

# DEVELOPMENTAL ISSUES

A publication of  
*Dietetics in Developmental and Psychiatric Disorders (DDPD®)*  
A dietetic practice group of the American Dietetic Association

Fall 2004

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The views expressed in this publication are those of the author and are not necessarily those of the American Dietetic Association. Mention of product names in this publication does not constitute endorsement by DDPD or ADA.

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Articles about successful programs, research interventions, evaluations and treatment strategies, meeting announcements and information about educational programs are welcome and should be sent to the editor by the next deadline.

### Future Deadlines

Spring . . . . . February 15, 2005

### Please forward Information To

Melissa Altman-Traub, MS, RD, LDN  
1997 Turkey Trot Road  
Jamison, PA 18929  
nutrisolutions@aol.com

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120 South Riverside Plaza, Suite 2000  
CHICAGO, ILLINOIS 60606-6995

## DPG 12 DIETETICS IN DEVELOPMENTAL AND PSYCHIATRIC DISORDERS

### 2003-2004 ANNUAL REPORT

This year we continued to update our member communications. We have provided members with the latest information in our field and have disseminated our knowledge to colleagues and the public.

Our efforts continue to improve the lives and health of individuals with developmental disabilities and psychiatric disorders .

### Program of Work Outcomes

#### Publications

Our newsletter, *DevelopMental Issues* edited by Melissa Altman-Traub was published four times. Featured topics were contributed by the following members:

- Maria Sakowitz on weight control for adults on antipsychotic meds
- Jessica Setnick, on eating disorders and pregnancy
- Dr. Anne Hatcher, on beverage consumption in recovering addicts
- Dr. Donna Lockner on food safety

#### Communications

Our Web site continues to be updated and revised. Webmaster Lynn Grieger has completed her term after the notable accomplishments of creating our Web site as well as our listserv. The listserv has 65 members.

#### Awards

A speaker stipend of \$400. was given to Jocelyn Rodrigues through the International Congress of Dietetics for

her presentation at the International Congress of Dietetics meeting in Chicago in May, 2004. Rodrigues, a DDPD member, addressed the topic of nutrition in the addicted AIDS patient.

#### Programs

The DDPD priority session in San Antonio was attended by over 500 ADA members. The topic, Weight Management and Nutrition Considerations with the use of Psychotropic Drugs was presented by an expert panel: Dr. James Jefferson, Zaneta Pronsky, RD and Marilyn Ricci, RD

Our member meeting included a program on the topic of alternative treatments for PMS and menopause. This was presented by Dr. Amy Rothenberg, N.D.

#### Support Services

Resource professionals fielded inquiries from a number of members and our lending library continues to be a well used source of audiovisual materials

#### Leadership Training

Chair Susan Zabriski and Chair-Elect Mary Emerson attended the ADA Leadership Institute in Tucson, Arizona.

Financial Outcomes for the Fiscal Year Ending May 31, 2004:

- Expenses totaled: \$27,454
- Revenues totaled: \$26,023
- Net Assets: \$42,090

The DPG ended the year with a deficit of 1,431.

## From the Chair

Mary Emerson, RD



I live in New England where fall is really a very special season of the brilliant reds and oranges. It is a great time of focusing our energies into specific projects. We are also in the full swing of the national presidential campaign

focusing our attention on legislative issues. The legislative update in this edition of *Developmental News* highlights the work going on at the national level in educating the public on food labeling and changes ahead in Medicare reimbursement. These types of changes have implications for all of us in our areas of practice as well. This issue also provides a chance to find out some interesting facts about the executive committee. Find out which executive

committee member has been way off the grid! We also welcome new members to DDPD. DDPD is actually a group of professionals working in one of our four target areas networking to strengthen our skills and share our resources. The listserv is a great member benefit with questions and responses specific to the member need. The listserv offers you an opportunity to receive every message or just to peruse the messages.

## Book Reviews

Anne S. Hatcher, EdD, RD, CACIII, NCACII

Scott, L. *The Sober Kitchen*. Harvard Common Press. 2003.

Dietetics professionals will find this book a valuable resource from a number of viewpoints. The author is a professional chef who wrote the book to assist recovering alcoholics who, like herself, wanted to eat well while maintaining sobriety. In addition to providing some excellent recipes, she discusses nutritional values, choosing, storing and preparing foods. She cites references including a *Journal of the American Dietetic Association* article about retention of alcohol in cooked foods. Information about alcoholism, the stages of the disease and the stages of recovery are included along with recommended dietary changes for each stage are included in this valuable reference. Even a person not in recovery might want to add this cookbook to his/her collection. In the opinion of this reviewer, there is only one important omission in the book. Many recovering persons, especially recovering alcoholics and in particular persons of color find that they have developed lactose intolerance as a result of substance abuse. Many of the recipes use dairy foods and no suggestions are given for substituting rice, soy or nut milks for dairy. Aside from this one issue, this is a highly recommended book for addiction counselors, dietitians and dietetic students.

Weinberg, B. A. & Bealer, B. K. *The Caffeine Advantage*. Free Press. 2002.

The subtitle of this book summarizes its contents rather well: "How to sharpen your mind, improve your physical performance and achieve your goals - the healthy way." The authors discuss the appropriate and inappropriate use of caffeine to help users focus attention and accomplish their goals. Use of caffeine by professional athletes is included and comparisons are made with prohibited substances. The authors describe the impact of caffeine on sleep, jet lag, weight loss and even on meditation. In the chapter on health effects, they describe the impact on various conditions including hypertension, osteoporosis, asthma, alcoholism, diabetes and pregnancy. Dietetics Professionals and substance abuse counselors will find this book to be interesting reading and a guide when counseling clients.

Higdon, J. *An Evidence-Based Approach to Vitamins and Minerals*. Thieme Press. 2003.

The use of nutrients to treat various health conditions including substance abuse is proliferating. Often the amounts recommended exceed the amount that might be deemed more medicine than nutrient. Dietetics professionals who are concerned about this trend will find this publication a valuable resource. The author's goal was "to provide clinicians and consumers with a practical evidence-based reference to the rapidly expanding field of micronutrient nutrition". Jane

Higdon, who holds a PhD in nutrition and biochemistry, is well qualified to evaluate medical and nutritional literature. She discusses nutritional needs at various stages of life and focuses on optimal micronutrient intake. Each nutrient is discussed from the standpoint of function, recommended intake, deficiency symptoms, use in disease prevention and treatment, sources and safety (toxicity and medication interactions). The sections on toxicity are of particular value due to the persistent belief that nutrients can be used in unlimited amounts with no concern about side effects. This book is recommended as a reference for dietitians and dietetic students.

*Food, Brain Chemistry and Behavior* by Jeffrey L. Fortuna, Dr. P.H. Published by Pearson Custom Publishing, 1998

In this book, Dr. Fortuna provides a basic description of nutrition, brain chemistry and the nutrients that impact brain function. His recommendations are familiar to dietetics professionals and reflect much of what we advocate as we work with clients. For the client who is interesting in learning and is not looking for the magic seven step program that will reverse the damage done by substance abuse, this book is a good resource.

*How to Defeat Alcoholism* by Joseph D. Beasley, MD. 1989  
Available from [www.addictionend.com](http://www.addictionend.com)

Dr. Beasley has written a number of books about substance abuse in which

he discusses the nutritional impact and makes recommendations for treatment. His publications have been used to instruct physicians who specialize in addiction treatment as well as family physicians and internists. In addition to describing alcoholism and its symptoms, he discusses nutritional impact and the use of nutrition in treatment. His recommendations, like Dr. Fortuna's are very

familiar to dietetics professionals and provide support for the recommendations usually made

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*Leaning to Live Again, A Guide for Recovery From Alcoholism* by Merlene Miller, Terence T. Gorski and David K. Miller Published by Independence Press

This book has been used in the addic-

tion treatment programs for a number of years. The section on Physical Recovery emphasizes the importance of nutrition. With increasing interest in relapse prevention, this publication and training by Terence Gorski will gain in importance, especially for dietetics professionals working in treatment centers and with recovering persons.

## Questions and Answers from the Resource Professional: Eating Disorders and Addictions

Panel of experts: Lena Sheffield, MSED, CAP, Clinical Outreach Coordinator for The Renfrew Center; and Kaylene Warner, LMSW, Eating Disorders Program Coordinator, and Howard Miller, MD, attending psychiatrist, both with Santé Center for Healing in Argyle, Texas.

**Q:** *Why do patients so often struggle with both eating disorders and addictions?*

**A:** According to Miller, the same developmental issues that lead to eating disorders make our patients susceptible to "addiction problems in more than one sphere... to bind anxiety, provide self-comforting, and substitute for relationships." Sheffield observes that when eating disorders stop "working," they become additional stressors, rather than the coping mechanisms they once were. This may prompt the use of external chemicals or behaviors to cope with increasing stress levels; to relieve pain, provide a false sense of energy, or bolster a body that is no longer physically well; and/or to help substitute for eating disordered behaviors that have become difficult to maintain. And Warner reminds us that "eating disorders are addictions."

**Q:** *Why do eating disorders always seem to be the last addiction to resolve?*

**A:** In Sheffield's experience, it's because eating disorders remain secret longer. "Weight loss is glorified and reinforced until it's very severe, and bulimia can be totally hidden, whereas substance abuse is often visible earlier." Warner and Miller add that no one can be abstinent from eating, so treatment is more complex. Miller describes the difference: "[When treating] other addictions you can set up a clear barrier and eliminate the behavior completely.

[With eating disorders] the stimulus for the addiction is always present, and it's more challenging to teach self-regulation rather than abstinence." The tendency for eating disorders to start earlier than other addictions may also be part of the reason they last longer; food is usually the first substance to be abused because it is the only mood-altering chemical available to most children.

**Q:** *How can dietetics professionals help patients who don't want to address their eating disorder?*

**A:** The experts agree that the response should be individualized to each patient. Miller suggests a treatment team approach. "Emphasize [to the patient] that while the eating disorder may seem so subtle or secret that you don't want to deal with it, in the long run it may be the most life-threatening problem you have, and it will impair your ability to resolve your other addictions." Warner suggests promoting the prescribed meal plan as part of the total addiction recovery plan, "focusing on its importance to maintaining a healthy [substance-free] lifestyle." Sheffield points out the other side of the coin - patients who enter eating disorder treatment in denial of possible addictions. She suggests that dietitians ask patients about alcohol and drug use, especially those known to cause weight loss, as well as diet pills, over-the-counter herbs and supplements that may be used or misused to manage weight or appetite. This can provide an opportunity for education and possible need for referral to further care if the patient is physically or psychologically addicted.

*Jessica Setnick, MS, RD/LDEating Disorder Resource Professional*

## Trying to Encourage Your Clients to Eat More Fresh Fruits and Vegetables?

Susan S. Zabriskie RD, MS

This year at Jefferson Rehabilitation Center in Watertown, New York we did something new. Twenty of our group homes bought shares in our local Community Supported Agriculture(CSA) program. I have been in touch with the CSA coordinator to know ahead of time what produce will be included each week and have sent appropriate suggestions and recipes to the participating houses weekly. The staff and the residents are supporting local farmers and are learning more about how to prepare fresh local vegetables throughout the growing season. It's been a great opportunity for everyone involved!

# Executive Committee Introduction

Welcome to returning and new members of our executive committee for 2004 - 2005!

Introductory questions:

1. What is your current job?
2. What is your favorite thing about your position?
3. What did you learn in college that you find is the most valuable today?
4. What brought you to practice in this area of dietetics?
5. How have you benefited from being active in this dietetic practice group?
6. Tell us something we didn't know about you.

## Mary Emerson MS, RD/LD - Chair

1. Clinical Dietitian in a 100 bed acute care psychiatric facility servicing children to adults, including one ward of developmental disabilities.
2. Definitely the work with patients both in groups and individually. I particularly enjoy my involvement in outpatient where I do a monthly nutrition group for the partial hospitalization program and substance abuse treatment programs, as well as see clients individually. This allows me to work with clients in a more stable, realistic setting than the in-patient environment.
3. I took a lot of communication and counseling electives which I find I use daily. Communication is key to all work in dietetics, particularly in dealing with patients experiencing psychiatric disorders.
4. Actually my first RD job was in a psychiatric facility in Westchester County New York. I really liked the teamwork, particularly working with psychiatrists. I worked in acute medical settings for seven years following that job, but really missed the teamwork that I had enjoyed in the psychiatric setting.
5. There is only one FTE for my position and I feel DDPD has allowed me to access peers to ponder questions and gain information I need to care for my patients.
6. August 17, 2003 my husband and I adopted our daughter from China, Kiera. She was 10.5 months old and absolutely beautiful!! However, she had never been fed solid food. She refused to take foods via the spoon and would vomit if you did make her. It has been a long road of her having speech, occupational and physical therapy over the past year, but I am happy to report that she is now eating solid food!

## Lee S. Wallace MS, RD, LDN, FADA - Chair-Elect

1. Coordinator (and RD) for the Physical Nutritional Management Team at Orange Grove Center
2. I work in the same office with peers in other professions (PT, OT, SLP, RN, & Behavior Specialist) and we have fun, fun fun, while getting phenomenal amounts of work done!
3. Hmm. How to take multiple choice tests? Nope....How to make a grilled cheese sandwich with an iron? Still no....How to make \$10. buy two weeks food? Nope...That you don't have to finish first to still be good? Maybe....That being prepared and doing your best can get you through a lot? Maybe.....That nothing is ever simple? Nothing! Ever!...Hmmm...well, one of the above, anyway.
4. Pure luck - I needed a full-time job and came to apply for a position as a clinical dietitian. And loved it! I've been doing this for over 16 year now.
5. I have met and learned from other RD's practicing in related areas - being able to go to meetings and actually meet and network with them has been wonderful!
6. I have just been to Alaska and have been way off the grid!

## Susan S. Zabriskie RD, MS (Past Chair) - Nominating Committee Chair

1. I'm a consultant to a private non-profit agency serving developmentally disabled children and adults ---group homes, sheltered workshop and day treatment
2. It offers a lot of variety of nutrition and food activity, and it's fun!
3. In college-- the ability to research an issue until you find what you are looking for. in my internship--to be a professional in knowing the limits of your knowledge and being able to say, I don't know but I will find out!
4. Just practical job availability. I did not imagine I would be doing this so long---10 years!
5. Networking with RD's who are experts in areas I need help with, sharing ideas about the daily aspects of practice, brainstorming about development of tools for educating staff and clients, bringing speakers on relevant topics to FNCE
6. Hmm...I have 2 cats

## Jessica Setnick MS, RD/LD - Eating Disorders Resource Professional

1. Owner of Understanding Nutrition, my private practice; leader of Eating Disorders Boot Camp, training workshop for dietitians and other health professionals; Early Childhood Intervention Nutrition Consultant.
2. The freedom!
3. That of the things you can control, communication skills, motivation, and education are the three keys to going as far as you want to in your career.

4. The desire to make a difference in someone's quality of life, and personal struggles with eating issues, although I didn't realize it at the time.
5. I am new to the group but have enjoyed interacting with like-minded dietitians from all over the country, and looking forward to meeting even more!
6. I was my college's first female mascot, the Penn Quaker!

**Cherry Chanley MS, RD, CD -**  
DDPD Secretary/Treasurer

1. My favorite thing about my DDPD position is networking with other professionals in this area of dietetics.
2. The thing I learned in college that I feel is most valuable today is good counseling skills.
3. The thing that brought me to practice in this area of dietetics was other Dietitians that I know who practice in this area. One of my first consulting jobs was in group homes and I am still doing some of these homes today (12 years later).
4. I feel the greatest benefits of belonging to this practice group is the chance to network with other professionals in this area, great newsletters which help you gain knowledge and keep you up to date, and the friendships that you make through the practice group.
5. I also am active in my state (Indiana) dietetic association serving as Historian. I am a Consulting Dietitian consulting to GroupHomes for MR/DD clients, Long-Term Care facilities, Assisted Living Facilities, and small hospitals.

**Rosalind Wilkins MS, RD -**  
Nominating Committee Chair

1. What is your current job? Chief, Nutrition Policy and Education Unit, Section for Chronic Disease Prevention and Health Promotion, Division of Community Health
2. What is your favorite thing about your position? [ Managing multiple programs that have an impact on the general population. The programs in this unit encompasses many life-stages and coordinates with other existing programs within the Department of Health and Senior Services.
3. What did you learn in college that you find is the most valuable today? Never say never
4. What brought you to practice in this area of dietetics? Working in public health at a community health center. I enjoyed working directly with the population and providing services that helped improve their lives. This job is responsible for planning, implementing and evaluating programs. This is quite exciting.
5. How have you benefited from being active in this practice-group? DDPD has provided rich resources and opportunities to network with other colleagues in special health care needs.
6. Tell us something we didn't know about you I went snorkling in Belize while I was on a mission trip.

**Melissa Altman-Traub MS, RD, LDN -**  
Newsletter Editor

1. I am a nutrition consultant for adults with developmental disabilities in residential facilities and community group homes. I also am a renal dietitian part-time and teach introductory nutrition at two colleges.
2. I really enjoy being part of a team of committed and caring professionals in residential and health care settings. I like the chance to try new approaches to problems, and to teach other team members about the importance of nutrition. Teaching my classes consisting of mostly nursing students is also a real pleasure and helps me stay up to date.
3. Between my undergraduate nutrition degree at Penn State, and years of evening classes after that, I have a love of learning all sorts of subjects, enjoying reading substantive material, and developing confidence in trying new things.
4. Serendipity!
5. I feel I have benefited immensely from my involvement in terms of understanding the fields better. Sharing ideas on the list serv now is a major benefit. I always come away from DDPD meetings with a lot of new ideas and different ways of thinking about everyday issues.
6. We moved last year and are really loving exploring this area. There are still a few farms on our street and we had a warren of baby bunnies on our lawn this spring. (And yes, I did see turkeys trotting nearby too.)

**Lillian L. Reyes-Gates MS, RD, LD -**  
Membership Chair

1. Nutrition Quality Monitor -- I promote nutrition best practices in long term care facilities. I work for a state agency, but I don't do regulatory work.
2. I enjoy review of literature searches and reading credible research articles. I get to share findings with providers in the state of Texas.
3. I am quite lucky that my mother and oldest sister were librarians. I was quite shocked in college when I found out that I had superior lit review and research skills more than my other classmates.
4. One of my first part-time jobs as a college sophomore was working with developmentally delayed children. I became a Qualified Mental Retardation Professional as a result of that experience. I initiated food preparation activities for the pre-school aged children. From my vocation assessment in high school, I had strength in math and in science, and the area of dietetics flagged. Since my mother was a Civil Service hospital librarian, she introduced me to a hospital dietitian when I was in high school.
5. I have many smart colleagues in the field, and I learned from them. As Membership Chair for DDPD, I am making more new friends.

6. I thrive on socialization. My husband and I have been married over 11 years. We enjoy and listening to rock and roll and country music. Austin, Texas, is the music capital of the world. Tell me about an upcoming festival, and I am there!

### Joyce Lowe, MS, RD -

Audiovisual Librarian

1. My current job is Director of Medical Nutrition Services.
2. I like all things that have to do with keeping people healthy and they are what the profession is all about.
3. I finished college so long ago until it is hard for me to remember what was most valuable but I think I would say look and act professional at all times on the job. This was back when we as dietitian wore white uniforms.
4. I was recruited by the Director of the Facility when he came in for a Low Cholesterol Diet instruction in the Acute Care Hospital that I was working in.
5. When I first started working here I knew very little about the care of people with developmental disabilities so the news issues for this practice group were very helpful plus the resource professionals were too when you encountered problems.
6. I am retired from the Naval Reserve with twenty years of service and I spent nine months on activity duty doing Desert Shield/Desert Storm.

### Ann Overmyer, RD, CD -

Developmental Disabilities Resource Professional

1. Current job: Consultant Dietitian to group homes for Developmental Disabilities (DD), group homes for mental illness, and individuals on Medicaid DD waiver program in Indiana
2. Favorite thing: I like the fact that no two days are alike.
3. What I learned in college: Hard work and sticking to a project until the finish is very important in providing good service to your clients.
4. Practice in this area: I did a traineeship at a state hospital for DD individuals when I graduated and I found I really enjoyed working with this population.
5. Active in this practice group: That many people deal with similar issues across the country and we ask similar questions.
6. Something about me: I love to garden and fish.

### Plan now for future Food & Nutrition Conferences!

2005 - St. Louis, Mo., October 22-25

2006 - Honolulu, Hawaii, September 16-19

2007 - Philadelphia, Pa., September 29 - October 2

## Call For Nominations

Nominations are being accepted for the DDPD Dietetic Practice Group positions for Chair Elect and for Nominating Committee.

**The Chair Elect-active** member of the DDPD Dietetic Practice Group. Demonstrates leadership in district, state, and/or national organizational units of the American Dietetic Association.

Serves a one year term of office which begins June 1, 2005, following election, and then assumes position of Chair at the end of that year, serving until May 31, 2007.

**Nominating Committee** - composed of three active members of the DDPD Dietetic Practice Group and the Past Chair as an ex-officio, non-voting member. The member receiving the highest number of votes shall serve as Chair of the Committee. Serve a one-year term of office following the election beginning June 1, 2005, and ending May 31, 2006.

For more information and to receive a detailed job description of the positions, please contact Rosalind M. Wilkins, Chair, DDPD Nominating Committee

**E-mail:** [wromywil@aol.com](mailto:wromywil@aol.com)

**Telephone:** 573-636-5028

## Legislative Article

### FTC encourages use of truthful, non-misleading health claims

A Federal Trade Commission (FTC) staff report to the Food and Drug Administration (FDA) claims that additional truthful, non-misleading health claims on more foods would help consumers make informed dietary choices. FTC also told FDA that manufacturers should be encouraged to develop and market healthier food products. FTC cited its own experience with consumers and consumer research on health claims as reasons for these recommendations.

### FTC suggested FDA:

- Allow health claims if a food meets a "nutrient density" standard as an alternative to having a specified minimum amount of the nutrient.
- Permit, on a case-by-case basis, health claims for foods that meet neither a minimum nutrient content requirement nor a nutrient density standard if such claims would inform consumers of healthier substitutes for foods in their diets.
- Consider mandating the use of disclosure statements if consumer research indicates a health claim on a food label with a problematic nutrient may imply the food is healthful in all respects.
- Allow the use of truthful, non-misleading synonyms for FDA defined terms in nutrients content claims.

# LEGISLATIVE NEWS

Submitted by Daria Polanchik, RD, Legislative Chair

## Carbohydrates Content Guide Expected Later This Year

A proposed rule to provide guidance to manufacturers regarding nutrient content claims related to the carbohydrate content of foods will be published later this fall, according to the FDA Acting Commissioner Lester Crawford. This rule will seek to develop definitions for the terms "low carb" and "net carb", which are already appearing on hundreds of food package labels and, according to FDA, are leading to consumer confusion.

The recommendation to issue a proposed rule on carbohydrate content claims on food package labels came from the FDA Obesity Working Group (OWG), which released its report, "Calories Count", in March. Carbohydrate content is just one of several areas of the food label the OWG believes needs revision and further consideration.

## CMS Proposes 2005 Medicare Fee Schedule Increase

The Centers for Medicare and Medicaid Services (CMS) has proposed an across-the-board 1.5% percent increase in payment rates for physician's services provided to Medicare beneficiaries, as mandated by last year's congressional action on the prescription drug bill. Because registered dietitian rates are based on the physician fee schedule, they will see their hourly rate for Medicare MNT climb about \$2 for an hour's service. Medicare RDs are paid 85 percent of the amount listed in the physician fee schedule for MNT services. Medicare RD providers can expect payment of approximately \$64 for 60 minutes of MNT. For a 60-minute group MNT session, the 2005 adjusted national average rate is \$12.66 per beneficiary who attends the group.

## USDA Awards \$4 Million in a Nutrition Training Grant

Agriculture Secretary Ann M. Veneman announced a Healthier US Schools Initiative along with the recipients of TeamNutrition training grants totaling \$4 million. The grants are intended to help state agencies improve children's lifelong eating and physical activity habits. The Healthier US schools Initiative challenges schools to continue to improve the school nutrition environment. Team Nutrition provides schools with nutrition education materials for children and families, technical assistance materials for school food service directors, managers and staff; and materials to build school and community support for healthy eating and physical activity.

## Child Nutrition Act Reauthorization

The Child Nutrition Act reauthorization was passed by the Congress. The most important provision of this bill was a local wellness policy that requires every school district to develop its own wellness policy.

## ADA Submits Comments to USDA on Food Stamp Nutrition Education Framework

The United States Department of Agriculture (USDA) is considering a new framework for the Food Stamp Nutrition Education (FSNE) program that identifies mothers with children as the primary target audience for education and requires agencies and providers to focus education efforts on food stamp recipients and applications.

The current framework allows for education efforts to target a broader population including the 50 percent of recipients who are children or elderly and ill people at up to 185 percent of the poverty level regardless of the food stamp application status. Many nutrition educators are concerned that the new framework will leave vulnerable populations without access to nutrition education. ADA submitted comments to USDA encouraging them to:

- Allow localities to identify their target audiences based on the needs of their communities.
- Allow localities to tailor education venues and techniques to what is effective among their identified target populations.
- Support local FSNE programs in evaluating the effectiveness of FSNE, growing the body of nutrition education research and replicating best practices among programs.

## USDA Calls for Comments on Food Guide Pyramid

The USDA is seeking to revise their Food Guidance System - best known for its Food Guide Pyramid - in conjunction with the Dietary Guidelines for Americans revisions due out in 2005. Although most people are familiar with the Food Guide Pyramid, few follow its recommendations in their entirety. The purpose for developing new consumer presentations and materials is to help motivate consumers to put the food intake patterns into practice in order to improve their food choices.

Continued on page 9

# AMERICAN DIETETIC ASSOCIATION REPORT FOR THE HOUSE OF DELEGATES

## Diversity Committee August 2004

To achieve its purpose, the Diversity Committee has set goals, which determine its program of work. The following report summarizes some of the outcomes thus far that are related to these goals.

**Goal # 1:** To increase the diversity of the profession and the membership.

**Goal # 2:** To support and encourage increasing the cultural competence of our members so they can better serve the diverse population.

Members of the Committee are currently working on the following initiatives:

- Educate the new leadership (DPGs, HOD, Affiliates) about the Diversity Committee and the mentoring toolkit.
- Encourage members to use the mentoring toolkit.
- Increase the visibility of the committee and highlight the mentoring toolkit by obtaining a booth at the DPG and Networking Group Showcase at FNCE.
- The Speaker of the House of Delegates, Mindy Zook-Weaver has asked six members to form the Diversity and Practice Subcommittee of the Diversity Committee. Paul Cotton, chair of the Diversity Committee, will also chair this subcommittee. The charge of this subcommittee is to "review the results of the dialogue session in order to address short-term or immediate recommendations and long-term or more strategic recommendations for the practitioner and dietetics organizations in order to address the issues of education, ongoing education and training, and food and nutritional care delivery to culturally and ethnically diverse populations."
- Host the Annual Diversity Committee Award and Networking Luncheon at FNCE.
- The Diversity Committee has awarded the Diversity Promotion Grant of \$5,000.00 to Ohio University, Human and Consumer Sciences Department in Athens, Ohio. David H. Holben, PhD, RD, LD, Associate Professor & Director, Didactic Program in Dietetics will use the grant money for the recruitment of underrepresented students into a DPD program in Appalachia.

- The Diversity Committee has awarded the Diversity Action Award of \$1,000 to the National Organization of Blacks in Dietetics & Nutrition in care of Sarah M. Wilder, PhD, RD, LD for the intern mentoring program by the Texas Chapter of NOBIDAN.

For more information, please contact the Diversity Committee Staff Partner, Genny Trinko at 800/877-1600 x4734 or [gtrinko@eatright.org](mailto:gtrinko@eatright.org)

### Diversity Committee Members:

**Chair:** Paul A. Cotton, PhD, RD

**Chair-elect:** Suzanne M. Leson, MS, RD, LD

**Geetha Krishnan, MS, MA, RD**

**Claudia Gonzalez, MS, RD, LDN**

**Kyle Shadix, CCC, MS, RD**

**Younghee Kim, PhD, RD**

### **ForMyDiet.com:** helping people with metabolic disorders manage their diets better.

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.

The ForMyDiet online Diet management application will be available in the fall of 2004, and will be presented during the ADA Food and Nutrition Conference and Exposition at the Dietetics in Developmental and Psychiatric Disorders practice Group member breakfast meeting in Anaheim on October 5, 2004.



"LEGISLATIVE NEWS" continued from page 7.

## Member Value Committee September 2004

The Member Value Committee (MVC), a standing committee of the Board of Directors, recommends policies and strategies to enhance member value and to build and maintain membership in the Association.

To achieve its charge, the MVC has developed the following program of work for 2004-2005:

- Make program recommendations based on a review and evaluation of the results of the 2004 Member and Non-Member Needs Satisfaction Survey
- Investigate methods to share the knowledge and expertise gained by affiliate and DPG leaders attending the ADA Leadership Institute via a "roll-out" of seminars to their members
- Investigate allowing student members to vote, report findings and make a recommendation to the Issues Management Committee
- Determine what type of special recognition (if any) should be given to those that attain 25 years of ADA membership
- Review the Leader's Challenge program and determine how to annualize this event and discuss possible incentives for those who achieve their goal
- Participate in the annual Leader's Challenge
- Review and recommend content or changes to the New Member Welcome Booklet on an annual basis

For additional information on MVC activities please contact Mary Jawgiel, Manager, Membership at 312-899-4863 or [mjawgiel@eatright.org](mailto:mjawgiel@eatright.org)

### Member Value Committee 2004-2005

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Frances Largeman, RD

Kathleen W. McClusky, MS, RD, FADA

Louise Peck, PhD, RD

Becky Salus

Milton Stokes, RD

Staff Partners: Barbara Visocan and Mary Jawgiel

## MNT

ADA is working to draft a bill to implement the recommendations of the Centers for Medicare and Medicaid Services to expand the benefit to include hypertension and dyslipidemia. The new ADA bill will be introduced in January 2005. In the meantime, ADA is monitoring the regulatory process as CMS implements the MNT provisions contained in the new Medicare law passed last December.

## Other Legislation

There are a number of bills pending in Congress that deal with obesity.

However, it does not appear that any of these measures will pass the Congress this year.

There has been some discussion in Congress about passing a reauthorization bill for the Nutrition Monitoring Act. However, that seems unlikely to occur until at least next year.

### Medicare Redefines Obesity so Coverage May Expand

In a major turnaround of public policy, the Centers for Medicare and Medicaid Services (CMS) are removing barriers that have impeded coverage of anti-obesity treatments. By simply striking a 40-year-old reference that said that obesity was not an illness, the decision opens the door for treatments where scientific and medical evidence demonstrates their effectiveness in improving health outcomes.

The change, announced by Secretary of Health and Human Services Tommy Thompson, could open Medicare to cover surgery, as well as diet and exercise management programs, but not weight loss drugs. Actual coverage determinations will be based on medical science showing whether treatment modes reduce complications and improve quality of life, Medicare officials said. The action doesn't actually open the door for any specific treatment, but where the scientific evidence shows effectiveness, interventions may be available for Medicare beneficiaries. Because private insurance companies often follow Medicare's lead, the decision is expected to put new pressures on health plans to expand coverage for weight loss treatments. ADA has long called for designating obesity as a disease, so that coverage for services could be available.

## 2004-2005 DDPD Executive Committee Officers

<p>Chair (04-05)* Mary Emerson, MS, RD, LD Spring Harbor Hospital 175 Running Hill Road South Portland, ME 04016 Telephone &amp; voice mail: 207-761-2378 Fax: 207-761-2387 Beeper: 207-759-8991 <a href="mailto:emersonm@springharbor.org">emersonm@springharbor.org</a></p>	<p>Membership Chair (04-06)* Lillian Reyes-Gates, MS, RD, LD 8312 N I H 35 Apt 1134 Austin, TX 78753-6444 H: 512-873-0117 W: 512-832-7604 Fax: 512-873-0117 <a href="mailto:lillian.reyes-gates@dhs.state.tx.us">lillian.reyes-gates@dhs.state.tx.us</a></p>	<p>Professional Issues Delegate Alyce Thomas, RD 703 Main St Paterson, NJ 07503-2621 (W) 973/754-2596 (F) 973/754-9773 (H) 973/371-4884 <a href="mailto:thomasa@sjhmc.org">thomasa@sjhmc.org</a></p>
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	<p>Manager, Dietetic Practice Team Kim Hanigan, RD American Dietetic Association 120 South Riverside Plaza, Suite 2000 Chicago, IL 60606 W: 800/877-1600 ext 4725 Fax: 312/899-4812 <a href="mailto:Khanigan@eatright.org">Khanigan@eatright.org</a></p>	<p><b>* indicates voting Executive Committee member</b></p>

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c/o Melissa Altman-Traub, MS, RD, LDN  
1997 Turkey Trot Road  
Jamison, PA 18929

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## **DDPD EML and Web site**

### **Are you part of the DDPD EML?**

DDPD started an EML (electronic mailing list, or listserve) for members only. Don't miss out on this opportunity to network, ask questions, and keep in touch with your peers. To join: send an email message to [imailsrv@ddpd.org](mailto:imailsrv@ddpd.org) with the following in the body of the message (remove the < > brackets): subscribe ddpdlist <Your Full Name>

If you're a member of the electronic mailing list and want to send a message, address your message to [ddpdlist@ddpd.org](mailto:ddpdlist@ddpd.org)

DDPD Web site member log-in reminder: To log into the DDPD member-only areas of our Web site, type "ddpd" in the first prompt box and "ddpd\_visitor" in the second box. Leave out the quotation marks, and make sure the letters are all lower case. If you have questions, contact DDPD Web Chair Lynn Grieger at [lgrieger@adelphia.net](mailto:lgrieger@adelphia.net)