

LARD MEETING MINUTES

September 20, 2007

Participants:

Kathie Wills	Curry
Kelli Brown	Curry
Royce Robertson	Curry
Leslie Houghton	Lane
Jackie Lucas	Lane
Debbie Watson	Jackson
Nancy Ludwig	Lincoln
Nora Miller	Salud
Heidi Suess	Multnomah
Pat Cwiklinski	Washington
Laura Spaulding	Deschutes
Sherri Tobin	Deschutes
Janet Harris	Deschutes
Cheryl Kirk	Josephine
Ruby Chun	Josephine
Ai-Lan Whitson	Marion
Sandra Farley	Marion
Kathryn Forester	State
Karen Bettin	State
Sara Sloan	State
Susan Greathouse	State
Robin Stanton	State
Bonnie Ranno	State
Vernita Reyna	State

Announcements:

- Next meeting: January 17, 2008 from 1:00 to 4:00 pm in Room 918 at the Portland State office Building
- Spring meeting: In May 2008 during the Oregon WIC conference. Details TBA.
- State meeting topics: Please email Vernita Reyna at the state office if you have suggestions of speakers or topics of interest for RDs at the state conference.

- NHANES in Washington County: Oregon is being included in a NHANES study for the first time. Researchers will be in Washington County during November 2008 recruiting and screening specific individuals to participate in the study. Pat Cwiklinski from Washington County will keep us apprised of developments.
- Breastfeeding Update for Professionals: Conference is being held October 5, 2007 in Medford. Debbie Watson at Jackson County has information if interested.

Mindless Eating: Robin Stanton

The book, “Mindless Eating: Why we eat more than we think”, was written by Brian Wansink, PhD and published in October of 2006. Dr Wansink is a researcher at the Cornell University Food and Brand Lab where he studies consumer behaviors for military and food companies. The book is research based and cites numerous references. Mindless eating refers to the more than 200 food-related decisions that we make daily and the fact that we are unaware of 90% of the choices that we make. It is written for the lay reader and has a number of interesting recommendations for controlling our personal food environments. These recommendations are summarized in 9 strategies:

1. Think 20 percent more or less:

We can eat 20 percent more or 20 percent less without being aware of it. It is the place where we don't feel full from eating the extra calories or feel deprived by eating fewer calories. Becoming more "mindful" about even one eating practice can make a significant difference in the amount that we eat. Remember that there are two kinds of hunger: below the neck when your stomach is growling and above the neck when it is all in your head!

2. See all you eat:

Pay attention to what you eat. See your food before you eat it and while you eat it. Rely on external cues. It's easy to overeat when we keep reaching into a bag or container and never see how much we're really putting into our mouths. Consider measuring out a portion in order to see the total amount being

eaten instead of eating directly from a container. Everyone is inaccurate when estimating calorie intake especially as portions size increase.

3. Be your own tablescaper:

Pay attention to dish size. The same amount of juice in a tall, skinny glass looks as if the glass is fuller than it does in the short, wide glass. We perceive that we are eating more when using a smaller bowl or plate. As the size of the dish increases, the serving sizes tend to increase. The larger dish makes servings look smaller by comparison, resulting in people helping themselves to more food. Decreasing package sizes can result in as much as a 15% decrease in what is eaten. Divide food in large packages into smaller quantities to help pre-portion out the food. Larger boxes and packages encourages cooks to prepare larger portions. Leftovers can encourage extra eating so consider placing leftovers in opaque containers to reduce temptation.

4. Make overeating a hassle, not a habit:

Leave serving dishes in the kitchen. Do not walk around the house with food. Keep healthy items visible like fruit and vegetables and keep unhealthy items such as snacks and candy out of sight. We tend to eat more of visible foods because we think about them every time we see them. Convenience makes it easy to overeat and eventually, resistance is likely to weaken.

5. Create distraction-free eating scripts:

Avoid eating without thinking. Everyone has situations where they tend to overeat. Any distractions can make people lose track of their intake so eating while driving, watching TV, listening to the radio, reading, working etc., can result in increased intake. Music, lighting and aromas in restaurants are designed to increase appetite. Eating with family and friends can influence intake. Eating with one other person can increase intake by 35%. Eating with 7 or more people can increase intake by 96%. People pace themselves to eat with the group. Find the slowest eater and pace yourself with them. People have eating scripts for special situations such as dating. Women tend to eat less on a date as overeating would not be

considered feminine while men tend to eat more on a date, as a hearty appetite could be perceived as more masculine.

6. Create expectations that make you a better cook:

Use creative words to describe a meal. What you are told about a food can make a difference in your expectations of the dish or your interest in that food. Fix the atmosphere when you fix food to create a pleasant environment. Change recipes to be healthier and tastier then market your product like an advertiser would. Research shows people eat the same volume of food regardless of caloric density so make an effort to serve healthy options.

7. Make comfort foods more comforting:

Comfort foods feed the body and soul. 40% of all comfort foods are healthy foods like those that mom would make. Comfort foods are more likely eaten when a person is happy rather than sad. When sad, more unhealthful foods are consumed. Men prefer their comfort foods in meals where they get a sense of being taken care of. Women prefer their comfort foods in snack form where there is easy preparation and no mess. Birth order affects how we eat our favorite foods. An only child and the oldest child tend to eat their favorite food last. Younger children and children with many siblings eat their favorites food first. Weight could be affected if the favorite food is not fruit or vegetables.

8. Crown yourself as the official gatekeeper:

The “gatekeeper” in the household (usually the mother) influences the food intake of everyone in the household and controls 72% of food decisions for the spouse and children. Gatekeepers influence what is purchased and prepared even when eating away from home. Family norms influence intake and children learn their eating habits from their parents. Gatekeepers can try to expand menus by trying new recipes, menus, and ethnic foods. New foods and flavors can be expanded by substitute different ingredients in recipes and by allowing children to choose food items at the store. Gatekeepers should avoid using food as reward or punishment.

9. Portion-size me:

Be aware of the health halo affect: just because a food is marketed as healthy, doesn't mean it is. For example, low fat does not always equal low calorie. Nutrition information may be based on unreasonable serving sizes leading to misunderstanding of the food's attributes. People are hard wired to enjoy sweet and salty foods. Fast food caters to these cravings. 50% of all food purchase in restaurants in the USA is pizza, hamburgers and fries. Food companies do not care what food you buy as long as you buy it and they make a profit.

We can work toward reengineering our personal food environments to help ourselves and our families eat better. Approach changes in small increments. Make less healthy foods inconvenient to eat. Promote reasonable portion sizes through the size and shape of dinnerware. We can move from mindless overeating to mindless better eating!

For more information, visit the Mindless Eating website at www.mindlesseating.org

A related quiz based on this book has been created by the Nebraska Extension service and the article is at <http://lancaster.unl.edu/food/ftas07.shtml>

Formula Update: Susan Greathouse

Formula FAOs will be emailed. HP authorization will be no longer be required. This functionality was designed to deal with non-bid formulas that are no longer an option with the no exception policy. No more HP authorization check marks will be required for issuance of any formula.

Rebated bid formulas that can be offered without a prescription are Similac Advance, Isomil Advance, and Similac Sensitive. All other formulas require a prescription. One-month supply may be provided without a prescription, as is current practice. Prescriptions need to be written by medical care providers with prescriptive authority in the state of Oregon.

Similac Sensitive RS is similar to but not the same as Enfamil AR so Enfamil AR will continue to be available with a prescription. Similac Sensitive RS is lactose free and only available in RTF. Enfamil AR is not lactose free and is available in powder form. Automatic replacement of Enfamil AR with Similac Sensitive RS will not occur with this transition.

Ross representatives are out in the community. There should be an adequate supply of Ross products for the October 1 switch. Let the state know if difficulties arise with availability by entering a complaint into TWIST.

Good Start is a non-bid non-medical formula that can be offered with a prescription. The current state approved Good Start product in Oregon is without DHA/ARA. Unfortunately, the plain formula is being discontinued in the concentrate and RTF forms so we may have to change our approved product even though it is \$3.00 more per can for the powdered Good Start with DHA/ARA. Good Start with Natural Probiotics has not been approved for WIC issuance in Oregon.

Gentlease will no longer be available through WIC after October 1. Try Similac Advance and Similac Sensitive before switching to Good Start. There is no rebate on medical formulas so no preference of manufacturers is in place. There is no change in the process for handling medical formulas. Utilize the medical formula that is best for the participant.

No Enfamil products will be visible on dropdowns in TWIST after October 1, 2007.

OHSU Internship Update: Susan Greathouse

Monica Hunsberger is the new internship director at OHSU as of June 2007. State and local WIC RDs met twice with her this past summer. The internship schedule was reviewed and modified to allow 4 weeks of experience in WIC with 2 weeks for a community nutrition rotation and 2 weeks for a nutrition education rotation. A 2-week staff relief experience is also an option. The study guide for Public Health was updated with references, resources, case studies and growth charts and is on the internship website. State WIC nutrition consultant Karen Bettin provided a “WIC Overview” as one of the internship’s first guest lecturers on September 17th.

WIC representatives will continue to work with Monica and pursue the option of a public health rotation later in the year for next year's group of interns. WIC is a complex program and it would be helpful if interns could come to WIC with basic counseling skills in place.

Oregon Summary of 2006 ASTPHND Workforce Survey: Vernita Reyna

Every 5 years the Association of State and Territorial Public Health Nutrition Directors (ASTPHND) conducts a national survey of the public health workforce. The initial data for each state has been distributed to individual states. National data is still being compiled. The results for Oregon reflect the responses of those who answered the survey in 2006. Robin Stanton was the state lead for this process. The following is a general summary of the WIC information contained in the preliminary survey results:

Total Oregon response rate: 93%

National response rate: 80%

WIC response rate: 95%

Agency of WIC employment: 73% local, 7% state

Number of respondents with WIC Nutritionist job classification: 39%

Years in practice for WIC nutritionist:

- 1-4 years: 24%
- 5-9 years: 18%
- 10-19 years: 30%

Nutritionists intending to retire within the next 10 years: 59%

Average annual salary for full time nutritionist: \$41,000

Minimum annual salary for full time nutritionist: \$27,000

Funding for nutritionist positions: 80% USDA (WIC grants)

Academic degrees for WIC nutrition professionals:

- 26% Masters
- 85% Bachelors

Credentials of WIC nutrition professionals:

- 35 % breastfeeding certification
- 3% IBCLC
- 50% RD
- 18% LD

- 28% None reported

Racial background for WIC staff:

- 78% White
- 5% American Indian
- 3% Asian
- 1% Black

Ethnicity of WIC staff: 25% Hispanic

Advances In Perinatal and Pediatric Nutrition Conference Highlights:

Karen Bettin

See separate document attached with the minutes.