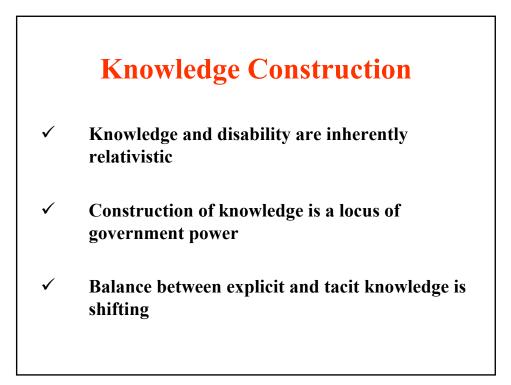
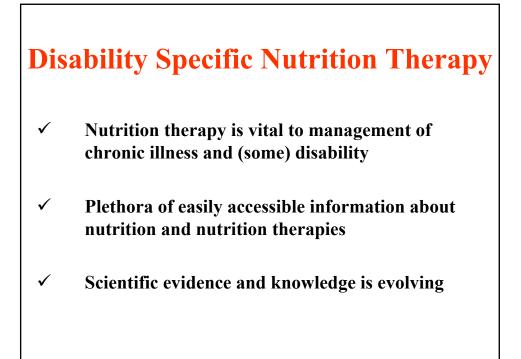


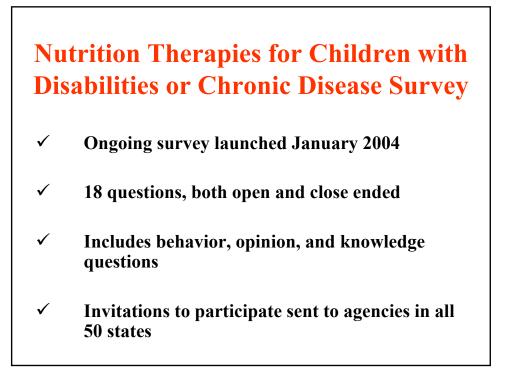
### **Presentation Outline**

- I. Knowledge Construction and Agency of Agencies
- **II.** The Case of Disability Specific Nutrition Therapies
- III. Project Methods
- IV. Preliminary Findings—management, portrayal, communication, hierarchy
- V. Conclusions and Next Steps





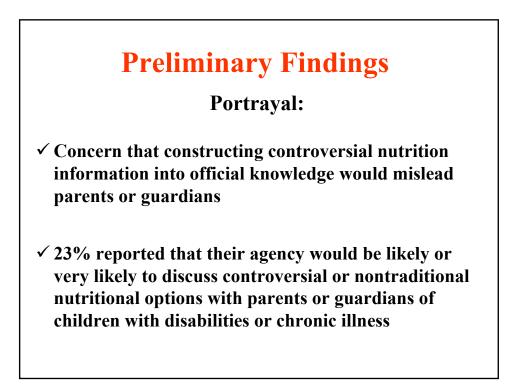




## **Preliminary Findings**

#### Management:

- ✓ 42% of respondents indicated their agency recommends disability specific nutrition therapies
- ✓ 32% of agencies that recommend nutrition therapies had policies regarding the communication of such information
- ✓ 18% of respondents that reported their agency did not recommend nutrition therapy had policies regarding such information



# **Preliminary Findings**

### **Communication:**

- ✓ 70% reported using personal communication to convey information about disability specific nutrition therapy to the parents or guardians of children with disabilities or chronic illnesses
- Lack of knowledge was cited frequently as a reason preventing discussion of information regarding disability specific nutrition therapies

## **Preliminary Findings**

**Hierarchy and History:** 

- ✓ 60% considered it very important or important to discuss disability specific nutrition therapies for physical, neurological and chronic diseases
- ✓ Respondents from agencies that did not recommend nutrition therapy consistently rated the importance of discussing nutrition information lower
- Eastern state agencies were less likely to recommend disability specific nutrition therapies

## **Conclusions and Next Steps**

- ✓ Observed reliance on medical professionals and established (not necessarily most proven) scientific evidence
- Consistent sense that it was important (or at least not unimportant) to communicate information about disability specific nutrition therapies

✓ Data collection will conclude in July 2004

✓ Environmental scan of selected agency websites