

**LOCAL AGENCY REGISTERED DIETITIAN MEETING**  
**January 17, 2008**

**Participants:**

Kathie Wills	Curry
Kelli Brown	Curry
Patti McKinney	Curry
Sue Schiess	Klamath
Elizabeth Binkley	Douglas
Susan Gerig	Baker
David Brown	Marion
Sandra Farley	Marion
Lisa Beck	Washington
Tiare Sanna	Washington
Nora Miller	Salud
Terri Trisler	Salud
Elizabeth Berol-Rinder	Multnomah
Jean Farmer	CT Umatilla
Jackie Lucas	Lane
Leslie Houghton	Lane
Crystal Beard	Lincoln
Raven Chakerian	Lincoln
Nina Goldberg	Lincoln
Donna Boyce	Lincoln
Nancy Ludwig	Lincoln
Sheri Tobin	Deschutes
Janet Harris	Deschutes
Katie Stoll	Linn
Kathryn Forester	State
Sara Sloan	State
Bonnie Ranno	State
Susan Greathouse	State
Vernita Reyna	State

**Next meetings:**

- Monday, May 5<sup>th</sup> at 5:30 pm as part of a reception hosted in conjunction with the state WIC conference.
- Thursday, September 18 from 1:00 to 4:00 pm, Room 918

**Announcements:**

Sara Sloan is arranging for an interactive video webcast to discuss nutrition education issues on April 17 in conjunction with the April OWCA meeting. More information to come!

Mary Davis is leaving her position as a state nutrition consultant on February 15, 2008, after 25 years with WIC at the local and state level. Mary will be working as a renal dietitian in Pendleton, Hermiston and Walla Walla. To send messages, her email address is [marydavis@uci.net](mailto:marydavis@uci.net). Her position will be posted soon. For more information, contact Susan Greathouse.

In the next couple of weeks, Susan Greathouse will be sending an email regarding the handling of returned formula. Please take a moment to reply.

The latest information from the American Academy of Pediatrics indicates that breastfeeding does help prevent infant allergies but other recommendations made in 2000 have been rescinded as there is no good evidence for avoiding certain foods during pregnancy, using soy formula or delaying introduction of solid foods beyond six months. More information can be found on the AAP website.

The Oregon Pediatric Nutrition Practice Group is sponsoring a one day conference on “Diagnosing, Treating, and Preventing Allergy and GERD in Infants and Children” on February 2, 2008 at Legacy Emmanuel Hospital. For information regarding this event, contact Melissa Nash at [Melissa\\_Nash@co.washington.or.us](mailto:Melissa_Nash@co.washington.or.us)

**“I ate before I got here” How Celiac Disease Touches Everyday Life:**

Carrie Pfab, MS, RD, CD

Carrie was diagnosed with celiac disease 5 years ago. Celiac Disease is a genetic autoimmune disease that occurs when an individual is born with a specific gene that becomes active. There appear to be a variety of triggers for this conversion. For Carrie, the most likely trigger was pregnancy and childbirth.

Celiac disease is an immunologic response in the small intestine to the presence of gluten that results in flattened villi on the lining of the small

intestine. This causes “classic” symptoms such as gas, diarrhea, cramping, bloating and weight loss. Children traditionally display classic symptoms that can contribute to failure to thrive. Adults often show symptoms that could be caused by a number of medical conditions making celiac difficult to diagnose in adults. These symptoms may include anemia, fatigue, weakness, bruising, bone pain, infertility and depression. Some adults show one symptom, others have many. On the average, it takes adults 11 years to be correctly diagnosed.

Individuals with Type 1 diabetes, Turner syndrome, Down’s syndrome or a family member with celiac disease are at greater risk for having the celiac gene. White individuals with northern European heritage are more likely to develop celiac disease. Celiac disease is one of the most common genetic diseases and yet is frequently undiagnosed.

Breastfeeding has been linked to the prevention of celiac disease. Children under 2 years of age who had been introduced to gluten while still being breastfed, had a 40% lower incidence of developing the disease.

Carrie was diagnosed after years of experiencing anemia, difficulty functioning and generally feeling weird. Diagnosis involves testing for the Human Leukocyte Antigen (HLA). Having the gene does not mean the person has the disease but has the potential of having the disease. Individuals without the gene cannot develop the disease. While an individual is consuming gluten, antibody tests can be done to screen for the disease. A positive antibody test can be followed by an intestinal biopsy for confirmation.

The only treatment for celiac disease is a lifelong adherence to a gluten free diet with the avoidance of the gluten protein in wheat, barley and rye. Symptoms can disappear within two days of starting the diet and intestinal healing will take place in 6 to 18 months.

Cross contamination is a concern when following a gluten free diet. Crumbs in a toaster or “safe” products produced in flour mills that have processed “unsafe” products can trigger symptoms.

Safe foods in a gluten free diet include rice, corn, buckwheat, arrowroot, tapioca, soy, potato, legumes, nuts, fruits, vegetables, meats, poultry, fish, milk, and eggs.

Reading labels is essential when purchasing prepared products. A new food labeling law enacted in January of 2006 requiring identification of potential allergens (including wheat) has helped decrease confusion when shopping. The term “gluten free” is not defined by regulation and should not be a substitute for reading labels. It is important to read labels even on products that are routinely purchased as formulations can change periodically. Contacting the manufacturer directly is always an option when attempting to determine a product’s ingredients. Checking manufacturer’s websites can be a good resource for information.

Chain restaurants also have websites that can be used to find information regarding foods that would be safe on a gluten free diet. Higher end upscale restaurants are more likely to accept special orders and adjustments to menus than chain restaurants. Stating that “I have an allergy” is usually enough to elicit assistance at restaurants that have flexibility to accommodate dietary restrictions.

Medical risks exist if celiac disease goes untreated. Malnutrition, osteoporosis, weight loss, and gastrointestinal cancers are all significant concerns.

The diagnosis of celiac disease affects the whole family as there is no cure other than adherence to a gluten free diet. Gluten free foods are expensive and cooking from scratch is often required in order to add variety to the diet. If a child is diagnosed, it is helpful for the entire family to eat gluten free. Lots of communication is needed with teachers, relatives and day care providers when a child is following a gluten free diet. Children may have a hard time “fitting in” when activities at school or with friends involve food.

When counseling clients with celiac disease, focus on what can be eaten. Focus on fresh foods and foods from natural food stores where special orders are sometimes available. Consider online shopping options. See handouts on safe and unsafe foods, gluten intolerance support groups in Oregon and gluten free restaurants in Portland.

WIC helps by providing safe foods, monitoring growth and weight gain, linking families to appropriate resources and making RD referrals. We can support clients by assisting them with advocating for their needs including regular follow up. It is recommended that every one to two years, blood tests are conducted to monitor antibody levels to check on gluten free status. We

can help empower our clients to make good choices for themselves and their families.

See [www.celiac.com](http://www.celiac.com) for additional resources like food lists and recipes.

### **New WIC Food Packages: Karen Bettin**

Aside from foods added for exclusively breastfeeding women, WIC food packages have been virtually unchanged for 30 years. The new food package interim rules have been published and there is 18 months to implement the changes. And there are many significant changes!

These adjustments are designed to:

- Support the increased intake of whole grains
- Support the increased intake of fruits and vegetables
- Promote exclusive breastfeeding and increased breastfeeding duration
- Address overweight and obesity issues
- Address increased ethnic diversity in the composition of the WIC population
- Include suitable foods for low income families
- Include foods that are readily acceptable, widely available and commonly consumed
- Provide incentives for participation in the WIC program
- Reinforce nutrition education messages

Changes are based on recommendations from the Institute of Medicine following an extensive review and comment period. Major changes include:

- Adding soy milk and tofu as milk and dairy alternatives for women and children
- Reducing quantities of milk and cheese for children and women
- Offering only skim or low fat milk for women and children over two years of age
- Adding cash benefit for purchase fresh fruits and vegetables
- Reducing juice allowance for children and women
- Adding whole grain bread for women and children
- Requiring half of WIC cereals to be whole grain

- Adding canned sardines and salmon options for fully breastfeeding women
- Adding legumes to postpartum women food packages
- Allowing canned beans as a substitute for dried beans
- Reducing quantities of eggs
- Adding a larger food package for woman pregnant with or breastfeeding more than one infant
- Allowing foods in addition to medical formulas for women and children with special medical needs
- Revising food packages for infants
  - Adjusting formula amounts depending on age
  - Eliminating juice
  - Adding baby foods
    - Fruits and vegetables for all infants
    - Meats for fully breastfed infants

WIC will continue to promote breastfeeding by offering the largest food packages for fully breastfeeding women and infants and by offering less formula to encourage partially breastfeeding mothers to feed more breast milk to their infants. Medical formulas will continue to be available for medically fragile participants.

Details on these changes are available on the Food Package site of WIC Works at:

[http://www.nal.usda.gov/wicworks/Learning\\_Center/Food\\_Packages.html](http://www.nal.usda.gov/wicworks/Learning_Center/Food_Packages.html)

Local RD assistance will be requested as we move forward with making decisions on issues such as infant food packages, state options for medical formulas, use of soy milk and tofu products and medical documentation for foods that accompany issuance of medical formulas. Volunteers will be contacted for input.

“The changes to the WIC food packages hold potential for improving the nutrition and health of the nation’s low income pregnant women, new mothers, infants and young children.” Institute of Medicine, 2005