

NJD-HCF COMMUNIQUE



Volume 13 Number 7

www.njnutritionexpert.com

March 2009



CHAIRMAN'S CORNER

By Darlene A. Morrison, MS, MBA, RD

Inside this issue:

Chairman's Corner	1
Website News	2
Nutritional Health and Wellness, A Twenty First Century Legacy or Paradox	2
Consultant Dietitians Practice Group Spring 2009	3
More About Vitamin D	4
What's Next	5

I hope this newsletter finds you and your loved ones surviving these rough economic times. Many of our patients, family members, friends and co-workers are faced with financial worries regarding unemployment, plummeting stock market, and rising costs for almost everything. We would be irresponsible as an organization, if we did not do our part in trying to seek cost saving measures in order to keep our membership and seminar fees at a reasonable level so that all of us can continue to participate and enhance our professional expertise. We frequently receive laudatory comments from our seminar participants complimenting us on our programs and the reasonableness of our fees and we certainly would like to continue to receive such praise.

During our last Executive Board meeting, it was agreed that we would seek opportunities of "Going Green" and cut back on reproduction and postal expenses by expanding our use of the Web for disseminating newsletters, seminar brochures, ballots, registration forms, etc. Maria Lewis, our Web Coordinator, will keep us informed on how this plan will be rolled out. Certainly, in addition to the financial savings, there is also a significant environmental impact for "Going Green." One of our first attempts in going "GREEN" with our communications will be this year's voting for the Executive Committee for 2009-10. We are excited about this web based project and hope that most of you will participate.

I hope all of you enjoyed our last seminar set up by Kathleen Mahmoud. Our speakers, Joanne Maxwell, RD, MA who spoke on "Regulatory Update" and Barbara Skinner, MS, RD, CDE who spoke on "Review of Current Diabetes Medications" did not disappoint us and inspired us to make changes in our work setting to provide better care of our patients. We look forward to our next program scheduled for Tuesday, April 28, 2009.

I am not sure how many of our members are not currently members of ADA. Starting in March 2009, non-members can join the ADA for the 2009-10 year and receive the remainder of the 2008-09 year for free! To take advantage of this offer, simply use the promotion code "AFF9" on ADA's affiliate promotion membership application.

As a historic note, The American Dietetic Association was invited to ring the Opening Bell for the NASDAQ stock exchange, the largest electronic equities exchange in the United States, on Thursday, March 12, in recognition of National Nutrition Month and Registered Dietitian Day. In addition to being a milestone for ADA, it certainly was a milestone in the recent stock exchange since we finally had an increase and not a drastic reduction in the stock market. Hopefully, this is a sign of better days to come!

Website News

Maria Lewis– Web Coordinator

It is the time of the year to vote for the 2009-2010 Executive Board. The Committee has voted to advance with technology. We will begin by increasing the use of the Website.

The first project will be to vote for the Executive Board. A Web Blast has been sent to inform most of the membership.

We realize that some members are not online. Please call or email Nimi Bhagawan of the Nominating Committee for a paper ballot.

The Nominating Committee members are: Mary Mazza, Linda Courey- Degnan, Nimi Bhagawan. The results will be announced at the Spring Meeting April 28, 2009 and on the Website.

Check the website frequently for job postings and meeting notices:

www.njnutritionexpert.com

The listserve is a great way to discuss issues and ask questions to our colleagues. However, lately there has been a lack of discussion so the responses must be going directly back to the writer. A reminder for answers to the listserve questions: use REPLY when answering so that it goes to the whole listserve. In this way, we can stimulate a discussion. If you need to reply privately to the writer -use FORWARD.

Nutritional Health and Wellness, A Twenty First Century Legacy or Paradox

Julieta Songo MS Ed., R.D.

Because we are all professionals with the same mission to provide sound nutrition information hence empower our clients with nutrition education and to promote nutritional health and wellness.

The irony of this (or would we say the dilemma) is: Are we there yet? This delegation is privileged to revisit the challenges—barriers in achieving nutritional health and wellness with the intricate ramifications of poverty, hunger, food insecurity, and malnutrition (which includes both undernutrition that could lead to nutrient deficiencies and overnutrition that could lead to cardiovascular diseases, diabetes, obesity, other related abnormalities and eventual death in extreme cases).

Or we can propose a strategic plan to achieve nutritional health and wellness through the building of global coalitions. For example, joining forces with other initiatives like HIV prevention (a unique wellness case) and eradication, Green revolution, and solar energy/oil conservation are all being explored. This delegation's partnership between China and the United States is a classic case of sharing people's talent, time and treasure. And of course, it is another example of small-scale global coalitions. The next venue comes nutrition education, research, policy promotion and programming which consequently leads to healthful lifestyle changes, caloric-nutrient adequacy, and food security. Eventually, there will be chronic disease prevention and eradication, with the ultimate goal of eradication of hunger, poverty and malnutrition to promote nutritional health and wellness.

It is a huge undertaking for all of us with the pitfalls and success of this program. It is worth the try considering the immeasurable experiences in participating in this program. Because if we don't, who will?



Consultant Dietitians Practice Group Spring 2009

By Mary Piciocco, M.S., R.D.

I had the good fortune to register for and attend online the February 8th session of the Public Policy Workshop. Some of the messages I came away with include the following.

- Each member is part of the grassroots organization. We have a voice and we need to use it!
- Dietitians are included as the experts in nutrition related policies. This from Kathy Dahlkemper of Pennsylvania, member of the Agriculture Committee that addresses numerous nutrition issues and an RD herself.
- The Children's Health bill has been signed into law.
- There is a plan that each Congressional office is visited at least 3 times this year before Labor Day.

What must we do?

According to Honorable Dahlkemper, we must become more visible. Visit state and local officials. Offer to help review information and/or testify at hearings. Be part of the solution.

We are not alone! Often times, as an individual member, we may not be directly involved on the National level. However, by visiting the Public Policy section of the ADA website, you have access to a wealth of information to make involvement with our individual representatives less overwhelming. "ADA advises against sending someone alone on a visit who has not trained with other member leaders on ADA's messages." It is recommended instead, that if you are new, you visit your respective legislator with an already active member. There are pre-established "leave behind" materials you can obtain by e-mailing Ron Smith, Director of Government Relations for ADA, at rsmith@eatright.org. Once you schedule your appointment, he will send timely leave-behind materials for your meeting.

Further recommendations from the ADA:

- Read On The Pulse. This is the weekly newsletter from the ADA. There is a link to subscribe on the ADA website (www.eatright.org) in the public policy section.
- Review the information on legislature in the newspapers and/ weekend discussion programs.
- Sign up to receive information from your representatives. Review public articles from open sessions.
- Contact your Public Policy Coordinator. Ours is:

Geetha Krishnan, MS, MA, RD, CDE

Bedminster, NJ 973-466-8109 g289@yahoo.com

The Consultant Dietitians in New Jersey also has Rosemary O'Dea who has been involved in legislation and is a source of information and tips for making a difference.

Most of all, as small a step or as wide a leap as you can make, it is our time to become involved.

(The information from the public policy workshop is posted on the ADA website for one month for those interested).



More About Vitamin D

By Barbara S. D'Asaro, MNS, RD

The current nutrition and medical literature is abundant with articles on the important role of vitamin D, not only for bone integrity but also for its role in decreasing the risk of many chronic illnesses including common cancers, autoimmune diseases, infectious diseases and cardiovascular disease (1,2). Research is discovering vitamin D's role in improving cognitive performance and mood while reducing the risk of some types of dementia, type 1 diabetes and periodontal disease (2).

More than a decade ago, The Institute of Medicine (IOM) set the Adequate Intake (AI) for vitamin D at 200 IU daily for everyone under age 50, 400 IU for ages 51-70 and 600 IU for ages 70 and older. The tolerable Upper-Intake (UL) was set at 2,000 IU. Many experts now consider this recommendation inadequate and maintain that public health is best served by higher intakes-perhaps 1,000 to 2,000 IU daily with a UL as high as 10,000 IU (2). Risk-assessment toxicity studies (3) have provided evidence of the safety and efficacy of these levels. Revised recommendations for Vitamin D are likely to be several years away since committees tend to deliberate slowly. It should be noted that the elderly convert less pro vitamin D to vitamin D when exposed to sunlight. In northern latitudes exposure to sunlight is effective only during the summer months.

We should be checking our residents', patients' and clients' vitamin D intake, and making them aware of current nutritional recommendations for vitamin D intakes. Suggesting appropriate vitamin D supplementation when indicated should be part of a dietitian/nutritionist's scope of practice. Since Vitamin D is fat soluble, it can be taken less frequently than larger doses. Example: 500 IU taken three (3) times per week = 2,142 IU/day.

How can we avoid excessive supplementation? Request laboratory data of 25 hydroxyl vitamin D3 levels. This test is NOT part of any regular lab panel. Borderline levels are ≤ 30 ng/ml. Adequate levels are 50-100 ng/ml (recommendations vary among experts). Overweight and obese persons tend to have lower blood levels since the fat soluble vitamin D is sequestered in adipose tissue.

Are there any contraindication to Vitamin D supplementation? Patients with chronic kidney disease will need special adjustments (1). Patients with chronic granulomatous disorders are more sensitive to vitamin D. In these patients 25 hydroxyl vitamin levels need to be maintained at approximately 20 to 30 ng/ml to prevent vitamin D deficiency (1).

(1) N Engl J Med 357;3 JULY 19, 2007; pp 266-281

(2) Health Connections, Dairy Council of California 2007, Issue 4, Vol. 4, Summer 2007

(3) Am J Clin Nutr 2007; 85-6:18



What's Next Kathleen Mahmoud, Chair- Elect

As the first day of spring approaches, I'm re-evaluating my personal and business plans for the year. This year, I'm wondering whether or not the health care industry is really as recession proof as the experts (who've been wrong about a lot so far) claim it is.

Will there be fewer consulting opportunities available, and will I be asked to do the same work in less time or for lower rates? My intuition and past experience are suggesting that competition for consulting jobs will become greater than we've known in the past, as RDs hours get cut back, their spouses are laid off, and family expenses become greater each year.

As the entire workforce faces unprecedented job and financial insecurities, facility owners and administrators who employ us may be challenging us to justify our rates and hours, and actively soliciting friends and peers to replace us if we don't. In the past year, I've lost a contract that I held for 5 years, to another dietitian whom I've known since college and had a brief consulting partnership with. At that nursing home, I had outlasted four administrators, gradually increased my rates every year, survived five state audits without *any* deficiencies, and had managed to secure reimbursement for sufficient hours weekly to provide the kind of quality care we all strive for. I was respected and well liked by the facility administrators, food service manager, staff, and residents. So, lack of personal concern aside by my old chum for me, her desire (desperation?) for the job resulted in her being awarded the contract by the facility for two thirds of my hourly rate her first year, and the contractor cutting back the agreed monthly hours by 25% in her second year (and that was *before* the economy tanked!). A second significant event took place a few weeks ago, when I was solicited by a former facility owner who stated she couldn't get the service she needed from her current consultant (an NJD-HCF member for years). Not only was my friend/fellow consultant providing excellent service, but she had been transporting excess donated food from one of her facilities to the second facility whose administrator was trying to replace her!

What is the point of my "sad" stories...the lesson I'm trying to convey? Well, I guess it would be that we will need to stick together...more than ever...because our livelihood depends on it! And so...if someone approaches you to replace another dietitian, do a little research to be certain you are not undermining a competent peer, cheating yourself out of fair reimbursement for services, or trying to provide quality nutrition services at discounted (unreasonable) hours.

And...attend our meetings whenever you can, so that you can share information, support one another, and keep the edge you need against the competition... to not only survive but ***thrive together as members of NJD-HCF!***

Hope to see you in April at our Spring Meeting and Seminar!

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

Mark Your Calendar!

Tuesday, April 28, 2009

NJDHCF SPRING SEMINAR PRINCETON, NJ

Please plan to attend and
support the NJDA
activities.

Deadline for the August
Newsletter is July 15, 2009

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

Phone: 732 257-0285

Fax: 908 687-4736



NJD-HCF

c/o MRN Web Designs

27 Jocynda Rd.

Flanders, NJ 07836