It is never easy to look back over the preceding year and search out what you have accomplished. When I try to sum it up, I keep wondering where the time went. I remember hundreds and hundreds of NJDA emails and phone calls – yet while they seemed so urgent at the time, now they don’t seem so critical. Perhaps if we look at the year topically, it may seem less cluttered.

Licensure – We kept our bill alive in the face of surprisingly stiff and organized resistance. Our bills quite simply ran out of steam and time, but thanks to our dedicated sponsors, they have been reintroduced. In the midst of our efforts, chiropractors introduced an expanded scope of practice bill which included nutritional counseling. We resisted, but they were too well funded and connected. It was not a total loss, as we did learn from their tactics. With the election of a new administration, we face a different battle – tighter budgets and a committed resistance to forming new boards. We are looking to use this to our advantage by proposing that dietitian/nutritionist licensure be placed under an existing board, such as the Board of Medical Examiners. This has been the successful method used in several states to overcome this type of resistance.

Public Awareness – I realized during my term as president that registered dietitians still needed to educate the public about who we are. This past year beginning with National Nutrition Month, we initiated a radio media blitz on New Jersey 101.5, advertising who we are and how we can be found. Following this campaign, we noticed an increase in contacts from our legislators. The radio spots will soon be uploaded as an audio file to NJDA’s Web site, www.eatrightnj.org.

Professional Identity – How can we expect the citizens of New Jersey to see RDs as THE nutrition experts if we don’t see ourselves as such? We hear from this group and that group, each touting their self-determined parity or even superiority. Know this and remember it: registered dietitians are the ONLY nationally recognized and accredited nutrition professionals. No other group can serve in the military, work in VA Hospitals, or be license eligible in every state with a dietitian/nutritionist licensing act. And it’s not because of our lobbyists or the American Dietetic Association. It is because our education, training, internships, and examinations are simply the best in our field. This is a message I’ve shared this year and one I will continue to share with anyone and everyone.

Childhood Obesity – We, like the rest of the country are aware of the growing problem of childhood obesity. That is why this year we chose a different avenue for our fundraising campaign. We developed a pilot program for elementary school students to engage them in developing healthier eating habits. During the month of March, the 3rd grade class of Coles Elementary school in Scotch Plains participated in a contest with the goal of improving healthy food choices and increasing activity. We had 90% participation from the students.

Membership – While the membership has not increased, our membership levels remain steady even in this difficult economy. This is a clear demonstration of the value and the importance most RDs place in affiliation with our organization.

A few years ago NJDA began the process of developing a strategic plan. We have moved forward with its completion. At the forefront of this plan continues to be licensure and educating the public on who we are. I ask that if you have been involved in our efforts to date, please continue. And if you have not, please consider joining us. A famous philosopher and leader once said: “If I am not for myself, who will be for me? If I am only for myself, what am I? And if not now, when?”

Thank you to everyone for the opportunity to serve as NJDA president. Together, let’s continue our efforts to improving the health of the people of New Jersey.
As I move into the President-Elect position in NJDA, our licensure efforts will be headed by our most-capable Past-President Tricia Davidson. I will continue to work with Tricia and our legislative team to build our grassroots effort throughout the state. The licensure committee has continued to work with our lobbyist David Smith on the legal recognition of the Registered Dietitian in New Jersey. Our bill “The Dietitian/Nutritionist Licensing Act (A#1987-Health and Senior Services Committee) has primary sponsors Assemblyman Herb Conaway (district 7) and Assemblywoman Connie Wagner (district 38) and (S#809- Commerce Committee) with primary sponsors Senators Joseph Vitale (district 19) and Robert Singer (district 30). One of the co-sponsors of the Senate bill is Stephen Sweeney (district 3) – Senate President, which is significant for us. If possible send a note of thanks to these individuals for their continued support of our profession. Also, if you have made contacts with your individual legislators in the past, contact them again. If you are unsure of who your legislator is, it is really simple to access this information through the New Jersey Legislature website at: www.njleg.state.nj.us. Also, check out the NJDA website as we will be updating membership on progress made as well as providing sample letters you may use in contacting your legislator.

Our sponsors and other legislators remain supportive of our bills. However, they must carefully plan any legislation that could be interpreted by the governor as creating a new board. Governor Christie has threatened to veto any legislation that creates new boards or new employees. As Tricia mentioned in the President’s Message, we are investigating joining an existing board to avoid this issue. A new issue has arisen with the passage of Universal Healthcare Coverage, or as it is better known, Obama Care. This legislation clearly states that ONLY healthcare professionals certified or licensed by their state will be eligible for inclusion. This means that without state legislation defining who we are and what we do, New Jersey RDs – whether one works in private practice or in a health-care facility – have the potential not to be included! The lack of licensure already impacts our verbal writing privileges as we learned at the NJDA annual meeting this past May. Sponsors Assemblyman Conaway and Senator Vitale both have expressed interest in trying to move legislation that would fix any unintended consequences of Obama Health Care Reform. We urge you to please be on the lookout for any cases of harm throughout the state and forward these to either Tricia Davidson or Rosemary O’Dea, as many legislators feel this information is critical to our obtaining the recognition we deserve. We, the New Jersey Dietetic Association, will continue to pursue solutions that increase the value of the registered dietitian professional designation.

**News & Views**

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**Submission Deadlines:**

- **August 15, 2010** for Fall 2010 issue
- **November 1, 2010** for Winter 2010 issue
- **March 15, 2010** for Spring 2010 issue
- **June 1, 2010** for Summer 2010 issue

Publication of an advertisement in this newsletter does not constitute an endorsement of the advertisement, product or service by NJDA.

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**Congratulations to newly elected Board and Committee members for the 2010 – 2011 year! Your willingness to share your valuable time and expertise is much appreciated!**

**President Elect:**  
Rosemary O’Dea, MA, RD

**Region One Co – Chair:**  
Margaret Wyatt

**Region One nominating Committee:**  
Nidhi Agrawal, PhD, RD, CSG

**Region 2 Co-Chair:**  
Nicole Schaldone, MS, RD, CSO

**Region 2 Nominating Committee:**  
Ellen Cottone, MS, RD

**Region 2 Delegate:**  
Anthony Dissen, RD

**Region 3 Co-Chair:**  
Emily Johnston, RD

**Region 3 Nominating Committee:**  
Maria Stanish, MS, RD
Delegate’s Corner

MARY-PAT MACIOLEK, MBA, RD • NJDADELEGATE@YAHOO.COM

HOD Spring Meeting
The virtual House of Delegates (HOD) meeting took place May 1st and 2nd with delegates connecting via a Web based platform on the ADA Web site specially designed for the House. Deliberation on the motions from the dialogue session discussions on Health and Nutrition Literacy and Management and Leadership across practice concluded with both motions being approved. The Backgrounders on both topics are available on the ADA Website (eatright.org > Member > Governance > House of Delegates > Mega Issues and Backgrounders).

The Health and Nutrition Literacy backgrounder identifies many resources for increasing knowledge in this area. Look for additional resources particularly the new Agency for Healthcare Research and Quality (AHRQ) “Health Literacy Universal Precautions Toolkit”. While this resource is targeted to primary care physicians, the principles and tools are applicable to other healthcare providers and other settings.

In order for ADA and our members to improve health and nutrition literacy the House identified priority partners as professional associations and government agencies. Important skills and knowledge needed include health literacy assessment skills; application of health literacy principles in developing education materials; engagement of clients utilizing teaching/coaching methods; tailoring information to meet client’s needs; and, understand the research in this area.

Based on the Management and Leadership Across Practice dialogue, a series of guiding principles were identified regarding the actions for individuals and ADA organizational units: showcase leadership and management opportunities; utilize mentoring; consider leadership and management skills for developing a roadmap to success; foster leadership leading to increased competence and confidence (ADA organizational units); build communication skills, embody leadership mindset early in career, and encourage mentoring throughout career (individuals); and develop a management or leadership credential or certification program (ADA).

ADA Committee Updates
Take some time to review the Summary of ADA Reports from the 21 committees that report to the HOD in order to appreciate all the activities and outcomes that benefit members and the Association (eatright.org > Member > Governance > Reports).

Do you have an issue for ADA?
There is a process for members to submit issues, questions, requests for assistance to ADA. The Issues Management Committee refers requests to the appropriate ADA unit or committee for response which is typically within 8 business days. So, don’t stew if you have an issue or need help. Send an e-mail to issues-mgmt@eatright.org. Include your ADA member number, description of issue, and what you would like to see happen.

What’s Coming?
Topics for the Fall 2010 HOD dialogue sessions are Health Reform—Next Steps and Multidisciplinary Membership Category. Watch for more information in the next issue of News and Views.

A Word from NJDA’s New President

NANCY MUNOZ • DR.NANCYMUNOZ@VERIZON.NET

There are many opportunities for you to get involved in NJDA.

State Regulatory Specialist
We are recruiting for a newly created ADA position- state regulatory specialist. This position tracks state regulatory issues of importance to registered dietitians and oversees the affiliate’s response to emerging opportunities and challenges. This is a three year commitment. Training for this position will be provided by the American Dietetic Association. If you are interested, please contact me.

Fundraising Co-chairs
For over 5 years, Poonam Batra and Colette Murphy Cole have served as fundraising co-chairs for NJDA. In this capacity, they have worked to obtain corporate/industry support to fund activities with community involvement. These dedicated NJDA board members are ready to pass the baton to other members that wish to serve their professional organization in this capacity. We want to thank Poonam and Colette for their dedication.

Both Poonam and Colette have offered to stay very close to the organization and mentor the incoming co-chairs. If you are interested in joining NJDA in this capacity please contact myself, Rosemary O’Dea or Tricia Davidson to discuss details.
Reimbursement Update

MARIA SAKOWITZ, MS, RD • mdsako@comcast.net

Thank you to all of you who contacted me about their troubles with Aetna insurance reimbursements. I tallied your numbers and sent registered letters to the 3 top executives of Aetna. Below you can read Aetna’s response. We were reimbursed post-haste! Unfortunately, this will happen again with another insurance company this year. But, as you can see numbers speak and we get paid. Please let me know of any other questions you have concerning reimbursement:

Dear Ms. Sakowitz:

Thank you for your letter to Mark Bertolini (President) regarding Aetna’s reduction to your fee schedule. This was an error and we appreciate your bringing it to our attention.

As a result of certain changes Aetna made as of November 15, 2009, your fee schedule was incorrectly reduced. We ask that you resubmit your claims for corrected reimbursement.

If you do not receive the correct reimbursements, please contact me at 973-244-3856.

Please accept my apology for our mistake.

Sincerely,

Joseph DiRienzo
Vice President, Network
New Jersey Market

Cc: Robert J. Franzoi, Region Head Network & Medical Economics NE

Jeff D. Emerson, Head of Health Care Management
Roxanne Taylor, Assistant to Mark Bertolini, President

2010 NJDA Annual Meeting

The following are summaries from select sessions at the 78th NJDA Annual Meeting.

Overweight, Undernourished, and at Risk: 5 Important Ways We Can Work Together on Childhood Nutrition and Health Issues

Presented by Dayle Hayes, MS, RD

Summarized by Christina Frescki, Dietetic Intern, Montclair State University

This presentation focused on the national need for continued intervention concerning childhood nutrition. Hayes noted that the government, through programs and education, is attempting to address this nutrition-related problem, but the government is not the only entity involved. We all play a role in the health of the nation’s children. Hayes provided some suggestions as to how we can help: focus should be on health, and not weight; sending positive messages about behavioral health rather than negative ones; promoting family meals that include tasty, nutrient-rich foods; and promoting a healthy school environment.

Diabetes and Inflammation: Inflammatory Effects of Foods and Chemicals

Presented by Gita Patel, MS RD CDE LD

Summarized by Yasodha Ponnusamy, Dietetic Intern, College of St. Elizabeth

Inflammation is the underlying cause for Diabetes Mellitus, the sixth leading cause of death in the USA. Patel reiterated the link between oxidative stress and inflammation and also the importance of anti-inflammatory foods such as phytochemicals and fibers throughout her presentation. Increased intake of fruits and vegetables and high fiber will reduce oxidative stress and inflammation and improve glycemic control. The session also included topics such as cytokines, benefits of antioxidants, types of triggers for chronic inflammation, anti-inflammatory diet, tips for improving glycemic control, anti-
2010 NJDA Annual Meeting
inflammatory effects of adiponectin, major roles of gut and its inflammation, immunologic and non-immunologic reactions. This session concluded with a discussion of the role of resistant starch and its chemical disruptions in hot and cold food preparations. Patel ended with a magnificent food quote, “To eat is a necessity, but to eat intelligently is an art” by La Rochefoucauld. It is the dietetic professional’s responsibility to make this quote possible by educating the people how to make healthier choices.

Identification and Management of Malabsorption

PRESENTED BY KATHRYN K HAMILTON, MA, RD, CSD, CDN

Summarized by Kerri Rossi, Dietetic Intern- UMDNJ

Let’s talk about elimination, not in terms of diet elimination, but taking a look at the actual consistency and frequency of what is eliminated from our bodies. It may not everyone’s favorite topic but Kathryn K. Hamilton discussed the nutritional implications of diarrhea and malabsorption with ease and proficiency. Hamilton provided the tools to be proactive in discovering the cause of diarrhea and malabsorption as well as the nutritional interventions which are successful at managing these conditions. The clinician must first assess the patient’s usual bowel habits, and then determine the onset and the duration of the diarrhea. Hamilton uses the Common Toxicity Criteria of the National Cancer Institute (NCI-CTC). This criterion defines diarrhea on the basis of the number of bowel movements experienced per day above baseline. This allows her to inform the health care team of the severity of the condition and the possible plan of action. Patient interviewing was emphasized to assess these conditions. Bristol’s stool chart helps Hamilton visualize the patients stool characteristics, which may seem like an interesting assessment tool (but consider the alternative). Diarrhea and malabsorption was differentiated and an integrative approach to treatment was discussed. This included pharmacological management, pancreatic enzymes, probiotics and Medical Nutrition Therapy; which may consist of diet therapy and micronutrient supplementation. A key point in the management of malabsorption is that the condition must be corrected prior to supplementation; otherwise supplementation will only lead to expensive waste. It was reinforced that addressing acute diarrhea and malabsorption is crucial to prevent weight loss, and improve quality of life. Hamilton ended with reemphasizing the need to thoroughly educate patients suffering from diarrhea or malabsorption.

Updates on Food Allergies: Trends, Pathophysiology and Diagnostic Tools

PRESENTED BY MARY ANN MICHELIS, MD

Summarized by Pooja Rattan, Dietetic Intern, Montclair State University

Dr. Mary Ann Michelis gave a scintillating talk on the prevalence of allergic disease, food allergies and diagnostic tools to detect food allergies. She opened with a brief introduction of the techniques used for diagnosing an allergic disease clinical history - physical examination, symptoms versus exposure and defining risk factors. Dr. Michelis went on to define and differentiate between adverse food reactions which are non-immunologic and immunologic. Some non-immunologic causes may be toxic/pharmacologic or non-toxic/intolerance. Most common immunologic adverse food reactions are IgE-mediated. Allergens are proteins or glycoproteins and common allergenic foods are milk, egg, soy, wheat, peanut, tree nuts, shellfish, and fish. Proteins have a sequence that bind and fold which T-cells recognize as allergens. Pan-allergens are proteins in food, pollen or plants that possess homologous IgE binding epitopes across species. If a person is allergic to one food, then he can develop allergies to other foods within the same food family. For instance, if allergic to cashew, one may be allergic to other tree nuts. Risk factors for development of food allergy maybe local or host factors. Some local factors may be genetic susceptibility, pepsin digestion, malabsorption, antigen processing and GI infections. Some host factors are age, genetic susceptibility, family history of atopy or food allergy, atopic dermatitis and transdermal food exposure. Clinical manifestations maybe skin (acute urticaria, lip angioedema, atopic dermatitis), respiratory (asthma or allergic rhinitis), gastrointestinal (vomiting, diarrhea) and anaphylaxis. Management of food allergies once evaluated involves patient education/monitoring, meeting with a Registered Dietitian for provision of elimination diets/specific dietary restrictions and food challenges. In case of emergency, one must respond quickly like administration of epinephrine, activation of EMS-911 and calling emergency contacts. Finally, follow-ups may include periodic re-evaluation for tolerance, interval and decision to re-challenges and ancillary testing.

Nutrition Management of Food Allergies

PRESENTED BY SUSAN J. KRAUS, MS, RD

Summarized by Elizabeth Coover, Dietetic Intern-UMDNJ

Kraus focused on three main interventions in the overall goal of dietary avoidance: the importance of label reading, the elimination diet, and an oral food
challenge. Label reading is a lifelong skill that is critical for health maintenance and survival. Since the passage of the Food Allergen Labeling and Consumer Protection Act in January 2006, identifying the “Big Eight” allergic ingredients (milk, egg, soy, wheat, fish, shellfish, peanut, and tree nut) in foods has become easier because food labels must identify these allergens in common language. However, due to inconsistent voluntary labeling, label reading is still a challenge and unfortunately no food is completely risk-free. The elimination diet and the oral food challenge are interventions that are initiated when the particular food allergy is not alerted to by positive medical tests but symptoms are still reported. The elimination diet allows for pinpointing a potential allergy and focuses on eliminating the “Big Eight” one by one from one’s diet, under the permission of a doctor. An oral food challenge is a medically supervised, double-blind placebo-controlled food challenge and is “one of the best diagnostic tools to confirm or refute a food hypersensitivity” as Kraus notes in her presentation. In an oral food challenge, individuals are given challenged food mixtures and placebo mixtures over a certain number of days. Signs and symptoms are measured and recorded, and positive results are handled as food allergies. Periodic re-evaluation of the food allergy is recommended. There is no cure for food allergies. For now, individuals with food allergies must completely avoid the allergen in their diet and use their conscientious knowledge of food label reading and be up-to-date on recommendations and consumer alerts.

The following awards were presented at the NJDA Annual Meeting

Recognized Young Dietitian of the Year: Brenda M. Murdock, RD

Brenda Murdock received her Bachelor of Science in Nutrition & Food Science-Dietetics from Montclair State University in 2007 and completed her Dietetic Internship Program at the University of Medicine and Dentistry of New Jersey in 2008. She is currently an Infectious Disease Practice Nutritionist at UMDNJ in Newark, New Jersey, and covers both Inpatient Psychiatry and Infectious Disease practices, and is actively involved with the HIV/AIDS community. Brenda has participated in numerous opportunities as a leader and advocate for the nutrition profession, including serving as the Dress for Success Campaign Committee Chair at the NJDA Annual Meeting in 2009, establishing a new Member Interest Group of the ADA, and serving as 2010 NJDA Annual Meeting co-Chair. Brenda is recognized by her peers for her self-directed, goal-oriented style and her enthusiasm for the profession.

Carolyn Sebastianelli Distinguished Member Award: Mary-Pat Maciolek, MBA, RD

Mary-Pat Maciolek received her Bachelor of Science from the College Misericordia in Dallas, PA, her Master of Business Administration from Georgian Court College in Lakewood, NJ, and completed her Dietetic Internship Program at Perth Amboy General Hospital. She is currently working to complete her doctoral degree in Educational Leadership at Rowan University in Glassboro, NJ. Mary-Pat is currently the Chairperson and Associate Professor, Hotel, Restaurant and Institution Management Department, Division of Computer Science and Engineering Technologies at Middlesex County College in Edison, NJ, where she has worked for over 20 years. She has a long list of active participation in a wide variety of professional activities, college-wide committees and advisory boards. Mary-Pat demonstrates selfless commitment to her family, her job, her students and to the New Jersey Dietetic Association, and her leadership is evidenced by her outstanding service, most recently in her current position as Delegate. Mary-Pat is recognized by her peers as a leader, mentor and a consummate professional who is deserving of recognition for her dedication and achievements within the dietetic profession.

Dietetic Student Initiative Award: Yusie Kim

Yusie Kim completed her Didactic Program in Dietetics in May, 2009 at Rutgers University and the Dietetic Internship Program at the University of Medicine and Dentistry of New Jersey. She earned a Bachelor of Arts Degree in Journalism and Media Studies and subsequently followed her passion to “merge a love of food, nutrition and writing” with a career in dietetics. Yusie is recognized for her academic excellence, initiative and passion for the profession.

New Jersey Dietetic Association Outstanding Dietetics Student Award (DPD): Ashley D. Mulit

Ashley Mulit is currently enrolled at the College of Saint Elizabeth in Morristown with a double major in Food & Nutrition and Biology. She is recognized as an outstanding student who has consistently been on

continued from page 6

continued on page 8
The following awards were presented at the NJDA Annual Meeting

the Dean’s List, serves as Vice President of the Nutrition and Wellness Club, and is involved in a variety of campus activities, including serving as an emergency medical technician junior volunteer for the Flanders Fire Department. Ashley’s long-term professional goal is to combine an education in dietetics with food technology to help enhance the benefits of food products for the public.

New Jersey Dietetic Association
Outstanding Dietetics Student Award (DI):
Rebecca L. Zeltmann
Rebecca Zeltmann completed a Bachelor of Science degree at the Cornell University School of Hotel Administration in May, 2002 and is a Candidate for a Masters in Nutrition at the College of Saint Elizabeth in Morristown, where she is a dietetic intern. During her internship, she conducted a case study on “Nutrition Support at the End of Life for a Patient with Dementia” which she plans to present as a poster session. She is recognized for her excellence in applying theory to practice and exceptional critical thinking, and is seen as a natural educator and counselor. Rebecca aspires to be a community dietitian where she can help improve people’s health and welfare through better nutrition.

SAVE THE DATE

• Our next board meeting will be on Wednesday, September 22, 2010

• FNCE in Boston - NJDA will be hosting a small gathering for their members. Please plan to join us on 11/7/2010 from 5:30-7:00 PM at the Renaissance Hotel in Boston for an opportunity to get reacquainted with old friends and meet the newest members of the organization.

• Our annual meeting for 2011 will be on Friday, May 13th at the Hyatt in New Brunswick

HOPE TO SEE YOU ALL THERE...

FNCE in Boston,
November 17-19, 2010
Help Your Patients Enjoy Dairy Again

Many health authorities agree that low-fat and fat-free milk and milk products are an important and practical source of key nutrients for all people — including those who are lactose intolerant.1,2,3,4,5,6

It's valuable for health and nutrition professionals to encourage and educate individuals with lactose intolerance to consume dairy foods first, before non-dairy options, to help meet key nutrient recommendations.

A Solutions-Focused Approach

People who are lactose intolerant should know that when it comes to dairy foods, practical solutions can help them enjoy the recommended three servings of low-fat and fat-free dairy foods every day*, without experiencing discomfort or embarrassment:

- Gradually reintroducing milk back into the diet by trying small amounts of it with food or cooking with it.
- Try drinking lactase-free milk, which is real milk just without the lactose, tastes great and has all the nutrients you'd expect from milk.
- Eating natural cheeses, which are generally low in lactose, and yogurt with live and active cultures, which can help the body digest lactose.

Visit nationaldairycouncil.org for more information, management strategies and patient education materials.

Most people with lactose intolerance say they are open to dairy solutions as long as they can avoid the discomfort associated with consuming them.7 And research shows that people like lactose-free milk more than non-dairy alternatives.8

These health and nutrition organizations support 3-Every-Day™ of Dairy, a science-based education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products, to help improve overall health.

4 USDA, FNIS. Special Supplemental Nutrition Program for Women, Infants and Children: Revisions in the WIC Food Package. Institute for Women’s Nutrition, 7 GFA, Part 246.

* The 2005 Dietary Guidelines for Americans recommend 3 servings for individuals 9 years and older; and 2 servings for children 2-8 yrs.

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