

Del. Costa Childhood Obesity Workgroup

MDA member conf call 8/8/2011

Total time of call: 60 minutes

Attendees: Jennifer, Karen, Mark, Meena, Andrea, Berit

Notes

- Review of MDA participation in the Del. Costa Childhood Obesity Workgroup (see notes posted to MDA website)
 - Berit discussed framework of workgroup
 - Need schedule from Costa—Berit will ask at meeting on Friday
 - Members on call are available to attend meetings in Annapolis depending on day
 - Goal for 2 members to rotate attending meeting
- Who will be a part of this MDA workgroup? Who need to recruit?
 - Certified Weight Management
 - School Food Service
- Take position of BMI collection participation and extent of MDA involvement
 - Meena suggest collect BMI to have measure if intervention is working
 - Greenbelt schools have medal program, Healthier Schools under American Alliance program
 - Mark suggest we possibly already have the data for state regarding obesity but maybe not city
 - Handle BMI with care—confidentiality and not to parents at least initially.
 - Bowie sent BMI data to parents, caused a “stir” in the city, might be seen as rude
 - Better to meet with parents about BMI: who would do this?
 - Collect data confidential/anonymous, need permission, then track intervention
 - Maybe at end of year send info to parents, present changes seen in intervention
 - What about kids lifting weights? Muscle? Don’t want child to think they are obese if have more muscle mass. Depends on age of children
 - Waist measurements should be checked. What is the waist circumference compared to as far as growth chart?
 - Costa plan was to use data with vaccine record to enroll in school
 - Assume doctor office will have BMI: it can be calculated easily if ht/wt are there
 - Berit idea to check BMI once/year
 - Track BMI for individuals or population?
 - Meena suggest track each school and individual child
 - Jennifer suggest screen for DM, HTN?
 - Andrea discussed athletic form that asks height and weight, another way to track; forms change when entering different schools. Maybe change schools forms. MDA could partner with pediatric clinic. RD volunteer in PTA
 - Jennifer suggest webinar for trainings to health care workers at the schools (at least in Montgomery Co where Andrea lives). Don’t know how other counties work.
 - Partner with school food service
 - Look at wellness plans
 - Andrea says No Child Left Behind is exhausting everyone’s energy and be careful what else to ask of schools

- Could coordinate and collect BMI with PE classes, school nurse, health class
- Andrea discussed PE and health credits required for graduation
- Karen idea taking one or two first grade classes in a couple of schools in each county and do BMI on all children and monitor twice a year (fall and spring) of each school year, and provide nutrition and activity suggestions to the children. Also to work with the food service systems (most have central kitchens).
- Discuss 2-3 areas MDA should focus efforts in this initiative (PTA?, bill for increase in nutrition ed? PE?)
 - Jennifer suggest partner with school food service
 - Mark suggest double check dietary guidelines and whether they are being followed
 - Jennifer says have to meet guidelines to get reimbursement, Costa meeting previously attended suggest move to homemade cooking
 - Andrea asks what RDs work in school food service? (MDA has this data)
 - Andrea suggest having RD in schools like school nurse, partner with PE
 - Mark suggest be careful to not be self serving, act in best interest of the schools
 - Berit suggest it's okay to promote ourselves as is the mission of ADA and MDA
 - Mark suggest being at the table is a good first step, not to shoot too high
 - Jennifer say if MDA is being utilized, use RDs as part of team
 - Mark said there is RD in every district—have to approve menu for example
 - Andrea said RDs not under HHS the way nurses are for schools
 - Jennifer said there may not be a requirement for RD in district
 - Berit said there was discussion of 24 school systems in MD discussed at Costa meeting in July
 - Karen, Mark and Jennifer discuss difference of school district vs county
 - Jennifer suggest to determine if there is a RD, to what level, to what extent are they being used
 - Andrea suggest partner with every county
 - Jennifer says wonder if run by food company, not required by county?
 - Meena suggest RD be part of medical team
 - Jennifer suggest RD be employed by every district—job description
 - Meena suggest 1. Gyms to hire nutritionists for weight management for their clients: As of now, a lot of personal trainers with a certificate in nutrition, but NO license in nutrition are counseling clients at gyms. This is not legal, and should be taken over by licensed nutritionists.
2. To have special gyms for children or modify existing gyms meant for adults so that children can also work out and take part in group aerobic, yoga etc exercises.
Change to term:
I suggest we use the term licensed dietician/ nutritionist or RD/ LDN instead of the term "RD" alone, during our meetings and documentation. Some of us at ADA/MDA do not have a RD status but have have advanced degrees in nutrition and are licensed by the State of MD.
 - Karen suggest 1. If I am reading the licensure regulations and law (not sure which is which within the guidance) correctly, personal trainers can give basic nutrition education without a license. It is only MNT that would be illegal. 2. Do we really

want children to become gym rats? How about just playing outside, or being active inside? 3. I agree that we need to use LDN rather than RD. I am a huge offender. I apologize.

- Meena suggest 1. Will weight management come under MIT? I know personal trainers who prescribe (is that the right word to use?) all sorts of supplements and protein drinks to their clients. Where do we draw the line? I feel that they should not be allowed to give nutrition education to clients.
2. I do not want children to be gym rats, but how many children do really go out and play in the yard or playground. This brings another issue of safety for children in playgrounds. Another issue is in winter these children cannot go out and play and a gym would be a good place to work out.
- What will need to be asked of MDA Board (finance committee--mileage reimbursement?), and presented at Board meeting Aug 9?
 - Suggest partner with schools, employ RD at district level
 - Mark suggest do a needs assessment
 - Andrea suggest the additional focus should include an MDA partnership and needs assessment with each county School Food Service Department and Department of Health & Human Services School Health Services to continue to include the RD or add the RD if not already part of either department as an integral team member.
 - Ask finance committee for \$1,000? Assume 30-40 miles one way to Annapolis with \$0.55 per mile. Sending 2 people twice/month now to December...and possible involvement after December. At least cover \$5 parking?
 - Berit has money in budget for travel to Capitol Hill for policy efforts, this would be similar description
 - Jennifer say need to justify the expense for treasurer
 - Mark suggest is a seat at the policy table, reimbursement cost can be justified
 - Jennifer say conf calls and Board meetings are not reimbursed, be careful how ask
- Anything else?
 - Public Policy Panel meeting tomorrow 8/9 at 4:15pm prior to the Board meeting

Post meeting ideas from Judith:

- Educating parents through the schools is extremely hard. First you need the buy-in from administration, PTA groups; the free and reduced meal parents that really need education are never there.
- The schools have so much to fit in, testing scores come before all other education.
- I have taken that education upon myself, with custom education on my website (just started to develop it), my menus have a nutrition tip, fitness tip, and general health tip every month. I created newsletter inserts for the schools to use as they wish on nutrition, fitness and general wellness. I have two local tv shows being produced right now. A cooking show with recipe via web and a general on site health/nutrition show.
- The food the school meals program is heavy regulated.
- Where I see a need it Nutrition Education in the class room. As an RD, I feel they need more of it in their curriculum. A longer course in all three grade levels elem, mid and high schools.
- A cooking class at all three levels.

- More time at gym class. Gym class or what I call it Physical Activity class should be 5 days a week.
- Both of those topics require the state of MD and or No Child Left Behind to change. On that same note, Frederick County opted out of the "Rise to the Top" that Maryland requires for curriculum.
- Many counties have RD's working in Food Service:
 - Anne Arundel has 4
 - Baltimore County has several
 - Baltimore City 1
 - Frederick 1
 - PG has several
 - Montgomery has several
 - Carroll has 1
- The charge needs to be well defined and workable for all parties. I fear, if they are not, we won't get the support of school systems.