

**Abstracts prepared for the  
Western MCH Nutrition Leadership Meeting, Santa Fe  
June 17, 2009**

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**Evaluating the Impact of Peer Counseling on Breastfeeding Duration and Exclusivity**

Personnel: Julie Reeder, Kelly Sibley, Diane Arnold; Oregon WIC Program

Background: Breastfeeding peer counseling has been shown to increase initiation and duration in clinical settings and areas with historically low breastfeeding rates. However, the impact of peer counselors in states with high breastfeeding rates is relatively unexplored.

Goal: To determine the effectiveness of a telephone based peer counseling program among English and Spanish speaking WIC participants in Oregon.

Methods: Between July 2005 and July 2007, 1,933 pregnant women receiving services at one of four local WIC agencies were recruited and randomly assigned to one of three groups; the control group had no contact with a peer counselor, the low intensity group received four scheduled calls, and the high intensity group received eight calls. Data were collected on initiation, duration and exclusivity of breastfeeding. Peer counselors kept detailed logs of each phone call with participants.

Results: Mothers who had contact with a peer counselor were more likely to initiate breastfeeding and partially breastfed an average of five weeks longer than those who did not ( $p < .01$ ). However, duration of exclusive breastfeeding and the percent of women exclusive breastfeeding for six months were not significantly different. When data were split by mother's spoken language, only Spanish speaking mothers had significant increases in breastfeeding outcomes. The most common reason mothers gave for introducing formula was that breast milk alone did not seem to fill the baby.

Discussion: Peer counseling may be an effective means of increasing breastfeeding duration among specific subgroups of WIC participants even in states that already enjoy high breastfeeding rates.

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**WYOMING ABSTRACT(S) FOR MCH PROJECTS COMPLETED FY 2009**

**Establishing a Statewide Breastfeeding Coalition in Wyoming/Wyoming Breastfeeding Coalition (WBC)**

**WIC Program Staff Involved**

Coordinator/WBC Steering Committee: Barbara Buyske, MS, RD, state WIC office; Membership Coordinator: April Crow, RN, Natrona County WIC; other WIC staff are serving on the WBC Steering Committee

Date: October 2008- Present

**Background/Introduction**

Multiple meetings and conference calls have been held with a variety of Department of Health staff including WIC staff, Public Health Nursing staff, Ashley Busaker (CDC Fellow), Maternal Child Health staff, La Leche League, and local breastfeeding coalitions.

**Project Goals**

Establish a statewide breastfeeding coalition to enhance breastfeeding support and communication among breastfeeding professionals at the Department of Health, private medical offices, hospitals, etc.; establishing a breastfeeding support in the workplace policy to improve breastfeeding rates in Wyoming.

**Methods**

Formed a coalition in December 2008.

Applied for non-profit status in January 2009.

Set up WBC membership; mailed out applications; developed membership list; received dues; mailed welcome letters to new members.  
Designed/drafted WBC bylaws which will be voted on at the September 2009 business meeting.  
Set up tentative accounting system for receipt of dues; awaiting bank deposits until 501C3 status granted in June 2009.  
Set up the first statewide conference call.  
Set up the first WBC business meeting in September 2009.  
Collaborating to combine WBC business meeting with a one day Karin Cadwell breastfeeding training in Casper.  
Began logistics coordination for the business meeting; reserved facility space.  
Secured Ashley Busacker from Division to speak on breastfeeding statistics; Debra Hamilton from MCH on breastfeeding support in the workplace; however, both of these speakers may not now speak since we are in discussion with Karin Cadwell.  
Two grants were written for funding to provide: 1) funding for a statewide WBC website; and 2) funding to promote breastfeeding support statewide using billboards. Both grants were not funded, but we hope to develop funding streams to sponsor WBC activities in the near future.  
An executive director for the organization is being recruited; we are awaiting a response from the candidate.  
Planning for the statewide WBC business meeting is underway with the tentative agenda proposed.

#### ***Results/Summary***

This project is ongoing; although a lot has been accomplished, there remains a great deal to be done, including securing funding sources, writing more grants and bringing up a website, holding regular meetings, and so on.

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#### **Title: WIC-New Food Rule**

##### **People Involved: ALL Utah State WIC Staff**

Background: The WIC food packages were designed to supplement participants' diets with foods rich in five target nutrients known to be lacking in the diets of the WIC target population — vitamins A and C, calcium, iron and protein. Since 1980, the only significant change made in the WIC food packages occurred in 1992, when the set of foods provided for breastfeeding women was expanded. Changes have occurred in the major health and nutrition risks faced by WIC's target population, including: diets lacking in whole grains and fruit and vegetables, short duration of breastfeeding, overweight and obesity. So the new food rule was created to better compliment the changes.

Project Goals: To implement the new food rule by July 1, 2009.

Methods: Many educational materials have been developed by the State WIC staff on how to educate on the new food rule and how to transition from the old food packages to the new food packages. New policies were made to better guide the Local WIC Clinics. Computer testing was done to ensure adequate food packages and proper functioning of the system.

Results: A new food card has been distributed to the local clinics along with the new food packages and updated computer system. Many educational materials have been given to the local clinics or posted on the Utah WIC website.

Summary: The implementation is still a work in progress but new food instruments will start being printed come June 1<sup>st</sup> for July 1 start.

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#### **Helping Families Move Towards Healthier Choices: Combining MI with Boosters to Increase Fruit and Vegetable Consumption**

Personnel: Julie Reeder, Katherine Wagner, Susan Greathouse; Oregon WIC Program

Background: In order to meet the challenge of increasing fruit and vegetable consumption in young children the WIC program must carefully assess each aspect of its nutrition education efforts. Making a transition from a provider-centered to client-centered counseling style is a key area for assessment.

Goal: To determine whether Motivational Interviewing (MI) alone, or coupled with boosters increases the frequency with which WIC parents offer fruits and vegetables to their preschoolers.

Methods: Three hundred and sixty families were recruited from 3 local WIC clinics to provide baseline data on the frequency of offering of fruits and vegetables and to identify their barriers to increasing it. After collection of baseline data, Staff were trained in MI. For the second part of the study, 600 new families were randomized to receive MI alone or MI plus boosters. The boosters were based on Stages of Change and tailored to the individual's primary barrier. Both groups completed the diet assessment three times, at six month intervals.

Results: The most frequently identified barrier to increasing fruits and vegetables was the child's pickiness. There were no significant differences between groups in frequency of offering of fruits and vegetables. However, a qualitative evaluation done with WIC staff found significant transformations in the way they interact with participants as a result of MI training. A survey of booster recipients found the items were well received.

Discussion: Incorporation of Motivational Interviewing can increase job satisfaction for WIC staff. The use of Stages of Change coupled with commercial marketing strategies is a promising strategy for guiding creation of written materials nutrition education materials.

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## WYOMING ABSTRACT(S) FOR MCH PROJECTS COMPLETED FY 2009

### **Public Health Nursing/WIC Referrals**

#### **Program Staff Involved**

Barbara Buyske, MS, RD, state WIC office; Linette Johnson, RN, state Public Health Nursing; Goshen County WIC and Public Health Nursing Staff

Date: April 2009-Present

#### **Background/Introduction**

Referrals between WIC and Public Health Nursing are currently being assessed for what is working, i.e., best practices between offices, etc., to determine what the best model for optimal referrals between programs would look like.

#### **Project Goals**

The goal of the project is to identify the best way to provide referrals between programs in a variety of local agency settings, including those that are co-located in the same facility, and those that are not.

#### **Methods**

A pilot study at Goshen County WIC has been conducted on the total number of possible referral candidates, and referrals sent to Goshen County PHN, and vice versa to see the efficacy of referral systems in both programs.

PHN has identified for WIC the county PHN offices that provide essential services like pregnancy testing and presumptive eligibility applications to WIC participants.

#### **Results**

The pilot is currently ongoing, but we should have results soon. The identification of what county PHN offices do pregnancy testing and presumptive eligibility applications for WIC participants has been very helpful.

#### **Summary**

As the results come in from the pilot it is anticipated that WIC and PHN will fine tune the best way to effectively provide referrals between programs at the local agency level.

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## **State Nutrition Action Plan (SNAP)**

### **Program Staff Involved**

Chris Douglas, RD, and Barbara Buyske, MS, RD, State WIC Office; Department of Education staff; Department of Family Services staff; University of Wyoming Cooperative Extension staff

### **Project Goals**

The SNAP process fosters strong collaboration and information sharing across program lines and supports implementation of more integrated nutrition education and promotion activities at state and local levels to encourage healthy nutrition and activity habits for all ages of people.

### **Methods**

The Joe (DVD); Bulletin Boards in a SNAP (CD)

### **Results**

The Joe has helped many communities become more active. SNAP has received many responses (including a video of a whole school doing the Joe) reporting that The Joe had been utilized and was successful!

Bulletin Boards in a SNAP are in the works. The members of SNAP are developing bulletin boards, complete and ready to print from the CD, to distribute throughout WY and to other communities upon request. The purpose is to communicate consistent nutrition messages through multiple channels in order to reduce the risk of overweight and obesity in WY.

### **Summary**

The program is quite successful in reaching many populations with much of this success credited to the collaboration and communication of many programs.

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## **Title: Developing Infrastructure for State Obesity Program**

Submitted by: Patrice Isabella, MS, RD. Nutrition Coordinator: Physical Activity, Nutrition and Obesity (PANO) Program, Utah Department of Health.

People involved in project and organization they belong to:

Patrice Isabella (PI), PANO Nutrition Coordinator

Karen Nellist (KN), PANO Epidemiologist/Evaluator

Rachelle Hayes (RH), BYU Public Health Intern

Tour Guides at two stores in Utah County (Payson Smith's and Spanish Fork Macey's)

Principals and third grade teachers for 10 classroom in 4 schools in the Nebo School District

### Abstract

**Background/Introduction:** The Utah Department of Health received funding from CDC in June 2008 to develop and implement a 5-year comprehensive state plan. PI moved into the nutrition coordinator position. The program activities for year one are to develop program infrastructure, identify partners, data sources and gaps, and begin development of the state plan. We are also examining existing projects to determine if we should continue to invest resources into them. PI inherited 5 A Day Grocery Store Tour program from another program and revised for the Fruits & Veggies—More Matters® brand. PI saw a need to evaluate the tours, and a public health intern from BYU (RH) volunteered to do the evaluation.

**Project Goals:** Conduct evaluation of the effectiveness of FVMM Grocery Store Tours on student knowledge and behavior.

**Methods:** PI identified a school district where the evaluation could be completed within RH's time frame, and obtained permission from the district superintendent and principals of the participating schools. RH developed a pre- and post-survey based on the content and learning objectives in the tour script. The survey was administered in 10 third-grade classrooms attending tours at 2 different

supermarkets. 184 students completed both the pre-and post-tour surveys (one week after tour). Intern contacted teachers, coordinated distribution and collection of the surveys, attended tours, and entered the data into an excel spreadsheet developed by KN. PI conducted preliminary descriptive analyses of the data and will work with KN on further data analysis.

Results: Results were positive for behavior intent. One week after the tour, 72% of students reported they eat more fruits and vegetables every day, 59% reported they asked their parent to buy more fruits and veggies at the store, and 59% said they had tried a new fruit or vegetable. Results are not yet available for knowledge increase.

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**Western MCH Nutrition Leadership Network**  
**Judy Sundquist, MPH, RD, Statewide Nutrition Consultant**  
**CA DHCS, Children's Medical Services**

Title: CHDP Providers Addressing Pediatric Obesity (Abstract)

Project Personnel and Associated Organizations: A variety of individuals have been involved with this project. Most critical were Branch staff, nurse consultants who work directly with local program staff. All levels of local program staff such as health educators and deputy directors have been involved. Additionally, a small group of CHDP nutritionists function as a team and work on various aspects of the project. Other state programs have been involved, such as the Health Care Program for Children in Foster Care. The project also developed public/private partnerships with two health plans and the California Medical Association Foundation.

Background/Introduction: Because the CHDP program collects data for the Pediatric Nutrition Surveillance System (PedNSS), obesity prevalence rates are available for the program by county jurisdiction. This has allowed local programs to be sensitized to the rising prevalence rates. Additionally, the National Initiative for Child Health Care Quality (NICHQ) has accelerated improvements in pediatric provider care for childhood obesity. The prevalence rate basically created an awareness while NICHQ created the evidence and platform for making provider practice changes.

Project Goals:

- CHDP providers will obtain BMI Percentile on children during CHDP health exams.
- After obtaining the BMI Percentile, the weight status will be effectively communicated to the family using Brief Focused Advice approach.
- Anticipatory Guidance will be provided using key behaviors on a co-branded poster, Little Changes. Big Rewards. Are you ready? This poster has evidence based behaviors that are strongly associated with obesity prevention.

Methods:

- Engage and educate Branch staff and local program staff about PedNSS (for obesity prevalence data) and an evolving CHDP obesity prevention model (with an approach that emphasizes a simple and effective provider role).
- Engage with private partners for assistance with provider guidelines/role and clinical tools.
- Develop policy and procedures that help to institutionalize provider monitoring and prevention practices.
- Collaborate with numerous stakeholders and change agents.
- Be flexible and modify the model to meet the needs of the provider and local programs.

Results:

- BMI Percentile is a field on the Screening and Billing form which is used by all CHDP Providers.
- Training modules are ready-to-use by local program staff for provider office staff training: accurate measuring, BMI percentile and counseling.

- ❑ Standard guidelines have been developed and communicated to CHDP providers and local program staff.
- ❑ We have partnered with Medi-Cal Health Plans to conduct regional trainings on the provider skill sets related to obesity prevention: BMI, Counseling and Clinical Follow-up and Referral to Community Resources.
- ❑ An official evaluation of provider practices has not been conducted. But some of the provider tools have been pilot tested at University Hospitals.

Summary:

By evolving a model that defines a basic provider role, offers in-office staff training and provides the essential tools for providers to use when conducting CHDP Well-Child exams, CHDP providers became willing to engage in obesity prevention.

**Nutrition Screening for Infants and Young Children with Special Health Care Needs: Spokane County, Washington, October 2008**

Through a nutrition contract with the Spokane Health Regional District (SHRD), the WA CSHCN Program has completed a screening report. The report identifies the needs for nutrition at the Early Intervention Center in Spokane. Nutrition Screening Forms were filled out by parents/caregivers at the ITEIP centers. Data were analyzed by MCH Assessment staff. Draft report was done by RDs in The SHRD. Final Report was done by Nutrition Consultant at the CSHCN Program. It is posted on the Washington DOH website: <http://www.doh.wa.gov/cfh/mch/documents/SpokaneScreen.pdf>. It is a collaborative effort among the ITEIP centers, SHRD staff, MCH assessment staff and CSHCN Nutrition Consultant.

- Washington Medical Office is in the Process of changing the Enteral Nutrition Program Billing Instructions. There are some changes in the languages may not meet the needs of the clients.

Due to the budget shortfall, Medicaid is changing the Billing Instructions. To assure that the children's needs will not be compromised from the changes. The CSHCN Nutrition Consultant shared the proposed changes with partners through listserv and meetings. Nutrition Consultant reviewed the proposed changes and provided comments. Also encourage partners to provide comments to Medicaid. Medicaid staff indicated that they would consider the suggestions.

- Medicaid rates for Metabolic formula

Reimbursement rates are too low to cover the costs of formula. The New Born Screening (NB Program) is the sole provider who distribute metabolic formula. NB is billing the CSHCN Program to subsidy the formula cost for the Medicaid clients. To decrease the amount of subsidy from the CSHCN Program. Nutrition consultant gathered information on how the metabolic formula being purchased distributed and billed in WA. Involved partners including CSHCN staff, Medicaid, NB Screening, billing company staff and others. After more than one year working on this, now Medicaid instead of the CSHCN Program is subsidizing the NB around \$75,000 a year for the metabolic formula.

- We are in the process of revising the "Nutrition Intervention for Children with Special Health Care Needs". The 2002 edition can be found at [http://www.doh.wa.gov/cfh/mch/documents/nutrition\\_interventions.pdf](http://www.doh.wa.gov/cfh/mch/documents/nutrition_interventions.pdf).
- We have training additional 12 pediatric dietitians in Washington State to join the Washington Nutrition Network.

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**Abstract for Maternal Nutrition Network Meeting – June 16<sup>th</sup> & 17<sup>th</sup>, 2009**  
**Gestational Diabetes: Addressing the Needs of Women in Colorado**

**Key Partners & Stakeholders:**

Diabetes Prevention & Control Program and Women's Health Unit at Colorado Department of Public Health and Environment; Colorado Clinical Guidelines Collaborative; Dr. Linda Barbour, University of Colorado Health Sciences Center

**Background:**

Gestational Diabetes is one of the most common complications of pregnancy. The prevalence rate in Colorado, 7.4%, is above the national average of 7.0%. In 2005, the Diabetes Prevention and Control Program (DPCP) at the Colorado Department of Public Health and Environment initiated a systems-based approach to addressing Gestational Diabetes in Colorado with the overall goal of creating a standard of care for all women at risk for, and diagnosed with, Gestational Diabetes. In 2006, DPCP developed clinical care and nutrition guidelines for Gestational Diabetes based on the most current research available.

**Project Goal:**

To enhance the ability of providers to work effectively with clients and other community partners when providing care to women with Gestational Diabetes Mellitus (GDM) through implementation of the Colorado Clinical Guidelines and Nutrition Guidelines for GDM in their practice.

**Methods:**

The Clinical Guideline and the Nutrition Guideline have been presented to professionals in a variety of ways, including conferences, meetings and through direct mailings to provider offices. One method to distribute the guideline was the development of two webcasts addressing each of the guidelines. The webcasts were presented in February 2009 and CEUs were offered to RNs and RDs. The webcast format created the opportunity for an archived training about the guidelines. In addition to the webcasts, provider resources and client educational materials in both English and Spanish have been posted to the website.

**Results:**

The webcasts were presented live to over 200 participants around Colorado and the US, and were archived for future reference on the Women's Health website: <http://www.cdphe.state.co.us/pp/womens/gestationalDiabetes.html>. The archive information was sent out to an additional 150 interested participants who were unable to participate in the live webcast due to capacity issues.

**Summary:**

Creating opportunities for continuing education to inform providers about Colorado's standard of care for women at risk for, and diagnosed with, Gestational Diabetes will improve the health status of women during pregnancy and their birth outcomes.

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**Simone Eppich's Abstract:**

**Leadership in the Nutritional Sciences Program:**

Simone is in her second year as the Logistics Officer for the Food Group. The Food Group has hosted many successful events this year such as showing the film "Good Food" with a panel discussion afterward on sustainable agriculture. She is the student representative at the Nutritional Sciences faculty meetings. She conducted an electronic survey of current and former nutrition graduate students to gather information about the program's portfolio process and presented the results at the Nutritional Sciences faculty meeting.

**Leadership in Nutrition Research:**

Simone is currently analyzing the parent focus group transcripts from the Unplugged project she worked on with Donna Johnson. She is also drafting a publishable research article about the focus groups.

Simone has recruited her dissertation committee and is planning to conduct a qualitative research project (dissertation) about acculturation and dietary change among Mexican-born Wenatchee, WA residents. Simone is a LEND Nutrition Trainee at the Center on Human Development and Disability and is working on an evidenced based research project to help establish vitamin D testing and treatment guidelines for the PKU clinic at the University of Washington.

#### Leadership in Maternal Child Health:

Simone was asked to be part of the masters thesis committee for a midwifery student. She looks forward to contributing nutrition knowledge.

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#### **Abstract for NLN**

**From Donna Lockner, Associate Professor, University of New Mexico, Albuquerque**

One project currently underway is funded with a WIC Special Project Grant from USDA. This is in cooperation with New Mexico WIC and International Life Sciences Institute Research Foundation. This project, called Get Healthy Together: WIC Staff and Clients Moving Toward Healthier Lifestyles, began in 2008 and continues through 2010.

Background: Results from Fit WIC projects conducted from 1999-2004 showed a need to expand training for WIC nutritionists to be better able to counsel clients about childhood obesity.

Project Goals: The goals of Get Healthy Together are 1) to increase New Mexico WIC staff self-efficacy regarding management of personal health behaviors associated with nutrition, physical activity and sedentary behaviors, and 2) to improve WIC staff counseling skills related to pediatric obesity prevention and management.

Methods: All WIC clinics in New Mexico were randomly assigned to one of four groups. These groups are 1) staff participate in an 18 month personal wellness program 2) staff participate in skills training related to pediatric obesity prevention and counseling 3) staff participates in both a personal wellness program and the skills training related to pediatric obesity prevention and counseling and 4) staff will only participate in usual staff development (control).

Physical activity is measured with pedometers worn by WIC staff for 8 consecutive days every 6 months. Progress toward meeting self-selected wellness goals is tracked with monthly reports sent in by each staff member. Counseling self-efficacy, physical self-concept and social self-concept are measured through quarterly on-line surveys. Charting to indicate discussion of overweight is monitored by retrospective chart reviews. Client satisfaction with counseling related to pediatric overweight is tracked with paper surveys completed by WIC clients and by brief interviews conducted by peer surveyors.

Results: Data collection is underway but results will not be available until 2010.

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#### **NM LEND Program**

Elisabeth Ceysens, MS, RD

Nutritionist

June 1, 2009

#### Summary of Activities/Projects for the 2008-2009 Academic Year

With the support of Donna Lockner, Ph.D., R.D., and the NM LEND Faculty, two NM LEND fellows, formerly NM Nutrition LEEP fellows, graduated this past May and completed their dietetic internship, masters program and LEND leadership projects. Rachel Leung's research projects focused on *Treatment Fidelity in NM WIC Nutritionists Training*. Her leadership project consisted of developing nutrition

guidelines and protocols for the UNM Midwifery Program. Patty Keane's research and leadership projects focused on childhood food insecurity in NM with the goal of raising awareness of hunger and food insecurity among NM nutritionist. She presented her work at the annual NM State Dietetic Association conference on April 17, 2009.

The NM LEND Program was awarded an MCH supplemental autism grant that will infuse knowledge about autism into the curriculum and provide stipends for mid-level LEND trainees. The nutrition component will be developed this summer and fall.

In the research area, Stephanie Blenner, MD, UNM Autism Programs, invited me to participate (as the nutrition consultant) in the preparation of a community participation research targeting the medically underserved NIH grant entitled, "*Childhood Nutrition and Food Access in Immigrant Families*". This grant was submitted last month.

As part of my LEND responsibilities, I have been involved in advocacy work by taking on the coordination of the *NM Nutrition Partnerships Group*, a subcommittee of the NM Dietetic Association. The group advocates for community-based services for all NM children. The group collaborated with Kirsten Bennett, MS, RD, Envision NM, on obtaining provider numbers for NM pediatric nutritionist at school-based health clinics. In addition, the group provided opportunities for networking and continuing education throughout the year.