The President’s Message
TRICIA DAVIDSON, DCN, RD, CDE

2010 is going to be an interesting and challenging year for our profession as well as for our organization. Health Care Reform is actively being outlined in Washington, D.C., and the American Dietetic Association (ADA) is working to ensure that the value of registered dietitian’s (RDs) professional services are incorporated into final Health Care Reform legislation. Please join me and all registered dietitians around the country by engaging in this important discussion. You will be contacted to write or email our New Jersey Senators and Congressmen regarding Health Care Reform. The inclusion of RD services in any new healthcare legislation can be achieved only by our being actively engaged in the discussion.

This will be an exciting time for our organization and I hope to work with each of you as we move towards improving the nutrition and health of the citizens of New Jersey while also working on shaping our national health care policy. ADA’s Public Policy Workshop (PPW) will begin Monday, March 22, with PPW kickoff parties. We are now planning our plenary parties and will be announcing the details in the near future. These will be a wonderful opportunity to network and to share effective strategies for mobilizing the grassroots and for effective visits with members of Congress. This is an excellent time to get involved. We need volunteers so we can reach our goal to conduct a PPW party in each region. The PPW Kickoff parties include networking, refreshments, live Webinar presentations, and strategic training for congressional district meetings.

Our fall Board meeting took place on November 18th and we continue moving forward with all of the current initiatives, including licensure, as well as developing our strategic plan. Numbers continue to speak more clearly than any other form of data and we must take this step to truly measure the effectiveness of all we do. Another key initiative for 2010 is to expand our membership. It is often asked: what are the benefits of membership to American/New Jersey Dietetic Association? Many members were NOT aware of the great benefits.

Do you know about these ADA Benefits?
➢ RD Day
➢ Issues Management Process Management Committee
➢ ADA Daily News
➢ On the Pulse
➢ Knowledge Center Information Services – provides technical responses to dietetic related questions
➢ ADA Times Online
➢ Behind the Scene at ADA
➢ Medicare MNT Provider - monthly newsletter
➢ Evidence Analysis Library
➢ Email newsletters:
  • ADA Daily News - top food nutrition news
  • On the pulse - weekly newsletter ADA’s legislative and regulatory priorities
  • Behind the Scene at ADA - Newsletter for new members

My message would not be complete if I did not mention where we stand with licensure. The remaining time for many legislators is categorized as “lame duck”. The new legislature, to be sworn in on January 12, 2010, will have an entirely new speaker, leadership team, and even new chairpersons. Now is the time to perform a full-court press. We need to continue to keep letters rolling in to members of the committee. Our support is there from our sponsors but we need to keep the issue alive and to push for it to be heard in committee.

As we move into the holiday season and make our New Year’s resolutions, I hope you will add professional and organizational growth to your goals for 2010 and join us in expanding our visibility and advancing our profession. This can and should be an exciting time for our organization and I hope to work with you as we move towards improving the nutrition and health of the citizens of New Jersey while also working on shaping our national and state health care policy.

Wishing each of you a healthy, happy, and rewarding 2010.
Delegate’s Corner
MARY-PAT MACIOLEK, MBA, RD - DELEGATE

The House of Delegates was very busy on the days preceding FNCE 2009! The House met on October 16th and 17th to discuss Evidence-Based Practice and Health Reform.

The purpose of the evidence-based dialogue session was to better understand evidence-based practice and the ADA Evidence Analysis Library (EAL), identify key steps to broaden access to evidence-based practice resources, and identify key steps to broaden the use of evidence-based practice across all areas of practice. Based on the dialogue, a series of guiding principles were identified related to strategies for overcoming the barriers related to access and utilization of evidence-based practice resources:

- Providing educational opportunities for practitioners regarding access and utilization is critical (i.e., CPE articles, certificate programs, workshops, training programs, webinars/teleseminars) to increase members’ personal responsibility
- Offering incentives to practitioners, employers and institutions for accessing and utilizing resources (i.e., ease in finding information on EAL, quick link, inclusion in career ladders)
- Marketing resources to practitioners, employers and institutions for accessing and utilizing evidence-based practice resources (i.e. use of success stories, fact sheets, case studies)

The purpose of the health reform dialogue session was to better understand what is going on at the state level related to health reform, better understand ADA’s legislative efforts, link state level activities with national activities, and develop strategies that can be utilized in each state affiliate dietetic association. As a result of the dialogue session, a series of guiding principles were identified:

> Enhancing communications from ADA and affiliates to mobilize members
> Developing and promoting consistent messages on ADA’s stance on health reform
> Utilizing social marketing techniques to enhance member participation in health reform activities
> Offering education and tools to improve member confidence to participate in advocacy activities
> Evaluating member participation in advocacy activities to determine effectiveness.

There were two final HOD motions that resulted from discussions at the Fall HOD Meeting. Thank you to those members that provided comments that were shared with the HOD during the dialogue sessions. A deliberation period followed with electronic voting scheduled for November 13th through November 18th 2009. By the time this Newsletter reaches your mailbox, the results of the voting should be posted on the ADA website!

Stay in touch – let YOUR voice be heard! NJDAdelgagate@yahoo.com

Save the Date to Advocate!
Chesney Blue, Public Policy Coordinator

The American Dietetic Association’s Public Policy Workshop (PPW) will begin March 22, 2010. This workshop will be held online. Join the New Jersey Dietetic Association as we learn to advocate for issues that affect our practice. Come learn more about:

- Grassroots training on techniques for effective advocacy
- Strategies for meeting elected officials and,
- Legislative priority issues.

Remember, the future of our profession relies on us to advocate for our causes. We must create a strong presence in Washington and educate the public about the importance of sound food and nutrition policy. Look out for more information about PPW 2010 via email.
I recently graduated from my dietetic internship in June of 2009. As I look back at the experiences that I had through the internship, it made me start to think about things that I have learned throughout the year. I learned a great deal on an educational level, of course, but I also learned about the little things that helped me get through the internship.

So for new interns entering into their respective internships, I thought it might be helpful for a “top ten list” of things that I learned throughout my internship. From everything about organization to trying to stay calm right before a big case study presentation, it’s all included. I hope that some of these things will be helpful for you as you enter the wonderful world of nutrition.

1. Have Multiple Calendars

During the first day of my internship, my director gave me and my fellow interns calendars with the events and due dates for the coming 10 months. She emphasized to have the information written in several places, which turned out to be very helpful. I had the calendars that she gave me in my binder for that specific rotation and then I had written the events and due dates in my own personal planner. I also kept information about what rotation and who I was with on a main calendar at home. This way I was able to see who I was with the next couple of days at a glance before I left the house.

2. Have Separate Binders for Rotations

If your internship is like mine, you get a HUGE binder of information at your first day. You have everything from what format they want for case studies to policies and procedures for that specific internship. I found it very helpful to have separate binders for each of my rotations. I had one for foodservice and one for clinical. I kept the calendars I needed for each rotation in their specific binder along with the competencies I would need to fill in that rotation.

3. Review Competencies Every Week

If you do this every week, you won’t have to go back and think what you did the whole month or whole rotation.

4. Have a Folder for Each Project

Whatever kind of project you are doing, keep everything in a folder that is labeled. Everything will stay together and you have easy access to a project if you need to go back to it after it is done.

5. Start Looking for Journal Articles at the Beginning of the Internship

During my internship, I had to complete two journal reviews. It was helpful to start looking during the week of orientation right after I found out what the criteria was. This helped because I wasn’t scrambling for an article last minute when I had 10 other assignments to do. In the beginning you’ll have less to do.

6. Be Willing to Try Anything

I was asked to participate in a TV segment during my internship. It was optional and nothing that was required. I had so much fun and now I can say I was on TV. If any once in a life time opportunities come your way, take them!

7. Be at Least 15 Minutes Early to Rotation Sites

If you leave your house to be there 15 minutes earlier than when you are scheduled; it leaves time for the unforeseen obstacles that may come your way on route to the rotation. If you do get there 15 minutes early, you have time to get yourself organized and you won’t feel rushed.

8. Get Excited for Presentations

This is something I learned in college, but it helped during the internship. Replace the nervous feeling you get when you present with excitement. It helps the nerves go away. You are in this field because your passionate about it….SHOW IT!

9. Have a Stress Reliever

If you stay on top of you work and have things done early or even on time, it’s ok to take a break. You won’t do your best work if you’re stressed. Also, find other things to do that release your stress, such as crafts or exercising.

10. Being Willing to Learn

Remember you don’t have to know everything and you won’t always know everything about this field. It is always changing and there is so much to know. Just be willing to learn and ask questions when you don’t know something. This is your time to gain as much knowledge as you can.
As we move into the fall at the present time our bills A#2933/S#1941 are poised in the Assembly Appropriations and Senate Commerce committees. Grassroots has never been as important as it is at the present moment. Do you realize that as an organization we are more than 2000 members strong? And if you consider our families, friends, neighbors, colleagues, patients and clients we have the potential numbers that can easily make a difference to the New Jersey Legislature in Trenton. This year is indeed important as it is an election year for all the Assembly seats as well as the Governor’s job are up to be voted upon. At the present time in New Jersey the dietetics profession, has been defined by current regulations, however, these regulations can change at any moment, especially, in the reality of a recession. The attainment of licensure for dietitians/nutritionists, once only thought to benefit those in private practice, will only strengthen our position at the table of ALL healthcare delivery in New Jersey.

Currently, anyone legally can call themselves a nutritionist/dietitian in New Jersey. Setting minimum standards for education and client care can help us protect the professional standards we have all worked so hard to achieve.

NJDA’s Stimulus Package - It Continues

Rosemary L. O’Dea, MA, RD - Licensure Chair

As a member what can you do?? Plenty:

➢ Our list of volunteers continues to grow, however, we are in constant need of new volunteers. Contact me at Rosemaryodea@comcast.net or 856-582-8710 even if you can only donate a few hours.

➢ Continue your contacts with your legislators by phone, letter or personal contact. Even a brief email to them can make a difference. This only takes a few moments. Links to all legislative offices can be found on the New Jersey Legislative website at: www.njleg.state.nj.us (Save it as a favorite on your computer for easy access) You can check the status of our bills and sponsors there as well. As always make sure you identify yourself as a constituent. For suggestions on what to write you may contact me or research this on our website at: www.eatright.nj.org

➢ Interested in assisting our local supporters of the bill for Assembly re-elections? Contact NJDA’s lobbyist David Smith at: smith@ppag.com to be assigned to your local legislator’s campaign as a worker. Identify yourself as a member of NJDA and your local district or municipality. Having done this in the past it is fun and great networking. You only have to devote a few hours but NJDA will receive the recognition. I look forward to our continued work together.

Public Policy Priority Areas

American Dietetic Association Legislative and Public Policy Committee Priority Areas 2009—2010

Geetha Krishnan

ADA will work strategically and proactively, with emphasis on the following areas[∗] with greatest potential for the profession:

➢ Aging

Objective: Maximize the impact of nutrition care and services in the Older Americans Act, and advance the concept of “healthy aging.” Seek adequate funding for nutrition studies, programs and services for older adults, and place ADA members appropriately in decision-making positions where they can guide the development of sustainable, effective programs for older adults.

➢ Child Nutrition

Objective: Improve nutritional content of foods at school as well as through the WIC program. Expand local school wellness policies and improve outcomes. Raise visibility of ADA members’ knowledge, skills and talents in their communities.

➢ Food and Food Safety

Objective: Strengthen the government’s capabilities to improve the safety of the food supply and provide accurate information about food and nutrition to consumers. Improve consumer protections in and information about food, food ingredients and dietary supplements. Attain sustained investment in nutrition education for all Americans. Increase opportunities for RDs and DTRs in food safety and management.

➢ Health Literacy and Nutrition Advancement

Objective: Improve the nutritional status of Americans and make this and nutrition and health literacy higher national priorities. Increase access to and awareness of safe and healthful foods in food assistance initiatives so that beneficiaries may “eat right.” Support continuous efforts to make the Dietary Guidelines for Americans more central to our national understanding of food, nutrition and health and the chosen guide for Americans in making dietary and physical activity choices.

➢ Medical Nutrition Therapy and Medicare/Medicaid

Objective: Reform health and health care policies so that they can help improve the health of Americans. Health maintenance and wellness, disease prevention, early detection, delay of disease progression and chronic care management are a continuum of strategies that should be covered in a patient-centered health care system that includes nutrition interventions such as counseling and therapies provided by Registered Dietitians. Assure access to quality health care through referral to qualified professional, where appropriate. Increase payment rates for RD-provided MNT services. Seek MNT expansion in more public and private programs.

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From November 7 to 17, 2008 members of the People to People Citizen Ambassador Programs Nutritional Health and Wellness Delegation visited Beijing and Guiyang, China and had a wonderful experience meeting with professional colleagues, visiting cultural sites, getting to know each other, enjoying great food, and having fun doing it all!

The delegation consisted of 14 professional delegates and 2 guests. Delegates were from many states—Arizona, California, Colorado, Florida, Indiana, Nebraska, New Jersey, North Carolina, Pennsylvania, Texas and Wisconsin. Professional delegates represented many areas of nutrition practice including clinical situations, education, research, wellness, and community settings. We work with children, the elderly, veterans, limited-resource families, people with diabetes and other chronic conditions, and people of various cultures and religions. Some of us are back in school or retired. This diversity enriched our experience as we could share our expertise with our Chinese colleagues and learn from each other.

Beijing

Beijing is the capital of China, its cultural and political center, and the proud host of the 2008 Olympic Games which had occurred several months before our visit. Almost 15 million people live in Beijing. It is a fast-growing, modern city with contemporary architecture that is planning and building for the future while trying to maintain its rich cultural heritage.

Upon arrival in Beijing we were met by Bruce Meng, our National Representative and Andy Zhang, the local guide. They took care of us, translated for us, told us about local sights and customs, and shared their stories with us.

Before our professional and cultural visits, Bruce introduced us to Chinese history, politics, geography, economics, culture, and customs, and discussed the many changes occurring in China. The introduction gave us important insights which were valuable in both our professional and cultural visits. Bruce also taught us several useful Chinese words and phrases.

Professional Meetings in Beijing

SCHOOL OF PUBLIC HEALTH, PEKING UNIVERSITY

On November 10, Dr. Ke Ji Li, physician and professor in Human Nutrition and Sports Medicine from the School of Public Health at Peking University, gave a presentation on the nutrition and health status of the Chinese people. He discussed the difference between the lifestyle behaviors in China and the United States. The Chinese people have healthier dietary, physical activity and alcohol behaviors; but more of them smoke. Rates of most unhealthy behaviors in China are still lower than in the United States. However, as income in China goes up, so does the prevalence of unhealthy lifestyle behaviors and resulting chronic diseases.

The Chinese diet is changing due to economic growth over the past 20 years. Data from the 2002 nationwide nutritional survey indicate that cereal (grain) consumption decreased while consumption of meat, poultry, fish and eggs has gone up, as has total fat, with a greater increase in animal fat than plant fat. These changes are more pronounced in urban areas than in rural areas. Percent of calories from fat in rural areas was much lower than in urban areas 20 years ago. Since then it has almost doubled in the rural areas and has increased by about 40% in urban areas. Calcium intake is decreasing, due to decreased intake of milk and milk powder, an inadequate supply of dairy cows, and lactose intolerance.

Nutritional inadequacy and economic imbalances in China have resulted in problems of both undernutrition and overnutrition. Stunting and underweight in children are decreasing but overweight is increasing; partly due to decreased physical activity from changing lifestyles.

The program ended with a discussion between the delegates and Dr. Li, and his graciously answering our numerous questions.

Dongzhimen Traditional Chinese Medicine (TCM) Hospital

China’s healthcare system has undergone significant changes in the last 50 years as the scientific approach has contributed to the modernization of medicine. However, 3000 year old traditional practices continue to be valued and used. On November 11, we visited Dongzhimen TCM Hospital and were greeted by Ms. Zheng Ping, Director of Nursing, who gave a presentation on theories of TCM, yin-yang and the five elements being two of the most common. Yin and yang are opposites that are guided by the unity of opposites. They complement each other and depend on each other, yet they are in conflict. They represent hot and cold, internal and external, dark and light, deficiency and excess, movement and stillness, masculine and feminine. Traditional Chinese Medicine holds that life is in constant motion and that when yin and yang are in balance, a person has good health; when the balance is broken, a person is sick.

The five element theory holds that everything in the universe, including our health, is based on the elements of water, wood, fire, earth, and metal. All elements depend on each other. Water nourishes wood, wood fuels fire, ashes from fire become earth, the earth generates metal, and metal condenses water. Each element also restrains another. Water puts out fire, fire melts metal, metal can cut wood, wood controls earth, and earth holds back water. Promotion results in birth and growth, restraining results in change and development to maintain harmony. The relationships between the five elements maintain healthy functioning of the body. The theory relates body functions to the natural world. Each element is associated with different parts of the body.

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Nutritional Health and Wellness Delegation to China

Water symbolizes the kidneys and bladder; wood the liver and gallbladder; fire the heart and small intestines; earth the digestion, spleen and stomach; and metal the lungs, feet and large intestines. A water problem causes edema or kidney disease and fire or heat results in mouth ulcers, inflammation of the gums or redness of the face.

After the fascinating presentation, Ms. Zheng led a tour of the hospital. Established in 1958, it is a general hospital classified as a grade three hospital on the national level. It treats more than 1600 patients per day, has 27 departments and 554 beds including 15 intensive care beds. We were able to observe several techniques including acupuncture and cupping. Delegates were given the opportunity to experience the sensations of the acupuncture needles.

We also toured the Herbal Pharmacy where the director was very gracious and accommodating. The pharmacy was a very busy place as employees read prescriptions; gathered and weighed natural herbs, plants and other remedies; and packaged them for distribution to patients. Most of the herbs are boiled into a tea.

After the informative and interesting visit to the Traditional Chinese Medicine Hospital, delegates had a better understanding and appreciation of the benefits of traditional practices.

BEIJING NO. 8 MIDDLE SCHOOL

Delegates were greeted by Mr. Wong, Director of the school, in a lovely conference room with fresh flowers and Chinese and United States flags on the table. Mr. Wong introduced Li Zhongwen, chief nutritionist; Dr. Ju, school doctor; Zhou Guirong, Director of the Community Construction Office; the chief chef, and journalists from local and educational newspapers. Mr. Wong shared the following information, about No. 8 Beijing Middle School:

- The boarding school has over 3000 students and 200 faculty and staff. There are 2 campuses, a Middle School for grades 7 to 9 and a Senior High for grades 10 to 12.
- The school has an excellent academic record and a long tradition of participation in sports. Students have made strong showings in national and international competitions.
- Breakfast, lunch and supper are planned by the school nutritionist and chef and served in two dining halls. Students who live in Beijing have breakfast and supper at home.
- Students from Beijing No. 8 Middle School participated in the Opening Ceremony of the 2008 Olympic Games. This was the only school in Beijing to participate. Athletic facilities at the school served as training venues for the Olympic Games.
- Delegate Juliet Songco gave a presentation “Nutritional Health and Wellness: A 21st Century Legacy or Paradox” in which she challenged us to work together to improve the nutritional health of all.

The discussion included many interesting topics. Students have yearly medical check-ups and Dr. Ju sees an increase in the number of overweight students; currently about 20 percent of the students are overweight. She said that childhood overweight has many contributing factors including China’s One Child Policy resulting in families spoiling children, increased intake of animal foods and high fat foods, and frequent visits to McDonalds! To address this, the school has close dietary control, including eliminating candy and other snacks. The physical activity standard for students in Beijing is 60 minutes every day and during our visit we saw students participating in physical activity classes. The school maintains close communication with the parents, encouraging healthy eating and physical activity at home.

Nutrition education for students consists of lectures to help students understand the need to eat healthy foods, improvements to school menus and communication with the families.

The nutritionist and chef work together to plan and serve nutritious meals for the students and staff. Strategies include mixing fine and coarse grains (refined and whole grains) for breads; serving lots of legumes and vegetables; following nutrition standards for calories, vitamins and minerals; and making sure food is sanitary and safe to eat.

After the discussions, we toured parts of the school including the dining rooms, kitchen and storage facilities. Storage space is limited as most ingredients are brought in fresh each day. At the end of the visit, Mr. Wong said that although we live halfway around the world from each other, our hearts are connected because we want wellness for our children. We all agreed.

Professional Meetings in Guiyang, Guiyang Medical University

On November 14 we visited the School of Public Health of the Guiyang Medical University. Dr. Yang Qin, professor and director of Foreign Affairs, introduced Dr. Zhi-Zhong Guam, Vice-President of the University, who welcomed us and introduced the professors, department heads, faculty members and students. The Medical University has five schools: Basic Medicine, Clinical Medicine, Pharmacy, Public Health, and Continuing Education. Departments in the School of Public Health include Environmental Health, Nutritional Health/Hygiene, and Child Health. Physicians receive 30 hours of nutrition classes, public health students receive 90 hours. Research funding comes from provincial, national, and international sources.

Many of the Chinese professors and others present spoke some English and very lively and animated discussions were held on a number of topics, one of which was the increase in obesity which now affects 10% of the Chinese population. Standards are a body mass index (BMI) of 24 for overweight and 27 for obesity (compared

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Nutritional Health and Wellness Delegation to China

A discussion of many topics followed. The children at Zhongtian Kindergarten are very healthy. Ninety-seven percent are of normal weight; only a very small percent are obese or stunted. The school maintains close contact with the families, educating parents about ways to encourage healthy eating and physical activity and notifying them of any problems.

School meals are based on national standards. Breakfast contains 25% of the recommended intake, lunch 35%, dinner 30%, with snacks 10%. The food service staff has worked hard to promote healthy food choices, especially vegetables which are prepared in many different ways. The school provides milk for the children and encourages parents to do so as well. Government standards call for two hours of outdoor activity daily for children ages 2 to 6. A pediatrician oversees the program and teachers organize active play and other activities. Even in the rain, children can run and play in the long, covered outdoor corridor.

Additional discussions included what each of our countries is doing to address changing eating patterns, controlling sweets, the influence of fast foods, pesticides, encouraging breastfeeding infants, preserving nutrients in different cooking methods, special nutritional needs, and educating children about cultural food differences. Some of the parents had additional concerns and questions and delegates were able to give suggestions.

In Guiyang, guests had the opportunity to spend time visiting with a local family in their home, learning how a typical family lives and discovering commonalities and differences in the daily lives of people in China and the United States.

As we prepared to travel back to our hometowns, we were tired and had a hard time stuffing all new possessions into our luggage. We were appreciative of the opportunity to travel to China with other nutrition professionals and realized how much the professional visits enriched our knowledge of the field of nutrition in China. We were grateful to our local guides and hosts and to all the people at People to People who had so carefully prepared for our delegation.

As we reflected on our visit to China, we can sum up our feelings by paraphrasing the wise words of Mr. Wong at the Beijing #8 Middle School. Although we live halfway around the world from each other, our hearts are connected because we want nutritional health and wellness for the people in both our countries. We realized that the contacts we made with our Chinese colleagues and the dialogue that we started is just a beginning.

"To deal with the increase in overweight and obesity, the government has issued guidelines for physical activity in schools, for nutrient content of school meals, and for nutrition education."
Evidence-based Practice

HOD Fact Sheet

House of Delegates

August 2009

The need to practice based on scientific evidence was determined to be critical and needs to be addressed in order to influence policy makers to support the inclusion of RDs and DTRs in any health reform. During the Fall 2009 House of Delegates Meeting in Denver, CO, participants will discuss this important mega issue.

The Big Questions
How can delegates, members and ADA organizational units foster the incorporation of evidence-based practice in all areas of dietetics? What opportunities exist that would encourage incorporation by members?

What is evidence-based practice (EBP)?
“It is an approach to health care wherein health practitioners use the best evidence possible, i.e. the most appropriate information available, to make decisions for individual patients”. It involves complex and conscientious decision-making based not only on the available evidence but also on client characteristics, situations, and preferences.

Why is evidence-based practice important?
- **Explosion of literature**: Health care literature is published at a rate that is impossible for individual clinicians to keep up with. By using evidence-based practice (EBP) resources, evidence-based decisions can be made in a focused and time efficient manner.
- **Unmet information needs**: Information needs of practitioners are not currently being met. Questions from patients, clients and other stakeholders are continuously being generated. Due to lack of time, lack of information resources, limited search skills, and limited funding, many questions go unanswered. Synthesized EBP resources are easy to use and help to quickly connect evidence-based answers to questions.
- **Implementation delays**: Research findings are often delayed in implementation. EBP resources take into account evidence from a wide variety of fields and provide an opportunity for greater exposure to evidence.
- EBP is also important due to the possibility that it will standardize practice so that outcomes data can be collected and analyzed to continue to improve the quality and effectiveness of practice.
Calling All ADA Members

• For dietitians to remain competitive within the health care, education and business arenas, they must incorporate evidence-based practice into their day-to-day activities and decisions.
• If we fail to enhance our evidence-based practice, we may likely find ourselves locked out of opportunities we have worked hard to create, including jobs, recognition, and compensation.
• The opportunities created with the use of evidence-based practice outweigh the challenges. The concept is becoming more common since payers, government etc. require it as the basis of policies. These policies can provide leverage for EBP implementation or data collection to build on the foundation of research.

ADA’s Evidence-based Practice and Evidence Analysis Library

• In 2001 the first evidence-based practice guidelines were developed: Diabetes Type 1 and 2, CKD, Gestational Diabetes, and Hyperlipidemia.
• The Evidence Analysis library was launched in 2004 with 3 topics; today there are over 36 projects in various stages. Content has grown tremendously.
• In 2005 the Evidence-based Practice Committee was established to oversee evidence-based practice initiatives.
• Products/tools resulting from evidence analysis projects include: educator modules, Evidence-based Toolkits and evidence-based presentations which are available on the EAL store: www.adaevidencelibrary.com/store.cfm.

Connect with Delegates

Let delegates know about EBP success stories so they can share them at the Fall 2009 HOD Meeting (October 16-17, 2009 in Denver, CO). Member input is needed to help form the foundation for identifying a range of barriers to evidence-based practice.

Please respond to the following questions:

What sources do you use to solve problems in practice (i.e. EAL)?

What types of questions do you have regarding evidence-based practice that is not answered in the Backgrounder?

Provide responses to your delegate by Friday, October 2nd 2009.
Delegate contact information: Mary-Pat Maciolek, MBA, RD - NJDelegat@yahoo.com

To obtain the full backgrounder “Evidence-based Practice”, visit www.eatright.org/HODBackgroundersFall2009.
Big Question
With national policy makers focusing on health care reform and the surfacing importance of the patient centered medical home model (PCMH)... What needs to happen to engage ADA members as an integral part of future health care models?

The Stage
Congress is interested in increasing preventive services. Many ideas rely on the recommendations of the United States Preventive Services Task Force which recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet related chronic disease. ADA is committed to working with Congress in drafting a bill that puts the proper emphasis on prevention and disease management while making nutrition a key element of these services.

Health Care Reform
Released in December 2008 by the American Dietetic Association’s Health Care Reform Task Group, Health Care Reform set tenets by which ADA will analyze and critique national health reform proposals. Efforts will focus on preventive and interventional health promotion and care, highlighting the role of the registered dietitian in maintaining health and wellness, disease prevention, and chronic care management throughout the continuum of life – from prenatal to end-of-life care.

These tenets are as follows:
1. The health of all Americans should improve as a result of our health policy choices. Sufficient resources must be made available to ensure optimal health.
2. Access to quality health care is a right that must be extended to all Americans.
3. Nutrition services, from prenatal through end of life, are an essential component of comprehensive health care.
4. Stable, sufficient, and reliable funding is necessary for our health care system to provide everyone access to a core package of benefits.
5. Health care must be patient-centered.

Definition
The PCMH is a model for care provided by physician practices that seeks to strengthen the physician-patient relationship by replacing episodic care based on illnesses and patient complaints with coordinated care and a long-term healing relationship. Each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care.
care. The physician-led care team is responsible for providing all the patient’s health care needs and, when needed, arranges for appropriate care with other qualified physicians.

**Patient-Centered Medical Home Strategic Plan**

Patient-Centered Medical Home Strategic Plan released by the Patient-Centered Medical Home Work Group recommended the following goals with strategies further outlined in their May 2009 report:

1. Goal #1: Current and future RDs are empowered to advocate for inclusion in the patient centered PCMH and other health care models as the preferred provider for food and nutrition services.
2. Goal #2: The PCMH providers value and choose RDs as preferred providers for food and nutrition services.

**Infrastructure to Support ADA Public Policy**

ADA’s infrastructure to support our public policy mission through grassroots involvement includes every member. Key persons in grassroots work include:

- Public Policy Coordinators (national issues),
- State Policy Representatives (state issues),
- Public Policy Panels (Affiliate Presidents, PPCs, SPRs and others)
- DPG Legislative Chairs or Public Policy Liaisons
- ADAPAC (Political Action Committee)
- Legislative and Public Policy Committee (national committee)
- Policy Initiatives and Advocacy Team staff
- ADA Communications (On the Pulse, Journal of the American Dietetic Association, and ADA Web site).

**In Preparation for the Fall 2009 HOD Meeting**

In preparation for the dialogue session on health reform (October 17, 2009), delegates will be determining what is going on in the states in regards to the role of the RD in health reform? For example, are RDs covered in Medicaid plan; how are ADA members in the state involved in preparing for health reform?

Provide responses to your delegate by **Friday, October 2nd 2009**.
Delegate contact information: Mary-Pat Maciolek, MBA, RD - NJDAdelegate@yahoo.com

Delegates will be discussing these questions with affiliate Public Policy Coordinators (www.eatright.org/ada/files/PPC_09-10.pdf) and Dietetic Practice Groups Legislative/Public Policy Chairs (contact DPG via www.eatright.org/leaderdirectory).

To obtain the full backgrounder “Health Reform” that includes the documents references above, visit www.eatright.org/HODBackgroundersFall2009.
News Release

A new Community of Practice (CoP), Families, Food, and Fitness (FFF): Preventing Obesity launches this month as one of the newest web communities within eXtension. eXtension, www.eXtension.org, is an interactive learning environment delivering the best, most researched knowledge from the smartest land-grant university minds across America. eXtension connects knowledge consumers with knowledge providers - experts who know their subject matter inside out.

The Families, Food, and Fitness section of eXtension at: http://www.eXtension.org/families_food_fitness provides education and skills to help families make informed decisions about healthy eating and physical activity by providing them with evidence research based information and interactive learning opportunities through eXtension. This virtual educational environment is targeted to families with young children. The Families, Food, and Fitness (FFF) CoP is organized around three goals: 1) improve diets, 2) increase physical activity, and 3) maintain body weight in a healthy range and avoid excess weight gain.

Interactive content and learning materials support these three goals in addition to focusing on the six key behaviors identified through the literature to be associated with achieving and maintaining a healthy body weight: 1) move more everyday, 2) tame the tube, 3) right size your portions, 4) enjoy more fruits and vegetables, 5) prepare and eat more meals at home, and 6) re-think your drink.

➤ Help for healthy lifestyles includes a recipe section http://www.eXtension.org/pages/Families_Food_and_Fitness_Dynamic_List_of_Recipes

➤ A picture spice guide for suggested foods with each spice http://www.eXtension.org/pages/Interactive_Spice_Guide

➤ A “Fast Food Menu,” to size up fast food selections from McDonald’s, Burger King, Subway, Chick-Fil-A, Domino’s, and Taco Bell is provided on an interactive menu at http://www.eXtension.org/pages/Interactive_Fast_Food_Menu

Experienced extension personnel and researchers based in the 1862 and 1890 land-grant universities, as well as other universities and education centers contributed to this new eXtension site. Primary care physicians and other health care professionals will be informed of this new resource so they may in turn inform their patients/clients. Educators working with young families will find this resource a significant tool to reinforce educational messages that can improve the health of their families for a lifetime.

Public Policy Priority Areas

➤ Nutrition Monitoring and Research

Objective: Improve and expand nutrition research and related activities. Fund NHANES. Protect the program of work of the ARS and its Human Nutrition Research Centers, and increase federal investment in food, nutrition and health research.

➤ Obesity/Overweight/Healthy Weight Management

Objective: Adopt national strategy to prevent childhood obesity. Put RDs on the front lines in addressing overweight and obesity in all populations. Gain coverage for MNT.

So what does all this mean for ADA’s efforts? It means that we must keep up the good work we started back at PPW in February of talking to every member of Congress and explaining to them how important nutrition is and how it can help bring meaningful reform to a reality. You may have heard that the Congressional Budget Office has determined that prevention does not save money, but the prevention they are referring to includes things such as screening an entire population for a certain chronic condition. They are not talking about medical interventions for patients who exhibit early warnings of developing a chronic condition. In other words, they are not talking about prevention such as MNT, which is cost effective.