

LAWN Meeting Minutes November 27, 2012

45 participants attending:

Name	County/ Agency	Name	County/ Agency
Karlee Miller	Baker	Inge Daeschel	Polk
Annmarie Geary	Clackamas	Emily Covey	Salud
Julie Aalbers	Clackamas	Adrienne Mullock	State WIC
Roopa Puri	CT Warm Springs	Kim McGee	State WIC
Jean Farmer	CT Umatilla, Union	Cheryl Alto	State WIC
Phyllis Olson	Coos	Karen Bettin	State WIC
Laura Spaulding	Deschutes	Beth Lanham	State WIC
Janet Harris	Deschutes	Vernita Reyna	State WIC
Sherri Tobin	Deschutes	Bonnie Ranno	State WIC
Theresa Reiter	Deschutes	Sara Sloan	State WIC
Elizabeth Binkley	Douglas	Susan Greathouse	State WIC
Judy Harvey	Jackson	Nancy Ludwig	Tillamook
Sue Schiess	Klamath	Angie Treadwell	Umatilla Morrow H.S.
Amanda Claxton	Lincoln	Diane Benfield	Umatilla Morrow H.S.
Cindy Cole	Linn	Stephanie Hironura	Washington
Lindsay Grosvenor	Malheur, Harney	Tiare Sanna	Washington
Dale Erickson	Marion	Lisa Beck	Washington
Mary Kay Diloreto	Multnomah	Jan Apland Curtis	Washington
Heidi Suess	Multnomah	Roxanne McKeen	Washington
Althea Gill	Multnomah	Annie Southworth	Washington
Elizabeth Berol-Rinder	Multnomah	Marjorie Dreiseszun	Washington
Gemma Hobbs	Dietetic Intern	Becca Ypma	Washington
Emily Sperber	Dietetic Intern		

Agenda:

- Welcome, Introductions
- Local updates
- State updates
- Continuing education presentation
- Wrap-up

Materials sent prior to the call:

- LAWN calendar of events
- LAWN mapping of Nutritionists across the state
- PowerPoint slides
- Risk update fact sheets

Local updates:

- Douglas County: Elizabeth Binkley will be retiring in December. On behalf of LARD/LAWN, we wish Elizabeth well. Dale Erickson (previously with Marion County) will be transitioning into the position starting the first week of December. Welcome, Dale!
- Curry County: The dietitian position is open, approximately ½-1 day per month. Please contact Vernita Reyna at vernita.d.reyna@state.or.us for more information.
- New WIC nutritionists: Simone Champagne (Josephine county), Kjersti Madsen (North Central)
- Diane Benfield shared a resource for motivational interviewing: Counseling Intensive for Nutrition Professionals provided by Molly Kellogg. Molly is a dietitian, mental health counselor and motivational interviewing trainer located in Philadelphia. Molly has recently developed resources specifically for WIC staff. The state office is looking into these resources to share with the local agencies to continue our work around Oregon WIC Listens/participant centered services & education. For more information and training opportunities: <http://www.mollykellogg.com/>

State updates:

eWIC update, Julie Aalbers:

- eWIC, Oregon's branding of the electronic benefits card (EBT/debit card) will be piloted in September 2013 in Linn and Benton counties and rolled out statewide starting January 2014.
- Julie presented six slides regarding the Formula Warehouse function in TWIST that is being built to integrate the formula ordering process through Providence Home Medical Equipment. Several WIC nutritionists are participating on the conference calls, JAD sessions, to help inform the process.
- Discussion regarding the changes included the need for improved communication with Providence-including timely notification of back order status. Cheryl will follow up with Washington County & Providence to help improve the process.

High calorie supplements/Pediasure data, Cheryl Alto:

- Data from a nine month period (Jan '12- Sept '12) identified Pediasure as one of the top three most issued formula voucher for children, topped only by the infant bid formulas, Similac Advance and Similac Sensitive.

What is working with high calorie supplements:

- When prescribed correctly, these supplements serve an important role in improving health outcomes for children, women who need the product.
- New food package allows for more flexibility of food/formula.
- Many families use the supplements in appropriate ways.
- Many healthcare proviers prescribe the supplements appropriately.

What is not working with high calorie supplements:

- Pediasure is one of the more over-used, over-prescribed high calorie supplements that can interfere with a full assessment of the feeding relationship and progressing developmentally appropriate feeding skills.
- WIC Nutritionists are often caught in the middle of the high calorie supplements dilemma: HCP prescribe the products to assist with slow growth, nutrient deficiencies, response to parental concern of appetites, dietary intake without a full nutrition/dietary assessment.
- Federal guidelines clearly state that supplements are not to be issued for the sole sake of weight gain.
- Discussion included talking with WIC staff on how they handle requests from health care providers, caregivers for Pediasure or other high calorie supplements.
- Questions to consider:
 - From your perspective, what is working/ what is not working regarding high calorie supplementation for children?
 - What trends, if any, do you notice about the requests? (e.g. more from one HCP, more requests from moms after seeing ads for the product, etc.)
 - How can the discussion of poor weight gain, picky eating go beyond the growth chart to look at other factors impacting appetite, intake, feeding relationship?
 - What guidance you are providing around this topic, what can you share with other agencies?

- What support would you like from the State office regarding this issue?

Action: Forward any thoughts, comments from the questions above to Cheryl to compile and share at a future meeting. The metro area agencies will gather more information regarding Pediasure issuance (frequency/numbers/clinics/HCPs) and meet with health care providers to explore concerns and develop steps to address the concerns. The issue will be brought back to LAWN at a future meeting.

Continuing education: Risk updates, Vernita Reyna

Vernita presented information on 4 risks that will be updating January 2013:

Risk 353: Food allergies

Risk 354: Celiac disease

Risk 355: Lactose intolerance

Risk 401: Presumed eligibility for women and children (AKA failure to meet dietary guidelines)

Vernita sent fact sheets published by USDA to provide LAWN with the background information on the risks. A helpful addition to the fact sheets is the section titled: Implications for WIC Nutrition Services which may help in training local WIC staff. Please refer to the PowerPoint slides for additional information.

Highlights:

- No changes to risk name or risk level.
- Most of the changes are in the updated research, references and new terms. Ex: food protein-induced enterocolitis syndrome (FPIES).
- Self reporting of a diagnosis by a medical professional is not to be confused with self-diagnosis, where the participant determines that they have the condition.
- In the area of food allergies, the term has been broadened to include immediate reactions (IgE mediated response) vs. delayed reactions (cell mediated response).
- In regards to lactose intolerance, the risk is not always connected to the food package selection. In other words, the participant may choose to receive lactose reduced milk as a preference without risk 355, lactose intolerance, being selected. This would be the case if the participant has not received the diagnosis of lactose intolerance from their healthcare provider but has stated they would prefer that milk selection. In this instance, it would be best

practice to recommend that the participant follow up with their health care provider for further assessment of lactose intolerance.

- Soy-based formula is no longer considered a recommendation for treating lactose intolerance or cow's milk allergy. For infants who are partially breastfed or formula fed, partially hydrolyzed formulas may be issued for preventing the development of food allergies in at-risk infants.
- As part of the discussion regarding risk 401, presumed eligibility, it was revealed that there is some confusion regarding the assigning of presumed eligibility. The risk is intended to be assigned when no other nutrition or dietary risks were identified during the assessment process. If risk 401 is assigned, it would be expected that all questions have been answered to ensure a full assessment has been completed. It was suggested that the wording of "have all risks been assigned" be modified to accurately reflect the correct assignment of risk 401.

Action:

- Vernita will take the group's recommendation back to the TWIST team for further review.
- Vernita will be sending out an in-service to local agencies in December, 2012.

Food allergies and formulas, Cheryl Alto

Please refer to PowerPoint slides.

Highlights:

- Data on use of Prosobee vs. Similac Soy Isomil for a three month period indicate that the use of soy has declined during the formula transition.
- In regards to adverse reactions to foods slide- the two main types of food protein allergy is distinguished by timing:
 - Immediate: immune system mediated- antibodies. This reaction occurs within minutes of ingesting the food/allergen. Presents with itching, sneezing, redness or hives.
 - Delayed: reaction may occur within several hours or several days after ingestion of the food/allergen. Typically lacks evidence, meaning, the skin prick tests and food specific serum IgE antibodies test will all come back negative.
- From this last group, the term, FPIES (food protein-induced enterocolitis syndrome) has emerged as a relatively rare (prevalence and incidence rates are difficult to discern; one study

of 13,019 infants under the age of 12 months, 44 were diagnosed with FPIES; 0.34%). In comparison, cow's milk allergies effects 2.5% of infants. Enterocolitis is inflammation involving both the large and small intestine.

- FPIES is often misdiagnosed as the stomach flu as the onset of symptoms is delayed after the consumption of the food allergen. Most common allergens: cow's milk, soy, rice, oat and barley. Critical periods are 1st weeks/months of life for formula fed infants, older infants who are breastfed and solids have been recently introduced.
- Severe symptoms of FPIES include vomiting, diarrhea and can progress to dehydration, poor blood circulation and shock.
- Discussed visuals of the specialized infant formulas and ways to provide this information to WIC staff. It was proposed that if there is a family history of food allergies that WIC nutritionists be the one authorizing a one month issuance of extensively hydrolyzed formulas (Nutramigen, Pregestimil, Alimentum) rather than trial several types of formulas and frustrate the infant and family.
- Formula change: Nutramigen AA will be changing to PurAmino in early 2013. It will a UPC, name, label change. The state office will run a report of participants currently receiving Nutramigen AA and add a note in the chart to transition to PurAmino as the product comes available.
- **Addendum #1:** It was announced at the end of the meeting that the Providence Health System (8 hospitals: Hood River Memorial, Medford Medical Center, Milwaukie hospital, Newberg Medical Center, Portland Medical Center, Seaside Hospital, St. Vincent Medical Center, Willamette Falls Medical Center) will be discharging babies from the newborn nursery, who are formula fed, on Gerber Good Start. Legacy Emanuel may be joining that list soon. As a result, you may be seeing more medical documentation forms requesting Good Start but without supporting underlying diagnosis. When the formula is a personal preference rather than based on medical need, please provide counseling and support to transition the infants back to breastfeeding or to the WIC bid formula.
Action: Cheryl will contact the Providence Health System to work with discharge planners on providing families with breastfeeding promotion, advice and correct information regarding what WIC can provide. Please contact Cheryl with questions, concerns, trends you are observing.

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- **Addendum #2:** Gerber has released a new formula: **Nourish**, a premie discharge formula that would be in line with Enfacare, Neosure. It is 100% whey based. Like the other two products, the indications for use would include having a birthweight less than 2000 grams. This product would not be indicated for full term infants due to the risk of hypervitaminosis, hypercalcemia.
Action: if you receive requests for this product from WIC, please contact Cheryl as we will be tracking requests and determining the medical need to add this product to our formulary.

Minutes respectively submitted by Cheryl Alto