43 participants (23 joining by phone)-19 counties represented:

Name	County/ Agency	Name	County/ Agency
Vicki Baker*	Benton	Nicole Grigorieff*	Salud
Shelly Glaze*	Clackamas	Michelle Garcia*	Salud
Jill Wright	Clackamas	Elizabeth Still*	Salud
Andrea Cox*	Clackamas	Ellen Plaia	Salud
Laura Spaulding*	Deschutes	Mary Rhode*	State WIC
Dale Erickson*	Douglas	Karen Bettin	State WIC
Debbie Mote-Watson*	Jackson	Cheryl Alto	State WIC
Meghan Robinson*	Jackson	Beth Lanham	State WIC
Sherri Tobin*	Josephine	Robin Stanton	State WIC/MCH
Sue Schiess*	Klamath	Vernita Reyna	State WIC
Katey Bosworth*	Lane	Kim McGee	State WIC
Beth Lindauer*	Lincoln	Bonnie Ranno	State WIC
Cindy Cole*	Linn	Diane Arnold	State WIC
Lindsay Grosvenor*	Malheur/Grant/Harney	Jean Farmer*	Umatilla CT
Vera Yamamoto*	Marion	Christine Meier*	Warm Springs CT
Ricki Donata	Multnomah	Marjie Dreiseszun	Washington
Heidi Suess*	Multnomah	Lisa Beck	Washington/Mult
Kari Fisher	Multnomah	Tara Olson	Washington
Jan Apland Curtis*	Multnomah	Stephanie Hiromura	Washington
David Brown*	Multnomah	Becky Johnson	OHSU dietetic intern
Anne Guevara	Mult/Washington	Crystal Tsai	OHSU dietetic intern
		Tess Heyerman	OHSU dietetic intern

^{*}Participated by phone

Materials sent prior to the call:

- Agenda
- PowerPoint slides

Materials sent after the call:

- Certificate of attendance
- Minutes
- Revised med doc form
- Metabolic handout project of OHSU dietetic intern Denise Crowley

Topic	Highlights
Local agency updates	Benton County: Vicki Baker is working .50 FTE for Benton County. Vicki has worked for Benton County in the past and most recently has been an instructor at Linn Benton Community College. Lincoln County: Beth Lindauer is new to Lincoln County, relocating from California. Worked in a VA hospital for 8 years prior to joining WIC. Beth will work in WIC on Wed & Thursday and in behavioral health, primary care the other days. Josephine County: Sherri Tobin is working 30-35 hours in WIC. She is working on obtaining her Medicaid provider identifier number. Lindsay in Malheur county stated she could assist Sherri in this process. Salud Salem: will be moving in January, 2017. The existing Salem office will remain open as a satellite clinic. One clinic will be called Salem WIC at Lancaster, the other Salem WIC at Beverly. Malheur County: Sandy Ackley, WIC coordinator will be retiring mid-December after 30 years of working in WIC. Congratulations, Sandy! The new WIC coordinator will be announced at our next meeting.
State updates	Susan Greathouse, Nutrition & Local Services team manager will be retiring February, 2017 after nearly 30 years in WIC. Her position will be posted in December. We hope local agency dietitians consider the position. It will be full time and will require a master's level RD. Holly Wilkalis, Civil rights and publications specialist at the state WIC office, is on a job rotation for six months. Reach out to your assigned nutrition consultant if you have a question or request that would have normally been addressed by Holly. Formula updates: Similac Sensitive and Similac Total Comfort formulas will be returning to the WIC formulary in January 2017. They have been off the formulary since Feb. 2014. A staff in-service will be sent by mid-December. Issuance will need medical documentation. The revised MDF will be sent out to LAWN. Question regarding communication to health care providers: Cheryl will draft a letter for health care providers and it will be posted to the provider webpage. A direct mailing to providers is to be determined. LAWN members expressed mixed feelings on whether a direct mailing would be beneficial. Issuance of the 19 kcal/oz formula will require medical documentation (MDF). The form will be updated with input from LAWN and the Pediatric Learning collaborative partners. A draft will be sent with the minutes.

State updates

University of Minnesota Maternal Nutrition courses: The video viewing is now closed. This year was the best attendance in the six years we have offered this CE for dietitians. The State WIC office paid for 28 LAWN members to access the course and we had an additional 14 members interested. Our hope is to expand our financial support for next year. For those who registered and viewed videos remember to print off your certificate of attendance. There are several evaluations you must complete before returning to the front page to print your certificate of attendance. Information on the required steps was sent to you by the course organizers. If you don't have your certificate of attendance, make sure you log in, complete all evaluations and print your certificate before December 31, 2016 at 11:55pm (most likely central time). If you have questions, contact site organizer Coleen Dorman ctdorman@umn.edu.

Statewide meeting resources:

3 sessions from the statewide meeting were videotaped and available for viewing: Neurobiology of Kindness

Human Gut Microbiome

Making a Connection with Millennial Moms

http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/swm.aspx PowerPoint slides from many of the conference sessions are posted.

Metabolic handout:

OHSU dietetic intern Denise Crowley completed a handout for WIC and metabolic shared patients. It will be sent with the minutes.

Future topics for LAWN:

Cheryl will locate a speaker on ethics for the February meeting. Please send speaker recommendations.

Nutrition Services within health care transformation:

Robin Stanton, State RD with Maternal & Child Health (MCH) and WIC, is leading a workgroup to locate at opportunities for dietitians with health care transformation. Today's speaker is an example of new opportunities. More information will be shared with LAWN in early 2017.

Conferences:

(This conference announcement came in after the meeting)

Food, Nutrition and Health Update 2017 February 23, 2017 9-4:30pm

http://health.oregonstate.edu/moore-center/nutrition-update

discounted rate until 1/15/17

moorefamilycenter@oregonstate.edu

541-737-5205

LAWN Meeting Minutes November 22, 2016

Topic	Highlights
CEU	Speaker: Michele Guerrero, RD
	Topic: Innovation in an Emerging Field: Integrated Nutrition Services
	Additional resources, links, highlights
	Patient Centered Primary Care Homes in Oregon (PCPCH):
	http://www.oregon.gov/oha/pcpch/Pages/index.aspx
	Federally qualified Health Centers (FQHC) also known as community health centers:
	http://www.oregon.gov/oha/pcpch/Pages/index.aspx
	http://www.orpca.org/chc/find-a-chc Transformation Center, Oregon Coordinated Care Organizations:
	https://www.oregon.gov/oha/Transformation-Center/Pages/About-Us.aspx
	Guiding Principle of health care transformation -The Triple Aim Improving the patient experience of care
	Improving the health of populations
	Reducing the per capita cost of health care
	Alternative payment methodology-a cheat sheet and Oregon examples, including
	Virginia Garcia, Mosaic Medical and OHSU Family Medicine, Richmond clinic:
	http://frontiersofhealthcare.com/2013/12/alternative-payment-methodology/
	Notes from presentation:
	• Change has happened in the past 5 years.
	• It has taken time to build relationships and team approach. It takes physical
	proximity to increase awareness of nutrition. Ex: Michele moved her desk to be next to a provider. The increased visibility resulted in increased referrals, consults.
	• Michele also encourages shadowing other HCP and having HCP shadow RDs to
	increase awareness of roles and responsibility.
	• RDs in YVFWC have worked hard to market services, determine what is of value
	to other disciplines and speak up, step up to demonstrate initiative, capability.
	• Co-location of WIC/RDs in primary care setting is helpful for communication.
	• Patient registry is a list of patients based on disease and can flag for nutrition consult
	• Clinic has extended hours and open Saturdays
	• Dietitians pull daily schedule for primary care and check for WIC participants or
	identify new WIC referrals
	• There is no limit on RD visits.
	• Although called Yakima Valley Farm Workers clinic, anyone can seek services
	from them, no one is turned away. • Visits are brief encounters which has been a paradigm change for PDs are we have
	• Visits are brief encounters which has been a paradigm change for RDs are we have been trained to conduct long assessments.
	• Michele is currently working on a staffing model, currently have 1 RD for 20
	providers, early estimates show they need an additional 47 RDs!
	• RDs see 15-20 patients per 8 hour day.