identified:

- High risk counseling, provision and documentation, this is a minimum competency required of every WIC nutritionist regardless of the number of hours in clinic
- High risk resources and referrals, including the ability to access information and interact with other medical professionals, this is a minimum competency required of every WIC nutritionist regardless of the number of hours in clinic
- Consultation and technical assistance to local agency staff and others, this is an optional competency depending on the nutritionist's role in agency. This will most likely describe a nutritionist who has hours in clinic beyond those required for providing high-risk interactions.

Please review and share comments with Kim by June 30. Consider if the competencies are clear, understandable and include all essential nutritionist competencies.

**Questionnaires:** Vernita Reyna

Feedback has been provided on the diet assessment questionnaires. Thanks to everyone who contributed suggestions. Health history questionnaires will be rewritten following completion of the diet assessment questionnaires although the overhaul will not be as extensive as the diet questionnaires. LARD volunteer reviewers for the health history questionnaires are Heidi, Nora, Tiare, Melissa, Jackie and Lindsay. Health history questionnaires should be available for review in July.