



NJD-HCF COMMUNIQUÉ



Volume 13 Number 2

www.njnutritionexpert.com

August 2007



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CHAIRMAN'S CORNER

By Josefina G. Velez, M. S. R. D., DHCFA

Summer is such an enjoyable season, and I hope you are all having fun. I believe in working hard but also in "playing hard" to achieve a healthy balance in life. So, have lots of fun and frolic for whatever is left of the summer.

Last June 10, 2007, the turnover of leadership was formally done, highlighted by a sumptuous luncheon hosted by our past Chair Elsie Nucum-Allen at Rod's restaurant. Each of the past officer and member of the NJDHCF board were delighted to receive a dainty and exquisite votive candle holder from Elsie, as a token of her appreciation for their dedicated service to our organization. My sincere admiration goes to our past Chair Elsie, for her dynamic leadership, untiring, relentless efforts, and commitment to the advancement of the profession and our organization. She always had the courage or the "guts" to do what is right for NJDHCF through the years, to keep the highest standard of professionalism of our group intact.

It is a great honor and privilege to serve as NJDHCF Chairman for 2007-2008. Congratulations to our new Chairman - Elect, Darlene Morrison, and to the new officers and members of the board!!! Accepting leadership positions requires a lot of self-sacrifice but it also allows us the opportunity for growth and development; to use different skills sets; and to develop "leaders within others". Marianne Edge, past president of the ADA wrote, "positive leadership is usually described as appreciative and transformational, and effective leaders provide a positive environment that motivates individuals to build upon their strengths and to feel comfortable in communicating their thoughts. Advancing our leadership skills is as equally important as our dietetic skills". There are quite a few challenges ahead of us that our organization and its leaders must tackle and we look forward to an exciting year. Hopefully, we can urge all of you to invite new members to our organization for we have much to offer them and our organization can always benefit from the talents and skills of its members.



CHAIRMAN'S CORNER (cont.)

By Josefina G. Velez, M. S. R. D., DHCFA

To advance our dietetic skills, we have lined up for you a series of seminars . On September 26, 2007 , based on popular demand, Darlene is busy planning and coordinating with speakers for our next seminar. Our topic will be on "Eating Disorders" and "Survey News" Survey and Regulations update with a speaker from the Department of Health, State of New Jersey . Please save the following dates for future seminars: January 24, 2008, Winter Seminar; April 15, 2008, Spring Seminar; September 24, 2008, Fall Seminar.

The new NJDHCF Diet Manual will be displayed at the Market Place at the ADA FNCE Convention in Philadelphia on September 30, 2007. Barbara D' Assaro, Chair of the Diet Manual Committee and its members must be commended for their untiring diligence and the long hours they devote in the revision of the manual. She also asked me to remind our members that the Diet Manual in Healthcare Facilities must be current and not older than 5 years.

We are all looking forward to seeing you at the ADA-FNCE Philadelphia Conference and Expo on September 29- October 2. Don't forget to visit us at our market place booth. See you soon!!

Articles in this newsletter are for your review and not necessarily the opinion of this editor or this practice group.

Mark Your Calendar!

Wednesday, September 26,
2007

NJDHCF FALL SEMINAR

PRINCETON, NJ

**Deadline for the December
Newsletter is November 15,
2007**

Please send all articles or
announcements to:

Natalie Zetter, M.S., R. D.
C.D.N.

181 Fern Road
East Brunswick, NJ 08816

OR
Send Email to:
NataliePZ@aol.com

GUESS WHO'S COMING TO DINNER (AND BREAKFAST AND LUNCH)

Submitted by: Liz Dunnell, M Ed, RD

It may be a big surprise for us, as dietitians, and our clients who have diabetes; unless we know about the Consistent Carbohydrate Diet. Our JADA (January 2007) featured a Perspectives in Practice : Inpatient Management of Diabetes and Hyperglycemia. From the information provided, we can extrapolate information to recommend the correct prescription in the treatment of diabetes for our out-patient/home patients to help control blood sugars, and hopefully avoid side effects of uncontrolled diabetes.

Both the American Diabetes Association and the American College of Endocrinology recommend critically ill patients keep their blood glucose level as close to 110 mg/dL as possible. In the non-critically ill patient, The American Diabetes Association recommends to keep the pre-meal blood glucose as close to 90 to 130 mg/dL as possible. Both organizations agree that peak post-prandial blood glucose should be 180 mg/dL or less.

It is important that food and nutrition professionals familiarize themselves with these recommendations and implement nutrition interventions in collaboration with other members of the health care team to achieve these new glycemic control targets. Food and nutrition professionals have a key role in developing screening tools. And in implementing nutrition care guidelines, nutrition interventions, and medical treatment protocols are needed to improve inpatient glycemic control.

Recent evidence suggests that irregardless of the cause of hyperglycemia, tighter glycemic targets are necessary for individuals to achieve the best possible outcomes when hospitalized. A number of recommendations were given in the JADA article, including that all patients with diabetes admitted to the hospital should have glycosylated hemoglobin(A1c) obtained for discharge planning if the result of testing in the previous 2 to 3 months is not available; and that a diabetes education plan including "survival skills education" and follow-up should be developed for each patient. Risks and benefits of using oral diabetes medications for individuals with previously diagnosed diabetes must be assessed. Consider oral intake (ie, poor appetite) and patient's schedule (eg, frequent tests or physical therapy). Sulfonylureas (ie, glyburide glipizide, glimerpride) have a long duration of action, and thus can predispose patients to hypoglycemia if they have erratic schedules or inadequate oral intake. Caution with geriatric patients is warranted.

Individuals on clear or full liquid diets should receive approximately 200 g of carbohydrate throughout the day divided in equal amounts at meals and snack times to prevent starvation ketosis.



GUESS WHO'S COMING TO DINNER (Cont'd)

The primary sources of carbohydrate are fruits, vegetables, whole grains, and low-fat milk. Sucrose containing foods can also be a part of the total carbohydrate for the meal. An average hospital consistent carbohydrate daily menu provides between 1,800 to 2,000 kcal, with approximately 12 to 15 carbohydrate servings, divided between meals and snacks. A carbohydrate serving provides approximately 15 g of carbohydrate. This system focuses on the total grams of carbohydrate as a key strategy to achieving glycemic control.

In care plan development, the nutrition intervention would be to provide a consistent carbohydrate diet so an appropriate insulin regimen can be integrated with food intake and scheduled testing and/or procedures. Consistent carbohydrate menus should be implemented and maintained for people able to consume oral intake, and clinical staff and volunteers should be educated on the rationale for a consistent carbohydrate diet. The JADA article includes consistent carbohydrate menus for progression diets. For more in depth information about these standards of care, make sure you read J Am Diet Assoc. 2007; 107:105-111.

WHAT TYPES OF FATS SHOULD WE RECOMMEND TO FOOD SERVICE?

SUBMITTED BY BARBARA S. D'ASARO, R.D.

Vegetable oils contain varying amounts of omega 6 (n-6) and omega 3 (n-3) fatty acids. The body converts these fatty acids to precursors of prostaglandins. The n-6 derived prostaglandins can promote inflammation, platelet aggregation, hypertension and coronary heart disease. Corn oil is particularly high in n-6 fatty acids. The n-3 oils oppose the effects of n-6 fatty acids. (1)

The American diet is much higher in the less desirable n-6 fatty acids than in the more desirable n-3 fatty acids. Food service managers should be encouraged to replace corn oil with canola and soy bean oils, both better sources of n-3. (2) These oils are no more expensive than corn oil. Flaxseed oil is especially high in n-3; however, it is very unstable and oxidizes readily (becomes rancid). Any fat used should be "free" of trans fatty acids (trans fats).

(1) Kris-Etherton, PhD, RD, Omega-6 Fatty Acids: Recommendations for Therapeutics and Prevention; presentation at the Institute of Human Nutrition, Columbia University, College of Physicians and Surgeons, May 21, 2005

(2) Eleese Cunningham, RD, Question of the Month:JADA, 2005:1825

MEMBERSHIP COMMITTEE REPORT

SUBMITTED BY HARRIET D. KAHN, M.A., R.D.

Our membership drive for 2007-2008 ended May 31 with late renewal completed on July 1. However, there were still several members who did not send their checks in until the end of July. The committee would appreciate that everyone who plans to renew membership next spring do it immediately upon receiving the membership notice. Our webmaster and I have lots to do to update the membership directory before it can be printed and sent to our members. Sending your membership dues back when requested would be a great help considering other responsibilities we all get involved with in the spring i.e. school events, vacations etc.

The total membership for NJD-HCF 2007-2008 is 108 members, 6 of whom are new. A new directory will be mailed to all current members before our September meeting. We will still be accepting late renewals at \$30.00, and there will be a directory available for those new members at the meeting.

It's Here!

The updated 2008 edition of the NJDHCF Diet Manual for Healthcare Facilities!

A comprehensive user-friendly guide for meeting the nutritional needs of Assisted Living and Long-Term Care Residents. Accurate and based on current theory, the 2008 manual features:

- Commonly prescribed diets
- Consistent carbohydrate diets
- Extensive updated gluten-free diet
- Renal diets made easy
- Meal planning and sample menus
- Glycemic index/Load, Food/Med interactions, and more
- 70+ food guide pyramid

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TURNOVER BRUNCH

**SUBMITTED BY: DARLENE A. MORRISON, M.S., MBA, R.D.,
CHAIRMAN-ELECT**

Please join me in extending a warm thank you to Elsie Nucum-Allen, MS, RD for her hard work and dedication to our organization. On Sunday, June 10, 2007, Elsie officially turned over the reins to Josefina G. Velez, MS., RD, the new NJD-HCF Chairman, who has the awesome task of trying to match Elsie's expertise. The Turnover Brunch was held at "Rod's Steak and Seafood Grille" in Morristown. The food and atmosphere were superb!

During this event, Elsie reviewed her accomplishments for the past year. Under her guidance and direction, three memorable and informative educational seminars were presented ("Sanitation & Management and State Regulations' Update"; "The Cancer Battle Plan, Nutrition and Immunity"; and "Nutrition Diagnosis and the New Process for Nutritional Care"). In addition, Elsie was instrumental in consolidating all of our publishing needs e.g. newsletters, seminar brochures, etc. under "MRN Web Designs", a company that brought a new level of professionalism to our publications.

We are certain that Elsie's contributions will continue even though her Chairman responsibilities have been relinquished. Many of us have become active on the Executive Board solely due to Elsie's tireless recruitment efforts. We urge all of our members to get involved in serving our organization in a professionally rewarding way. We look forward to another successful year! Be sure to mark your calendar for the Fall Seminar on Wednesday, September 26, 2007 for our annual state survey update as well as a presentation on eating disorders.



Past Chairman, Elsie Nucum Allen, MS RD passing the gavel to Josie Velez, MS RD, Chairman, during the turnover brunch on June 10, 2007



Nutrition Dietetics Practice Definition

Submitted by: Juliet A. Songco, M.S., Ed, R.D.

If you do not already know, the NJDA Licensure Committee released a definition of dietetics practice from previously submitted NJ bills. It says: "Nutrition/dietetics practice" means the integration and application of principles derived from the science of nutrition, biochemistry, physiology, food, food management and from behavioral and social sciences to achieve and maintain a healthy human status. It includes the provision of nutrition care as follows: assessing the nutritional needs of individuals and groups, and determining resources and constraints, establishing priorities, goals and objectives that meet nutritional needs and are consistent with available resources and constraints, providing nutritional counseling in health and disease; developing, implementing and managing nutrition care systems; evaluating, making changes in and maintaining appropriate standards of quality in food and nutrition services; and establishing appropriate care plans for normal and therapeutic nutrition services.

The committee also need our responses and any feedback you may have about the above definition. Do you think this is a comprehensive definition? Why or why not? If you have any comment or feedback, please send it to: Juliet Songco's e-mail address: cherie53@aol.com

FYI: There are so far 46 states that recognized dietitians. 11 states have certification or title protection. NJ is one of the only 4 states that have no form of recognition for the dietitian.

Thanks for your attention and support on this issue.

Enjoy your summer!!!

Juliet A. Songco, M.S., Ed, R.D. (cherie53@aol.com)

NJDHCF Liaison to the NJDA

NEW JERSEY DIETITIANS IN HEALTH CARE FACILITIES

Presents our

Fall Seminar

September 26, 2007

Princeton, NJ

“Eating Disorders” and “Survey News”

This one day program is designed to provide an understanding of Eating Disorders and survey and regulations update with a speaker from the Department of Health, State of New Jersey.



NJD-HCF

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