Andrea Shotton, MS, RD, LDN (DDPD Legislative Chair) joined ADA colleagues from around the United States in Washington, D.C., March 14-16th at ADA’s Public Policy Workshop (PPW). The Workshop hosts (Legislative and Public Policy Committee of ADA) gently provided the guidance, support and leadership training necessary for becoming a high quality effective nutrition and health policy advocate.

Held annually, the PPW provides participants with an understanding of the legislative and regulatory processes that are key to influence ADA’s food, nutrition and health initiative priorities. Four priority issues, are identified for the next congressional session:

• Local School Wellness Policies
• Aging: Older Americans Act (OAA) Reauthorization
• Medical Nutrition Therapy Campaign
• HIV/AIDS: Reauthorization of Ryan White CARE Act

While understanding the legislative priorities for ADA is critical, so is the implementation of the grassroots skills obtained to deliver important messages to Senators and Representatives. The PPW participants gave these messages to their respective state’s Senators and Representatives:

Local School Wellness Policies

Please support improving school wellness policies by “moving forward in measuring implementation of the wellness policies, and assessing whether the policies meet the intention of promoting student health.” ADA can provide the needed resources, technical assistance to local educational agencies, school food authorities, and State education agencies as they move forward at the federal level.

Aging: Older Americans Act (OAA) Reauthorization

“Please support ADA’s initiative to improve client access to nutrition screening, assessment and counseling under Older Americans Act Nutrition Program (OAANP), and its initiative to seek to strengthen the role of the dietitian in these important programs. The 2005 White House Conference on Aging (WHCoA) had twelve ADA members serving as delegates and one serving on the Advisory Board. ADA, in collaboration with other nutrition and aging organizations presented a unified voice on nutrition and presented nutrition-strategies in a number of areas.”

Medical Nutrition Therapy Campaign

“Please support improving the health care of Medicare patients while reducing the cost of providing proper nutrition counseling to those who need the most by co-sponsoring the Medicare Medical Nutrition Therapy Act of 2005. This bill gives the Center for Medicare & Medicaid Services (CMS) the authority to expand the medical nutrition therapy benefit to any disease, disorder, or condi-
Spring has sprung here in the south, after a winter that alternated warm and cold. My daffodils were up in February after an unusually warm January – and then it snowed! Every year the changes in the weather give us something to talk about.

Things change in a practice group, too – even DDPD! We have the same vision and mission. We still have 4 practice areas. But look where things have changed using the internet in the past years: We have a website. We have a listserv. The executive committee chats back and forth via email in addition to regular conference calls. As a practice group, we can communicate effectively and efficiently … and did I mention quickly?? Join the listserv so you can join the discussions!

So what’s new in 2006 for DDPD?

As an executive committee and on the listserv, we have had great discussions recently – join us on the listserv if you haven’t already!

Our priority session has been approved for FNCE in Hawaii – see info about that elsewhere in the issue. Many timelines and events for FNCE will be different this year, as it is in Hawaii. Although DDPD is not sponsoring a table at the opening reception on Saturday (due to expense), many of us will be attending and hope to see you there!

Standards of Practice in behavioral health were written and should be published in JADA. DDPD’s are the second to be approved!! Mary Emerson and her committee did a wonderful job!

We have talked about scanning all our old newsletters (we are only missing a few issues) and making them accessible online. We are just beginning to discover the possibilities on the website for info sharing and/or downloading fact sheets and continuing ed, and what we can or can’t change for.

We have not yet talked about the fact we offer four stipends for speakers yearly (but we will), and almost never are all four requested or used: is there something else we should do with that money?

And we would really like to expand the list of names of DDPD members on our public map – there have been several requests on the various listservs for RD’s who work in our areas: autism, eating disorders, substance abuse… and if enough names were on that map, it could become a useful marketing tool.

We have had a spirited discussion on the listserv about a possible name change to shorten it, and/or make it become more encompassing. See the article elsewhere in this issue. (And have I mentioned – join the listserv!) It is also possible to look at the archives of the discussions through Yahoo.

After several years of discussion, we are slowly getting two new committees underway to move us further into the future. One is a fund-raising committee to be able to expand our member services and meetings. The other is a publication committee. DDPD has successfully published the Toolbox for Adults with Developmental Disabilities, and co-produced the Children with Special Health Care Needs Handbook along with the Pediatric Nutrition Practice Group. We would like to provide written resources in all four of DDPD’s practice areas (quick: can you name all four?).

And after 8 years of rewarding – and challenging at times! – work for DDPD, from Newsletter Editor, through Secretary/Treasurer and now Chair, I am looking forward to easing off over the next year and then taking a rest after I finish my year as Chair-Elect. And I am currently in the process of leaving the job I have had for almost 18 years and moving to a new town and a new job (still providing services in the area of developmental disabilities).

I will contentedly pass these responsibilities as Chair on to Sharon Wojonarski, who has been a DDPD member for a long time, and whom I first met when she was one of our Resource Professionals. We have several Executive Committee positions changing this year, and I look forward to Sharon and the committee continuing with great things for DDPD!

Thank you to all of you for your support for me and for DDPD over the years I have been involved. It has been a pleasure getting to meet many of you at FNCE, and to begin to know others through listserv discussions.

Lee Wallace
tion deemed medically reasonable and necessary.” CMS will then make their decision for MNT coverage using evidence-based research for cost-effectiveness.

“Thanks to ADA members lobbying on Capitol Hill March 16, HR. 1582/S. 604, the Medicare Nutrition Therapy (MNT) Act of 2005, has picked up additional cosponsors, bringing the total for the House version to 55. Added to the list this week were Reps. Harold Ford (D-TN), Mike McNulty (D-NY), Stephanie Tubbs Jones (D-OH), Jim Gerlach (R-PA), Sanford Bishop (D-GA), Dennis Moore (D-KS), G.K. Butterfield (D-NC), James Oberstar (D-MN), Ed Markey (D-MA), Todd Russell Platts (R-PA), Charlie Melancon (D-LA), Mike Castle (R-DE) and Lynn Woolsey (D-CA). The Senate version of the bill, S. 604, has 20 cosponsors. Contact Ron Smith, Director of Government Relations, at (202) 775-8277 or rsmith@eatright.org for more information.

HIV/AIDS: Reauthorization of Ryan White CARE Act

“Please support amendments to the current Ryan White CARE Act and provide funding to strengthen the role of Medical Nutrition Therapy (MNT) and the registered dietitian in programs funded by the Act. Currently, MNT is a required service in all titles of the Act. Therefore, patients and families served by these programs have limited, if any, access to life-saving MNT by a registered dietitian. Questions may be directed to Mary Lee Watts at (202) 775-8277 or mwwatts@eatright.org.”

The “Tension between Science and Politics” was also a primary focus. Presentations that focused on the topic included Nutrition at the Crossroads of Science and Politics, Your Evidence or Mine?, Why Strong Science is Not Enough, A Case study on Science and Policy: Finding the Balance, and Changing the Balance: Making a Difference.

Contact your state’s local officials and congressmen to speak about ADA’s priority issues. For a detailed ADA Advocacy guide go to: http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/advocacy_719_ENU.HTML.htm

Resources and CEU Opportunities

From the American Diabetes Association

Clinical education program by John W. Newcomer, MD

Clinicians who treat mentally ill patients are increasingly seeing a patient population that has diabetes or may be at an increased risk for the disease. Published reports show that patients taking antipsychotic medications are at risk for developing diabetes at a greater rate than the general or schizophrenic populations. According to a recent consensus statement on antipsychotic drugs and diabetes published by the American Diabetes Association, epidemiological data suggest an increased prevalence of obesity, impaired glucose regulation and type 2 diabetes in people with psychiatric illness. As a result, clinicians are faced with a new set of challenges, including the need to properly screen, counsel and monitor patients who are taking these drugs on an ongoing basis for metabolic complications.

This program has been developed for psychiatrists, primary care physicians, clinical psychologists, pharmacists, nurse practitioners, and nurses who treat patients with psychiatric illness, specifically schizophrenia.

Or 1-866-271-8235

Every so often there is an opportunity in life to help those who are less fortunate in their access to health care. Reaching out to communities in need is a true litmus test of our ultimate goals as health care professionals.

Special Olympics recently created a health care Provider Directory which enables patients to find health care professionals in their area who are willing to treat patients with intellectual disabilities.

The Provider Directory is a result of Special Olympics’ experience and research that found, contrary to popular belief, that people with intellectual disabilities actually have poorer health, more specialized health care needs and greater difficulty accessing health care services and doctors than the general public. We encourage you to enroll and to reach out to other health care providers to better serve this population.

The Provider Directory is currently online and open to all health care providers in the United States, Mexico, Canada and the Caribbean who are willing to provide services to people with intellectual disabilities. Health care professionals sign up for the Directory on a voluntary basis and the Directory facilitates the connection between people with intellectual disabilities and health care professionals willing and able to treat them.

The Provider Directory is expected to be the largest list of health care providers
for people with disabilities in North America. Signing up is quick and simple: you can enroll at www.specialolympics.org/providerdirectory.

Once the Directory is populated with health care providers, the public will be able to search the Directory to find a provider in their area who is willing to treat patients with intellectual disabilities. Special Olympics expects to open the Provider Directory to the public in 2006.

To learn about additional volunteer opportunities in the Special Olympics Healthy Athletes(r) program, please visit www.specialolympics.org.

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**Activities in DDPD**

**Congratulations to:**
- Registered Dietitian: Betty A. Krauss, RD MI WM, DPMR, DCE, PNP, DD PD
- Who was voted to the CDR Board!! Way to go!

**Psychiatric Resource Manual Work Group**

A work group from DDPD is developing a Psychiatric Resource Manual for dietitians working in the psychiatric area as well as general practitioners and consultants. The group has met by conference call twice and is moving along nicely. One section of the manual will include educational resource for dietitians and patients with reproducible handouts for nutrition groups and individual counseling.

If you would like to contribute to this valuable resource by sharing your handouts, lesson plans, or resources to share with your colleagues, please get in touch with Mary Emerson, who is chairing the work group. Send your ideas by email to: emersonm@springharbor.org, or call 207.761.2378

**What’s In a Name??**

What if you could be in an organization focusing on YOU and YOUR PRACTICE NEEDS?
- From helping your clients with developmental issues…
- To supporting your quest for better nutrition for children with behavioral concerns…
- To cutting edge information on eating disorders and substance abuse…
- What if this organization was fighting for the rights of your patients…
- And standardizing descriptions of what you do in your day so that your employer would finally understand?
- And this organization would even provide financial support to bring a speaker on these issues to your area!
- The good news is, YOU ALREADY BELONG! DDPD is all of these things and more! However, the DDPD leadership is concerned that many potential members don’t recognize all of these aspects that DDPD provides. We are wondering if a change to the DPG name would help alert ADA members of the exceptional DPG that we are.
- One possible name has been suggested already…
- Developmental, Behavioral and Eating Disorders… but we’d like to know what you think!
- Do you have an idea? We are offering free membership in DDPD to the member who submits the new name of choice. Any and all submissions are welcome… including the choice to keep the name the same.
- If you have a suggestion, you are welcome to email privately to Jessica Setnick, at jessicasetnick@aol.com, or feel free to send a reply to the list. All responses will be compiled and presented to the membership at a later date.
- You already know how great DDPD is for your practice… let’s make sure everyone else does, too!

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**Ballot Results for 2006-2007 Officers**

Congratulations to our new DDPD executive board members! Thank you also to everyone who volunteered to run for office in DDPD.

**Lynn Grieger**
**DDPD Nominating Committee Chair**

The final ballot results are:

**Chair-elect**
Paula D. Kerr, MS, RD, CD

**Secretary/Treasurer**
Sharon Lemons, MS, RD, LD

**Nominating Committee**
Susan Stern Zabriskie, RD, MS, CDN – Chair
Darla Henderson, RD, MS, CDN
Barbara Linneman, MS, RD, LD
The Spring HOD Meeting will convene on April 29-30, 2006, Fairmont Chicago Hotel, in Chicago, IL. All DPG and affiliate officers are invited to attend and participate. If any DPG or affiliate officer or ADA member would like to participate, please pre-register for the Spring Meeting by contacting the HOD Governance staff hod@eatright.org no later than April 21. This will ensure a name badge, meeting materials, as well as, assigned seating for participating in the dialogue sessions.

HAWAII—We Want to See You There!

JOIN US FOR:

Opening Reception

Executive Committee Meeting
September 16

Members are welcome to attend the Executive Committee Meeting to listen in on the work of the group.

DDPD Educational Session
September 17

*Our Bodies, Ourselves: How to Discuss (or Not!) Our Size with Clients*

Presented by: Adrienne Ressler and Molly Kellogg, RD

DPG Showcase
September 18
ForMyDiet.com is a new website designed to make living with and managing a metabolic disorder diet a whole lot easier!

ForMyDiet currently features many informative and useful tools, such as an informative center with medical information about specific orders, message boards with a range of forums that fit in different interests, and online food list and nutrient calculations that allows for searching, sorting, and retrieval of disorder-specific nutritional values.

ForMyDiet is currently working on a metabolic disorders diet management application that will be available through its website, and will provide patients with tools to securely track dietary intake, medication, medical formula, blood levels, and more. The application will allow for added accuracy, and will eliminate many of the tedious management tasks that individuals with chronic disorders need to complete each and every day.

In addition to patient tools, the ForMyDiet diet management application will include healthcare professional tools that will give healthcare professionals the ability to monitor their patient’s diet more closely, and allow for increased patient - professional communication. In addition, healthcare professionals will have visual representation of their patients’ data and will be able to aggregate data by professional or clinic.