Summer! For many of us it is a time of slowing down, changing our patterns – the end of the school year, a shift in workload, or maybe some much anticipated rest, relaxation, and recreation. But at NJDA it’s also the time for new beginnings. With the start of our new fiscal year, new people have taken on leadership positions and some association veterans are moving on to new positions and new endeavors. We have new challenges, and renewed efforts on some old challenges. Times of change can be exhilarating, and we want all of you to catch the excitement!

For me, taking on the Presidency of NJDA has already given me experiences I never dreamed of and I’ve been involved in activities I’ve never done before. Many of you haven’t met me or heard much about me, so let’s have a chat. Nutrition is my second career, after leaving the world of health insurance with a specialty in software design. Now I work in Community Nutrition for the Supplemental Nutrition Assistance Program – Education (SNAP-Ed) and the Expanded Food and Nutrition Education Program (EFNEP) serving all of New Jersey. I do research with people in the community to help dietitians and nutrition educators design new and better nutrition education programs, and I teach and mentor undergraduate students, our future dietitians and diet technicians. The community is where my heart is, so you can expect to hear more about that from me during this year.

Another thing you would easily find out about me in our chat is that I thrive on being very involved and very busy. I’ve sat in many chairs with NJDA, from Secretary and Treasurer to fundraising, volunteering with the Annual Meeting committee, bylaws, and policies and procedures. Every one of these has been a wonderful opportunity to bond with other NJDA members and to learn from the wisdom of those who have sat in those chairs before me.

So without even having heard your side of this chat (sorry, I’ve done all the talking so far), I believe that we probably have a lot in common. If you’re like most dietitians, you too serve the community – through your work, your local schools, your church, or whatever other activities you do. And you too find yourself active and busy much of the time.

This year I hope we can build on these things that we do and that make up our lives, and together we can make sure New Jersey knows who we are. It’s no secret that working for Licensure for Registered Dietitians is one of the major challenges we have before us. It’s incredibly important to our profession and to the public. So it is essential that we tell our legislators that we are serious about assuring the public knows RDs have the training and experience to provide evidence-based nutrition information and guidance. Rosemary O’Dea, our Immediate Past President, is going to be working on building a grassroots movement all around the state in support of Licensure legislation.

But I also believe we can get the word out about our value to the community in other ways too. Legislators will believe in the value of RDs when ordinary people, their constituents, tell them about us. They will remember us when they hear “This great change we made in our schools came from a suggestion by a Registered Dietitian who joined our committee” and “I’m feeling much better; I met someone at a community meeting who showed me a great resource for making my diet better; she was a Registered Dietitian.” These are the kind of remarks that will help us reinforce the services we offer. And when people in our communities talk, politicians listen.

There are so many different ways that we can get involved in as nutrition professionals - health fairs, town meetings, parent/teacher events, the Mayors’ challenges, school wellness councils, and the list of activities, both large and small, goes on. With a little thought it’s easy to find something that really suits you. If you’ve got ideas, share them with us. If you need ideas, just ask. I’m up for the challenge. How about you?

Respectfully yours,
Audrey Adler - President
For "positive prenatal programming," Swimmy recommends eating a nutrient-rich diet, eating a wide variety of foods, starting pregnancy at an acceptable weight, and then gaining the right amount of weight during pregnancy.

Bridget Swimmy, MS, RD, LD presented at the NJDA Annual Meeting on a topic that has recently gained more momentum: the link between good maternal nutrition and the baby’s health at birth and beyond. She practices in Texas, and has authored three books, one of which is called _Eating Expectantly: The Essential Eating Guide and Cookbook for Pregnancy_.

Swimmy’s presentation pointed out the common nutrient deficiencies present during pregnancy and how they impact the baby’s development in both the “early” and “late” stages of pregnancy. She brought up the idea of the "excessive nutrition environment," in which the mother gains excess weight, has high blood sugars, and is following the myth of “eating for two”. This excessive situation has similar consequences to an undernourished mother during pregnancy, she said, because both are missing the right nutrients. These two environments are linked to a smaller and less nutritious placenta, its purpose which is to deliver nutrients to the fetus.

Besides inadequate nutrition, there are other substances that may impact the future health of the child. Swimmy brings up Endocrine Disrupting Chemicals or EDCs (BPA, pesticides, fuels) and heavy metals. EDCs are often found in fish or high fat foods and can be released during breastfeeding as well since the body may be mobilizing its fat stores. Heavy metals like lead may be released from the mother’s bones if calcium stores are inadequate, potentially leading to cognitive and/or physical defects. Interestingly, even the dad’s and grandmother’s diet & lifestyle may have some impact on the child’s future health.

A nutrient-rich diet during pregnancy will help to promote appropriate development of the fetus. Prenatal vitamins cannot provide all the great nutrients that a food will provide. Whole grains provide folic acid and fiber, plus many antioxidants and minerals. Fruits and vegetables provide many vitamins and minerals - one of which is lutein, which helps protect the retina from oxidative damage. They also help to control weight and may be associated with a lower risk for preeclampsia. Protein helps build fetal blood, muscle, and tissues, and protein foods supply important nutrients like choline, which is important for memory. Inadequate protein may lead to a low birth weight. Small amounts of seafood can help promote cognitive development. Lean beef is a great protein source when used as part of the “BOLD” diet, which Swimmy referenced from a study done at Penn State in 2011. BOLD stands for “Beeef in an Optimal Lean Diet,” and the study shows that lean beef can positively influence blood pressure and lipids. Dairy products provide calcium, Vitamin D, and some also have probiotics to help with gastrointestinal issues. Inadequate Vitamin D increases the risk for preeclampsia, neonatal hypoglycemia, gestational diabetes, rickets, and low bone mass in childhood. Eating the right kinds of fats are important as well; saturated and trans fat may increase the risk of gestational diabetes, but DHA may improve pregnancy outcomes. Sugars and sweeteners are often consumed in excess and should be limited to 150-200 calories a day. Increased risk of pregnancy complications is associated with an increased glycemic load.

So what can be done and recommended to others? For “positive prenatal programming,” Swimmy recommends eating a nutrient-rich diet, eating a wide variety of foods, starting pregnancy at an acceptable weight, and then gaining the right amount of weight during pregnancy. Limiting simple sugars and environmental toxins may help prevent any negative prenatal programming. Daily calcium, probiotics, Vitamin D (a blood test can check for deficiency), and DHA (250-300 mg) may also help. The Institute of Medicine recommends 30 minutes of exercise per day whenever possible.

Overall, Swimmy painted an interesting picture of the juxtaposition of malnourished mothers in the presence of both an excessive and inadequate nutrition environment and how they can both contribute negatively to fetal health. A nutrient-rich, varied diet can help to provide all the nutrients needed for pregnancy, and her recommendations are important for pre-pregnancy as well.
Sifting Through the Myths: Using Science to Dispel Nutritional Misinformation

Presented by Felicia D. Stoler, DCN, MS, RD, FACSM
Summarized by: Christopher Gunning, UMDNJ-SHRP Dietetic Internship Class of 2012

Felicia D. Stoler, DCN, MS, RD, FACSM, the New Jersey Dietetic Association’s 2012 Carolyn Sebastianelli Distinguished Member Award recipient, gave an engaging one-hour talk about using science to dispel food myths and misinformation common in the mainstream media. Dr. Stoler provided several examples of diet trends commonly followed by patients that lacked sufficient scientific evidence to support their claims, including gluten-free as a weight loss modality, white foods are bad, sugar is fattening, rapid weight loss is best, complete dairy avoidance, following diet advice and recommendations of a doctor, personal trainer, friend or celebrity, and organic food is better.

Throughout her talk, Dr. Stoler had three key messages for Registered Dietitians when dispelling myths and misinformation: always listen before answering, keep it short and simple, and use science versus anecdotal evidence. Registered Dietitians should be able to effectively listen to the questions being asked, use scientific evidence to confirm or deny the questions about nutrition, and lastly, be able to present the scientific evidence in a manner that patients and the public can easily understand.

Dr. Stoler finished her lecture by emphasizing that although Registered Dietitians may be viewed as the food police, it is their job to break down that wall and show patients how small changes to their diet and lifestyle can make big differences. Registered Dietitians have the education and training necessary to be called THE nutrition experts; it is their job to use their credibility to dispel the myths and misinformation that patients encounter each day.

Taming the Fires of Inflammation for Cancer Prevention

Presented by Dr. Nancy J. Emenaker, PhD, M.Ed., RD
Summarized by Keri Lasky, College of Saint Elizabeth Dietetic Internship Class of 2012

Inflammation: “a protective or destructive response of body tissues to irritation or injury”(1). The inflammatory process is to facilitate healing; however, as Dr. Nancy J. Emenaker, PhD, M.Ed., RD enthusiastically explained in her presentation at the 80th Annual New Jersey Dietetic Association Meeting, chronic inflammation also increases the risk for disease. Chronic inflammation, a prolonged and uncontrolled process, is a key component of various metabolic disorders such as atherosclerosis, Type 2 diabetes, gout, and obesity(2).

Inflammation also has a major role in cancer development as it generates reactive oxygen and nitrogen species. Research reveals, nevertheless, that various food components can modify these inflammatory processes, ultimately influencing disease risk. The foods we eat have different physiological responses. For example, ellagic acid found in strawberries inhibits the formation of reactive oxygen species, thus reducing inflammation. With this in mind, various health benefits of a Mediterranean diet were discussed in detail including its high content of fruits and vegetables, whole grains, legumes and nuts, use of healthy fats such as olive oil and canola oil, and limited amounts of red meat and added salt. Research supports that the risk for colorectal cancer is decreased by 25% if adequate amounts of fruit and vegetables are consumed. In addition, a Mediterranean diet has been proven to decrease mortality from “other causes” (diseases not including cancer) in surviving cancer patients. Several other anti-inflammatory agents were examined including ellagic acid, delphinidin, resveratrol, apigenin, hesperidin, diallyl sulfide, capsaicin, and many more(2).

Take home messages emphasized that “diet makes a huge impact! (3)” The US, “western,” dietary pattern is generally deficient in vitamin D and C, antioxidants, and fiber, and contributes to obesity and pro-inflammatory processes. Recommendations for practice include diet modifications incorporating some of the anti-inflammatory characteristics of the Mediterranean diet as they may prove beneficial in reducing cancer and disease risk(3).

References:
On Friday, May 4, 2012, at the New Jersey Dietetic Association’s annual meeting, we heard from speaker Charlotte Genetta RD, CDE, on the topic of “Motivational Interviewing: Tips for Achieving Client Engagement.” She shared with us her knowledge as a professional in outpatient diabetes counseling. She stressed the importance of using open-ended questions and allowing the client to guide the interview and determine his goals. When first meeting with a client, it is important to delve into the individual’s past in order to identify areas of previous success and draw on them to cultivate future success in nutritional management. This will help establish feelings of self-efficacy and strengthen the ability to reach goals.

Providing clients with choices allows them to feel involved in their care and listening is the key to understanding their needs. As opposed to traditional counseling styles, in motivational interviewing, the counselor must negotiate behavior, exchange information, allow the client to save his or herself, and finally, serve as a helper in the client’s path to reaching success.

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The older population is an important and growing segment of the United States population. In fact, more people were 65 years and over in 2010 than in any previous census. Between 2000 and 2010, the population 65 years and over increased at a faster rate (15.1 percent) than the total U.S. population (9.7 percent). In 2010, the geriatric population (65+) comprised of 40.4 million of the US population. As larger numbers of males and females reach age 65 years and over, it becomes increasingly important to understand this population as well as the implications population aging has for various family, social, and economic aspects of society. The population trends research indicates that the elderly in the US reaching the age of 65 have an average life expectancy of an additional 18.8 years and this is an increase of 5.4 million or 15.3% since 2000. It is estimated that in 2030, 19.7 % of the US population will be elderly. This population frequently suffers from chronic health conditions like arthritis, heart disease, hypertension, cancer, and diabetes. Dietetic professionals would play an instrumental role in improving health related outcomes especially for this population as the employment opportunities for these professionals are expected to increase 20% from 2010 to 2020 due to an increased interest in the role of food in promoting health and wellness of the US population. This increase is faster than the average for all occupations.

Public policy plays an important role in putting comprehensive health care reforms in place for this population. Lowering the cost of health care and improving overall care are the goals of The Affordable Care Act that was signed in 2010. Preventative Care includes diet counseling for adults at a higher risk for chronic disease and obesity screening and counseling for all adults. If this population is targeted sooner and interventions put in place, the

motivational interview, it is essential to show empathy, use reflective listening, roll with resistance, support self confidence, and most importantly, ask questions and then remain quiet while the client gathers and expresses his thoughts.

When establishing goals with a client, it is important that they are specific, measurable, achievable, realistic, time bound, and motivating to the individual, while keeping in mind that if the client thinks of the goal, it will be more powerful. The communication style to use in motivational interviewing is guiding, where the counselor allows the client to come up with ways to solve their problems. When wrapping up an interview, it is a good idea to end by questioning how the client feels about what has been accomplished. For more information on motivational interviewing techniques, Ms. Genetta recommended the book, “Motivational Interviewing in Health Care,” by Stephen Rollnick, William Miller, and Christopher Butler. Her speech was very informative and provided the audience of dietitians and students with a great understanding of how to engage a client and successfully conduct a motivational interview.

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Adding Chocolate to Milk Doesn’t Take Away Its Nine Essential Nutrients

All milk contains a unique combination of nutrients important for growth and development. Milk is the #1 food source of three of the four nutrients of concern identified by the 2010 Dietary Guidelines for Americans: calcium, vitamin D and potassium. And flavored milk contributes only 3% of added sugars in the diets of children 2-18 years.

5 Reasons Why Flavored Milk Matters

1. KIDS LOVE THE TASTE!
   Milk provides nutrients essential for good health and kids drink more when it’s flavored.

2. NINE ESSENTIAL NUTRIENTS!
   Flavored milk contains the same nine essential nutrients as white milk - calcium, potassium, phosphorus, protein, vitamins A, D and B12, riboflavin and niacin (niacin equivalents) – and is a healthful alternative to soft drinks.

3. HELPS KIDS ACHIEVE 3 SERVINGS!
   Drinking low-fat or fat-free white or flavored milk helps kids get the 3 daily servings* of milk and milk products recommended by the Dietary Guidelines for Americans.

4. BETTER DIET QUALITY!
   Children who drink flavored milk meet more of their nutrient needs; do not consume more added sugar or total fat; and are not heavier than non-milk drinkers.

5. TOP CHOICE IN SCHOOLS!
   Low-fat chocolate milk is the most popular milk choice in schools and kids drink less milk (and get fewer nutrients) if it’s taken away.

REFERENCES:

* DAILY RECOMMENDATIONS – The 2010 Dietary Guidelines for Americans recommends 3 daily servings of low-fat or fat-free milk and milk products for those 9 years and older, 2.5 for those 4-8 years, and 2 for those 2-3 years.

www.nationaldairycouncil.org/childnutrition
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Friday, May 4th marked the 80th annual meeting of the New Jersey Dietetic Association. Mary M. Murphy MS, RD started off the day with an informative lecture entitled “Think About Your Drink: An Update On the Science of Beverages For Children and Adolescents”. Her presentation focused on the beverage consumption patterns of children and adolescents, the relationship between the dietary guidelines and beverages, and the role of beverages in the diet.

The presentation began with a review of the beverage consumption patterns of children and adolescents. Ms. Murphy noted that beverages account for a significant source of total energy for this population; approximately twenty percent of total kilocalories per day. From 1977 to 2006 the number of kilocalories per day coming from soda and fruit drinks nearly doubled. Ms. Murphy points out that this may be attributed to a forty percent increase in portion size along with a ten percent increase in total number of consumers in the last thirty years. She referred to a study published in the American Journal of Clinical Nutrition that showed a consistent drop in percent energy from sweetened beverages from 1999 to 2008 showing some movement in the right direction for America’s youth. However, she pointed out that twelve to seventeen year olds are still consuming 9% of total energy from sweetened beverages. The 2010 National Youth Physical Activity and Nutrition Study which surveyed a nationally representative sample of 11,209 students found that water was actually the most frequently consumed beverage for both males and females in grades nine through twelve. Sports and energy drinks account for about one-third of total sweetened beverage consumption and are among the fastest growing beverage categories in the U.S. The American Academy of Pediatrics has stated that “energy drinks have no place in the diet of children and adolescents”.

Ms. Murphy followed her review of children and adolescent dietary patterns with an overview of the 2010 Dietary Guidelines of Americans. She presented a graph created with data from the 2003-2004 NHANES data which displayed the dietary intake of children ages two to eighteen in comparison to the goals set by the 2010 Dietary Guidelines for Americans. Unfortunately children and adolescents fell short in most categories, eating too much saturated fat and added sugars and not enough whole grains, vegetables, fruits, dairy, seafood and oils. The nutrients of concern for this population include fiber, potassium, vitamin D and calcium.

Next Ms. Murphy discussed the role of beverages in the diet, reiterating that beverages provide a substantial source of energy in the diet. However, most beverages are not nutrient dense and they may be substantial sources of added sugars. She pointed out milk and milk drinks are nutrient dense beverages, being a good sources of calcium, vitamin D, phosphorus, riboflavin, protein, vitamin B12, potassium, vitamin A and niacin. Obviously we do not want to promote beverages that will contribute “empty calories”. These extra calories are a big concern since 17% of our nations children are obese and 30% are overweight. She identifies reducing intake of sugar-sweetened beverages, reducing juice consumption and smaller beverage portions as three ways that we can prevent excess adiposity in children.

Ms. Murphy evaluated the associations between sweetened beverage consumption and nutrient intakes and body composition of children and adolescents. She pointed out one meta analysis that posed the question “Is Intake of sugar sweetened beverages associated with adiposity in children?” that found that 12 out of 19 studies found a positive association between sugar sweetened beverage consumption and adiposity. However, Ms. Murphy then made a really good point by mentioning studies that have shown that the source of foods is more important than the presence of added sugars. Leaving the audience with the idea that the nutrient density of added sugar sources may be more important.

Ms. Murphy concluded her update on the science of beverages for children and adolescents with a discussion of milk. She noted there has been a significant decrease in the percent of children drinking any milk. Milk drinkers consume a total of 16% percent more potassium, 49% more Calcium and 180% more vitamin D compared to non-milk drinkers based on data from NHANES 2005-2006. Ms. Murphy then discussed the debate between white vs. chocolate milk, noting that the nutrient composition of white and chocolate milk is identical; chocolate milk contributing an additional forty to sixty-five kilocalories from added sugars in flavoring. Flavored milk has been identified as a possible area to reduce total kilocalorie consumption. However, flavored milk drinkers consume more milk than plain milk drinkers and milk drinkers (either flavored or exclusively plain milk) had comparable or lower BMIs to children who did not drink milk. She identifies milk as a nutrient dense beverage choice and presents research that has proven children drink thirty-five percent less milk when flavored milk was removed as an option from schools.

The overall message from this presentation was that the scientific evidence continues to support the need for a decreased intake in sugar-sweetened beverages, smaller portion sizes of juice and the inclusion of unflavored low fat milk and unflavored or flavored fat free milk. As Registered Dietitians and students it is our role to continue to spread these messages and promote the inclusion of healthful beverages within a balanced and nutrient dense diet.
Chesney Blue defined public policy and went on to discuss The Academy of Nutrition and Dietetics public policy initiatives which are organized by the Academy’s office in Washington DC and members of the LPPC (Legislative and Public Policy Committee). The Academy has a number of Public Policy initiatives regarding topics such as aging, medical nutrition therapy and reimbursement, child nutrition, health weight management and so on. The Academy’s Public Policy workshop which is held annually in Washington, DC is a 3 day conference in which dietetics professionals are provided with the tools to “advocate effectively for policies that improve individual’s health and well-being through nutrition”. The workshop usually concludes with Academy members visiting their federal representatives’ offices. This year’s topics included the First Lady’s – Let’s Move Campaign and the Farm Bill. The Academy priority issues for public policy also include: Older Americans Act, Preventing Diabetes in Medicare Act, and Preserving Access to Life-Saving Medications Act and Drug Shortage Prevention Act. The first speaker concluded her presentation by discussing public policy resources and indicating how NJDA members can help shape public policy by becoming involved.

Dr. Patricia Davidson, second presenter for the How To’s of Public Policy, discussed the NJDA public policy initiative regarding the importance of licensure of RDs in of New Jersey. Some of the reasons given why licensure is important are as follows: “protects the welfare of the public; provides legal recognition of nutrition professionals; helps identify persons who are qualified by educational experience; and is a method of examination by the public to provide nutrition care services”. It was surprising to learn that NJ is one of only four states in the United States without any regulations for licensure of RDs. Licensure is defined as “the minimum competency and scope of practice for professionals and occupations and it is a priority since our current environment demands a strong scope of practice”.

Licensure of RDs protects the public in the following ways: “ensuring competency of those who are registered; ensure that it is illegal to provide nutrition services without proper education and qualifications; protect consumers without restricting the practice of RDs and other health professionals who are practicing under their own licensed scope of practice”. Seeking licensure would enhance our professionalism by “adding value and visibility to the RD credential” since most people are unaware of the difference between an RD and a nutritionist. Moreover, it is our responsibility to protect our profession and ensure our members are licensed along with other healthcare providers.

In concluding her presentation, Dr. Davidson emphasized the importance of NJDA members becoming involved in the bid for licensure of RDs in the state of New Jersey. For more information on how each member can participate in advocating Licensure in NJ and other public policy issues please visit the NJDA website at www.eatrightnj.org and sign in to the members only section. Click on “Government Affairs”. Members will be allowed to download presentation handouts provided by both speakers for the How To’s of Public Policy to read detailed information on the subjects discussed in this summary. Chesney Blue’s presentation handout is titled “The Academy of Nutrition and Dietetics Public Policy Update How can you get involved?” and Dr. Davidson’s presentation handout is titled “Recognition for The Nutrition Professionals”.
Long-Term Care 2032: As Baby Boomers Turn 65 Years Old in 2030, What Will the Eldercare Industry Look Like?

health outcomes as they age may improve. Many Community and Transitional Care Models have been instituted to provide health care services using an interdisciplinary approach for the geriatric population. Accountable Care Organizations (ACO’s) have been perceived as the upcoming model for saving health care costs and improving health related outcomes in patient care. Dietetic professionals should take the opportunity and initiative to identify ACO networks within their markets and ensure their inclusion within them to widen their scope of practice and ensure improved efficiency of these programs.

Nutrition is one of the major determinants of successful aging and RD’s are the nutrition experts who can provide evidence based nutrition education and promote health and wellbeing of the geriatric population. Their role can include: identifying and managing the nutritional needs of the geriatric population- energy, protein, vitamins like vitamins D, B12, other nutrients like calcium; managing malnutrition- obesity or involuntary weight loss, preventing or lowering the risk of chronic diseases. They can also identify and provide inputs to the network of services available in their community with regards to Food Assistance Programs to better serve this population. Continued collaboration of the dietetic professionals with other health care professionals will help achieve optimal nutritional care of the elderly.

Academy Foundation Scholarships

Last year, the Academy of Nutrition and Dietetics Foundation awarded $488,650 to 211 dietetic students. A recent recipient was New Jersey’s very own Barbara Dutra, dietetic intern at Beth Israel Deaconess Medical Center (BIDMC) in Boston, Massachusetts. Barbara received a $3,000 Mead Johnson Nutrition Scholarship after she completed her undergraduate degree in nutritional sciences at Rutgers University. “Being a dietetic intern requires 100% commitment to the work and education experience. Given that I had to live away from home in an expensive city and pay for the internship, the scholarship I received aided me with the internship cost which then allowed me to use the money I had saved from prior work to go towards living cost,” Barbara said, “My energy could be focused on learning, outside work projects and assignments as well as volunteer work that further increased my knowledge in the field of nutrition.”

Barbara’s current interests lie in pediatrics and gastroenterology, including food allergies and intolerances. “My most rewarding experience has been abroad, where I was able to witness the impact nutrition has on child development at a malnutrition center in Brazil. I was especially amazed by the impact a multidisciplinary team can have on a population when working together for one final goal by improving each individual area while keeping the greater picture in mind,” Barbara said. In the future, Barbara hopes to discover what area of nutrition she loves the most and apply to master programs that increase her knowledge in that area. With the help of the Academy Foundation scholarship, Barbara is one step closer to achieving her goals.

To learn more about Academy Foundation scholarships or to donate to the Foundation, please visit www.eatright.org/foundation
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Using Mindful Eating Effectively in Your Practice (7 CPEs)
*Workshop with Megrette Fletcher, M.Ed, RD, CDE, Author of Discover Mindful Eating*
Held at Hilton Garden Inn—Center City
Philadelphia, PA
Friday, Oct 5th, 2012- Full-day workshop
8:30-4:30 PM (7 CPEs)

Please join us in Phila, PA, for a Mindful Eating Workshop with Megrette Fletcher, MEd, RD, CDE, author of Discover Mindful Eating. Topics include: live mindful eating counseling demos, practice with mindful eating activities, and individual feedback and coaching on mindful eating counseling from Megrette! Enrollment is highly limited to enable personalized attention from Megrette. You will leave this unique workshop feeling comfortable using mindful eating in your practice. Don't miss it!

7 CPEs provided by Skelly Publishing. Credits approved by AND/CDR, and NCBDE.

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