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NLN Sharing Session

Alaska

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Obesity Prevention & Control
Nutrition Specialist State of Alaska,
Division of Public Health

Addressing the Data Needs of our School and Community Partners

The Alaska State Childhood Obesity Burden Report and Alaska Plan for Childhood Obesity.
A sample of the Alaska State Childhood Obesity Newsletter - Chronicles

Key Partners & Stakeholders
Anchorage School District, Youth Risk Behavior Surveillance System, Behavior Risk Factor Surveillance System, Childhood Understanding Behaviors Survey, Women Infant and Children, Pregnancy Risk Behavior Survey, and Public Health Nursing.

Background
Alaska does not have statewide representative overweight and obesity prevalence or information on the associated physical activity and nutrition behaviors for children age 2-15. Additionally, no information existed regarding the perceptions of Alaskans regarding obesity prevention strategies. School and community partners were requesting this information for grant application, community health assessments, community health improvement planning, and evaluation of policies and programs to improve nutrition, increase physical activity, and prevent obesity.

Project Goal
To provide school and community partners with the best available information regarding the

- prevalence of childhood overweight and obesity in Alaska;
- physical activity and nutrition behaviors of Alaska's children; and
- Alaskan adult perception of obesity prevention strategies.

Methods
Initially the Obesity Prevention and Control Program (OPCP) gathered partners with expertise in data and evaluation to identify gaps in data and potential surveillance tools to collect the information. The OPCP then worked with partners that collect health information on children to either analysis their data or to add new questions

Arizona

Linda Yee
Community Services Team Leader
Bureau of Nutrition and Physical Activity, ADHS

Lactation Support in Arizona To Collaborate for Health (LATCH-AZ)

Key Partners and Stakeholders
Arizona WIC Program, Arizona Maternal and Child Health Program, Banner Health, University Medical Center, Nutrition and Physical Activity Programs

Background
The Arizona Department of Health Services identified two major barriers in the ability to properly assess strategies to achieving success in initiation and duration – Communication and Education.
Communication There was not a consistent or reliable plan for communication between the Hospitals, WIC, Private Lactation Consultants, and the community. Education There were few breastfeeding continuing education opportunities available in Arizona, so current topics were rarely focused on.

Project Goals
To develop a breastfeeding program that aims to bring together breastfeeding experts and advocates to unify our efforts at making Arizona a breastfeeding-friendly state through education and networking.

Methods

The Arizona Department of Health Services sponsors nationally recognized experts in Lactation including Amy Spangler, Jack Newman, Jane Heinig, and others to come and speak quarterly to anyone interested in both Phoenix and Tucson. The Tucson event is in a video-conference form to ten (10) remote sites around the state.

Results

These events have provided an opportunity to create an extensive network of lactation professionals. With an average attendance of 350 people, participants are encouraged to interact and seek out information about programs they may or may not be familiar with. They are also added to an e-mail list that is then used to advertise additional opportunities and announcements. We currently have over 800 lactation partners on the list.

Summary

In order to properly assess strategies to achieving success in initiation and duration, all areas of lactation must be willing to identify each other as partners.

Linda Yee

Community Services Team Leader
Bureau of Nutrition and Physical Activity, ADHS

Participant Centered Education (PCE) Model in WIC

Key Partners and Stakeholders USDA Western Region Office WIC Staff; Western Region WIC State Agencies, Altarum, Inc., Maricopa County WIC clinics, Yavapai WIC Clinic

Background

The U.S. Department of Agriculture launched the Revitalizing Quality Nutrition Services initiative to enhance WIC nutrition education and services. In response to this initiative, the WRO states worked together to define a Participant Centered Education (PCE) model that can be used to facilitate positive changes in the nutrition and health behaviors of WIC participants. The PCE approach considers the participant's needs and allows them to set their desired goals for healthy lifestyle changes. Arizona served as the lead state agency for this project.

Project Goals

To define a frameworkfor providing nutrition education that will motivate clients to adopt healthy lifestyle behaviors for themselves and their families.

Methods

The Arizona WIC Program contracted with Altarum, Inc. to review behavioral change literature, to assess the readiness and support of each participating state for PCE, to define a PCE framework for the WIC Program, and to train the trainers to implement PCE.

Results
In 2009, the PCE Toolkit was completed which included the PCE Model definition in seven domains, assessment tools, training video, resource guide and literature reviews, which are available online at the WICPCE@altarum.org website. The PCE Project and its accomplishments were presented at different national conferences. A paper on PCE has been accepted for publication by the *Journal of Nutrition Education and Behavior*. Altarum Institute provided technical assistance to the WRO State Agencies. Arizona is implementing the PCE model by piloting in two urban counties and one rural county

Summary
The PCE Model holds greater promise for helping individuals to adopt positive nutrition and health related behaviors.

California

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Maternal, Child & Adolescent Health Division
Center for Family Health
California Department of Public Health

Maternal Child Health (MCH) Nutrition Council
People involved Suzanne Haydu, Chair; Linda Peterson, Co-chair; Helene Kent, ASTPHND Consultant; ASTPHND Steering Committee.

Background
The Council's purpose is to provide leadership to achieve optimal well being through healthy eating and active living among the maternal and child health population.
Goals

- Promoting the importance supporting and achieving healthy eating and active living among women, children and families in prevention and sustainable health.
- Raising awareness of the importance of evidence-based public health nutrition within MCH.
- Engaging in advocacy and public policy development
- Developing leadership skills
- Network and share resources, ideas and information with peers

Methods

Quarterly conference calls. The 2010 ASTPHND meeting will include Dr. Michael Lu talking on the Life Course Perspective and a Council meeting. A conference call with our Association of Maternal and Child Health Programs (AMCHP) state partners in Fall 2010. Responded to the HP 2020 Objectives

Results

We have two types of MCH Nutrition Council members 1) general membership open to any ASTPHND member, and 2) a state appointed MCH Council Member who serves as the liaison between the Council and the state level MCH nutrition programs. There are currently over 31 MCH Council Liaisons and 50 general members.

Discussion

If you have colleagues working within MCH Nutrition and Physical Activity that you think should join the MCH Nutrition Council, please have them go to ASTPHND.ORG. For state employees, they can become “Expanded Members.” There is no additional cost to states for state employees, if there is a paid designated ASTPHND member. If there is an individual outside of the state, e.g, a professor with a MCH nutrition focus, they would instead become an “Associate Member” and pay $50 annually. Both forms include a check box to belong to the MCH Nutrition Council.

Lessons Learned Calls with Organizations with Infant at Work Policies

Tips for successfully implementing a new policy.

- Have a conversation in advance about fussiness. Let them know that if the baby is fussy for more than 30 minutes, they must go home.
- Don’t be rigid as far as number of work hours. Need to give flexible schedules in case the baby “is not having a good day”. There were 3 babies out of 50 that had colic that just couldn’t come. Any time the mother is there is better than not at all.
- Recommend mothers bring zip lock baggies for dirty diapers.
- Have alternate child arrangements
- Some agencies provided a private office space if it was available.
- Women that work at public counters get someone to cover for them while they breastfeed their baby in private.
- There was a question as to definition of six months. When the baby turns six months or at the end of their six months?
- Have a conversation with the supervisor. “All babies come for six months. If a baby isn’t doing well, we need to work with the mom. How can the environment be changed to accommodate her and the baby?”

Comments : Other employees often take the baby for strolls on their breaks – gets the baby outside and gives the mom a break.

Michele Y. van Eyken, MPH, RD
Deputy Director for Nutrition Programs, California WIC Supplemental Nutrition Pgm.
CA Dept. of Health Services

New WIC Foods and Statewide Education Campaigns

Key Partners & Stakeholders
Local WIC program staff, WIC-authorized retail grocery outlets, Supplemental Nutrition Assistance Program (SNAP) Nutrition Education project staff, health care professionals, State Medicaid staff, local WIC associations, food banks, food, nutrition and public health advocates.

Background
In June through October 2009, Western Region WIC State Agencies expanded WIC foods and accompanied this change with carefully researched health messaging strategies designed to promote behavior change. This first comprehensive revision of the foods offered to WIC participants since 1980 closely aligns WIC food packages with current American Academy of Pediatrics feeding practice guidelines and the U.S. Dietary Guidelines for Americans. Among the changes that create the opportunity for WIC to provide foods and educate families are

Improved support for the establishment of long-term breastfeeding by

- Supporting mothers who want to breastfeed by providing breastfeeding education and support instead of formula in the first 30 days postpartum;
- providing increased amounts of food for breastfeeding mothers;
- providing increased amounts of infant foods (fruits, vegetables and meats) for fully breastfed babies;

Infants 6-11 months old receive less formula and receive infant fruits and vegetables instead;
The amounts of milk, eggs and juice are reduced, and juice is eliminated from infant packages;
Fruits and vegetables are available to WIC women, infants and children;
Health care providers are required to document on the WIC referral form both WIC foods and formula issued to medically fragile WIC infants, children and women.

Project Goal
To facilitate the transition to new WIC foods and to promote healthy behaviors in WIC families by providing staff training and participant education about healthy eating in advance of, and during the change to the new food packages.

Methods
Front line WIC staff, many of whom were initially skeptical about some of the changes (“My people don’t eat brown rice”) (“Mother’s will want the formula and to get it, they’ll say they’re not breastfeeding”) participated in extensive health promotion prior to the participant education campaign. Activities included walking clubs, salad bar potlucks, food preparation demonstrations and taste testing. Participant education began six to nine months prior to implementation with the same messages conveyed statewide in all WIC offices. In addition, the messages were transmitted to WIC-authorized stores, the health care community, day care centers and other venues where WIC families. Several states took advantage of a unique National WIC Association partnership with the Sesame Workshop, the research and education arm of the producers of the popular “Sesame Street” television show, to distribute posters and an educational kit, “The Get Healthy Now Show”, featuring muppet characters as part of their statewide campaign.

Results
Initial infant feeding data are highly positive, showing an almost seven percent increase in the percentage of infants receiving only breastmilk from the same month in the previous year. Also compared to baseline survey data from California, WIC participants *after* the campaign reported higher recognition of key campaign messages, positive movement in stages of change for target foods, increased family consumption of fruits and whole grains, and replacement of whole with lower fat milk. We expect the final survey results to confirm that the education campaignresulted in participant changes that support consumption of a healthier diet.

Judy Sundquist, MPH, RD
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Children’s Medical Services, DHCS, CA

Title: *Prevention of Childhood Obesity in California’s Low Income Children Receiving CHDP Health Assessments*

People involved in project and organization they belong to:
Collaborations involved the following: local CHDP programs in all CA counties, CHDP state nurse consultants, Medi-Cal Managed Care health educator, Department of Public Health, CDC Obesity Prevention Grant staff, Office of Multicultural Health and CDE Child & Adult Care Food Program.

Background/Introduction:
The CHDP program collects health data for the Pediatric Nutrition Surveillance System (PedNSS) which yields prevalence rates for child and adolescent obesity receiving CHDP health assessments. We are seeing from this data that childhood overweight/obesity is occurring in 33% of children between the ages of 2 and 5 years and 40% of children between the ages of 5 and 20 years of age. Additionally, we are seeing numerous co-morbid conditions increase in parallel with rising obesity prevalence rates. CHDP providers see low income children who are not initially enrolled in health care. The demands on providers have increased while their reimbursement (Medi-Cal rates) has been cut. In order to add another requirement to the CHDP exam along with the associated anticipatory guidance, we needed to design a brief and effective child obesity model for primary care.

Project Goals:
This project started with the development of a simple practical model that would help providers determine weight status and initiate anticipatory guidance and counseling with the family. We initially thought that we could collect resource information for providers to use once a diagnosis is made but resources for low income families are inconsistent, not readily available and family compliance is poor. We also determined that there is no system of medical nutrition therapy for childhood obesity to available for CHDP provider referral. A standardized MNT treatment model could provide a primary referral resource for CHDP providers that is low cost, family based, available at the primary care site and evidence based.

Methods:
We researched models for primary care MNT that demonstrates evidence of effective nutrition intervention. We surveyed the local programs to identify their assessment of provider needs for resources. We are conducting regional Train-the-Trainer workshops on Provider Skill Sets for Pediatric Obesity. Lastly, we are searching for funding for a pilot project.

Results:
We are still in process but we have defined a reasonable provider model for obesity identification and initial counseling. We are looking to collaborate with other programs who serve low income children regarding the creation of an MNT system of service for low income children in CA. This system of service should directly link with community resources in order to extend the MNT intervention and facilitate lifestyle changes.

Summary/Discussion:
Childhood obesity programs and intervention are evolving and widespread. CA does not have a system of nutrition services readily available for low income children/families in order to offer basic nutrition therapy for families who need additional intervention prior to their children developing intractable chronic diseases. CA has important public health and environmental approaches evolving in many communities. But an effective and accessible health care approach that is low tech and family based is still needed for families who need additional parental support and structure to effect needed lifestyle changes.

Commonwealth of the Northern Mariana Island

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CNMI WIC Program
Department of Public Health

Breastfeeding Support in the CNMI

Key Partners and Stakeholders

CNMI Women Infant and Children (WIC) Program and Maternal Child Health Program

Background

Breastfeeding is the normal feeding choice for a mother and baby dyad that provides many physical and emotional benefits. Before this project, breastfeeding mothers did not have other breastfeeding resources in the community besides the WIC Program. To strengthen the CNMI WIC Program's breastfeeding support we decided to involve key members of the community in breastfeeding training.

Project Goals

To strengthen the knowledge of our WIC staff and key members of the community and establish a strong foundation for our breastfeeding program. Therefore, providing better support system for breastfeeding mothers on all three islands.

Methods

To offer the five day Certified Lactation Counselor training and exam provided by the Healthy Children Project staff.

Results

In August of 2009 WIC staff, Department of Public Health staff (nurses from the Labor and Delivery Unit, Women's and Children Clinics, Tinian and Rota Health Center) from all three islands (Saipan, Tinian, and Rota), private clinic staff
(from five various clinics), Headstart staff, Guam WIC Program staff, Guam Breastfeeding Coalition members, gathered for the Certified Lactation Counselor training and exam. Four of our staff became Certified Lactation Counselors (CLC) and visit the hospital daily to provide breastfeeding support to our WIC mothers.

Summary
Various key staff in the community are further equipped to support breastfeeding on all three islands. Our staff development via expansion of their level of confidence and knowledge provides a higher level of work productivity in promoting and supporting breastfeeding with participants. This has also positively affected our breastfeeding rates. In December 2009, 20.5% of our babies were exclusively or partially breastfeeding, and increased up to 33.6% in January 2010

Hawaii

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Hawaii State Department of Health

Hawaii WIC Implementation of USDA Food Package Interim Rule

Background
The first major change to the WIC food package since the program's inception over 35 years ago was implemented on October 1, 2009. In addition to fruits and vegetables, new foods that are more culturally appropriate, lower in fat, and higher in fiber were included in the WIC food list. In order to implement such a sweeping change (considering our limited resources and staffing), it was necessary to strategize planning and training efforts creatively so that staff time could remain focused on serving participants and minimize time required to train participants/vendors on the new changes.

Project Goal
To implement the interim food packages that would meet WIC participants' multi-cultural, health, and access needs.

Method
A food package task force was established to revise the WIC allowed food list. Once the new foods were determined, educational materials were developed to train staff, participants, vendors, and community partners on the new changes. These materials included posters, pamphlets, a revised WIC Allowed Food List, PowerPoint presentations, and a video. Due to budget constraints, materials were developed in-house.

Results
State-wide trainings were provided for WIC staff and vendors. Administrative staff met with physicians and other key community partners and stakeholders. In addition to a press release, an informational video on the food package changes was posted on the WIC website and provided to all WIC local agencies that was played in clinic waiting rooms.

Summary
Initial feedback from WIC staff and participants has been positive regarding the inclusion of the new foods. Hawaii WIC awaits the final rule for the WIC food package, but in the meantime, the committee plans to reconvene later this year to formally survey vendors, staff, and participants whether or not the State Agency's goals of meeting multi-cultural, health, and access needs were met.

Idaho

Marie Collier, RD LD
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Idaho Department of Health and Welfare

Idaho WIC Program RD/RN Breastfeeding and Nutrition Training

Key Partners & Stakeholders
ID WIC Program, Maria Lennon MSN CNM IBCLC - Medela Inc., Kim McGee RD LD - OR WIC Program, Donna Lockner PhD RD - MCH Nutrition Leadership Network, Elsa Lee MD – Treasure Valley Pediatrics, Becky Sulik RD LD CDE – Rocky Mtn Diabetes & Osteoporosis Center, Jennifer Taylor RD CSP LD – St. Luke's Regional Medical Center.

Background
Idaho WIC Program Past Registered Dietitian (RD) feedback and monitoring observations identified a need for RD specific trainings within the scope of WIC and public health. RDs serve a unique role in WIC working with participants with high risk nutrition needs. Addressing high risk nutrition concerns requires advanced knowledge and skills. RDs serve leadership/mentoring roles interacting with paraprofessional staff. (Idaho WIC Program also has one Registered Nurse on staff.)

Project Goals

- To provide education and support for WIC RD/RN knowledge/skills related to breastfeeding, nutrition, leadership and collaboration.
- To provide background information/education about WIC federal nutrition risk code revisions and new nutrition risk codes (to be implemented Oct. 1, 2010).
- To allow an opportunity for WIC RDs/RN to network with RDs from other local agencies.

Methods
Two day interactive training workshop involving multiple presenters will address the following topics

- Answering Breastfeeding Questions and Helping Mothers Overcome Difficulties
- Diabetes Update Pre-diabetes, Gestational Diabetes, Maturity Onset Diabetes of the Young (MODY)
- Value Enhanced Nutrition Assessment (VENA) Sustainability
- Institute of Medicine (IOM) Prenatal Weight Gain Guidelines
- Exempt Infant Formulas/Medical Foods
- Collaborating with Local Physicians
- WIC Information System Project

Results
WIC RD/RN Breastfeeding and Nutrition Training workshop is scheduled April 13 – 14, 2010.

Summary
Providing WIC trainings specifically focused towards the needs of RDs/RNs creates opportunities to strengthen skills and knowledge base needed to be effective leaders, educators, mentors and collaborators within the scope of WIC and public health.

Montana

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Montana Nutrition and Physical Activity Program

Infant Feeding Surveillance in Montana

Key Partners and Stakeholders:
Family and Community Health Bureau, Montana Public Home Visiting, Local Maternal and Child Health Services, WIC. Hospitals, Montana Medicaid, Insurance providers, Moms, families and babies of Montana.

Background:
Breastfeeding surveillance started by CDC in 2001 using National Immunization Survey data. Other data sets are also available including mPinc, WIC and modified PRAMS in Montana As a result of low population, limited funds gaps in counties are difficult to identify and therefore work toward improvement. The Montana Nutrition and Physical Activity Program are supporting policy and environmental change through working with delivery facilities to adopt the policies to meet the criteria to become Baby-Friendly Hospital.

Montana data:
The 2009 Breastfeeding Report Card reports Montana meeting all of the 5 outcome goals using NIS data from 2006. Working directly with county health departments and delivering facilities there are gaps in Maternity care practices and community support throughout the state. Montana currently doesn't have data of county, community or regional data for initiation, duration or exclusive breastfeeding rates.

Project goal:
Collect 12 months post delivery data from mothers delivering October 1, 2009-September 30, 2010. Mothers are contacted at 3, 6, 9 and 12 months to ask about infant feeding. The goal is present, community specific data to improve maternity care practices, community protection and support meeting the identified needs of mothers in a more timely and consistent manner. The long term outcome goal is policy and environmental change with increase in initiation, duration and exclusive breastfeeding rates in Montana.

Methods:
An Ameri core Vista volunteer assigned to Gallatin county health department using the NAPA Breastfeeding data tracking tool is tracking data from October 1, 2009 through September 2011. The data will be used for process improvement in maternity care practices and gaps in community protection and support.

Results: In process

Summary: Working as a state resource through county health departments with limited funding to support policy change in Healthcare can be difficult. With collaboration and exploring unmet needs to meet the measureable outcomes that can be used to improve policies and environments to support protect and promote breastfeeding as the social norm in Montana.

Oregon

Jennifer Young, MPH, RD

Nutrition and Physical Activity Coordinator
Office of Family Health
Public Health Division, DHS

Too Many Ads Marketing Junk Food to Kids
Oregon's Parent Awareness Campaign

Key Partners and Stakeholders The Nutrition Council of Oregon (NCO). NCO includes the following organizations and agencies Oregon Public Health Division, Oregon Department of Education, State WIC Program, Region X Head Start, Oregon Health Sciences University, Oregon State University Extension, Community Health Partnerships Oregon's Public Health Institute, Oregon Dairy Council, Northwest Portland Area Indian Health Board.

Background
Marketing to children has become a multi-billion dollar industry. Studies document that food and beverage advertising directly affects what children choose to eat and drink; targeting kids sells products and builds brand loyalty. Regrettably, the majority of food products marketed to kids are high in calories and low in nutrients foods completely out of balance with a healthful diet. Overabundance of these foods in our kids' diets plays a leading role in the increasing prevalence of childhood obesity, which is becoming the nation's top health risk.

Project Goal
To raise awareness about food marketing to kids, and provide resources and strategies for helping kids make good food choices.

Methods
A statewide campaign that includes posters on 200 buses and trains in the Portland area, more than 20,000 bookmarks and 5000 posters in English and Spanish distributed statewide to pediatric medical and dental clinics, libraries, child care facilities and preschools. The campaign includes a Facebook page which provides resources and a forum for asking questions and finding answers - www.facebook.com/TooManyAds .

Results
We are just entering the evaluation phase of our campaign. We continue to increase our Facebook numbers which lets us know that our campaign is succeeding in its outreach. Facebook provides some statistical data. We plan to follow-up with a survey to those we sent materials out to.

Summary

The campaign has been successful on several levels. Many hours of field testing went into developing the message and image, and that work paid off in the response and acceptability of the products. The focus of the campaign drew attention and our first press release was picked up by major news media around the country. The timing of the campaign was remarkable between the coverage of the FTC hearings on marketing junk food to children and Michelle Obama's decision to take on childhood obesity. The social media (Facebook) piece was new to us, but appears to be a successful way to provide education and learn the needs of our audience.

Karen Bettin, M.S., R.D.

Nutrition Consultant

WIC Program

Oregon Department of Human Services

Office of Family Health

Investing in participant centered services Oregon WIC takes a multi-strategy approach to ensure success

Background

In 2004 the Oregon WIC program began a multi-year study to examine the feasibility and impact of using motivational interviewing as its primary approach to providing individual nutrition education. As the study progressed, FNS unveiled the details for VENA, a change in risk assessment and counseling approaches for WIC. In response, Oregon WIC used key findings from the study to build the foundation for Oregon WIC Listens; statewide implementation of participant center services.

Project Goal

Provide local agency WIC staff with the knowledge and on-going support necessary to facilitate a sustainable adoption of participant centered education.

Methods

A certified motivational interviewing trainer was hired to build the skills of State staff and to consult on the design and implementation of the local agency trainings. After piloting the training with two agencies, the remaining agencies were divided into 5 cohorts. Champions were identified in each local agency. An initial kick-off occurred during the 2008 Statewide meeting, then cohort implementation was staggered over the following year. Each cohort received nine months of support champion training (mo 1), a certifier training (mo 2), followed by rotating champion conference calls (mo 2,4,6,8) with on-site visits with each agency (mo. 3, 5, 7 and 9 – in-service with all certifiers plus observations/feedback with individual certifiers by state staff or local agency peer.) Participant centered services were modeled in all aspects of the project design, training and support.

Results
The last on-site visit was completed in December 2009. Post project evaluation found that most staff identified moving from an expert stance to one of partnership with participants as being the biggest change. Observations found staff using a greater number of participant centered skills with greater confidence as time progressed. Some staff moved in big leaps and others in baby steps. Most noted less resistance from clients when using the new techniques. However, staff still acknowledge that when clinic is very busy, it is tempting to switch back to their old ways.

Summary
To truly implement change in a core component of any program requires 100% investment at all levels. The next step is to assure sustainability. As of January 2010, PCE skills were added to local agency review tools. February 2010, an on-line PCE module was launched for new staff. For FY 10-11, local agencies will be asked to identify and implement plans to sustain these new behaviors. Fall 2010 local agency staff will be trained on using PCE skills in a group setting and the MI expert will be assisting in the development of a training for clerical staff.
For more information about the evaluation, contact Julie Reeder at 971-673-0051; the overall plan and design, contact Kim McGee at 971-673-0049; copy of training resources, visit http//www.oregon.gov/DHS/ph/wic/orwl.shtml.

Utah

Joanna Thresher, RD, CD
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Utah WIC Program

An Assessment of Community Access to Physical Activity Resources and Healthy Food Choices

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Background
In 2007, no state had met an objective of *Healthy People 2010* to reduce the proportion of adults who are obese to 15%. The incidence of obesity varies by many different factors but tends to be more prevalent in low-income and ethnically/racially diverse communities with limited access to recreational amenities. The purpose of this study was to evaluate current access to healthy food choices and the availability of safe options for physical activity among a population in Utah at high risk for obesity.

Project Goal
The WIC Program at the Utah Department of Health was a recipient of an Association of State and Territorial Public Health Nutrition Directors (ASTPHND) Blueprint Seed Grant in 2008. The grant monies would be used to develop a family-based community needs assessment tool to determine existing resources for physical activity and healthy eating in a WIC community at high risk for overweight and obesity. The results of the survey would allow WIC staff and others to develop strategies to best support families in their efforts to achieve a healthy lifestyle.

Methods
The *WIC Healthy Living Survey* was developed by a University of Utah graduate student and several public health programs. The survey was prepared in English and Spanish and consisted of 31 questions divided into three distinct parts individual and family physical activity levels, individual and family food and nutrition patterns, and demographic information. The survey was distributed to 650 Ogden WIC participants because that area had the highest risk for overweight and obesity based on the Utah Behavioral Risk Factor Surveillance System, Small Area Report, 2001-2005 (Utah Department of Health Office of Public Health Assessment, 2007). Completed surveys were returned and compiled and analyses were performed.

Results
Overall, 69% said there were trails for walking, hiking, or bicycling near their homes. Among all respondents, 96% reported that there are grocery stores near their home that offer healthy foods.
Many other valuable results were found that allow the Ogden WIC clinic to develop strategies, consistent with available community resources, which target nutrition interventions and education to best support families in achieving a healthy lifestyle.

Summary
By developing a family-based community needs assessment tool to determine existing resources for physical activity and healthy eating in a WIC community at high risk for overweight and obesity, WIC staff and others are able to develop strategies to best support families in their efforts to achieve a healthy lifestyle.

Patrice Isabella
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Building Partnerships through the PANO State Planning Process

Key Partners and Stakeholders Utah Physical Activity, Nutrition, and Obesity (PANO) Program; Utah Breastfeeding Coalition (UBC); Utah WIC Program; Utah Council for Worksite Health Promotion (UCWHP), Healthy Utah

Background/Introduction

The Physical Activity, Nutrition, and Obesity (PANO) Program was created in July 2008 in the Bureau of Health Promotion in the Utah Department of Health through a CDC Cooperative Agreement. The cooperative agreement requires PANO to address breastfeeding initiation, duration, and exclusivity as a key target area in the development of state infrastructure and a comprehensive state.

Project Goals

To engage partners in developing a state plan including goals and strategies that will be implemented through partnerships between PANO and other governmental and non-governmental organizations.

Methods

The PANO Nutrition Coordinator worked with the Utah WIC Program, the Utah Breastfeeding Coalition, and La Leche League to identify a key breastfeeding champion for each PANO workgroup. The workgroups represent settings for obesity prevention goals and strategies, including community, schools, health care, worksites, government, and media.

Results

The PANO state plan includes breastfeeding goals and strategies in all areas except schools. The workgroups include partners representing organizations that will continue to work on implementation of goals and strategies.

Summary/Discussion

The PANO Program and State Plan process incorporated breastfeeding into health promotion and obesity prevention efforts. Prior to this, breastfeeding promotion and support has resided exclusively in the Bureau of Maternal and Child Health. The process developed partnerships in areas not previously existing.

Washington

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“Nutrition Intervention for Children with Special Health Care Needs”, Washington State

Background
The original edition of *Nutrition Guidelines for Children with Disabilities and Chronic Illnesses* was published in 1989 in response to an assessment of needs for nutrition services in Neurodevelopmental Centers and local health departments throughout the state of Washington.
The primary users in Washington were members of a statewide network of registered dietitians/nutritionists who provide services to children with special health care needs. The 2nd edition was a revision and expansion of the 1989 version. The title for the 2nd edition was changed to “Nutrition Intervention for Children with Special Health Care Needs.”
For the past few years, the CSHCN Program has received numerous requests for a new edition.

Goal and Methods
The work on the 3rd edition was initiated in 2008. Again, many authors, editors and reviewers have come forward and contributed their expertise and donated hundred of unpaid hours for the completion of the 3rd edition.
The new edition includes 3 new chapters, which makes the publication more comprehensive. These chapters include breastfeeding, physical activity, and autism spectrum disorder.

Results/Summary
The new edition will be divided into three sections.
Section 1 “Determination of Nutritional Status” outlines the recommended procedures for nutrition screening, and assessment; and addresses the prerequisite steps to take in the development of a nutrition intervention care plan.
Section 2 “Problem-Based Nutrition Interventions” addresses the nutrition-related problems that are more common across a wide range of diagnoses.
Section 3 “Condition-Specific Nutrition Interventions” addresses nutrition management related to specific diseases and disorders that have strong nutrition components.
The 2002 edition can be found at the http//www.doh.wa.gov/cfh/mch/documents/nutrition_interventions.pdf. The new edition will be posted on the website in the spring of 2010 and replacing the 2002 edition with the same web link.

Wyoming

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Breastfeeding Support in the Workplace Project Accommodating Breastfeeding Women at Work to Enhance Breastfeeding Duration, Improve Maternal Infant Health Risks, and Lower Healthcare Costs

Key Partners & Stakeholders
The initial working group was composed of staff from the Wyoming Department of Health (WDH), Community and Public Health Division Sections including the Women, Infants, and Children Program, Public Health Nursing, Maternal and Family Health, Children's Special Health Program, and the WIC Breastfeeding Peer Counselor Program. The work group will expand to include other key partners in Wyoming Department of Health during policy implementation.

Background
Workplace lactation accommodation is critical to supporting successful breastfeeding at a time when one third of new mothers return to work in the first three months of giving birth, two thirds will return to work within six months, and shorter breastfeeding duration is associated with working outside the home. Since medical evidence shows that breastfeeding has multiple health benefits, and the American Academy of Pediatrics recommends breastfeeding for at least 12 months, the Breastfeeding Support in the Workplace Project recognizes and supports workplace lactation accommodation where ever feasible to promote successful breastfeeding and maternal infant health outcomes in Wyoming families.

Project Goals
To draft and implement a workplace lactation accommodation policy that would be implemented in all Wyoming state government agencies, beginning with the Wyoming Department of Health, and share the policy and effective strategies for implementation with all other Wyoming businesses interested in workplace lactation accommodation.

Methods
Wyoming Department of Health, Community and Public Health Division, Breastfeeding Support in the Work Place Work Group convened in late 2008 to review strategies for providing workplace lactation accommodation to increase WDH staff breastfeeding duration rates and maternal infant health outcome. A survey was conducted in 2009 to assess lactation accommodation needs in 54 separate facilities statewide to assess if work sites had a clean private place to breastfeed with a comfortable chair, access to electrical outlets and running water, a refrigerator for breast milk storage, etc. The survey found that about 78% of the sites

surveyed had most of the accommodations noted. Taking the results of the survey, the group began reviewing the critical items necessary for lactation accommodation in the workplace. In early 2010, the work group presented the results to the WDH Management Council and was given approval to fast track a departmental policy on workplace accommodation. The draft is now under review by the WDH Management Council. Following approval, the WDH policy will be implemented to all WDH staff. As implementation goes forward, the work group will expand membership to include a more diversified group of stakeholders and partners, and monitor and assess the best implementation strategies to share with other agencies and businesses.

Results

The work group is currently awaiting the final Breastfeeding Support in the Work Place policy from the WDH Management Council before going forward with the next steps in the implementation of lactation accommodation in the workplace.