Effect of a 12-Week Nutrition and Wellness Program in Independent Living Seniors

Elizabeth K. Pogge, PharmD, MPH, BCPS, FASCP; Lori Eddings, RD

We thank the Journal of Nutrition Education and Behavior for allowing The Spectrum to reprint this continuing-education article. We welcome these kinds of partnerships that let us provide our members with quality CPE opportunities.

LEARNING OBJECTIVES
At the completion of this self-study article, the learner will be able to:

• List the common framework for developing a nutrition and wellness education program for older adults.
• Identify the components of a successful nutrition and wellness education program that can be implemented for older adults.
• Describe challenges associated with providing nutrition and wellness education programs to older adults.
• Compare and contrast those aspects participants liked most and least about a nutrition and wellness program.

INTRODUCTION
Almost one third of total United States health care dollars are spent on older adults, which will continue to rise as the number of older Americans increases.1 Several large-scale health and wellness programs have been able to demonstrate positive health and financial outcomes for people older than 65 years.2 The Academy of Nutrition and Dietetics, along with the American Society for Nutrition and the Society for Nutrition Education and Behavior, has issued a position statement that all older adults should have access to food and nutrition programs.3 The common framework for developing nutrition education programs includes messages that are simple, targeted, practical, limited in number, and reinforced; incentives; regular contact with health care professionals; active involvement in determining goals of intervention; hands-on activity; and a focus on behavior modification based on theoretical models.4

PROGRAM DESCRIPTION AND IMPLEMENTATION
The purpose of this study was to examine the effect of a 12-week nutrition and wellness program on nutritional knowledge, blood pressure, weight status, and waist circumference. Participants were recruited from the Beatitudes Campus in Phoenix, Arizona, home to approximately 430 independent living seniors. Mindful Choices by Morrison Senior Living was taught classroom style with PowerPoint and discussions. Each session lasted 1 hour and was taught by the campus-registered dietitian, campus exercise director, and off-campus clinical pharmacist. Topics included calories, goal setting, building a support system to help reach nutritional goals, portion

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control, exercising, carbohydrates, fat and protein, strength training, food labeling, stress management, dining out, and sustaining weight loss. To encourage participation, a selection of free offerings was made available to participants at each session, including snacks, informational tip sheets, and calorie counting books. Sessions were offered at two different times and participants received a $50 incentive for attending at least 10 sessions. Informed consent was obtained from each participant before program implementation.

EVALUATION
Demographic data were obtained for each participant at the start of the program (Supplementary Data 1). Impact, outcome, and formative evaluations were conducted to examine the effect of the program. The entire program’s impact on knowledge about nutrition was measured via a 15-item pretest and posttest conducted right before and immediately after the program (Supplementary Data 2). The outcome of the program was assessed by measuring blood pressure, body mass index, and waist circumference before the program and 6 months after completion of the program. In addition, participants’ satisfaction and opinion about each session as well as their satisfaction with the entire program were assessed using surveys (Supplementary Data 3) and open-ended questions as a formative evaluation. Ratio or interval data are presented as means (SD) or median (range) if skewed. Nominal or ordinal variables are presented as n (%). To compare differences in continuous data that were normally distributed, pre-intervention and post intervention, a paired t-test was used. Sessions were considered ordinal data to evaluate whether there was a difference in participant’s ratings between the sessions; Pearson’s chi-square was used. P<.05 was used to determine statistical significance. SPSS Statistics (version 19, IBM, Chicago, IL, 2010) was used for all statistical analyses.

RESULTS AND IMPLICATIONS
A total of 30 participants (maximum program capacity) enrolled in the program and 77% completed all postassessments (n=23). Six participants dropped out of the program in the first two weeks and one died before follow-up. The mean age was 82 years (±5.0 years; 71–90 years) and 70% were overweight or obese (body mass index>25). Nutrition knowledge was significantly improved by attending the program, whereas changes in anthropometric measurements and blood pressure were not statistically significant (Table 1). The short follow-up time, small number of participants, and/or 30% of participants being underweight or normal weight all could have contributed to the lack of difference seen in anthropometric measurements. For each session, ≥84% of participants rated each session as being the right length of time, and the majority of participants rated each session as 1 or 2 (scale: 1–5 where 1 is the best session they had ever attended).

There was no statistically significant difference in how participants rated each session (P=.33) (Supplementary Data 3). Overall program satisfaction was high, with 57% of participants rating the entire program as excellent and 26% as very good. Several trends were noted from the written feedback (Table 2).

The design and implementation of this program makes it unique compared with other programs. The program was developed targeting older adults living in an independent living facility instead of the community. Furthermore, a significant portion of individuals who were underweight or normal weight (30%) was allowed to participate in the program. The program itself was not focused on disease state, but instead on overall nutrition and wellness, which makes it applicable to anyone who wants to learn more about nutrition.4,5 The lecture type format was different from most published programs given either individually

Table 1: Changes in Nutrition Knowledge and Anthropometric Measurements (n=23)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Pre-intervention Mean (SD)</th>
<th>Post intervention Mean (SD)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition Knowledge</td>
<td>61.4 (19.7)</td>
<td>81.7 (19.5)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Weight (lb)</td>
<td>175.6 (43.1)</td>
<td>174.3 (42.7)</td>
<td>.25</td>
</tr>
<tr>
<td>Waist Circumference (in)</td>
<td>40.9 (7.2)</td>
<td>39.9 (6.8)</td>
<td>.06</td>
</tr>
<tr>
<td>Systolic blood pressure (mm Hg)</td>
<td>130.6 (13.9)</td>
<td>127.3 (11.8)</td>
<td>.28</td>
</tr>
<tr>
<td>Diastolic blood pressure (mm Hg)</td>
<td>74.4 (9.9)</td>
<td>74.1 (8.6)</td>
<td>.86</td>
</tr>
<tr>
<td>Body mass index</td>
<td>29.8 (6.9)</td>
<td>29.6 (6.9)</td>
<td>.26</td>
</tr>
</tbody>
</table>

*Post-intervention nutrition knowledge was gathered immediately after the 12-week program, and anthropometric and blood pressure measurements were gathered 6 months after completion of the program. Note: Paired t-tests were used to compare differences before and after intervention. P<.05 was used to determine statistical significance.
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or via small-group sessions. Even though an average of 15 minutes of discussion was included in each session, some participants stated that the program did not include enough discussion. Therefore, it appears as if group programs that include as much discussion and participation as possible will be more favorable for older adults. Other design changes to consider when developing a program for older adults may include not focusing on weight loss, including personal experience whenever possible, and making sure that the program is tailored to the site or environment in which it is presented. Overall, older adults are interested and capable of learning about nutrition and wellness, but the impact of these programs on anthropometric measurements and blood pressure is unclear.

About the Author
Elizabeth Pogge, PharmD, MPH, BCPS, FASCP, is an associate professor at Midwestern University College of Pharmacy—Glendale (CPG). She earned her doctoral degree from the University of Nebraska Medical Center and her master’s degree at the University of Massachusetts—Amherst. She is a board-certified pharmacotherapy specialist and is a fellow of the American Society of Consultant Pharmacists. Her practice site is an ambulatory-care clinic at Banner Health Center in Sun City West, where she provides anticoagulation, medication therapy management, and transition-of-care services.

Table 2: Written Feedback Gathered From Participants After Completion of 12-Week Nutrition and Wellness Program

<table>
<thead>
<tr>
<th>Top 5 Things Participants Liked About the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation conducted by knowledgeable presenters</td>
</tr>
<tr>
<td>Take-home handouts were easy to understand</td>
</tr>
<tr>
<td>Motivational program included goal setting</td>
</tr>
<tr>
<td>Casual environment included participation and discussion</td>
</tr>
<tr>
<td>Healthy snacks and recipes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top 5 Things Participants Liked Least About the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility had a lack of table space and room to spread out</td>
</tr>
<tr>
<td>Program was too focused on weight loss</td>
</tr>
<tr>
<td>Not enough discussion and participation</td>
</tr>
<tr>
<td>All sessions were not applicable to site and environment</td>
</tr>
<tr>
<td>Not enough personal experience added from presenters</td>
</tr>
</tbody>
</table>

References

This project was approved by Midwestern University and University of Massachusetts Amherst institutional review boards via expedited review. This work was supported by a grant from Midwestern University. Dr. Pogge completed this research in partial fulfillment of a Master of Public Health in Nutrition degree from the Department of Nutrition at the University of Massachusetts Amherst. She thanks Nancy Cohen, PhD, RD, and Jeff Barletta, PharmD, for assistance during the preparation of the manuscript.


CPE CREDIT
This article has been approved for 1 hour of CPE credit upon successful completion of a quiz. At the conclusion of each month, the quizzes are reviewed and those successfully scoring 80% will receive their CPE certificate via email.
This free CPE credit is available for all Healthy Aging DPG members until May 30, 2018.
Click here to take the quiz.
LEARNING OBJECTIVES
At the conclusion of this self-study article, the learner will be able to:
• Describe the body of emerging scientific research suggesting that a mixture of distinct bioactives in cocoa may be able to support cardiovascular health.
• Discuss the concept of moderate-portion chocolate consumption and provide specific examples.
• Describe the research related to older adults, cognitive function, and flavanols.

INTRODUCTION
Cocoa and chocolate products are beloved treats enjoyed by generations of Americans. Those who savor this confection—and those who work with older adults—will be happy to learn that cocoa and chocolate products may impart unique benefits important for an older adult population. According to confectionery market data, older adults consume more chocolate than any other demographic and tend to prefer more intense or darker chocolates.\(^1\) The extent to which these preferences are due to awareness of health effects or evolving taste preferences is not clear. Over the past decade, an exciting and promising body of scientific research suggests that a mixture of distinct bioactives in cocoa, the source ingredient for chocolate, may support health in many ways. For some people, this evidence may itself be a good reason to enjoy chocolate. Cocoa and chocolate products can be part of a balanced, varied diet and a happy lifestyle.

COCOA FLAVANOLS
Many of the physiological effects related to cocoa and chocolate consumption have been attributed to flavanols (alternatively called flavan-3-ols), which are bioactive compounds naturally found in cocoa and other plants. Flavanols are a class of the broader flavonoids and are present either as monomers (such as (+)-catechin or (-)-epicatechin) or polymer compounds, which are alternatively referred to as procyanidins. The flavanol concentration across cocoa and chocolate products can vary greatly. Many factors influence the flavanol content of a given commercial product, including the variety of cocoa, fermentation process, processing conditions, product formulation, and storage. Various processing steps (fermentation, roasting, alkalization, and so on) have been shown to reduce flavanol concentration.\(^2,3\) Some of these steps are necessary to create a microbiologically safe product and develop desirable characteristic flavors. However, processing conditions vary from processor to processor.

At this time, there is no easy way for consumers to identify the amount of flavanols in a cocoa or chocolate given product, since this information is not permitted on the product label. Generally speaking, products with higher amounts of cocoa solids tend to contain more flavanols than do products with lower amounts of cocoa solids. For instance, milk-chocolate products usually contain very low concentrations of flavanols compared to dark or baking chocolates. However, the cocoa percentage may not entirely correspond to flavanol concentrations, since processing conditions can greatly impact flavanol concentrations. For instance, alkalization (“dutching”) and heat treatment are known to degrade flavanols. Table 1 presents approximate caloric and flavanol contents of a broad range of cocoa and chocolate products, based on analyses of

Table 1: Approximate caloric and flavanol contents of various chocolate products.

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Serving Size</th>
<th>Approximate Calories Per Serving (kcal)*</th>
<th>Approximate Cocoa Flavonols Per Serving (mg)†‡</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk chocolate</td>
<td>40g</td>
<td>220</td>
<td>&lt;40</td>
</tr>
<tr>
<td>Dark chocolate (45–85%)</td>
<td>40g</td>
<td>240</td>
<td>75–200</td>
</tr>
<tr>
<td>Unsweetened baking chocolate</td>
<td>40g</td>
<td>260</td>
<td>400–600</td>
</tr>
<tr>
<td>Cocoa, alkalized (Duched)</td>
<td>1 Tbsp (7.4g)</td>
<td>20</td>
<td>10–180</td>
</tr>
<tr>
<td>Cocoa, natural</td>
<td>1 Tbsp (7.4g)</td>
<td>20</td>
<td>150–300</td>
</tr>
</tbody>
</table>

* From the USDA Food and Nutrient Database.
Cocoa Flavanols
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Commercial products; these values are not a guaranteed representation of the content of any particular brand or product.

Cocoa Flavanols and Heart Health

Clinical studies to date provide evidence that the flavanols in cocoa may improve markers of cardiovascular health. Two meta-analyses conducted by the Harvard School of Medicine evaluating more than 60 clinical trials found consistent improvements in blood pressure, lipid profiles, and vascular dilation; and that cocoa flavanols had promising effects on insulin and insulin resistance.\(^4,5\) Based on the data, the authors of these two meta-analyses indicate that cocoa bioactives may have cardiovascular disease benefits. Larger and longer trials are needed to confirm and extend these results.

Additionally, evidence about the benefits of cocoa flavanols has been reviewed by authoritative health and nutrition bodies. According to the 2010 Dietary Guidelines Advisory Committee, modest evidence supports moderate consumption of dark chocolate or cocoa, in the context of a balanced diet, for reducing the risk of cardiovascular disease.\(^6\) Furthermore, in 2012 the European Food Safety Authority approved a proprietary health claim that cocoa flavanols improve blood flow in healthy adults.\(^7\) The claim substantiates a cause-and-effect relationship between cocoa flavanols and maintenance of “endothelium-dependent vasodilation,” which contributes to healthy blood flow.

These results from short-term studies are exciting and remarkably consistent. The next step in the evolution of this research is to confirm that these short-term effects on cardiovascular disease risk factors can reduce the number of people who develop heart disease. Researchers at Harvard’s Brigham and Women’s Hospital; Mars, Inc.; the National Institutes of Health; and the Fred Hutchinson Cancer Research Center are launching a large-scale dietary-intervention project (a five-year, randomized controlled trial) to study if older adults who consume a daily cocoa flavanol pill have a reduced risk of heart attack, stroke, and death from cardiovascular disease as well as reduced risk of cancer. The project will investigate the effects of multivitamins and cocoa flavanols, alone and in combination, on the target health outcomes. The researchers will recruit 18,000 people over the age of 65 years from the Women’s Health Initiative and the VITAL study. The participants selected to receive the cocoa will take a daily pill containing 750 mg of flavanols, which is more than ten times the typical flavanol concentration in a bar of dark chocolate.\(^8\) Results are expected in 2020.

Cocoa Flavanols and Cognitive Function

An interesting area of research about cocoa flavanols and brain function is emerging. Several studies have investigated the impact of cocoa flavanols on increased blood flow to the brain and improvements in cognitive function, particularly for older adults. Improvements in blood flow to the brain following high flavanol cocoa consumption have been observed in healthy older adults. For instance, cocoa flavanols were shown to increase cerebral blood flow in a trial of 34 healthy older individuals that explored the effect of flavanol-rich cocoa versus flavanol-poor cocoa over a two-week period.\(^9\)

Additionally, consumption of cocoa flavanols has been shown to improve cognitive function in older adults. The most noteworthy example is a double-blind randomized controlled trial that evaluated the impact of consuming flavanols on cognitive function in 90 older individuals with mild cognitive impairment. In this study, groups were randomized to receive 990 mg, 520 mg, or 45 mg of cocoa flavanols for eight weeks. Measures of cognitive function were significantly better in the higher-flavanol groups (990 mg and 520 mg) compared to the low-flavanol group (45 mg).\(^10\) Another recent trial explored the impact of cocoa flavanol consumption on blood flow within the dentate gyrus, a specific region of the brain that may be partially responsible for age-related memory declines. Researchers randomized 37 healthy older adults to a high-flavanol or low-flavanol group for three months. Interestingly, the study also included a physical-activity component, as

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exercise has been shown to improve cognitive function. At the end of the study, the individuals who regularly consumed 900 mg of cocoa flavanols had a demonstrated improvement in dentate gyrus function, as well as significant improvements in cognition, suggesting that the inclusion of cocoa flavanols in the diet supports improved cognitive function. These findings have not been consistent across all studies of cognition and cocoa flavanols, though. For example, effects on cognition were not observed in a six-week randomized double-blind placebo-controlled trial of 101 healthy and cognitively intact older adults. In this study, participants were randomized to either a high-flavanol or low-flavanol treatment group, and cognition was evaluated based on self-reported survey questionnaires of participants’ subjective evaluations of their memory, thinking ability, mood, and energy levels. While no significant results were observed, researchers postulate that perhaps this is because most of the subjects were highly educated, which may protect against cognitive declines with age.

A related emerging area of research focuses on cocoa flavanols and Alzheimer’s disease. While no studies have yet been conducted in humans, there is very promising ongoing molecular biology research in cell lines and animal models. Specifically, Dr. Pasinetti’s work has identified potential molecular mechanisms by which cocoa flavanols may prevent the progression of Alzheimer’s disease. Ultimately, these findings may lead to more research about how cocoa flavanols may impact Alzheimer’s disease in humans.

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CHOCOLATE AND WELL-BEING
Chocolate has a rich tradition of use as a gift and celebratory food associated with special occasions, so it may not be surprising that emerging evidence may associate chocolate with positive mood states and feelings of well-being. Finnish researchers followed a group of more than 1,000 socioeconomically homogenous men for four decades—from the 1960s through 2002–2003. In a recent follow-up, participants were surveyed on frequency of chocolate and other candy consumption, as well as indicators of health and psychological well-being. Chocolate consumption was associated with a lower body mass index and waist circumference, better subjective health, optimism, and feelings of happiness. Specifically, a statistically significant association was observed between chocolate consumption and several measures of subjective well-being, including feelings of loneliness, feelings of happiness, having plans for the future, and Zung depression scores. Consumers of chocolate also reported that they were more likely to exercise than were consumers of other types of candy.

BALANCING THE CALORIES
Chocolate should be consumed in moderation, with an emphasis on energy balance. This concept is central to the Nutrition Today article “Proposing a Definition for Candy in Moderation: For Health and Well-Being,” which proposes a definition of moderation as an average of 50–100 calories a day for those who choose to eat candy. Health and nutrition authorities such as the Academy of Nutrition and Dietetics and the 2010 Dietary Guidelines for Americans stress the importance of eating mostly nutrient-dense foods such as fruits, vegetables, and whole grains while moderating the intake of foods high in solid fats and added sugars. Additionally, the Scientific Report of the 2015 Dietary Guidelines Advisory Committee highlights concerns about excess solid fats and added sugars, and on page 43 the report recommends “a variety of strategies to reduce consumption of sodium, saturated fat, and added sugars, including smaller portion sizes.” While cocoa and chocolate are dietary sources of flavanols, chocolate candy is primarily consumed as an enjoyable treat. According to recent NHANES data, chocolate and candy contribute 2% of total calories, about 5% of dietary sugars, and 6% of added sugars to the typical American diet.

This amount fits within dietary recommendations from a number of leading health and nutrition authorities, including the World Health Organization, American Heart Association, Institute of Medicine, and the 2010 Dietary Guidelines. The article highlights research demonstrating that restriction of palatable foods such as chocolate can be counterproductive and that current levels of candy consumption have not been associated with negative health outcomes. Larger portions may also fit within this recommended range if consumed less frequently. For instance, a regular-size chocolate bar (approximately 250 calories) could be consumed once or twice a week within this proposal. As discussed previously in the section “Cocoa Flavanols,” these commercial chocolate products vary significantly in their flavanol content, based on a number of factors. These proposed chocolate portion sizes are based on moderating contributions of calories from sugar and solid fats, not maximizing flavanol intake.

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TAKE-AWAY MESSAGES

- Many of the beneficial physiological effects from consumption of cocoa and chocolate products have been attributed to the bioactive flavanols naturally present in cocoa beans. Flavanol concentrations vary greatly in commercial cocoa and chocolate products, and while products with a higher percentage of cocoa solids tend to have more flavanols, it is not possible for consumers to identify flavanol concentrations in commercial products at this time.

- Consistent evidence has found beneficial short-term effects from the consumption of cocoa flavanols on cardiovascular-disease biomarkers, including blood pressure, blood cholesterol, and circulation. Long-term trials are still needed to confirm these results. Excitingly, one large-scale long-term trial is now underway, with a target completion in 2020.

- Research on the impact of cocoa and chocolate products on cognition and well-being is an emerging area. Several studies have been conducted on the specific impact of cocoa and chocolate products on cognition and mood in older adults. Results are mixed but promising, and additional research in this area is anticipated.

- Many chocolate products are indulgent treats that contribute extra calories from solid fats and added sugars to the diet. They should therefore be consumed in moderation. The National Confectioners Association recommends moderating chocolate portions to approximately 50 to 100 calories per day.

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May 27 Is National Senior Health & Fitness Day®

For more than 10,000 older Americans, May 27 will be a day of change and positive, health-related affirmations. During this year’s National Senior Health & Fitness Day, older Americans around the country will participate in health and fitness events tied to the winning theme of the theme contest (the contest was still running at the time of this writing). Sponsored activities will be held at over 1,000 locations—banks, malls, parks, and other venues—making this event one of the largest in the country.

Interested in sponsoring an event in your area? The event website offers you videos of past events, press releases, and access to the event’s monthly e-newsletter.

If you plan to sponsor an event, please let us know how it went (dahmRD@gmail.com), so we can share your experience with our members.

About the Author

Laura Shumow, MHS, Director of Scientific and Regulatory Affairs, began her career at the National Confectioners Association in 2009.

Laura works on regulatory issues related to labeling, ingredient safety, international standards, and nutrition policy. She represents the NCA before federal agencies such as the Food and Drug Administration and has served as the delegate of the International Confectioners Association to international regulatory bodies such as Codex Alimentarius. In addition, Laura oversees the development of health-related research and education about the role of candy in the diet. She has authored numerous peer-reviewed scientific articles, as well as book chapters, and has presented at scientific conferences.

Laura received her master’s degree in health sciences from the Johns Hopkins Bloomberg School of Public Health, and her bachelor’s degree in food science from the University of Wisconsin. She is an active member of several professional societies, including the American Association of Candy Technologists, the American Society for Nutrition, and the Academy of Nutrition and Dietetics. Laura is the chair-elect of the DC section of the Institute of Food Technologists.

References

Click here to see the references for this article.
Happy spring!

Spring is a season of new growth and changes. As the natural environment around us enters a season of awakenings and prosperity, we also have a chance to do the same.

As Healthy Aging RDNs and NDTRs, we can help interns flourish in the field of dietetics. One of the ways that we can do this is by becoming a dietetic preceptor. Being a dietetic preceptor is very near and dear to my heart. Not only do we mentor interns and guide them at the start of their careers, we ourselves gain experience that facilitates our own professional growth.

Why is it important to volunteer as a preceptor? According to the Accreditation Council for Education in Nutrition and Dietetics (ACEND), the number of preceptors has remained flat since 2003, in spite of the ever-increasing number of dietetic graduates. According to the Academy, today’s RDNs experience increasing demands at work, which makes it difficult to mentor students and interns while meeting mandated productivity standards. Yet internship programs need knowledgeable preceptors to provide necessary career-related experiences for these interns.

If you feel nervous about becoming a preceptor, or if you are curious about the responsibilities, consider utilizing ACEND’s free Online Dietetic Preceptor Training Module. The program has seven components, is self-paced, and is good for eight CPEUs. After completing each module, you can exit the program and return to it at a later time. Local colleges and universities that offer a dietetic internship program are always looking for knowledgeable preceptors. I encourage you to contact these programs and offer your practice as a potential rotation site.

What characteristics should a preceptor have? You should enjoy teaching, whether you give instruction in a formal classroom setting, provide in-service training sessions, or one-on-one counseling. You should also be enthusiastic about dietetics and open to the challenge of an intern’s inquisitive mind. Dietetic interns thrive when being guided by these kinds of preceptors.

What are the benefits of being a preceptor? There are tangible and intangible benefits, for the preceptor, intern, and client/patient.

Colleges and universities offer tangibles that include tuition credits, stipends, and access to library resources. Some preceptor benefits are intangible, such as performing service for our profession, reduced feelings of professional isolation, an enhanced scope of practice, and keeping up with the latest research in the field.

The interns themselves benefit from the tangible skills they develop during the rotation. They may learn how to do research, presentations, and counseling as they support you and your practice. They develop valuable communication skills.
Chair’s Message
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that they cannot learn in the classroom or from class literature. They have real-life experiences, and they learn to think on their feet.

When interns perform client nutrition education and develop/present staff in-service programs, the recipients develop the goal skills of the intervention. Including interns in your practice can lead to improved client/patient outcomes. For example, one of my interns designed a study that measured the benefits of nutrition supplements for home-delivered clients. The study showed improvement in BMI for clients diagnosed with unintended weight loss. In the past 15 years, a majority of dietetic interns who have passed through my office were pleasantly surprised to learn about the services provided by the Older Americans Act. Most of the interns had previously perceived seniors as frail, disabled, and living in nursing homes. Interns quickly learn that the seniors served under the Older Americans Act are active and very eager to learn from dietetic professionals about healthy aging. The seniors enjoy working and learning from a “fresh, eager, and refreshing” face. Let’s face it, the older adults served by my office see me all the time, and they also find it refreshing to work with interns who have fresh, new ideas for them.

RDNs/NDTRs who act as preceptors have the unique opportunity to introduce future prospective career roles to interns. The preceptor-intern relationship instills a sense of professional and civic responsibility and reinforces the need for continuous professional development throughout the RDN’s career.

The American anthropologist Margaret Mead once said, “Never doubt that a small group of thoughtful, committed citizens can change the world.” This quote reminds us of the role preceptors have in shaping the profession of dietetics; working side by side with interns enables us dietetics practitioners to influence the field of dietetics by investing in their futures.

If you are interested in becoming a preceptor, please visit the Academy ACEND website.

Healthy Aging DPG
Member Benefits

The Healthy Aging DPG achieves success by supporting the success of its members. Renewing your HA DPG membership when you renew your Academy membership will ensure your uninterrupted access to:

- Continuing-education credits through webinars as well as articles in The Spectrum.
- Professional development grants to further your education and credentialing.
- Networking and leadership opportunities.

Need Awards Money to Fund Your Research?

The Healthy Aging DPG Community Based Applied Research/Best Practice Award encourages applied research projects that improve the nutritional status, well-being, and independence of community-residing older adults. Ideally, the $4,000 award will be used to solve and identify problems pertaining to dietetic practice, program administration, service/care coordination, and/or behavioral practices of older adults.

The award is administered by the Academy of Nutrition and Dietetics Foundation.
THE SPRING 2015 MEGA ISSUE QUESTION: How do we empower RDNs to be experts and leaders in management of malnutrition (identification, diagnosis, and intervention?)

“The prevalence of malnutrition across all healthcare settings is staggering. In the hospital, malnutrition prevalence is estimated to range from 13–88%, encompassing pediatrics and adults. The prevalence in the long-term care setting and outpatient/homecare setting is similar, 21–51% and 13–30%, respectively. RDNs and NDTRs encounter malnourished individuals through a variety of community settings, including health departments, clinics, schools and school based health centers, nutrition education programs, food and nutrition assistance programs, food banks, grocery stores and other food retail or food-service venues. As the nutrition expert, the RDN should be at the center of the malnutrition dialogue, and it is the RDN’s responsibility to own this topic and advocate for the management of malnutrition to the health care team and public at large.”

This Mega Issue raises a number of questions:
• Are we, the nutrition professionals, the leaders in our own practice settings in identifying, diagnosing, and taking appropriate action when malnutrition is present?
• How do we expand awareness of the impact and outcomes of managing malnutrition across all dietetic practice settings?

• What is needed to affirm and promote the role of and opportunities for RDNs and NDTRs in malnutrition management?

There may be additional questions running through your mind. If so, I urge you to read the HOD spring meeting materials.

What are the on-going efforts and resources for dietetics professionals in the area of malnutrition? Here are just a few.

MALNUTRITION CODES AND CHARACTERISTICS/SENTINEL MARKERS

The Academy’s website has a wealth of information and important updates regarding malnutrition codes and sentinel markers. Information about reimbursement, practice tools, and resources can help you understand this complex issue.

ALLIANCE TO ADVANCE PATIENT NUTRITION

The Alliance is an interdisciplinary consortium between the Academy of Medical-Surgical Nurses (the ASMN), the Society of Hospital Medicine (the SHM), the Academy, and Abbott Nutrition. The Alliance is “dedicated to raising awareness about the positive impact proper nutrition practices has on patients’ medical outcomes and providing hospitals with tools and resources to advocate for effective nutrition practices in their organizations.”

MALNUTRITION CLINICAL CHARACTERISTICS VALIDATION STUDY

The Academy and the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) launched the Adult Malnutrition Feasibility and Validity Testing Workgroup in 2012, after the release of the Adult Malnutrition Clinical Characteristics consensus paper. This workgroup has designed and pilot-tested a protocol for data collection utilizing the Dietetics Practice Based Research Network (DBPRN) and the Academy of Nutrition and Dietetics Health Informatics Infrastructure (ANDHII). This protocol will help determine if the current recommended malnutrition characteristics are valid and reliable among hospitalized patients in medical/surgical and critical-care departments.

MALNUTRITION RESOURCE CENTER

The Academy and Abbott Nutrition Health Institute (ANHI) have partnered to develop a Malnutrition Resource Center on the Journal of the Academy of Nutrition and Dietetics (the Journal) website, which is free for Academy members. The resource center highlights resources related to malnutrition, including Journal articles; other references; self-study courses; a certificate of training in adult malnutrition; and a simulation course on putting assessment, diagnosis, and intervention into practice.

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HOD Update
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NUTRITION FOCUSED PHYSICAL EXAMS
RDNs can perform a nutrition-focused physical exam (NFPE) that can detect malnutrition. However, few clinical RDNs are currently trained on how to perform the NFPE. RDNs need more NFPE education and training opportunities. Although the NFPE is only one component of the nutrition assessment, it can provide the needed supportive data to identify and diagnose the patient with or at risk for malnutrition. The NFPE is a tool that can improve health outcomes.4

ACADEMY OF NUTRITION AND DIETETICS HEALTH INFORMATICS INFRASTRUCTURE (ANDHII)
Launched in 2014, ANDHII is a Web-based outcomes management system that uses the power of the Nutrition Care Process Terminology (NCPT) to collect and manage information about nutrition assessment, diagnosis, intervention, monitoring, and evaluation with an unprecedented level of structure and detail.

NUTRITION CARE PROCESS TERMINOLOGY (NCPT)
The Academy and its committees are dedicated to creating a standardized language (NCPT) that captures the specifics of what the nutrition and dietetics profession does. This standardized language ensures that dietetics practitioners can clearly articulate the exact nature of the nutrition problem and specifically describe the nutrition intervention, its goals, and its approaches.

NUTRITION CARE MANUAL
In the Academy’s Nutrition Care Manual (NCM) “Malnutrition Criteria” section, there is an updated table, “Academy/A.S.P.E.N. Clinical Characteristics that the RDN Can Obtain and Document to Support the Diagnosis of Malnutrition in Adults.” In this table, malnutrition is divided into three categories: acute illness or injury, chronic illness, and social or environmental circumstances. It is then broken down to either non-severe (moderate) or severe malnutrition.

DIETETIC PRACTICE GROUPS
Several Dietetic Practice Groups (DPGs), including the Clinical Nutrition Management DPG, Hunger and Environmental Nutrition DPG, Dietitians in Nutrition Support DPG, and Research DPG, are highly involved in the issues of malnutrition and food insecurity. DPGs may be collaborating with other organizations to advance efforts in these areas. Each DPG’s general focus is described on the Academy’s website.

FOOD INSECURITY
During the Spring 2013 HOD Meeting, a Food and Nutrition Security Action Plan was developed. The newly formed Public Health Community Nutrition Committee is spearheading the implementation of this action plan.

The Academy Foundation, Feeding America and its member food banks, and the National Dairy Council collaborated to launch the Healthy Food Bank Hub. The Hub provides a platform of evaluated tools and resources, showcases existing best practices and nutrition initiatives, and engages health and nutrition professionals to help fight hunger while promoting health.

ADVOCACY EFFORTS
The Academy has included malnutrition (undernutrition) as one of the diagnoses for which it is seeking coverage under an expansion of the existing Medicare Part B medical nutrition therapy benefit.5 Advocacy efforts on this front with Centers for Medicare and Medicaid Services were initiated in 2011 and are ongoing.

The house leadership team and delegates will meet by teleconference early this May. The first day discussions will cover malnutrition. The second day of the teleconference will cover a second Mega Issue: The Academy’s corporate sponsorship program. I look forward to telling you about this meeting’s outcomes.

Healthy Aging Dietetic Practice Group
Our Mission
Empowering and supporting members to be food and nutrition leaders promoting life-long wellness.

Our Vision
Optimizing longevity and wellness in aging through food and nutrition.

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Legislative Update
Welcoming Springtime—And Opportunities to Renew Advocacy Commitments
Dianne Polly, JD, RDN, LDN, FAND; Policy and Advocacy Leader

AS ALWAYS, YOUR WASHINGTON, D.C. OFFICE is busy working on your behalf on many different nutrition and aging issues. During spring, many Days on the Hill take place in state capitols. If you have the opportunity, please participate in these events, as we need healthy-aging advocates speaking on behalf of our clients, patients, friends, and colleagues. (Check with your state Academy of Nutrition and Dietetics for this information.) Highlights from some of the activities occurring at the national level include the following:

WHITE HOUSE CONFERENCE ON AGING
The White House Conference on Aging has been held once a decade, beginning in 1961, and is designed to help chart the course of aging policy. The 2015 Conference will focus on four areas:

- Ensuring retirement security
- Promoting healthy aging
- Providing long-term services and supports
- Protecting older Americans from financial exploitation, abuse, and neglect

The first White House Conference on Aging Regional Forum kicked off the 2015 series of White House Conference on Aging events. These regional forums, co-sponsored by AARP, are being planned with the Leadership Council of Aging Organizations, a coalition of more than 70 of the nation’s leading organizations serving older Americans. More than 200 older adults, caregivers, advocates, community leaders, and experts in the field of aging attended the Tampa forum. “These forums allow us the opportunity to listen and learn from older adults and stakeholders as we continue to sharpen the vision of this year’s Conference and to directly engage with individuals across the country about these important issues,” said Nora Super, Executive Director of the White House Conference on Aging. “The regional forums will help ensure that as many voices as possible are part of the conversation around the 2015 Conference.”

Participation is by invitation, but the events will be webcast to various locations. The 2015 forums are scheduled for Phoenix, AZ (March 31); Seattle, WA (April 2); Cleveland, OH (April 27); and Boston, MA (May 28).

MEDICAL HOME NEWS PROMOTES THE VALUE OF RDNs
In response to a press release issued by the Academy in concert with publication of the December 2014 Journal of the Academy of Nutrition and Dietetics article “Registered Dietitian Nutritionists Bring Value to Emerging Health Care Delivery Models,” the authors were invited to write an opinion piece for Medical Home News, a monthly newsletter for healthcare professionals interested in Patient-Centered Medical Homes (PCMHs). This invited article was published in the March issue of the newsletter and provides great visibility for registered dietitian nutritionists (RDNs) and the Academy’s messaging to support integration of RDN services into PCMHs. The target market includes C-Suite executives, medical directors, physicians, provider relations and contracting staff, consultants, and other interested parties from both the public and private sectors. The article represents a tangible product, developed under the Nutrition Services Payment Committee, of the recommendations of the PCMH/ACO Workgroup. This article provides yet another opportunity to begin a “Did you read?” conversation with a variety of healthcare stakeholders as part of your ongoing relationship-building and advocacy efforts.

NATIONAL DIABETES CLINICAL CARE COMMISSION ACT REINTRODUCED
The National Diabetes Clinical Care Commission Act has been reintroduced in both the U.S. Senate and the House. On February 26, 2015, Senators Jeanne Shaheen (New Hampshire) and Susan Collins (Maine) introduced S. 586. On March 2, 2015, Representatives Pete Olson (Texas) and David Loebsack (Iowa) introduced H.R. 1192, an identical bill, in the House. This is a bipartisan piece of legislation, supported by leadership in the Diabetes Caucus. Currently, the bill has 53 cosponsors in the House and 15 cosponsors in the Senate. The Academy supports the National Diabetes Clinical Care Commission Act and its goal to improve care for people with diabetes and pre-diabetes. Academy members understand that prevention is key to improving health

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outcomes, highlighting the importance of increasing patient access to medical nutrition therapy provided by RDNs. The Commission will facilitate collaboration among RDNs and other experts across various federal agencies to ensure that patients have access to effective, coordinated care for better health.

**DIETARY GUIDELINES ADVISORY COMMITTEE EXPLAINS RECENT SCIENTIFIC REPORT**

Six members of the Dietary Guidelines Advisory Committee (DGAC) appeared last week at a town hall meeting to review and support recommendations from the committee’s scientific report issued February 19. The DGAC included four Academy members and adopted the Academy’s evidence-based approach for conducting meta-analysis of available science. Committee Chair Barbara Millen, DrPH, RDN, FADA, reviewed the scientific process used by the committee and explained that the conclusion statements were direct answers to the research questions for each topic. Millen also stressed that the recommendations are advisory and actionable. Chairs of each subcommittee presented research questions, conclusion statements, and recommendations for topic areas and for the cross-cutting topics of interest (including saturated fat, sodium, and added sugars). Public comments for the DGAC’s report were due April 8.

**NEW CAMPAIGN TO PROMOTE FRUITS AND VEGETABLES**

A new advertising campaign promoted by First Lady Michelle Obama and the Partnership for a Healthier America aims to use celebrities to promote healthy, enjoyable eating of fruits and vegetables. The campaign website will host multimedia campaigns and promotional materials.

**PUBLIC POLICY WORKSHOP 2015 REGISTRATION OPEN!**

Public Policy Workshop 2015 registration and housing information is now available. This year a group registration discount will once again be available. A group must consist of members from one cohesive organization, such as a Public Policy Panel, State Affiliate Board, dietetic practice group, company, hospital, or community center. Students paying a reduced student rate are not eligible for the group discount. I hope to see you there.

**MARK YOUR CALENDAR:**

**UPCOMING CONFERENCES & EVENTS**

Click here for a list of upcoming conferences, workshops, webinars, and other events related to healthy aging.

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Congratulations to the Healthy Aging DPG’s incoming 2015–2016 officers!

**Chair-Elect**
Judy Simon, MS, RD, LDN
Paid professional position/role: Nutrition and Health Promotion Programs Manager, Maryland Department of Aging, Baltimore, MD.

**Nominating Committee Member at Large**
Susan Nichols, MS, RD, CDE, CDN
Paid professional positions/roles: Senior Dining Program Registered Dietitian; Nutrition Educator and Health Promotion Educator; Orange County Office for the Aging, New York, NY.

**Secretary**
Melanie Betz, MS, RD, LDN, CSG
Paid professional position/role: Senior Clinical Dietitian at Rush University Medical Center, Chicago, IL.

**Nominating Committee Chair-Elect**
Barbara Spalding, MA, MS, RDN
Paid professional position/role: Private practice in East Windsor, NJ.

**Author Opportunities**

The Spectrum is searching for articles from RDNs and dietetics students. Topics include (but are not limited to):

- The effects of alcohol and aging
- Safe and effective supplementation
- Protein and aging
- Integrative medicine and nutraceuticals
- Predictors of risky food-consumption practices among older adults
- Cost-cutting strategies for nutritious meals
- OAA nutrition programs and farmers’ markets
- Strategies for an older adult who is cooking for just himself or herself
- How physical activity prevents chronic age-related diseases and disabilities, physiological and psychological
- A topic that you suggest

If you are interested in becoming an author, or would like to suggest a possible author or topic, please contact Robin Dahm (dahmRD@gmail.com). Author guidelines and a topics pick list are located on the HA DPG website.
Back to the Future™: Steering the Way to a Desirable Destination
For Nutrition and Dietetics

What will the profession of nutrition and dietetics look like in 2025? Will there be enough RDNs and NDTRs to provide nutrition services to those in need? Will we be focused on treatment of disease or the prevention of disease? Will we be reimbursed for providing nutrition services? These are all valid questions that members, RDNs and NDTRs, students, and allied health professionals may be asking themselves. It’s too bad we can’t jump in the DeLorean with Marty and Doc to race Back to the Future™ and see what lies ahead!

Visioning, or thinking into the future, is hard to do, but it is a necessary exercise if we want to navigate and reach our desired destination. Visioning is the process of describing the future a group wants to attain. Visioning creates a picture of the desired future, affirms the best of what could be, visualizes what excellence looks like, and shows the best scenario for the time. It is a blueprint for action.

The Council on Future Practice (CFP) has initiated its three-year program of work to describe the future of nutrition and dietetics. The CFP is currently reviewing the literature to identify trends that may affect the future of the profession. But the CFP cannot do this alone. The CFP needs your input, as well as the input of external stakeholders, to identify trends and change drivers affecting the profession. Be prepared to provide your input during the fall of 2015. Further details can be obtained at the CFP website. Please contact futurepractice@eatright.org with any questions or concerns.

Renewed Your Membership Yet?

We hope you have enjoyed the Healthy Aging DPG’s continuing-education opportunities, newsletter, and other member services this past year. When you renew your Academy membership, please remember to renew your membership with the Healthy Aging DPG at the same time.

To learn more about Academy and DPG membership, go to:
http://www.eatrightpro.org/resources/membership/membership-types-and-criteria

To renew and expand your membership online, click the Join/Renew button at the top of the screen.

To renew by phone:
Call (800) 877–1600 ext. 5000, Monday through Friday, 8 AM–5 PM Central time to reach the Member Services Center.

Need Continuing-Education Credits?

HA DPG Offers CPEUs for Self-Study Webinars and Newsletter Articles

The HA DPG offers its members two ways to earn CPEUs:

- Self-study webinars.
On Your Colleagues

SPOTLIGHT

Monica Sathyamurthy, MS, RD, CDN

Spotlighting: Maria Mahar, MS, RD, CDN; Chair, HA DPG
Program Director of Nutrition Services for the Department of Aging and Youth

PROPER NUTRITION AMONG SENIORS is of increasing importance. Men, specifically those who live alone, are at high risk for malnutrition. Older men often have less experience with buying groceries, preparing meals, and eating a variety of different foods than their female peers have. This spotlight interview features the “Men Can Cook” program established by Maria Mahar. Maria Mahar, who is the program director of Nutrition Services for the Department of Aging and Youth, also serves as a national board member for the National Association of Nutrition and Aging Services in Washington, D.C. She is the former president of the New York State American Dietetic Association. Maria is actively involved on the local board of the Central New York Regional Market Authority.

The “Men Can Cook” program is a nutrition education program for senior men, providing them not only with information about shopping techniques and healthy eating, but also hands-on kitchen skills. The in-class lessons are based on a range of recipes and topics chosen by the class participants themselves.

MS: Tell us a little about the “Men Can Cook” program.

MM: The “Men Can Cook” program teaches older men about food safety and food management—that is, how to cook various food items together so they are ready at the same time, food budgeting, knife skills, baking, and cooking methods such as sautéing and braising. I teach the program twice a year in four-week sessions, from 10:30 A.M. to 2:00 P.M. The classes are free of charge and use two funding streams: Title III Caregivers funds and Title III C I fund for nutrition education. Typically 12 to 18 men attend the class on a regular basis, and their age range is usually between 60 and 93 years. A curriculum is created at the beginning of each session, based on the participants’ requests. During this time, they are asked why they came to the class and what they want to learn by the end of the four weeks. I integrate their requests with strategies to increase their nutrition knowledge and confidence in cooking for themselves and their partners. We also occasionally use dietetic interns from Syracuse University, Cornell University, and the University of Houston for brainstorming future ideas, such as effective methods of nutrition education for older men and assessment of the program. The success of our program is measured by the nutrition knowledge and cooking skills gained by our participants through pre- and post-session tests. The main goals of this program are to provide older men with basic nutrition facts to stay healthy, confidence to try new foods and recipes, information about food safety, socialization, and a fun activity that helps them forget about their troubles for a little while.

MS: How did the idea for this class come about?

MM: Older male caregivers in the community called the Department of Aging and Youth and asked for a class that teaches them cooking skills, as they were now responsible for cooking for themselves and their families.

MS: Why do you think men’s cooking groups are needed?

MM: They provide a venue for men to gain confidence about cooking, pursue their inner desire to be creative,

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Spotlight
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and share their experiences as care-
givers for their chronically ill spouses. They also get to establish new friend-
ships and share their stories with oth-
ers. They become ten-year-old boys
again—giggling and mischievous.

MS: What benefits have you found
from teaching this class to older
men?

MM: This program has tremendously
improved the health benefits of its
participants. For example, men with
diabetes have improved and main-
tained normal blood glucose levels
since enrolling. In addition to teaching
new cooking skills that builds partici-
ants’ confidence in the kitchen, this
program also alleviates some sense of
loneliness they might feel while being
at home. As a matter of fact, most of
the participants have become friends
and do other leisure-time activities to-
gether, outside of class.

MS: If dietetics practitioners wanted
to start a men’s cooking class in their
communities, what are the necessary
things needed to get started?

MM: The organizer should be knowl-
edgeable about food safety and know
their way around a kitchen. The class
will require a kitchen big enough to
hold a large group. A class curriculum
must be created with the program’s
goal(s) in mind. It is important for the
organizer to involve the participants
when creating the curriculum’s cook-
ing, nutrition, and education compo-
nents.

MS: Can you share one or two tes-
timonials from the class participants
regarding this class?

MM: Sure. Here are a few comments
from past participants:
• “This class encourages us to be
‘hands on’ so that we can do it
alone the next time.”
• “This program shows…the Depart-
ment of Aging [does] care about its
seniors…the sessions are very infor-
mative.”
• “Good food…enjoy all the men who
come, it is good to exchange stories
and we have become friends. I look
forward to the program.”

MS: Can you provide us with an
eample of the kinds of recipes you
use?

MM: The participants have enjoyed
making the recipe printed below. Oth-
er examples include Maple-Glazed
Vegetables, Cranberry Walnut Quinoa
Salad, and Stone Fruit Salad.

MS: Thank you for sharing your
“Men Can Cook” program with us.
This model program shows us that
community-based cooking classes
are a useful, powerful, and enjoyable
way for older men to learn about
nutrition and meal preparation. We
recognize and applaud your efforts
within the field of nutrition and your
unique and creative approaches to
your practice.

“Men Can Cook” Grilled Herbed Salmon  Makes 4 servings

Marinade ingredients for fish:
3 tablespoons olive oil
1 tablespoon chopped fresh thyme leaves
1 tablespoon chopped fresh marjoram leaves
¼ teaspoon red pepper flakes
¼ cup dry white wine
1 tablespoon fresh lemon juice
2 tablespoon chopped fresh Italian parsley leaves
Salt and freshly ground black pepper to taste

Four 3- to 4-ounce salmon fillets (also good with: catfish, halibut, sea trout or trout)

Instructions:
1. In a small bowl, combine the marinade ingredients. Place the salmon in a resealable
plastic bag, add the marinade, seal, shake to coat everything, and marinate in the
refrigerator 30 minutes.
2. Heat the sauté pan.
3. When ready to sauté, remove the salmon from the marinade and set on a plate. Pour
the marinade into a small saucepan, bring to a boil, and let boil for 5 minutes.
4. Place the salmon flesh side down on the saucepan, basting with the cooked
marinade, until a white, milky juice appears on top of the thickest part of the salmon
and it just begins to flake with a fork, about 5 to 6 minutes per side. Turn the salmon
once during grilling.

Note: If it isn’t possible to find fresh herbs, use dried herbs. The rule of thumb for most
herbs is: 1 teaspoon of the dried herb=1 tablespoon of the fresh herb.
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