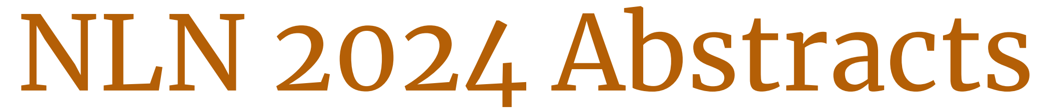

NLN 2024 Abstracts

Programs to Address Diabetes

Steven Ortiz, MS, RDN

Title: Pinal Community Health Diabetes Program

Introduction: Diabetes is one of the leading causes of mortality in Arizona. As of 2020, one in ten Arizonans were living with diabetes and one in three with pre-diabetes. Pinal County completed a needs assessment in 2020 that mirrored the state's findings and identified diabetes as one leading health concern for county residents, in addition to mental health, substance addiction, age-related concerns (arthritis, hearing, vision, etc.), and child abuse/neglect. African Americans, Latinos/Hispanics, and Native Americans are among the populations at higher risk for developing diabetes and makeup half of the population living in Pinal County. Before 2024, Pinal County did not have an active Diabetes program. Due to this gap in necessary primary care services, the Pinal County Nutrition Division is partnering with the American Diabetes Association and developing a comprehensive diabetes education program to support community members with diabetes-related concerns.

Goals:

- Pinal will bring awareness of early intervention in diabetes care and provide diabetes-focused nutrition education through social media, diabetes classes, and digital and physical educational material.
- Pinal will create a network of community stakeholders and professionals who specialize in diabetes care to refer community members living with diabetes and pre-diabetes.
- Pinal will track the participation of community members living with diabetes and stakeholders to annually assess program goals and identify areas for improvement.
- Through the partnership with the American Diabetes Association, Pinal will provide continuing education for Nutrition professionals.

Summary: Diabetes is a leading health concern in Pinal County. The Pinal County Nutrition Division is partnering with the American Diabetes Association and will launch the Pinal Community Health Diabetes Program in July 2024. The diabetes program aims to provide continuing education for nutrition professionals, provide diabetes education to the community, and foster a community network of stakeholders.

Submitted by Jocceline Hernandez, MS, RD, IBCLC, California

This abstract is a proposed contracted project that has yet to be finalized.

Title Gestational diabetes prevention using I+ PSE local capacity building strategies for MCAH programs

People involved

- California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH): Jocceline Hernandez, Nutrition and Physical Activity (NUPA) Coordinator, MCAH epidemiologists, MCAH local health jurisdictions.
- Contractor/Principal investigator with expertise in I+PSE framework and include additional personnel:
    - Principal Coordinator/doctoral student
    - Workgroup/Advisory group
    - Consultants: California Clinical RD & Certified Diabetes Educator (CDE), student assistants

Background information/Rationale for project/Introduction
From 2024-2028, the purpose of our state's project is to build local capacity and identify gestational diabetes prevention strategies using the I+PSE framework. The project will also help support our newly developed Gestational Diabetes and Postpartum Care Initiative.

Project Goals
The goal of this project is to support MCAH local health jurisdiction (LHJ) implementation of gestational and interconception diabetes prevention strategies. By using the Individual + Policy, Systems and Environmental (I+PSE) change framework (with extensive focus on PSE), the contractor will identify strategies for gestational diabetes prevention, and support local health jurisdictions in the use of I+PSE strategies through technical assistance, training, toolkits, learning collaboratives, and other resources.

Methods
Year 1 will focus on building contractor capacity to support the work, conducting a literature review of innovative/promising strategies to be put into action using the I+PSE framework for people with GDM. This information will help inform trainings, technical assistance, and tools for local implementation of a minimum of 2 strategies each implementation year. An environmental scan will help identify any existing local work to help expand I+PSE related strategies identified. A minimum of 2 local health jurisdictions (LHJs), with preference for those jurisdictions with highest prevalence of GDM will be identified to participate in the project during the following year. Year 2 & 3 will focus on implementing the identified strategies and onboarding the LHJ(s) identified to participate in the project and a learning collaborative will be developed. At the end of project year (year 4), the contractor will have implemented a minimum of 4 strategies and provide support to at least 4 LHJ(s).

Results
A public facing report will be developed during the final year to include impact and strategies implemented proven to be successful for improving GDM outcomes and determine project direction.

Summary/Discussion

This 4-year contract is planned to be executed by October 2024 with an annual budget of 200k/year. The evaluation of the strategies identified will help inform future direction of the project.

Washington State New Resources for Type 1 Diabetes (T1D)

Khimberly Schoenacker, RDN, CD; Renee Tinder, MPH; Nikki Dyer, M Ed

Washington State Department of Health | Children, Youth with Special Health Care Needs Program (CYSHCN)

INTRODUCTION

Background: The Type 1 Diabetes (T1D) workgroup was created in 2022 after a request from a CYSHCN Coordinator working with families of children with T1D. The request was prompted by increased T1D diagnoses, diabetic ketoacidosis admits, near fatalities, and Child Protective Services involvement. There are 55 passionate individuals with diverse backgrounds ranging from parent voices to endocrinologists in the workgroup.

Data: Studies show increased rates of newly diagnosed T1D in children and youth during COVID-19 compared with prior periods. A CDC study published in Diabetes Care considers this as an emerging issue and estimates the number of people in the **US younger than 20 with T1D could rise to 65%.**

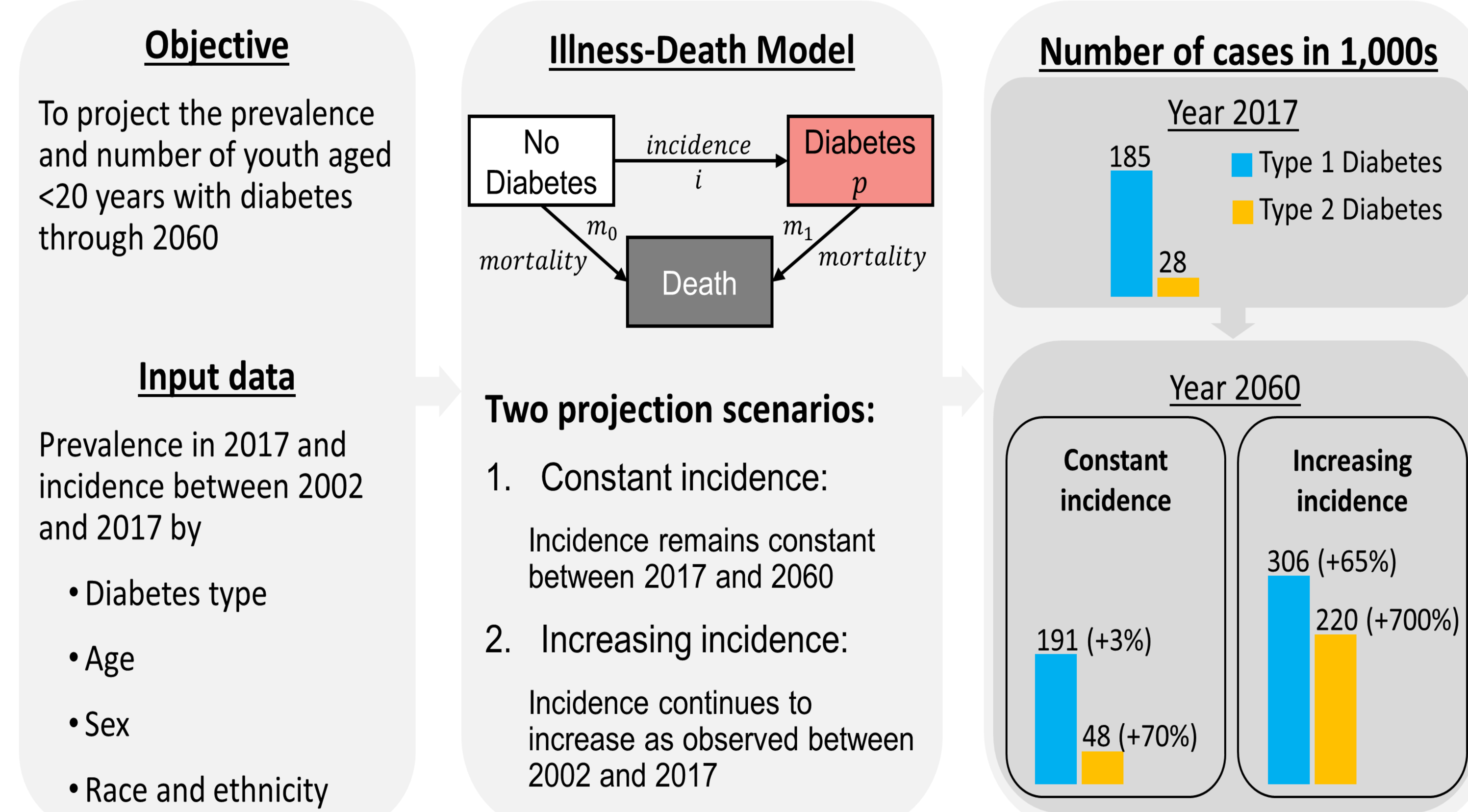
Prevalence of Diagnosed Diabetes

Among the US population overall, crude estimates for 2021 were:

•29.7 million people of all ages—or 8.9% of the US population—had diagnosed diabetes.

•352,000 children and adolescents younger than age 20 years—or 35 per 10,000 US youths—had diagnosed diabetes. This includes 304,000 with type 1 diabetes.

Projections of type 1 and type 2 diabetes burden in the U.S. population aged <20 years through 2060: The SEARCH for Diabetes in Youth Study



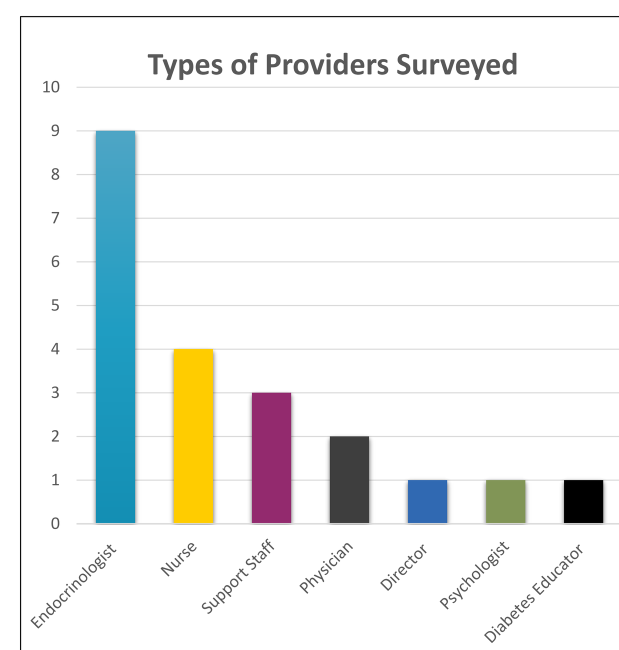
METHODS

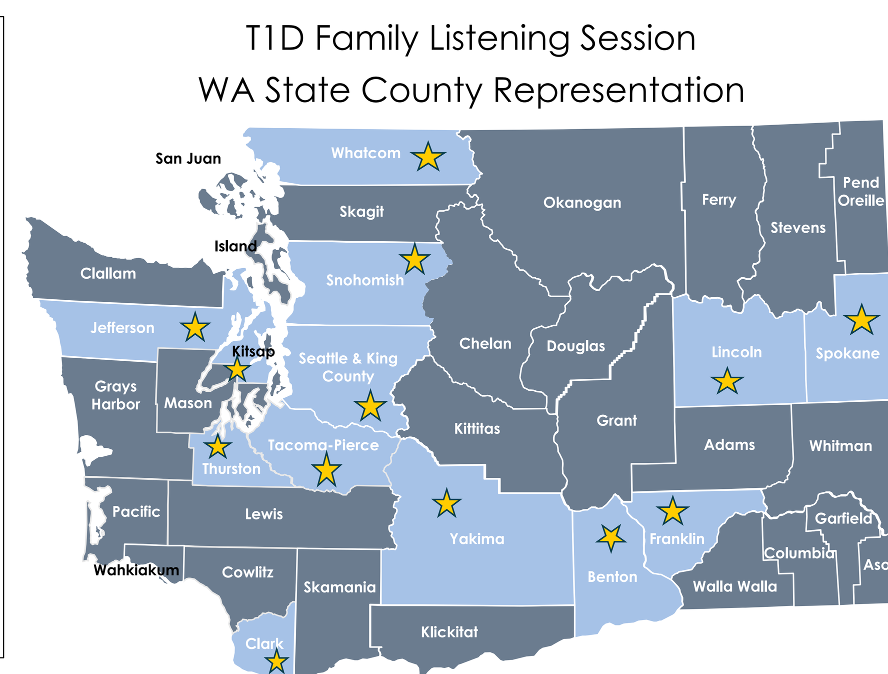
Healthcare Provider Survey:

A healthcare provider survey was distributed statewide to identify system gaps, barriers to care, and clinical trends. We received 22 provider responses.

Families with T1D Listening Session:

The CYSHCN team facilitated a listening session with 30 families from across WA state in February 2023.





RESULTS

Health care provider survey identified the need for:

- More **clinical support** around the psychosocial complexity among youth.
- More diabetes-familiar **mental health care** providers.
- Community-based **peer support groups.**
- **Financial resources** and improved insurance coverage with no prior auth requirement.
- Better **transition** to adult care for young adults with diabetes.

Families with T1D listening session identified the need for:

- More **education** for school nurses, office staff, and faculty.
- **Childcare centers** and **preschools** that are knowledgeable to support children with T1D.
- Understanding how to navigate **insurance.**
- **Peer support** groups and **mental health support.**
- **Transportation** and **increased access** to local endocrine clinics.
- **Trauma-informed** and compassionate care.

WORKGROUP PROGRESS

Survey findings have been incorporated into the workgroup's focus. A few accomplishments include:

- Designed a dedicated resource page to share local & national resources.
- Established an educational document for providers to improve utilization of Managed Care Organizations (MCOs) benefits and services for children with Medicaid who have T1D.
- Prioritized the revision of the *Guidelines for Care of Students with Diabetes* in partnership with the Office of Superintendent of Public Instruction (OSPI) to align with the American Diabetes Association's *Helping the Student with Diabetes Succeed: A Guide for School Personnel.*
- Created a T1D Statewide Coordinator role in partnership with PAVE and P2P and funded by Department of Health. A T1D family support program is underway.
- Began and continue providing ongoing support to a monthly virtual T1D Teen Connect support group lead by a young adult volunteer with T1D.
- Developed an Eating Disorder handout for healthcare providers in WA state with mention of Diabulimia.

Scan the QR code to learn more about the workgroup activities:

FUTURE DIRECTION

Monthly meetings continue into 2024 with exciting projects ahead. Follow www.doh.wa.gov/CYSHCN for updates.

CONTACT

Name: Khimberly Schoenacker, RDN, CD
Email address: Khimberly.Schoenacker@doh.wa.gov
Phone number: 360-236-3573

Nutrition and Health/ Food as Medicine

NLN 2024 Sharing Session

Title: Food and Mood in Colorado

People involved: MCH state and local staff, local partner organizations, Region 8 office of the Substance Abuse and Mental Health Services Administration (SAMHSA)

Background: With the release of this National Strategy on Hunger, Nutrition, and Health came renewed passion and energy to combat food insecurity and strengthen the connection between nutrition and health.

In August 2023, the Region 8 office of the Substance Abuse and Mental Health Services Administration (SAMHSA) hosted a two-day Food and Mood convening in Denver that clearly outlined the connection between the National Strategy on Hunger, Health, and Nutrition and the Colorado MCH priorities.

Project Goals: Access to green spaces and healthy food were identified as factors that can shape the mental health of young people. Food and Mood aims to promote emotional wellness and reduce the impact of mental health and substance use issues in the K-12 population by identifying and implementing strategies that address the intersection between behavioral health and food/food insecurity/culturally appropriate foods/school gardens.

Methods: Colorado MCH state staff are committed to exploring Food and Mood in Colorado. We have followed up with the regional SAMHSA office for guidance, connected with partner organizations, and dedicated staff time to explore moving this work forward.

Results: Colorado MCH staff will continue to explore Food and Mood to better understand the state's role in this area and support expansion where appropriate.

Discussion: Colorado is interested in learning if/what other states are doing related to Food and Mood under the Food is Medicine umbrella.

Overview

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Partners	
• Dr. Steven Shane, Obesity Prevention Chair, Nevada AAP	Provider/site trainings, material and resource development
• Northern Nevada Public Health • Southern Nevada Health District • Carson City Health and Human Services • Carson Tahoe Health	Provider/site outreach, marketing, and technical assistance

Small changes, BIG results. - HEAL 5210 (healnv.com)

Resources

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Adopted From LET'S GO!

- Healthcare program guide
- 5210 workflow for well child visits
- 5210 Scientific Rationale
- Healthy Habits Questionnaire

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Outreach

Focus

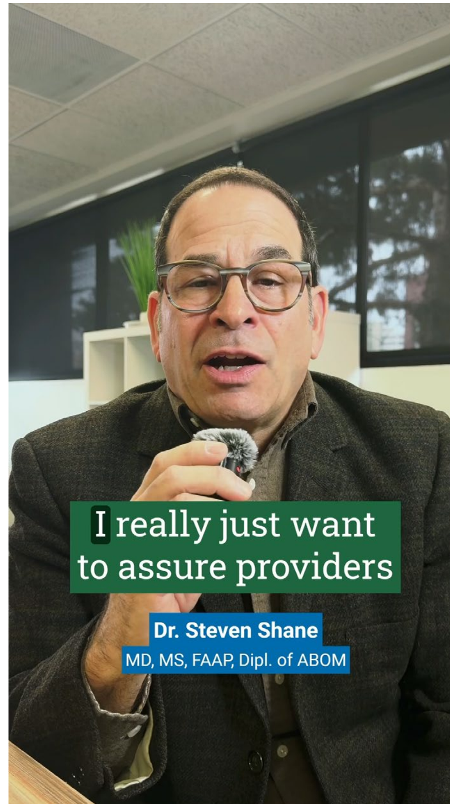
Current

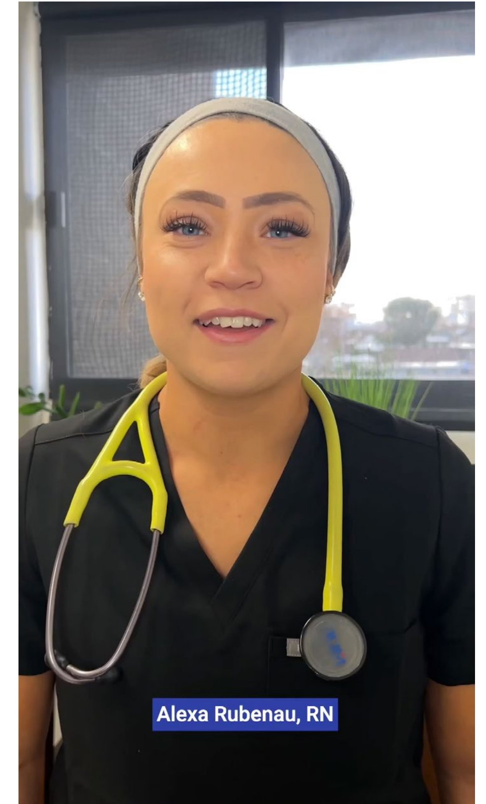
- ✓ Healthcare Providers
- ✓ Schools

Future

- ✓ Early Childcare Centers
- ✓ Work sites
- ✓ Other

Social Media





WIC Shopping Experience

NLN 2024 Sharing Session

Title: Montana WIC Shopping Improvement Project

People involved in the project and their organizational affiliations:
- State WIC Team
- Yarrow: Kirsten Krane
- Local Agency Clinics: Big Horn, Custer OneHealth, Fergus, Fathead, Gallatin, Park, and Richland.

Background:
The State WIC office was granted funds from the American Rescue Plan Act (ARPA) to be distributed to Local Agencies to oversee shopping improvement projects locally and across Montana. Projects directly involve work with the grocery stores. Based on a conversation with the WIC Work Group Local Agency representatives in December 2022, it was suggested the State WIC office survey all Local Agencies to get a better understanding of the capacity and interest that each Local Agency has to work on projects in this area.

Local Agencies were asked to take on projects that are funded through this initiative. Project specifics and scope were decided as part of each Local Agency's capacity and funding.

Perspectives of multiple stakeholders were considered to gather information related to what needs to be improved in the store shopping experience. This included (1) interviews with a selected group of store managers from across the State; (2) results from the WIC Participant Annual Survey that asked participants questions about their experience shopping for WIC foods; (3) observations of Local Agency directors regarding needs and improvements they would like to see to improve the shopping experience.

Project Goals:
- Increase or improve the WIC participant store experience.

Methods:
- Work with Yarrow to set up a Quality Improvement framework Work with stores based on funding and project scope
- Identify a goal that the Local Agency will work towards in the next 18months
- Conduct PDSAs (Plan - Do - Study - Act) cycles to improve quality measures
- Collect baseline data and ongoing QI data to show improvement Based on Institute for Healthcare Improvement (IHI) Breakthrough Series Model for QI initiatives. This involves quarterly Learning sessions and monthly All Calls with 1:1 coaching sessions.

The project used a Quality Improvement framework to set up and engage participating sites. This included the use of a guiding "charter" so that all sites are working in alignment toward a common goal and shared overall metrics while doing work specific to their sites' capacity and needs. Frequent participant meetings to share progress of what is working will take place so that "all teach, all learn" will drive improvement.

Results:

We are still in the process of this project. This will conclude September 30,2024.
Summary/Discussion:
Using a collaborative, quality-improvement approach to implement best practices around the Local Agency Retailor Coordinator (LARC) role will help support local grocery stores which will provide a better shopping experience with WIC families.

Montana WIC has received additional funding to continue this work for another 3 years and will have the opportunity to bring in more local agencies to participate.

Submitted by: Frank Napolitano, MS

New Mexico WIC

New Mexico WIC’s myWIC app:

wicmosaic.blob.core.windows.net/public/shared/videos/NWA Videos/myWIC Website Video.mp4

Increasing Access to Fruits and Vegetables

Submitted by: Jacob Newman, MDA, RDN, CD, IBCLC

Increasing produce availably for Utah WIC participants

People involved in the project and their organization affiliation:

Utah state WIC office staff: Jacob Newman

Various manufacturers, vendors, and distributors

Background information/rationale for project/introduction:

Currently Utah WIC allows fresh and frozen fruits and vegetables. Utah WIC is in the process if increasing produce availability to WIC participants. Not all Utah WIC participants have access to refrigeration and freezer space, adding canned fruits and vegetables will increase variety, shelf life, and availability of produce to all WIC participants.

Project goals:

1. Collect all relevant information for all WIC eligible canned vegetable and fruits in Utah. Information to be collected:
   a. Product information: UPC, brand, description, and size.
   b. Nutritional information: ingredients list, organic/not organic, and form (creamed, pickled, etc.).
2. Have all canned fruits and vegetables available for Utah WIC participants starting October 1, 2025.

Methods:

- Request manufacturers, vendors and distributors submit all WIC eligible canned fruits and vegetables.
- Review USDA guidelines to know what canned fruits and vegetables qualify for WIC
- Create Utah WIC policy to determine what canned fruits and vegetables qualify for Utah WIC
- Evaluate all submitted canned fruits and vegetables and determine which meet both federal and Utah WIC policy.
- Enter all allowed canned fruits and vegetables into our Management Information System (MIS) system and set can produce UPCs to activate October 1, 2025.
- Monitor, evaluate, and review additional submitted canned fruits and vegetables and add allowed canned produce to the Utah WIC MIS as needed.

Results/summary/discussion:

Utah WIC will increase the availability of fruits and vegetables to WIC participants allowing Utah WIC participants to use more of their fruit and vegetable benefit. Participants without refrigeration will have access to produce that won’t spoil quickly due to lack of refrigeration.

Trainee Abstracts

Title: Breastfeeding in the Native Hawaiian Community

People involved in the project and their organizational affiliation:
Christina Young, RDN, CLC, University of Hawaiʻi at Mānoa
Marie Kainoa Fialkowski Revilla, PhD, RDN, LD, IBC, University of Hawaiʻi Cancer Center

Background information/Rationale for project/Introduction:
Historically, Native Hawaiian traditional infant feeding practices began with breastmilk. Breastfeeding along with many of the other traditional infant feeding practices passed down from elders aligns with current recommendations for infant feeding today.[1] Native Hawaiians are less likely to meet breastfeeding initiation and exclusivity recommendations in comparison to Asian, Hispanic, and White populations.[2] Considerable evidence exists demonstrating that the first 1000 days of life is a pivotal point to establish long-term health and well-being.[3] This may be critically important in Native Hawaiians, who exhibit higher mortality rates than the total population of Hawaiʻi due to chronic diseases like heart disease, cancer, stroke, and diabetes.[4]

Project Goals:
The primary objectives of this dissertation are to: 1) explore the perceptions about breastfeeding in Native Hawaiian women of reproductive age, 18 - 49; 2) identify the number of key supporters for breastfeeding in Native Hawaiian mothers and; 3) characterize the breastfeeding experience in terms of frequency, duration, and mode of delivery for Native Hawaiian mothers.

Methods:
Using an indigenous research approach,[5] this dissertation seeks to qualitatively explore perceptions of breastfeeding by Native Hawaiian women through focus groups and to quantitatively describe the influencers and the experiences of breastfeeding by Native Hawaiian mothers during the first year postpartum using data from the Exploring Diet Diversity of Native Hawaiian Infants study.

Hypothesis/Preliminary Results:
The hypotheses for the primary objectives of this study are: 1.) Native Hawaiian women who have not been pregnant will have limited knowledge about breastfeeding recommendations; 2.) the more individuals Native Hawaiian mothers turn to for support about feeding their infants will be a key influence for continuation of breastfeeding and; 3.) bottle feeding of breastmilk will be a more present mode of delivery in comparison to directly from the breast.

Summary/Discussion:
This dissertation research will be conducted from 2024 to 2026. Findings may inform future interventions and policies to encourage opportunities to increase breastfeeding rates among Native Hawaiians.

References

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NLN 2024 Sharing Session Abstract
Kana Ogaki, University of Washington Nutritional Sciences Program

Title:
Accessibility to WIC-authorized ethnic food stores in Washington state: Implications for serving the needs of immigrant WIC-eligible populations

Author/Co-authors:

1. Kana Ogaki, University of Washington Nutritional Sciences Program
2. Edmund Seto, University of Washington Department of Environmental & Occupational Health Sciences
3. Cristen Harris, University of Washington Department of Epidemiology
4. Pia Chaparro, University of Washington Department of Health Systems and Population Health

Introduction:
At least 20% of participants of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in Washington state are immigrants. Information on how many WIC-authorized stores are ethnic stores, where immigrants could access culturally preferred foods, is unknown.

Goals:
To assess the distribution and accessibility of WIC-authorized ethnic stores in Washington state in relation to the location of immigrant WIC-eligible populations.

Methods:
Information on WIC-authorized stores' location in Washington was obtained from the WIC Shopper cellphone app; stores were categorized as ethnic or non-ethnic based on online information. Data on the WIC-authorized stores and American Community Survey data were used to map the census tract level percentage of 1) foreign-born individuals, 2) WIC-eligible children, and 3) location of WIC-authorized stores. The differences in distribution of, and distance to, WIC-authorized ethnic/non-ethnic stores based on the distribution of foreign-born individuals versus WIC-eligible children were analyzed using chi-square tests.

Results:
Twenty nine percent of Washington census tracts had WIC-authorized stores with only 1.7% having WIC-authorized ethnic stores. Census tracts with high proportions of both foreign-born individuals and WIC-eligible children had the highest proportion of WIC-authorized ethnic stores (14.5%) and the shortest distance to the nearest WIC-authorized ethnic store (3.0 km) compared to census tracts with low proportions of foreign-born individuals and WIC-eligible children (0.5% and 20.3 km, respectively; $p<0.001$).

Summary:
While census tracts with higher proportions of foreign-born and WIC-eligible populations had the greatest accessibility to WIC-authorized ethnic stores, WIC-authorized ethnic stores are rare in Washington state. Further research on the barriers and facilitators for ethnic stores to be WIC-authorized is needed.

Brooke Martinez, Colorado State University

Abstract

Objective

To understand nutrition insecurity in families living above and below the federal poverty threshold for federal food assistance (130% and 185% of FPT) at the individual, household, and community levels in a high-cost-of-living region.

Description

Food insecurity, low diet quality, and chronic disease risk are inextricably linked. While food insecurity is most prevalent in U.S. households at or below 130% FPT, more recent surveys indicate 42% of food insecure households earned income above 130% FPT. Households making more than FPT for federal food assistance programs may need to rely on other coping mechanisms to get enough nutritionally adequate food; this may be especially true in regions with a high-cost-of-living. Current research does not include individuals caught in the $60,000 income gap between eligibility for federal food assistance and self-sufficiency.

Evaluation

We will use a sequential transformative mixed methods approach to 1) assess diet quality at the individual, household, and community levels among (n=174) families experiencing food insecurity that are below 130% FPT, between 130-185%FPT, and above 185% FPT in one rural, high-cost-of living region; 2) further identify patterns in how food insecure individuals interact with their food environment (n=90); and 3) engage residents in a photovoice (a participatory action research method) to encourage residents to share their lived experience related to food access (n=30). Dietary quality is measured at all levels (individual-via 24-hour recalls, household-via the validated Home-IDEA3 home food environment tool, and community—via methods adapted from Vinyard M, et. al. (2020)) using the 2020 Healthy Eating Index. Differences in dietary quality by income group will be explored. Individual-food environment interactions will be determined using latent class analysis to understand food acquisition patterns among participants via survey questions around where participants obtain food (stores, community food assistance resources, etc.). For photovoice, inductive thematic analysis will be used to code emerging themes among photos and narratives from submitted photos and group discussions.

Conclusions/Implications

The long-term goal of this evaluation is to directly inform future community-led efforts, including a 5-year regional strategic plan for addressing food and nutrition insecurity.