40 participants/26 counties represented:

Name	County/ Agency	Name	County/ Agency
Mandy Peterson*	Baker	Amanda Gerson	Multnomah
Deborah Pyke*	Benton	Inge Daeschel*	Polk
Jill Wright	Clackamas	Ellen Plaia	Salud-McMinnville
RanDee Anshutz*	Remote RD (Lake, Wallowa, Coos, Columbia, Curry)	Lynnetta Doellefeld*	Salud
Judy Harvey*	Jackson	Elizabeth Still*	Salud-Newberg
Monica Dennis*	Crook/ Jefferson Remote RD	Nicole Grigorieff*	Salud-Woodburn
Roopa Puri*	CT Warm Springs/Jefferson	Kim McGee	State WIC
Laura Spaulding*	Deschutes	Cheryl Alto	State WIC
Sherri Tobin*	Deschutes	Beth Lanham	State WIC
Janet Harris*	Deschutes	Bonnie Ranno	State WIC
Theresa Reiter*	Deschutes	Vernita Reyna	State WIC
Sue Schiess*	Klamath	Mary Rhode*	State WIC
Katey Bosworth*	Lane	Nancy Ludwig*	Tillamook
Cindy Cole*	Linn	Angie Treadwell*	Umatilla Morrow H.S.
Ai-Lan Whitson*	Marion	Diane Benfield*	Umatilla Morrow H.S.
Vera Yamamoto*	Marion	Lisa Beck	Washington/Mult
Sandy Ackley*	Malheur	Tara Olson	Washington
Lindsay Grosvenor*	Malheur/Grant/Harney	Tiare Sanna	Washington
Anne Guevara	Mult/Washington	Stephanie Hiromura	Washington
Kari Fisher	Multnomah	Marjorie Dreiseszun*	Washington

<sup>\*</sup>Participated by phone

#### Materials sent prior to the call:

- Agenda
- Pdf of PowerPoint slides for continuing education session
- Pdf of PowerPoint handout

#### **Materials sent with the minutes:**

- Certificate of attendance
- LAWN roster
- LAWN calendar
- Formula inventory document

Topic	Highlights
Local	Multnomah County:
agency	Anne Southworth is now Anne Guevara-congratulations on your marriage! Amanda
•	Gerson announced her engagement. Congrats as well!
updates	Washington County:
	USDA Agriculture Under Secretary, Kevin Concannon will be visiting a WIC peer
	counseling group in Beaverton as part of a two day visit to Oregon.
	<u>Umatilla-Morrow Head Start:</u>
	Angie shared that UMHS is working with their Early Learning Hub to organize a
	community health fair to be held March 7 <sup>th</sup> targeting pregnant women, children
	through 6 years of age and their families. Partners include OSU master gardeners,
	local hospital, OSU extension, Casey Eye Institute/OHSU among others.
	Lincoln County:
	In process of interviewing applicants for their WIC Coordinator/RD position.
	Salud:
	Terri Trisler, previously with Yakima Valley Farm Workers/Salud, and is now a
	Nutrition Consultant at the State office for Washington State WIC program. We wish
	her well.
	Deschutes County:
	It was shared at the January OWCA meeting that Laura Spaulding is on the Oregon
	Public Health Association (OPHA) board and is interested in reinstating the OPHA dietitians section. For more information on OPHA: <a href="http://www.oregonpublichealth.org/">http://www.oregonpublichealth.org/</a>
	Polk County:
	Inge Daeschel has returned to work. Welcome back!
	Jackson County:
	Judy reported WIC in Jackson County has moved into a new building in Medford
	(pictures below).
	Debbie Mote-Watson will be traveling to Washington DC to attend the NWA
	Leadership Conference. Debbie will be representing Oregon WIC as part of regional
	briefings showcasing WIC services, best practices and impact/outcome data. The
	conference will provide a forum for local WIC staff to connect with their legislative
	staff who has been invited to hear their success story. Sara Sloan from the state office
	will be attending as well. In addition to her presentation, Debbie will spend time with
	Congressman Peter DeFazio and Sara will spend time with Representative Suzanne
	Bonamici. We look forward to hearing more about the experience at the next LAWN
	meeting.
	Remote RD:
	RanDee Anshutz and Monica Dennis shared their experiences as remote RDs.
	The remote RD option is intended for agencies that are unable to hire or contract with
	a local RD to provide on-site high risk counseling. Remote RDs use interactive video
	technology as an optional method for face-to-face high risk second NE appointments.
	You can find further guidance on this option in Policy 822
	Action: A possible future LAWN topic: Various ways WIC Nutritionists are
	providing WIC services across Oregon.
	providing WIC services across Oregon.

Highlights Topic Jackson County WIC-new offices

Topic	Highlights
State	Continuing Education for WIC Nutritionists:
Updates	24 WIC dietitians received continuing education credit from the University of
	Minnesota on-line course in 2014. Thank you to Stephanie Hiromura for coordinating
	this course offering for the Oregon Pediatric Nutrition Practice Group.
	As long as funding permits, the State WIC office is committed to providing 12-15
	hours of CEU per year at little or no cost for Oregon WIC dietitians to help meet our
	RD CEU requirements.
	AmeriCorps Vista Volunteers: The State WIC office and Weekington County WIC will both be beeting Vista
	The State WIC office and Washington County WIC will both be hosting Vista
	volunteers. <b>VISTA</b> = Volunteers In Service To America. The VISTA program was founded in 1965 and incorporated with AmeriCorps in 1993. VISTA volunteers
	receive a modest living allowance and their efforts focus on building the
	organizational, administrative and financial capacity of the organizations.
	For more information on the AmeriCorps VISTA program:
	http://www.nationalservice.gov/programs/americorps/americorps-vista
	There will be 18 VISTA Volunteers across the State being sponsored by the Oregon
	Health Authority working at state and local levels. For more information on VISTA
	volunteers working across the state with OHA:
	http://public.health.oregon.gov/Preparedness/SERV-OR/Pages/vistapositions.aspx
	eWIC update:
	The State WIC office is waiting for the contract to be signed. Programming and
	testing efforts are moving forward. Benton and Linn Counties are still on track to be
	the pilot sites. Cindy did comment that piloting outside of the farmer's market season
	would be helpful. More information will be sent as soon as the contract logistics are
	worked out.
	Training reminders:
	3/2/15: Deadline for completing the 2015 Risk Criteria update in-service
	4/30/15: Deadline for CPAs (which now includes all WIC Nutritionists) to complete
	the infant formula training module.
	Today's presentation will include information from both the infant formula training
	module and the updated infant feeding module. Completion of the infant feeding
	module is required for all new staff. It is a recommended resource for WIC staff and a great resource for in-services on developmental feeding and readiness for solids.
	State staff changes:
	Sara Sloan has accepted an interim position as Operational Manager. This is a job
	rotation for Sarah Rosenberg's position. Sarah R. has retired but will be assisting with
	eWIC on a temporary position. Bonnie Ranno will be the nutrition consultant assigned
	to Sara's counties.
	to but a countres.

Topic	Highlights
State updates	Meetings: OWCA-Head Start joint meeting April 9 <sup>th</sup> , followed by OWCA meeting 4/10 at Eagle Crest Resort and Redmond, OR. Mary Rhode and Julie Reeder will be facilitating this joint meeting with Head Start staff. This session will explore how our programs interact with families, and identify ways to support families by eliminating duplication, streamlining processes, coordinating nutrition assessment and education, combining staff trainings, resourcing R. D. time, and co-locating services.
	Oregon Academy of Nutrition and Dietetics Educational Conference April 30-May 1, 2015. Embassy Suites Hotel by the Portland airport. <a href="http://www.eatrightoregon.org/events.cfm?id=202">http://www.eatrightoregon.org/events.cfm?id=202</a>
	Training Supervisor's Forum May 4, 5 <sup>th</sup> in Portland: Janet Harris, Elizabeth Still, Tara Olson, and Mandy Peterson are helping State staff design the Training Supervisor's Forum that will include great information on coaching, observations, training on TWIST updates and innovative ideas for trainings and in-services.
	Formula Updates: Enfamil AR is available for ordering through the Formula Warehouse (Providence). The updated Formula Warehouse Formulary can be found here: <a href="http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/clinicforms.aspx">http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/clinicforms.aspx</a> Excess formula: Medical formulas cannot be donated to food banks. Please contact your assigned Nutrition Consultant if you have formula you need recirculated to other WIC agencies in the state.  Reissuing formula: Be sure to check the participant's issuance level. We cannot issue/provide formula that would result in an over issuance for a participant in any given month. When the formula replaces a Formula Warehouse order please remember to contact Providence and adjust order levels accordingly. All formula must be kept locked and marked with WIC, not for resale.  Inventory form: It was requested that a formula inventory sheet be developed to assist agencies in tracking the formulas and expiration dates. This is an optional form at this time.
	remember to contact Providence and adjust order levels accordingly. All formula must be kept locked and marked with WIC, not for resale.  Inventory form: It was requested that a formula inventory sheet be developed to assist agencies in tracking the formulas and expiration dates. This is an optional form

Topic	Highlights
Continuing	•Readiness for solids is based on developmental readiness, not weight of the infant.
education	•Eating is more difficult than walking or talking.
highlights-	•A single swallow requires the use of 26 muscles and 6 cranial nerves.
Refer to	•Breathing and keeping an open airway by keeping one's head up is of greater
PowerPoint	importance to the infant than eating.
handout for	•Developmental milestones are needed for feeding to be a success and to progress to
additional	table foods.
information	•Full developmental skills of fine motor, chewing, etc. are not fully developed until 5
	years of age-WIC has much to offer at the beginning, middle and full attainment of
	this feeding process.
	• The diet assessment has been our means to explore the developmental stages of
	feeding with families.
	•Solids before 3-4 months of age is associated with a doubling risk of diarrhea-which
	WIC staff or health care providers may interpret as needing to change formulas, which further complicates the situation.
	•In the Gateshead study, infants who were bottle fed and fed early had a1.5-1.8 times
	increased risk of seeing their HCP for illness clear up to 8 months of age.
	•On the other hand, waiting too late to introduce solids (past 10 months of age) runs
	the risk of declining weight, lack of attunement between caregiver and infant and
	more gagging, choking, refusal of textures, more selective in what food is accepted. A
	pattern of food refusal and declining weight opens the possibility of offering a
	supplement like PediaSure and initiates the slippery slope of "picky eating".
	•Feeding starts with pre-feeding skillssensory experiences. Mouthing toys, textures
	on the hands, feet. Input to the extremities of the body help with sensory input in the
	mouth. Play that helps with waking up the mouth includes kisses, patty cake,
	mouthing toys, time exploring with the toothbrush or spoon.
	•Breastfeeding helps with sensory input by introducing a variety of tastes-the first
	exposure of tastes for the infant and helps with food acceptance later.
	•Moving the gag back: infants before 3-4 months of age demonstrate a suckle pattern with their tongue to facilitate nipple feeding. The pharyngeal reflex is a contraction
	that happens on <sup>3</sup> / <sub>4</sub> back of the tongue. Between 4-6 months of age infants put fingers,
	toys further back into the mouth and this helps move the gag back until the gag is
	triggered when food is stuck on the back ¼ of the tongue-still protecting the airway
	but also prepares the infant for more lumpy foods.
	•As textures progress and rotary chewing happens, more support in the feet, hips and
	trunk help the older child with more difficult chewing.

### Highlights cont....

- •We all demonstrate a range of sensory and oral motor preferences to foods and eating techniques. Red flags help to identify early behaviors that, if left untreated, may become feeding problems.
- •Red flags for feeding include signs of sensitivity to tastes, smells, touch, sights with a range of hypersensitive to hyposensitive.

**Hyper sensitivity:** gagging in response to specific smells, cries and "falls apart" with new foods or at the sight of the high chair, inspects foods and not willing to bring to the mouth to taste, notices any subtle change in color, shape, size, doesn't like to get messy, wants hands, face wiped.

**Hypo sensitivity:** smells everything-even nonfood items, attracted to foods with strong smells, sensory input (crunchy, spicy, sour) may be a messy eater, not aware or bothered by food left on face, may not be aware of temperature changes of foods, intense need to mouth or lick food, may swallow without fully chewing food first.

- •Prevention of feeding problems starts with helping families understand normal infant behaviors and helping to promote feeding readiness through play, contact and exposure to a variety of tastes and textures. And to refer to feeding specialist when feeding becomes problematic:
- -ongoing choking, gagging or coughing during meals
- -inability to transition to baby food purees by 10 months of age
- -inability to accept any table food solids by 12 months of age
- -inability to transition from breast/bottle to cup by 16 months of age
- -has not weaned off baby foods by 16 months of age
- •In regards to food allergies and a recent study looking at ways to reduce prevalence of peanut allergies:
- 1) Researchers found that infants who consumed the equivalent of about 4 heaping teaspoons of peanut butter each week starting when they were between 4-11 months of age, they were 80% less likely to develop a peanut allergy by their 5th birthday.
- 2) The research group was 640 babies who were at high risk for developing peanut allergies because they already had eczema or egg allergy.
- 3) This supports the previous AAP recommendations that healthy infants over 6 months of age with no family history of food allergies do not need to avoid foods we previously thought were highly allergenic- eggs (both yolk and white that is well cooked is OK) and now peanut derivatives.
- 4) Infants with a diagnosed peanut allergy or a family with history of peanut allergies, have them consult their allergist regarding appropriate testing and guidance.
- 5) Food safety first...whole peanuts are not appropriate for infants. Currently our infant feeding guidelines state avoiding butters made from nuts as a choking hazard as well.
- 6) More guidelines will be forthcoming and the WIC infant feeding module will be updated when the guidelines are shared.

Research study, The New England Journal of Medicine:

http://www.nejm.org/doi/pdf/10.1056/NEJMoa1414850

Editorial: http://www.nejm.org/doi/pdf/10.1056/NEJMe1500186

Topic	Highlights
	What WIC Nutritionists have heard/noticed when offering of the infant fruit and veggie voucher, talking about introduction of solids:
	-Readiness and action to introduce solids seem to be from one extreme to another: early introduction (before 6 months of age) or late introduction.
	-Families new to parenting seem to wait longer to offer solids to their first childFamilies are expressing concerns about choking, allergies, not sure what foods to offer.
	-Pressure from extended family members to introduce earlyMixed messages from health care providers.
	-Some families who disclose they are food insecure are less likely to take the voucher over the jarred baby foods.
	-Jarred foods are easier to transport, have a longer shelf life, easier to handle when housing situation is not stable.
	-Families are asking why they cannot receive stage 3, chunkier textures. Question: are these foods not safe if WIC is not offering them?
	Observations at mid-certification appointments:
	-Families confuse choking with normal gag reflex.
	-Concerns over gadgets in the market related to feeding (e.g. mesh feeding bags)
	Providing consistent messages for families:
	-Families put a great deal of trust in their health care provider. It would be helpful if all providers could focus on developmental feeding and signs of readiness for solidsIt would be helpful to come up with smart phrases for EPIC or other electronic records.
	<b>Action:</b> Cheryl will prepare an in-service packet to help WIC Nutritionists share this information with WIC staff.

Next meeting: May 26, 2015 2-4pm

Minutes respectively submitted by Cheryl Alto