In a totally non-randomized, unscientific survey, I asked ordinary people and legislators: “What does a dietitian do?” I was not surprised when a majority said that we are responsible for food service for schools and hospital cafeterias. More importantly they struggled with the question. When asked: “What does a nurse do?” The responses were varied, wide-ranging, and more importantly, on target. Thanks to a plethora of medical shows on television, everyone knows that nurses take care of patients, assist with life saving procedures, and often act independently and professionally. Dietitians are associated most often with an apathetic woman in a hairnet, serving food on trays or providing dietary supplements. I don’t fault the nurses for how they are perceived, but who can we blame but ourselves for our popular image?

We cannot and must not depend on the American or New Jersey Dietetic Association to shape our image or our perceived role. Rather it is up to us, all of us, you and me, to participate in a collective effort of professional identification. We have spent years studying nutrition, completing internships, and passing the RD exam, yet we all too often don’t share that knowledge and experience. I encourage you to open yourself to new opportunities in a variety of settings. If you are affiliated with a religious/spiritual community, speak with your clergy and offer a workshop on better nutrition, healthier eating, or any of a myriad of topics. Do you have children in school? Speak with the principal about a free presentation for students and/or parents. Most clubs and social organizations will welcome the chance for a new speaker.

If speaking is not your forte, then write articles for your house of worship’s bulletin or newsletter. Contact your PTA, health club, even your county’s department of health and offer to write short pieces for their publications.

But as important as what you say or write, is the opportunity to be introduced or captioned as “a registered dietitian (RD), a graduate of XYZ College, completed his/her internship at ABC Health, and is currently practicing dietetics and nutrition at QRS.” That one sentence will introduce most people to a new found understanding of your expertise.

I also encourage you to speak with your clients/patients and their families about the importance of protecting the citizens of New Jersey by ensuring that anyone calling him/herself a nutritionist is qualified by training, supervision, and recognized assessment to use that title.

Our national quest for freedom and independence was started by a few committed individuals who worked locally to shape the opinions and knowledge of their community one person at a time. In a few short years, without the benefit of cell phones or internet, they started a revolution. We can too.

Join our revolution; be a part of our Public Policy Team helping us to plan a legislative day in Trenton or being part of our grassroots network to help us attain licensure. We can always use more volunteers to help plan our fundraising events or work on National Nutrition Month objectives. Perhaps you would like to write an article for the News and Views or have your own ideas for how you would like to participate in the growth of NJDA. It is a win-win situation.

Let us commit time and energy to not only improving the public’s awareness of who we are and what we do, but supporting and energizing each other in this effort. Let this be a year of personal and professional growth for all members of NJDA.

If you would like to volunteer, please email me at nutriciard@yahoo.com or call me at 973-600-7503.
Good News NJDA Can Use – A NEW Jersey... Shaping the Way We Live!

KARIN MILLE, MS, RD AND MARYANN ELLSWORTH, MS, RD
OFFICE OF NUTRITION & FITNESS, NJ DEPARTMENT OF HEALTH & SENIOR SERVICES

We are pleased to report that much has happened since our last update to NJDA members. Heading the list of exciting updates is that NJDA is now an official partner of the New Jersey Obesity Prevention and Planning Partnership, A New Jersey... Shaping the Way We Live. Patricia Davidson, NJDA President signed a Partnership Agreement on July 17, 2009, giving NJDA full partner privileges.

Two public events proved to be fun for kids of all ages. Jenkinson’s Beach in Point Pleasant, provided the setting for A Nutrition and Fitness Awareness Day at the Beach on July 30, 2009. New Jersey Commissioner of Health and Senior Services, Heather Howard officiated. Denise Langevin, the official NJDA representative, while other Partners were represented by our colleagues including Felicia Stoler, Kathleen Morgan, and Marla Klein. A second event was held on Wed., August 26, 2009, the YMCA of Greater Bergen County served as the location for a Nutrition and Fitness Awareness Day at the Gym.

Two new communication tools have been launched. All NJDA partners are invited to visit the new website at www.shapingnj.gov to find great information for both consumers and professionals. Plus, our partner organization representatives have a new portal to allow collaborative work and efficient communication between face to face meetings.

A highlight of Fruits & Veggies More Matters Month will be the release of the state’s Fruit and Vegetable Report Card – Call to Action, published by CDC. Watch for more information in future as we learn how this surveillance tool can identify opportunities to grow and improve policy and environmental support and facilitate making fruits and vegetable choices easier for New Jersey residents.

Need to learn more about sustainable agriculture, policy and environmental change focused around locally grown agriculture, and food policy councils? Consider attending the annual meeting of the National Association of Farmer Market Nutrition Programs. A great conference is scheduled for the Trump Plaza in Atlantic City from October 14 through 16, 2009. Check out the agenda of nationally known speakers. For more info www.nafmnp.org

Save the date: November 13 is the next Leaders Academy for Healthy Community Development. Agenda includes guidance for evidence based community projects along with the announcement of mini-grant opportunities. For more information, call, (609) 292-2209.

Congratulations to our colleagues at the New Jersey WIC program who will proudly launch the new WIC food package on October 1, 2009. We look forward to the health impact this will have on the retail environment in New Jersey communities.

Delegates’ Corner

MARY-PAT MACIOLEK, MBA, RD - DELEGATE

The ADA House of Delegates (HOD) is very busy preparing for the Fall HOD Meeting at FNCE 2009. The Delegates will be arriving in Chicago to begin the 3-day HOD Meeting beginning on Friday, October 16th and running until the Opening Session of FNCE on Saturday, October 17th. On the Fall HOD Agenda are two Dialogue Sessions: Evidence-based Practice and Health Reform. Please review the HOD Fact Sheet for each of these topics that are included in this Newsletter. For more information on these topics, an Executive Summary and HOD Backgrounder for each can be found at www.eatright.org/HODBackgrindersFall2009. Please provide comments and responses to NJDA delegate@yahoo.com by Friday, October 2nd, so I can represent YOU at the HOD Session in October. Make sure your voice is represented at the Fall HOD meeting!
A New Jersey…Shaping the Way We Live
NJDA Signs On as Official Member of Statewide Public-Private Partnership

DENISE LANGEVIN, MS, RD

As you have heard previously in this newsletter and at our Annual Meeting, New Jersey is one of 23 states to receive CDC funding for a Nutrition, Physical Activity and Obesity Cooperative Agreement that is being administered through the New Jersey Department of Health and Senior Services (NJDHSS), Office of Nutrition and Fitness. The goal of this project is to develop and implement a New Jersey specific plan to prevent and control obesity and other related chronic diseases through healthful eating and physical activity. This goal will be achieved through strategic public health efforts with state and community partners. New Jersey Dietetic Association (NJDA) has joined as an official partner and will take an active, leadership role in working with the NJDHS and other agencies/organizations to set statewide goals and implement integrated strategies to meet those goals.

A special kick-off event for the public was held on July 30th at Jenkinson’s Board Walk in Point Pleasant, NJ. The event included a variety of activities with NJDHS Commissioner Heather Howard to demonstrate the importance of nutrition and physical activity in preventing obesity. There were tabletop displays, screenings, exercise and food preparation demonstrations. NJDA participated, manning a tabletop exhibit that provided general nutrition information targeted to parents and children, as well as information about how to find a qualified nutrition professional. NJDA member and Chef-RD, Diane Henderiks, presented interactive food demonstrations for children on the beach with the assistance of Commissioner Howard. It was a beautiful day and a fun event.

But now the real work begins. The primary focus of this Nutrition, Physical Activity and Obesity Program is on the use of policy and environmental change strategies that create systematic change and the project will target populations within the state that are at risk for health disparities. The project must address each of the six CDC behavioral target areas:

- Increase breastfeeding initiation, duration and exclusivity
- Increase physical activity
- Increase the consumption of fruits and vegetables
- Decrease television viewing
- Decrease the consumption of sugar sweetened beverages
- Decrease the consumption of energy dense foods

Workgroups have been developed to address each of these areas as well as data and surveillance and partnership development and sustainability. Any NJDA members who are interested in participating in any of these workgroups are urged to get involved. If you are interested, email Denise.LangevinRD@gmail.com. As New Jersey’s nutrition experts, we have a lot to offer to this project and it is important that we are “at the table” as the plan is being developed and implemented.

Welcome to Nutrition & Fitness Awareness Day
Sponsored by: The New Jersey Office of Nutrition and Fitness

Immediate Past President, Denise Langevin, presented a tabletop display for NJDA at the July 30th kick-off event for the New Jersey-Shaping the Way We Live Project at the Boardwalk in Point Pleasant.

NJDA member and Chef-RD Diane Henderiks (left) leads children on the beach in Point Pleasant in a food preparation activity with fun ways to incorporate fruits and vegetables. Health Commissioner Heather Howard (right) assists.
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 health care 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.

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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Nutritional Health and Wellness Delegation to China

RITA MITCHELL, DELEGATION LEADER
NOVEMBER 7 TO 17, 2008

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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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 results in 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

to 25 and 30 in the United States). Reasons given for the increase in overweight and obesity are changes in dietary patterns, eating more animal foods and soft drinks, more visits to fast food restaurants, and the One Child Policy resulting in spoiled children who are often allowed to eat anything they want. In order 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, particularly for increasing intake of vegetables and fruits. Although the government has guidelines for weight gain for pregnancy based on prepregnancy weight, birth weight is increasing due to greater income and food availability and the belief by many women that they need to eat a lot more food to have a healthy baby. Infants and children have regular visits to the health clinic. Children must be immunized for smallpox and polio; other immunizations are optional. Rice powder (infant formula) is fortified with iron, zinc, vitamins A and D. Manufacturers have developed the formula based on infant need.

The incidence of osteoporosis has been increasing. As a result, research is being conducted to develop calcium guidelines and also on the use of soybeans in changing bone density. Hypertension and diabetes are also increasing, more in the North than in the South. The three leading causes of death are cardiovascular disease, cancer and accidents. China is making progress in water quality. UNICEF is providing funds to build roads so that clean water can be transported to rural areas. Dr. Zhi-Zhong thanked the delegation for the lively exchange and information, and said he hopes it is the beginning of communication and collaboration. Upon return to the United States the delegation leader sent delegates' contact information to facilitate that exchange.

Later that day we visited the Zhongtian Kindergarten located in the beautiful, green Zhongtian Garden Community. The kindergarten, winner of the 2002 First Class Nursery School in the Guizhou province, has 348 students ages 2 to 6 years old. The staff includes 33 teachers and 16 nursery aides. Four of the classes are bilingual with English being the second language. The school is considered unique and stylish and caters to wealthy families. It was pointed out that the students are not representative of the whole province, which has many poor areas.

Our delegation was warmly welcomed by the head of the kindergarten, Ms. Cui Xinxue. Other Chinese participants included Zhang Shili and Pan Weiping, assistants to Ms. Cui; Li Yuan Xiangli, teachers; Guan Fuqing, sanitarian of the children; Zhang Hiafeng, expert of nursery education; and several parents of the children.

After the introductions and greetings the five year old students sang songs that demonstrated a flawless command of the English language. They were adorable and poised as they performed familiar songs, involving the audience with hand clapping and hand holding. At the end of the show we presented them with dolls and toys and they squealed with delight.

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 Unites 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.”

Carlie Abersold, Margaret Dubes, Carla Duan, Barbara Larson, Jan Lewis, Saundra Russel-Tesoriero, Cheryl Schissler, and Doris Welborn contributed to this report.
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 - NJDAdelegate@yahoo.com

To obtain the full backgrounder “Evidence-based Practice”, visit www.eatright.org/HODBackgroundersFall2009.
Health Reform
HOD Fact Sheet

House of Delegates

August 2009

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.

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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.
Role of Dairy Foods in the Dietary Guidelines

This review provides evidence that milk and milk products play a critical role in eating patterns designed to provide an adequate amount of nutrients based on the 2005 Dietary Guidelines for Americans. The review also highlights the role of milk and milk products in helping to reduce the risk of some chronic diseases, including osteoporosis, insulin resistance syndrome, coronary heart disease, and high blood pressure. It summarizes new findings in dairy and nutrition research areas that were of importance during the 2005 Dietary Guidelines Advisory Committee’s review.

Highlights:

The 2005 Dietary Guidelines identified “nutrients of concern” that are typically low in the American diet. “Dairy foods contribute significant amounts of four of the seven and three of the five nutrients of concern for adults and children respectively, including calcium, potassium, magnesium, and vitamin A.”

Nutrient intake data indicate that the 2005 Dietary Guidelines for Americans recommendation of three servings a day from the milk group is the minimum amount necessary to ensure adequate intakes of calcium for all Americans older than nine years. Four servings per day may be necessary to ensure adequate intakes of magnesium and potassium.

There is strong and consistent evidence that diets containing adequate levels of calcium and vitamin D are protective against low bone mass and osteoporosis. Additional data are needed on the role of dairy foods in fracture prevention.

“Emerging, albeit limited evidence suggests that calcium, vitamin D, and milk product intake may help protect against the insulin resistance syndrome (IRS) and its components.”

Results of observational studies in children, young adults, and mature adults consistently suggest an inverse association between dairy food consumption and blood pressure or risk of hypertension. The Dietary Approaches to Stop Hypertension (DASH) clinical trials have demonstrated the potential effects of dairy consumption on blood pressure.

“Maximizing intake of nutrient-rich foods such as dairy, fruits, vegetables, and whole grains within calorie needs, along with improving healthy lifestyles, should be a priority consideration for future dietary guidelines.”