TRANSITIONS: DIETITIANS AS CHANGE AGENTS

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Today’s Overview

1. Transitions & Changes
2. Abbott Formula Changes
3. Milk Changes
Transitions and Changes: Opportunities or Hurdles?
Navigating transitions
Normal responses to change:
• Resistance
• Ambivalence
• Loss
• Magical thinking
What responses to change have you observed?

- Worry, anxiety?
- Ignore, procrastinate?
- Wrestle with it?
- Fix it?
Helping to embrace change

Personal change happens when:
• We want to
• We know how
• We believe we can
Be the change you want to see

• A mindset, a “special sauce” - helping others learn how to do things in new ways
• Ability to recognize change-and resistance to change- as normal and not personal
“Special Sauce” of Change Agents

- Optimistic, can-do attitude
- Trust
- Empowers others
- Courage to speak up, asks the tough questions
- Problem solver, thinks outside the box
- Humility, in it for the team
- Patient and persistent
Change Agent Toolkit

- Attitude matters, from any position
- Hit the ground running
- Support
- Realistic time frames, expectations
- Celebrate small victories
Abbott Changes

How many Oregon WIC babies are on these formulas?

Statewide December 2013

- 8373 (53%)
- 5585 (35%)
- 774 (5%)
- 1118 (7%)

2014 Formula Changes in WIC
Abbott Changes: planning and hard work has been successful

![Pie chart showing market share of different baby formulas. The largest segment is Similac Advance at 85%, followed by Similac Sensitive at 8%, Enfamil ProSobee at 7%, and Other formulas at 5%.]
New tools: Infant Formula Flowchart

Infant formula decision process:

- Infant's health status:
  - Known medical condition requiring a special medical formula
  - Born before 34 weeks and birth weight of < 4.5 lbs. (2000 grams)

  Yes → Refer to appendix B: Medical formulas for qualifying conditions

  No
  
  Vegan and/or preference for soy-based formula?
  
  Yes → Issue soy-based formula: Enfamil Prosobee

  No
  
  Tolerating formula?
  
  Yes → Issue standard milk-based formula: Similac Advance

  No
  
  Fussy, gassy and/or spitting up?
  
  Yes → Explore:
  - Mixing and storage of formula
  - Volume of formula offered
  - Positioning
  - Hunger/fullness cues

  No → Issue resolved?

  Yes → Explode

  No
Critical thinking informs practice

- What was the issue?
- What assessment questions did you ask?
- What was the outcome?
- What worked well?
- What did you wish you would have thought of then?
- What did you learn that can help you with other food/formula changes?
Building on Success: Transferable Skills and Attitudes

- Positive
- Patient
- Proactive
Changes to Milk Assignments
Change #1: Standard milk for children 2-5 and all women will be fat-free (non-fat/skim) or 1% only.

- Starting 6/30/2014
**Milk changes are coming to WIC!**

We are making a healthy change to the milk that WIC provides for you and your family!

Now, women and children over two years old will receive fat-free (non-fat) and 1% milk. These milks have the same vitamins and minerals, like calcium and vitamin D, to keep the body growing strong and healthy. Please talk to your WIC counselor if you have any questions.

Inform participants as soon as you can to give those using 2% as much time as possible to change to 1%.
Change #2
Children 2-5 and women may be assigned a milk module that includes 2% in certain situations.

- Starting 6/30/2014
When can we assign 2% to older children and women?

When certain risks are present...

101 – Underweight (women)
103 – Underweight or at-Risk of (children 2-5)
131 – Low Maternal Weight Gain (women)
132 – Maternal Weight Loss during Pregnancy (women)
134 – Failure to Thrive (FTT) (children 2-5)

Optional. Risk assignment serves as justification for 2% issuance.
When can we assign 2% to older children and women?

During a health assessment, an issue is identified that might impact weight or weight gain...

- Family history of underweight
- The growth pattern shows a trend of poor weight gain
- The parent expresses concerns about the child’s growth and health
- The participant’s health care provider requests 2% because of a health concern
- Other issues identified by the CPA.

Document issues in progress notes to justify 2% issuance
When can we assign 2% to older children and women?

During a diet assessment, it is determined that the participant would benefit from having 1 or 2 months of 2% milk to transition from whole milk to 1%...

- A 24 month-old child who has been on whole milk and whose family currently uses higher fat milk
- A new WIC participant whose family has never used lower fat milk.

Assign 1 or 2 months of 2% milk to transition to 1%, then assign the standard milk module for the remainder of the certification period.

Document the transition plan in Progress Notes.
Change #3
Children 12-23 months may be assigned 2% milk in certain situations.

- Starting 6/30/2014
When can we assign 2% to children 12-23 months?

When Risk 115 High Weight for Length is assigned

2% is optional for participants with this risk

Risk assignment serves as documentation for 2% issuance.
When can we assign 2% to children 12-23 months?

During a health assessment, an issue is identified that might impact weight or weight gain...

- The growth pattern shows a trend of high weight gain
- The parent expresses concerns about:
  - a family history of overweight, cardiovascular disease, or high cholesterol
  - the child’s growth and health;
- The participant’s health care provider requests 2% because of a health concern
- Other issues or risks identified by the CPA

Document issues in progress notes to justify 2% issuance
What will the transition look like in your clinic?

- What will you share?
- When will you share it?
- What tools, resources do you need?
Case Study

What would you do?

Dad brings in his 3 year old daughter for a recert. The child’s general health and BMI are normal for her age. The certifier explains the changes in milk. Dad is adamant that his family only drinks 2%.

If you were the certifier, how would you respond? What milk module would you assign? What action steps would you take?
SMALL CHANGES MAKE A BIG DIFFERENCE!!

Beginning July 2014, only low-fat (1%) and non-fat (skim/fat-free) milk will be provided for women and children > 2 years of age.

Empezando Julio 2014, solo la leche descremada (1%) y la leche sin grasa (skim) serán provistas para las mujeres y niños > 2 años de edad.
Beginning July 2014, only low-fat (1%) and non-fat (skim/fat-free) milk will be provided for women and children > 2 years of age.
Resources

• <Molly Kellogg resources>
  <http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/orwl.aspx>

• <Milk options>
  <http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/freshchoices.aspx>
QUESTIONS?