

NutriSTEP® Web cast Questions and Answers

November 1, 2010

Is EatRight Ontario (ERO) willing to share their counseling tool and tailored evidence based nutrition advice developed for NutriSTEP® with Public Health Registered Dietitians (RDs)?

The counseling tool has been tailored for the ERO call centre environment with evidence from Dietitians of Canada PEN (<http://www.dieteticsatwork.com/pen/>). Public health units can access the same evidence using PEN as well as referring to the recommended educational resources noted on the NutriSTEP® website such as the educational booklet, *How to Build a Healthy Preschooler*, which is available in six languages.

In the preschool screening models, it was mentioned that moderate risk referrals are made to the Public Health Nutritionist. What does a referral entail? What support does the Public Health Nutritionist provide?

This type of referral is in the Oxford County model and parents are provided with the Public Health Dietitian's business card to call for further information. See the Oxford County case study on the NutriSTEP® web site under Success Stories for further details.

http://www.nutristep.ca/en/success_stories.aspx

For Waterloo Region, moderate risk referrals are directed to the health unit's *Healthy Children Info Line* which is manned by a Public Health Nurse who can answer questions as well as direct the parent to community services and dietitians who work in family health teams (FHTs), community health centres (CHCs) and private practice.

In Niagara Region, moderate risk referrals are directed to ERO as well as additional education and referrals are provided by the Public Health Nurse and Lay Home Visitor in the Healthy Babies Healthy Children (HBHC) Program.

Will we be able to access the web cast slides after the web cast?

The slides have been posted on the NRC web site and can be accessed at:

http://www.nutritionrc.ca/programs/pdfs/nutristep-webcast_01NOV10.pdf

Who covered the cost for the RD in private practice in York Region?

Private practice RDs are not part of the York Region model. The RD services for the NutriSTEP® inquiries are provided through their health unit's phone line called *Health Connection*.



In other communities, FHT RDs have been contracted to counsel moderate and high risk referrals in some NutriSTEP® pilots. If an organization or community includes private practice RDs in their NutriSTEP® referral map, these RDs would be a contract for service through the screening organization or parents would cover the cost in the same way they normally would when seeking the services of private practice health professionals.

For the HBHC model in Niagara Falls; where is the list coming from for the Public Health Nurse?

The HBHC Program Coordinator generates the list of their three to five year olds from their HBHC data base.

How do we get involved in TargetKids? I have a pediatric family clinic that is interested in nutrition.

The lead investigator is Dr. Catherine Birken from SickKids. At the present time, the investigators are only recruiting participants from primary physician practices.

What can you tell us about how the Agency is planning on using NutriSTEP® for surveillance purposes? Would this information be available at the Health Unit level?

Discussions with the Public Health Agency of Ontario have been very preliminary. In the past, there have been attempts by the research team to have the 17 items from the NutriSTEP® questionnaire in the RRFSS (Rapid Risk Factor Surveillance System) that health units can access at the local level. The long term plans for provincial surveillance are under review and we will continue to advocate for nutrition surveillance data including the NutriSTEP® items.

The Public Health Agency of Canada proposal that was mentioned during this presentation is being lead by Perth District Health Unit and is a multiphase study which will require further funding applications for a surveillance component.

I have hesitated on implementing NutriSTEP® because I know there many people in the area without a GP. How have others completed referral maps in communities where GPs are in short supply?

In Niagara Region there is a resource about FHTs and CHCs that are taking new patients. In Waterloo Region, the health unit *Info Line* also provides similar contact details.

Keep in mind that this is a nutrition risk screening program and most referrals and services can be meet through local public health units as well as CHCs, FHTs and ERO. The ERO call centre has convenient times for parents to call with their questions and parents can call back for



repeat information and advice. It is important to have public health units and ERO on your NutriSTEP® referral maps.

How did the researchers get the parent acceptability information?

In the targeted implementation in the public health sites, an open ended telephone questionnaire was used with about 150 parents of preschoolers while the telephone interview process with the parents in the FHT sites was more close ended. The NutriSTEP® Implementation Toolkit, Appendix D-D2-Parent feedback form, provides a sample of the questions that can be asked with parents. If you would like copies of the actual questionnaires used in the public health unit and FHT sites, please email nutristep@uoguelph.ca.

We are a public health unit in the early stages of implementing NutriSTEP®. Is there a specific person we can contact if we have questions about the process?

Please register with our Online Community, which is a closed community, for implementers to ask questions and share resources. http://www.nutristep.ca/en/online_community.aspx

What happens if a child does not have a Family Physician or access to a RD and they score high risk?

If one limitation of the program is availability of the RD for follow-up, can other professionals be used to reduce the wait time for follow-up?

Is ERO considered sufficient intervention or follow up for preschoolers identified at high risk?

The data gathered so far in Niagara Region and in the Ontario process evaluation (public health unit sites in Sudbury, Thunder Bay and York Region and FHT sites in Hamilton and Stratford) have shown that services are not overwhelmed with high risk referrals. We have seen in Ontario as well as in a Calgary pilot with over 400 parents of preschoolers that parents' readiness to follow up on high risk referrals has not taken place despite access to GPs and RDs with appointments that have been scheduled at convenient times and days for parents. See the *Canadian Journal of Dietetic Practice and Research* for an upcoming publication on the Calgary study.

Nutrition issues with children are complex, family-centred and require longer to address than some other health concerns. Parents need to be ready, willing, and able to attend appointments about their child's nutrition concerns while it is seen with other health concerns that it is sometimes easier to take a child to the eye doctor or dentist to 'fix' the problem.

We do know that despite the lack of follow up by parents to physician or RD referrals, there have been changes in parent nutrition knowledge and behaviour and this is the first step in the right direction. Parents can be referred to ERO for low, moderate or high risk referrals and the



counseling tool used by the RDs includes all risk levels. The ERO RDs will provide the parents of high risk children with additional education, advice and referral information to local services and programs.

Regardless of the nutrition risk level (low, moderate or high) and the access to local GPs and RDs, ethical nutrition screening includes directing parents to local (e.g. public health) and provincial resources and services (e.g. ERO) for nutrition information and referrals.

Have any pilot sites trialed referrals to any group nutrition programming in primary care settings?

To our knowledge, the FHT sites provided only individual services while the public health models often provide nutrition services in groups. For example, Chatham-Kent Health Unit offered parent education workshops which were open to parents of all risk levels. See their case study on the NutriSTEP® web site under Success Stories at:

http://www.nutristep.ca/en/success_stories.aspx

Does ERO plan to have multilingual magnets available to facilitate referrals and to further encourage multicultural families to call ERO?

ERO is currently looking into developing promotional material in different languages.

