The Role of Music in the Nutrition of Older Adults With Dementia  Katherine Chen, MS, RD

ABSTRACT
Research shows that music affects eating behaviors. In particular, music has emerged as a form of therapy to address psychological issues. Studies have shown that music may act as an agent to promote desired eating behaviors, affect taste perception, and influence cognition during mealtimes. This article explores how music can provide a potential effect on the nutritional status of older adults with dementia.

INTRODUCTION
The prevalence of malnutrition among older adults is a worldwide phenomenon. Weight loss (especially unintentional weight loss) for this population is a well-known harbinger of impending or present malnutrition. Weight loss is also specifically associated with dementia; it occurs prior to diagnosis and increases with each stage of the disease. Dementia-related brain atrophy impacts those regions that influence appetite control and energy balance, in addition to those regions that are metabolically reduced secondary to dementia. An increase in energy expenditure related to central hypermetabolism and inflammation (for example, increases in interleukin-1, interleukin-6, and tumor necrosis factor alpha) in damaged brain regions is another contributing factor to the dementia-related malnutrition. Sensory functions are also compromised, which influences a change in dietary habits related to appetite and taste perception. Additionally, psychological and behavioral functions affect food attitudes and perceptions.

A number of approaches to improve nutrition in older adults and those diagnosed with dementia diseases, including Alzheimer’s disease, are currently being practiced. Appetite stimulants such as dronabinol, mirtazapine, megestrol acetate, and cyproheptadine may be prescribed to address suboptimal intake. Pharmacological treatment has been a traditional approach, but it can create a variety of side effects. Oral nutritional supplements that are high-energy, high-protein, or both are commonly provided, but they can potentially induce adverse gastrointestinal effects such as bloating, nausea, and diarrhea. Medical foods designed for people with dementia claim to offer additional benefits that include preventing brain shrinkage in pre-dementia stages, managing impaired metabolic processes associated with dementia, and addressing metabolic imbalances that contribute to memory loss in mild to moderate dementia; studies have shown no clinical significance to these claims.

Presently, some research highlights music therapy as a potential treatment to alleviate the nutritional insults of dementia, facilitating clinical interventions to improve patients’ nutritional intakes.

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MUSIC THERAPY
The American Music Therapy Association explains that music-therapy interventions can be designed to accomplish the following:2

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- Promote wellness
- Manage stress
- Alleviate pain
- Express feelings
- Enhance memory
- Improve communication
- Promote physical rehabilitation

Music therapy has demonstrated positive outcomes in older adults with dementia and Alzheimer’s disease. Patients and their family caregivers were studied to investigate the efficacy of music therapy activities in delivering cognitive and social-emotional benefits. Mostly positive outcomes were observed despite family caregivers having not been informed of the study’s objectives: to increase communication (verbal or nonverbal); and to improve short-term memory, attention, and concentration via the musical task. Music helped to enhance participation and cooperation in group tasks, to foster self-esteem through the experience of success, and to facilitate expression and communication between patient and caregiver through the shared experience of music. It even alleviated feelings of guilt by family caregivers experiencing these feelings when leaving patients at daycare centers. However, the researchers were conducting multiple studies simultaneously, and this was not an isolated measure of the effect of music.8, 43 These studies show the powerful benefits of music therapy and how it can contribute to the treatment and care of patients with dementia, as well as equip caregivers with new coping techniques. It should be noted that the studies are dated and need to be replicated.

POSITIVE PSYCHOLOGICAL EFFECTS OF MUSIC THERAPY
As a coping mechanism, music is effective for those who experience severe frustration and depression as a result of their cognitive and verbal deterioration.3, 5, 31 It is also effective for reducing behavioral disturbances such as agitation, verbal abuse, and aggression.17 Patients who used to strike their chairs (from frustration or anger) began to clap their hands along with the music.9 Music therapy can facilitate a person’s reconnection with his or her life history,24 which can stimulate positive emotions, enhancing coping mechanisms among older adults.39 Several studies indicate that it is possible for a patient with dementia to remember and connect music heard long ago with specific memories; hearing familiar music cues the patient to interact with the caregiver in a manner similar to that before the disease affected his or her communication abilities.17 Drawing from these studies, it may be suggested that music can soothe anxiety associated with memory loss by evoking familiar feelings as patients reconnect to positive past experiences.

Quality of life improves with enjoyable music, which is effective in facilitating relaxation and wellness.21 For example, specific musical compositions, such as the soothing instrumentals in the theme from the film Braveheart, provided relief and relaxation for the Krout study participants. Music acts as a masking agent or distraction from unwanted environmental stimuli (such as the background sounds in a hospital).29 In a study of patients with eating disorders, by distracting them from clanging pots and pans (sounds that can bring back memories of domestic violence), music helped stave off panic attacks.32 For another patient in this study, singing a song helped this person overcome an emotional hurdle while eating. Music decreased anxiety and increased the ability of patients to consume healthy meals.32

Emotional reward is shown to increase upon exposure to music. In a study with self-selected music, measured data showed increases in heart rate, electromyogram, and respiration depth in correlation with chills of pleasure elicited by the control-music condition (a piece of music that another subject selected). Notably, music stimulates neural systems of reward and emotion not unlike those activated by food, sex, and certain drugs.4 Designing a music listening experience can be empowering, allowing individuals to be active in their own wellness initiatives.21 Additionally, permitting patients to select the music would avoid repetition of musical selections and listening tedium.21 It therefore would be advantageous for the client to be involved in customizing their own playlists.

Taste Perception
Early research investigated the consequences of removing sound by covering diners’ ears. Their perception of sweetness in powdered sugar and saltiness in table salt was affected, though it varied according to the individual; for some, the experience of sweetness or saltiness was enhanced, while for others the experience was depressed.34

People match tastes, flavors, and food aromas to sounds of different volumes, pitches, and musical instruments.10–14 In the presence of loud background noise or music (75 to 90 decibels), study participants rated very sweet solutions as more pleasant tasting than the same solution ingested in a quieter setting, because the flavor was less intense in the noisy condition.34, 40 With loud background noise, the oral-somatosensory properties of a food or beverage item are masked.34
The pitch and timbre of different sounds also influence taste perception. Crisinel et al. demonstrated this crossmodal effect using cinder toffee candy as the food stimulus while manipulating the pitch of background noise. The study authors hypothesized that low-pitched tones played by brass instruments would enhance the bitter taste of caffeine in the toffee, and high-pitched tones played on a piano would enhance the candy’s sweetness. As predicted, the sweet taste of cinder toffee was reportedly more intense with the higher-pitch sounds than with the lower-pitch sounds. However, individual differences in bitterness and sweetness ratings for a single stimulus failed to explain the choice of pitch. It is probable that the variations in chosen pitch for a single stimulus are random. High pitches were found to increase preference for sour and sweet tastes; low piches may have been associated with the flavor of umami. Apparently, enjoying a sound can correlate with a change in liking a food.

Musical style also has been studied to explore how it may affect taste perception. The musical adaptation of the composition “Air on the G String” was arranged into four different styles (classical, hip-hop, jazz, and rock) to study how each affected flavor perception and overall impression of food stimuli. The experiment used a common “comfort food” (milk chocolate) and a food not generally linked to emotion (red bell pepper). Chocolate was rated as more enjoyable while listening to the jazz arrangement versus while listening to the hip-hop and rock arrangements. Study participants enjoyed both types of food most while listening to the jazz arrangement. A limitation of this study is that the possibility of differences in sensory attributes can influence food perception and acceptance, regardless of emotional and non-emotional properties, as the chewing of food contributes to mastication-induced internal noise. Future research could investigate whether playing classical or jazz music while dining can increase food acceptance by increasing perceived palatability and enjoyment.

Metabolism
Music therapy may affect metabolism. For example, researchers noted a decrease in cortisol levels in postsurgical patients who listened to music, compared to those without music exposure. However, the intervention lasted only 30 minutes and was only performed once, with only one type of music offered to the participants. Stronger evidence could perhaps be studied if the music interventions were repeated with longer durations, and with patient self-selected music. This suggests that music can trigger decreases in energy catabolism. How...
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ever, further studies will be required for better identifying how isolated music affects the mechanism of the cata-
bolic response. Listening to music was also shown to increase growth hor-
mones while simultaneously decreasing the circulation of inflammatory
cytokines, interleukin-6, and epineph-
rine. The benefit to surgical patients is in the growth hormone binding to
interleukin-6 receptors, thus triggering a decrease in the inflammatory
to increase growth hormone while simultaneously decreasing the circulation of inflammatory cytokines, interleukin-6, and epinephrine. The benefit to surgical patients is in the growth hormone binding to interleukin-6 receptors, thus triggering a decrease in the inflammatory response.41 Because inflammation contributes to their undernutrition, older adults with dementia also could benefit from music’s ability to decrease cortisol and the inflammatory response.

Using the anti-inflammatory ability of music therapy could lessen the amount of sedative and analgesic medications needed to decrease peri-
operative anxiety and postoperative pain, thereby improving overall postoperative recovery. Additionally, music therapy enhances the sedative effects of analgesics, further decreasing the dosages needed for them to be effective.26

A review by Nelson et al. summarized the understanding of the effects of music on hypermetabolic syndrome, such as how it attenuates the hypermetabolic response by decreasing catecholamines, glucagon, and cortisol.25

These results suggest that music’s calming effects could be used to treat older adults with anxiety.

Listening to enjoyable music increases the amplitude of gastric myoelectrical activity, which improves gastric motility and stimulates gastric emptying.22 Classical music impaired gastric slow-wave frequency in adolescents; however, it increased gastric slow-wave rhythmicity in adults. However, consumption of a meal may possibly cause the percentage of normal slow waves to revert to the original baseline value, nullifying the effects of the audio stimulation, and is not particularly indicative of music always influencing an increase or decrease in the percentage of waves.6 Overall, music therapy may be able to help normalize gastric motility in older adults.41

Nutritional Intake

Music can influence the quantity of foods and drinks consumed in several ways, as well as the rate at which they are consumed:

- Listening to any type of enjoyable music while eating increases food intake.35
- Musical tempo and food-intake rate are directly related; as tempo increases, the rate of consumption increases, and vice versa.14

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Slow music increases meal duration and amount of food consumed. Specifically, playing slow music had these effects:
• Meal sizes and energy density were greater with enjoyable music than without, comparing an energy intake of 3,008 kJ versus 2,561 kJ, respectively.
• Meal duration was longer with enjoyable music, lasting 40.51 minutes versus 29.25 minutes, respectively.
• Fluid intake was also greater with enjoyable music than without, at 431 mL versus 338 mL, respectively.

Dinner music was found to influence food intake in patients with dementia, as well as symptoms common in dementia (depression, irritability, and restlessness). The study was organized into five periods of dining, all experienced by each of the participants:
1. Shortened dining time with no music playing
2. Soft, relaxing music
3. Tin Pan Alley-style music (popular songs of the 1920s and 1930s)
4. Pop and rock tunes from the 1980s
5. A control period of normal dining time with no music playing

A greater quantity of food was served during every period for which music was played, and it was completely consumed. In the period with soft, relaxing music, improvements in depressed mood, irritability, and anxiety were observed. As it has been established, negative emotions contribute to decreased nutritional intake, and in older adults, depression also is associated with decreased intake. Using music to soothe negative emotional states could help to increase food consumption.

SUMMARY
The evidence suggests that music can indirectly affect human response related to nutritional intake, influence food perception and enjoyment, and also modulate physiological responses. Music therapy is shown to be an effective additional intervention to treat undernutrition in patients with dementia and related diseases. Holistic care teams could consult with or include music therapists to define a plan of care. Collaboration of this sort is an exciting next step in the increasingly interdisciplinary approach to health care and nutrition.

The author of this article has no conflicts of interest to declare.

References
Click here to see the references for this article.

About the Author
Katherine Chen, MS, RD, received her master’s degree and completed her dietetic internship through the Nutrition, Healthspan, and Longevity department of the Leonard Davis School of Gerontology at the University of Southern California. She earned her bachelor’s degree in human nutrition and food science from Cal Poly Pomona. Katherine has been a classically trained pianist (per the Associated Board of the Royal Schools of Music) for more than twenty years, since the age of five years. At this time, Katherine works with outpatient pediatric patients, and inpatient oncology patients.

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Healthy Aging
Dietetic Practice Group

Our Mission
Empowering and supporting members to be food and nutrition leaders promoting life-long wellness.

Our Vision
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†Source: California Walnuts Fats Survey of 1,000 Americans 18+, Kelton Global, August 2016.
Legislative Update
Nutrition in Government: Alphabet Soup
Candace S. Johnson, RDN, CSG, FAND; Policy and Advocacy Leader

In health communities and services, acronyms are common. The following is a partial list and brief descriptions of programs dietetics practitioners are likely to see when working with older adults. Click the hyperlinks to access additional information about each of the sites.

**ACL (ADMINISTRATION FOR COMMUNITY LIVING)**
Created in 2012 by US Department of Health and Human Services (HHS), ACL works with the Administration on Aging (AoA), the Administration on Intellectual and Developmental Disabilities (AIDD), and the HHS Office on Disability to increase access to community supports. It focuses on the unique needs of older Americans and people with disabilities.

**ADRC (AGING AND DISABILITIES RESOURCE CENTERS)**
The Centers for Medicare and Medicaid Services (CMS) funded the ADRC in 2003 for evidence-based care-transition services. ADRCs assist individuals to make important decisions about long-term care in appropriate settings.

**AHRQ (AGENCY FOR HEALTHCARE RESEARCH AND QUALITY)**
Created in 1989 as the Agency for Health Care Policy and Research (AHCPR), the AHRQ is a US-government agency supporting research that improves the quality of health care.

**AOA (ADMINISTRATION ON AGING)**
Created by the Older Americans Act of 1965 (OAA), the AOA is the principal agency of the U.S Department of Health and Human Services designated to carry out the provisions of the OAA. This agency promotes the well-being of older individuals by providing services and programs for helping them live independently in their homes and communities.

**BPHC (BUREAU OF PRIMARY HEALTH CARE)**
Health centers, operated by the BPHC, are non-profit private or public entities that serve designated medically underserved populations/areas; or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless, or residents of public housing. This program has existed for over 50 years.

**CACFP (CHILD AND ADULT CARE FOOD PROGRAM)**
The CACFP provides aid to child and adult care institutions and family or group daycare homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children. The program also serves food for the health and wellness of older adults and chronically impaired disabled persons.

**CBO (CONGRESSIONAL BUDGET OFFICE)**
The CBO was created by the Congressional Budget and Impoundment Control Act of 1974. The agency produces reports and hundreds of cost estimates for proposed legislation. The Academy of Nutrition and Dietetics has supported the CBO to estimate health prevention bills for a longer period and not limit the ten-year duration in policy.

**CFSAN (NATIONAL CENTER FOR FOOD SAFETY AND APPLIED NUTRITION)**
The CFSAN carries out the mission of the Food and Drug Administration (FDA). It is responsible for the safety of the nation’s domestically produced and imported foods, cosmetics, drugs, biologics, medical devices, and radiological products.

**CMS (CENTERS FOR MEDICARE AND MEDICAID SERVICES)**
Created in 1965, the CMS (previously known as the Health Care Financing Administration [HCFA]), is a federal agency within the United States Department of Health and Human Services (HHS). It administers the Medicare program and works in partnership with state governments to administer Medicare and Medicaid programs.

**CSREES (COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE)**
The 1994 Department Reorganization Act created the CSREES by combining the former Cooperative State Research Service and the Extension Service into a single agency. In 2009, the CSREES was reorganized into the National Institute of Food and Agriculture (NIFA). NIFA supports both universities and local offices of the Cooperative Extension System (CES) to provide research-based information and services, including nutrition education, food-safety training, and youth leadership development.

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A Profusion of Podcasts

Healthy Aging DPG members have access to a variety of free podcasts on topics of interest to our group:

- Evidence-Based Practice: Vascular Health
- Informational Interview: Corporate Dietetics
- Informational Interview: Journalism, Editing, and Life-Long Advice
- Evidence-Based Practice: Frailty and Connection to Nutrition, Osteoarthritis, and More
- Current Issues in Practice: Long-Term Care
- Current Issues in Practice: Student Spotlight

If you are interested in being interviewed for a podcast or would like to suggest a podcast topic, please contact Jake Mey, PhD.
Chair’s Message
Claire Schmelzer, PhD, MPH, RDN, LD

My column for this issue will go to press sometime in late April or May, when many of us will be enjoying spring flowers, planting seeds, and setting out new plants in our gardens. Dates to plant and harvest vary across the country. For example, in Kentucky, we are urged to wait until after Derby Day, the first Saturday in May, to set out tomatoes. But for those of you who live in warmer parts of the country, you will probably have had at least one harvest of vegetables by May and have enjoyed a variety of fruits and flowers as well.

I recently saw an article on the benefits of gardening for older adults. Since April is National Garden Month, it seemed like gardening could be a timely topic. In conducting a Google search on the subject, I found several communities for older adults, such as Five Star Senior Living and Sunrise Senior Living, that featured articles on the benefits of gardening for older adults.¹,² An investigation of empirical research on the subject yielded several well-designed studies. Gardening can improve the quality of life for older adults, whether they live independently, participate in community gardens sponsored by local organizations, or reside in a nursing home.

For older adults living independently in the community, two studies show that gardening significantly contributes to overall health and well-being. Park and Shoemaker investigated the physical positions that a group of older adults used while gardening. These observed gardening positions included gripping, bending, walking, lifting, stretching, and standing. This study shows that gardening has health benefits (such as improved hand and body strength) as well as risks (such as increased lower back and/or and knee pain).³

A study of Welsh adults over 60 years of age indicated that a range of gardening tasks provided low to moderately high physical activity (1.9–5.7 Metabolic Equivalents). The subjects were relatively healthy and tended allotment gardens: plots (usually larger than home gardens) that were originally a post–World War II form of welfare.⁴

The Centers for Disease Control and Prevention (CDC) lists heavy gardening (such as digging and shoveling) as a muscle-strengthening activity.⁵ Granted, many older adults have arthritis, carpel-tunnel syndrome, knee and lower back pain, or other conditions that may limit how much physical activity they can perform, but a quick look on Google shows that there are numerous tools available to help older adults garden with less pain and discomfort.⁶,⁷ However, when promoting gardening as a good physical activity to help maintain health in older adults, consider the risks of gardening as well.

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MARK YOUR CALENDAR:
UPCOMING CONFERENCES & EVENTS
Click here for a list of upcoming conferences, workshops, webinars, and other events related to healthy aging.
Chair’s Message
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Gardening also benefits nursing home residents, including those with dementia. D’Andrea et al. conducted a study in a nursing home situated in a large urban setting to determine the effects of horticultural therapy (gardening) on cognitive deterioration. Forty Alzheimer’s patients took part in gardening-related activities such as planting seeds, observing the seedlings, watering, repotting new seedlings in larger containers, and picking dead leaves out of the pots and plants. They also tasted fruits and vegetables prepared and introduced by the researchers. At the end of twelve weeks, the horticultural therapy group had an overall higher functional level than the control group did. Study results also showed a reduction in the individuals’ sense of loss; and gardening was seen a way to provide an opportunity for creativity, self-expression, social interaction, and sensory stimulation.8

Brown et al. studied a group of 66 nursing home residents during two different-length time periods to observe the effects of indoor gardening on socialization, activities of daily living (ADLs), and perceptions of loneliness. Results indicate that the gardening interventions had a significant effect on three ADLs: transfer, eating, and toiling. The longer study (five weeks versus two weeks) was found to be more effective in increasing socialization and physical functioning.9

One of the few research articles I have found that measures the nutritional benefits of gardening studied a group of cancer survivors ages 60 years and older for one year. Results show that gardeners were more likely to consume at least one more serving of vegetables per day than non-gardeners were.10

In a quite extensive review of literature on this topic, Wang and MacMillan provide a good commentary on what place gardening could have in the lives of older adults, even though the empirical literature may not be conclusive as to its benefits. They state, “Although statistical significance is an important gauge of the success of our work, the clinical or practical significance (i.e., did the intervention/activity make a difference for the individual that she or he finds worthwhile and meaningful?) is just as important. Gardening has been demonstrated to have positive effects on older adults in many of the domains of their lives.”11

Do you have a garden activity going on at your senior community center or long-term care facility? Send us pictures and a brief description of what your group is doing. We’ll share your stories in an upcoming issue of The Spectrum and on the Healthy Aging Dietetics Practice Group (HA DPG) website.

In closing, I want to say “thanks” to all of you for the pleasure of serving as your chairperson this year. It has been a busy but wonderful experience! I have had a lot of fun, and I look forward to continuing to serve on our DPG’s executive committee as past chairperson.

References
Click here to see the references for this article.
THE SPRING HOUSE OF DELEGATES (HOD) virtual meeting was held on April 21, 2018. At this meeting, we discussed how the HOD can most effectively support the Academy’s new strategic plan. Prior to the meeting, we completed a survey about our personal experiences concerning the HOD’s culture. The survey collected quantitative data and benchmarks on things such as how we make decisions, distribute control, manage change, take risks, innovate, create ownership, communicate, and solve problems. The House Leadership Team (HLT) will use this data to develop a set of cultural priorities, followed by a clear and prioritized action plan to align our culture with what drives success.

FALL 2017 MEETING UPDATES

1. The HOD hosted an informational webinar on April 4 as a follow-up to the Fall 2017 HOD Mega Issue “Championing Nutrition and Dietetics Practitioners in Roles of Leadership in Public Health.” During this webinar, the HLT discussed potential grassroots projects and ideas for members to lead and/or participate in to advance roles of leadership in public health. The recording has been posted for member viewing.

2. On the second day of the Fall HOD 2017 meeting, delegates discussed the best ways to communicate and educate relevant stakeholders on the finalized and approved Code of Ethics. The final approved CDR Code of Ethics for the Nutrition and Dietetics Profession has been posted and becomes effective June 1, 2018. The Code of Ethics was last updated in 2007.

THE ACADEMY’S STRATEGIC PLAN

Vision: A world where all people thrive through the transformative power of food and nutrition

Mission: Accelerate improvements in global health and well-being through food and nutrition

Principles: The Academy of Nutrition and Dietetics and our members:
• Amplify the contribution of nutrition and dietetics practitioners and expand workforce capacity and capability
• Integrate research, professional development, technology and practice to stimulate innovation and discovery
• Collaborate to solve the greatest food and nutrition challenges now and in the future
• Focus on system-wide impact across the food, well-being and health care sectors
• Have a global impact in eliminating all forms of malnutrition

Focus Areas: The Strategic Plan includes three areas where the Academy will focus efforts to accelerate progress towards achieving the vision and mission through impact goals in prevention and well-being, health care and health systems, and food and nutrition safety and security.
Author Opportunities

The Spectrum is searching for articles from RDNs and dietetics students. We may publish it as a self-study CPEU article. Topics include (but are not limited to):

- Integrative medicine and older adults
- Iron and zinc, dietary and supplemental
- How physical activity prevents age-related diseases
- Risky food-consumption practices and older adults
- Cost-cutting strategies for nutritious meals
- Supplementation safety and older adults
- 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.

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:

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Do you have a passion for older adult nutrition and wellness?

The Healthy Aging Dietetic Practice Group (HA DPG) is looking for volunteers to work with executive-committee directors on various committees. **Practice areas include:** communications, sponsorship, membership, and professional development. Each committee has a director responsible for guiding and leading the team.

- **The Communications Committee** publishes *The Spectrum* newsletter, manages our Facebook and Twitter accounts, and supports the HA DPG website. If you like to write or love social media, this committee might be a great fit for you!
- **The Sponsorship Committee** works on networking and building relationships with organizations to help support HA DPG activities by fundraising and soliciting sponsorship. Sponsorship is all about relationships. If you have good professional relationships with corporations that work in the nutrition and wellness industry, this committee is perfect for you.
- **The Membership Committee** focuses on building and maintaining a unified, engaged, and diverse membership. This includes soliciting current members on ways to increase HA DPG membership benefits, writing Spectrum articles that spotlight current members, and brainstorming new ways to increase current membership. If you enjoy RDN outreach and networking, this practice area is looking for you!
- **The Professional Development Committee** plans and coordinates continuing-education opportunities for our DPG. We have multiple webinars each year that require assistance in soliciting topics and speakers, plus organization. If you like to plan, organize, and educate, this is a great opportunity to use those skills.

Candidates are appointed to these committees; they are not part of our DPG’s annual elections. Each appointed committee member will focus on a specific area as outlined by the director of that practice area. The time commitment varies between committees, but it should be about an hour or two a month.

Let us know if you’re interested by clicking [here](#). We are sure you will find volunteering for the HA DPG a very rewarding and fun experience!

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**Caring for the Older Adult: Upcoming Skills-Review Webinar**

The Healthy Aging Dietetics Practice Group will be releasing a four-part recorded webinar series for purchase in June 2018: “Caring for the Older Adult: Skills Review.” Watch the Healthy Aging DPG website and your email for more information.

**Module 1:**
- Nutrition Screening
- Nutrition Data Gathering
- Data Synthesis and Diagnosis

**Module 2:**
- Nutrition Care Process: Long-Term Care
- Nutrition Monitoring and Evaluation
- Nutrition Counseling and Education
- Oral Health

**Module 3:**
- Lab Values
- Drug-Nutrient Interactions
- Evidence-Analysis Library (EAL) Unintended Weight Loss

**Module 4:**
- Foodservice Management
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- Professional Practice/Ethics
NEW! Scope and Standards Learning Modules

The Academy has launched new learning modules focused on the Scope and Standards of Practice. The modules consist of an overview of the Scope and Standards, an outline of what’s new in the revised 2017 documents and practical applications utilizing case studies.

CPEU: 2.0

Locate the learning modules at: www.eatrightpro.org/scope and www.eatrightpro.org/sop.

Disaster Relief Fund Application

The Academy Foundation Disaster Relief Fund was established to support the personal and professional life-rebuilding efforts of Academy members and other dietetics professionals who have been affected by disasters. Based on available funds, up to $2,500 can be made available to Academy members, non-member dietetics professionals or dietetics students with an immediate need who have been affected by disasters. In addition, a separate fund has been created with the support of the Commission on Dietetic Registration that supports disaster victims seeking financial aid for continuing education initiatives. Based on available funds, up to $500 can be made available per applicant.

The Academy Foundation Disaster Relief Fund was established to support the personal and professional life-rebuilding efforts of Academy members and other dietetics professionals who have been affected by disasters. Donate and/or apply today.

Click anywhere inside this graphic to visit the website.
2018–2019 Healthy Aging Dietetic Practice Group: Introducing Our Incoming Officers

Congratulations to the Healthy Aging DPG’s incoming 2018–2019 officers!

Chair-Elect
Margery J. Gann, MS, MBA, RD, LDN, FAND
Paid professional position/role:
Care Management Director, Ethos, Jamaica Plain, MA

I first became interested in nutrition and older adults when I was an undergraduate. This was when I did a field placement with the Visiting Nurse Association of Boston. My first position in clinical hospital dietetics convinced me that this was not going to be my career choice. I then worked in an Older Americans Act (OAA) Title VII nutrition program, followed by a number of years in management. I currently oversee the Older Americans Act Nutrition Program, state-funded home care, eight Medicaid-managed care programs, the Long-Term Care Ombudsman Program, the nurse assessors, and our newest venture, Long Term Services and Supports for Medicaid members ages 23 to 64 years. I’m honored to have been appointed to the Commission on Malnutrition Prevention Among Older Adults for the Commonwealth of Massachusetts.

Treasurer
Kathryn Tucker, MS, RD, CSG, LD
Paid professional position/role:
State Unit on Aging Dietitian for the Kentucky Department for Aging and Independent Living

Kathryn Tucker has been the state dietitian for the Kentucky Department for Aging and Independent Living since 2015. She administers the Senior Nutrition Program to the Area Agencies on Aging and Independent Living and their senior centers in Kentucky’s 120 counties. Kathryn also works with the Department of Medicaid Services in the Home and Community Based (HCB) Waiver Program for home-delivered meals within Kentucky, for which she certifies the HCB home-delivered meal providers and monitors the program. Currently, she also is an independent consultant for Dietary Consultants, Inc. Prior to working in the Kentucky Aging program, Kathryn worked at a rural hospital for 20 years as the food and nutritional services director, focusing on clinical, foodservice, community, and outpatient medical nutrition therapy (MNT).

Nominating Committee Chair-Elect:
Rebecca Kerkenbush, MS, RD-AP, CSG, CD
Paid professional position/role:
Clinical Dietitian at Watertown Regional Medical Center, Watertown, WI

Born and raised in Wisconsin, Becky earned her bachelor’s degree in dietetics from the University of Wisconsin-Madison and her bachelor’s degree in Community Health Education from the University of Wisconsin-La Crosse. After practicing in long-term care, acute care and the outpatient setting, she obtained her master’s degree Nutrition from Northeastern University in Boston. Her passion for clinical nutrition and gerontological nutrition led her to earn the Advanced Practice and Specialist in Gerontological nutrition certifications. Becky is an active member of the Wisconsin Academy of Nutrition and Dietetics and is a member of the Marketing and Communications Committee. In her spare time, Becky enjoys reading, movies, singing in her church’s choir, running, and weight lifting. The combination of nutrition and fitness gives her the tools she needs to keep up with her two energetic boys, ages 10 and 8 years.

Nominating Committee Member-at-Large:
Kristin A.R. Gustashaw, MS, RDN, CSG, LDN
Paid professional position/role:
Advanced Level Clinical Dietitian, Rush University Medical Center, Chicago, IL

Kristin received her bachelor’s and master’s degrees in nutritional science from the University of Illinois at Urbana-Champaign and has specialized in the field of nutrition for over 20 years. Kristin is a Certified Specialist in Gerontological Nutrition (CSG) in the state of Illinois. She enjoys working with both the CSG and Advanced Practice (AP) Commission on Dietetic Registration (CDR) (AP CDR) workgroups to advance the dietetics profession. She is an instructor in the Rush University Health Sciences Department and a member of the Rush University Medical Center Clinical Nutrition and Integrated Cognitive Behavioral Movement Disorder Clinic interdisciplinary teams. Kristin prepares and provides nutrition programs for the Chicago Department on Aging wellness program. She works with five different catering companies to provide menu planning, analysis, and consulting services for Chicago’s Congregate Dining and Home Delivered Meals programs, which provide over three million meals each year. Kristin has a passion for translating quality nutritional research into applied knowledge and enjoys working with the media, presenting to various groups and organizations and at national conferences.
Congratulations, Winners of Our National Nutrition Month® Contest!

We received four wonderful National Nutrition Month® submissions! Congratulations to all four contest participants, and especially to Jacqueline Zuckerberg, RDN, Nutrition Coordinator at Brookdale Hospital Medical Center, NY, for being named our overall winner! She will receive a gift card to acknowledge her terrific NNM campaign.

• **Jacqueline Zuckerberg, RDN:** “We created a different activity for every Wednesday of the month, with a different theme each week. Themes included: sustainability, superfoods, meatless meals, and food safety. Sustainability week focused on encouraging using reusable water bottles, demonstrations on composting, an Instagram photo booth promoting sustainability, and giveaways of local apples. For food safety, we discussed ways to keep food safe at home, demonstrated food contamination by using play dough, and distributed handouts. For superfoods, we encouraged people to increase their intakes of fruits, vegetables, and beans/legumes. We also gave away free samples of dried blueberries. For the final week, we went to the main hospital lobby and had our final presentation for meatless meals.”

• **Emily DeSorbo, RDN:** “We announced weekly nutrition trivia questions at our skilled nursing facility, and the staff member who called in with the correct answer would win a prize. The staff loved it, and the whole building learned new healthy nutrition information.”

• **Stephanie Clarke, RDN:** “We had weekly nutrition tips on the cafeteria menu for all to read. We also had a table for ‘Ask the RD’ in the cafeteria during lunch, where nutrition advice was given as well as giveaways of NNM merchandise, food samples, and NNM kits.”

• **Jennifer Jayne, RDN:** “For National Nutrition Month, I had a booth set up in our medical practice’s waiting-area lobby. I made a nutrition-themed, Jeopardy!®-style game and played it with people waiting in the room, people passing by, and even staff at our practice! I had measuring spoons and water bottles as giveaway prizes, and I gave out samples donated by a whole-grain company. We used the samples to show how to read the food label and talked about how putting the right ingredients into your body allows you to go the distance and keep it running for longer.”

**Snapshots: How Jacqueline Zuckerberg’s Group Celebrated National Nutrition Month®**

Week 1: Sustainability.

Week 2: Food safety.

Week 3: Superfoods.

Week 4: Meatless meals.
A Year in Review:
Our Student Executive-Committee Member Shares Insights on the Position, Saturday Mornings, and Drinking Coffee

Tawnee L. Cunningham, BS

“I want coffee,” I say to myself as I try to focus my eyes on my computer screen. Today is Saturday, I am running on less sleep than I would like, and I have to go to work in two hours. My to-do list for the day is 11 items and counting, and it doesn’t include things like grocery shopping and laundry.

My term as the student member of the Healthy Aging Dietetic Practice Group executive committee (HADPG EC) has coincided with the final year of my dietetic internship and master’s program. Balance became the name of the game as I maintained my involvement in outside activities in addition to the daily grind of clinical dietetics and my degree program. But the point of this article isn’t to lament my pitiful lack of free time—sad though it may be—but to highlight why I don’t regret giving up my Saturday mornings.

THE BEGINNING
The student EC position for our DPG was created last year, and I am the second person to fill this volunteer position. Since the position is still relatively new, there was room for me to shape and change it during my tenure. Prior to beginning my term, I sat down and listed my primary objectives for this role, and what I wanted to accomplish. The list included some rather lofty goals, namely to increase student membership by such-and-such percent and increase student involvement. I also wanted to develop student-specific resources for our DPG, something that at the time were relatively scarce.

I presented these goals at the EC meeting in June and met the rest of the EC members.

How nervous was I?
Well, I spent a good three hours making three slides and another three hours practicing what I wanted to say the day before I flew to Chicago. These nerves turned out to be completely unfounded. I felt like a bozo for thinking that everyone would be very serious and stern, but more often than not, we were joking and laughing as we discussed the upcoming fiscal year. Everyone was very engaged when it was my turn to speak. I felt like a true member of the team, not just “the student.”

THE MIDDLE
This is the part of the story where things start to pick up. I was in school again, the days became shorter, and I resentfully unpacked all of my lumpy sweaters as the temperature dropped. I began to create student content for the DPG. With the help of the committee and several volunteers, a section of the HADPG website was allotted for students and filled with resources ranging from information about hearing impairments to navigating the Dietetic Internship Centralized Application Services (DICAS) system. While the content itself is relatively simple, creating it was a labor of love, and I had so much help along the way from not only several EC members, but another student volunteer. I must thank our DPG’s chair-elect, Katie Dodd. Katie was my mentor within the organization and gave me guidance, which was something I sorely needed (and greatly appreciated). With help from her and the rest of the committee, I was empowered to reach my goals.

In addition to creating content quietly on the DPG website, I had the opportunity to attend last year’s FNCE® as the student EC member. I’m not much of a networker (I’m too shy), but attending the conference in this professional role allowed me the platform I needed to make professional connections that I otherwise would have never been able to make. Not to mention there were so many interesting lectures (and snacks) to choose from that I left more energized than when I came. Without the HADPG, I wouldn’t have been able to attend at all, let alone had the experience I had, and I am so grateful.

THE END
Technically, my term isn’t over, although it will end soon. I started this article by jokingly painting a picture about how much I had on my plate throughout this fiscal year, which is very true. My to-do list was constantly continued on page 19
gargantuan. That tends to be life as a student, trying to balance school-work-extracurriculars-life. But I want to echo something our first student EC member, Jacob Mey (now a PhD) said when he told me about his term in office: As students, we often shy away from additional responsibilities because we fear we won’t have the time to do our best, but sometimes you need to take on that extra responsibility to push yourself to achieve more. Do I wish I had more hours in the day? Absolutely. But do I wish I did less with the ones I have? Definitely not!

Being a student EC member gave me insight into how we as dietetics professionals function in the professional world. Every EC person I spoke with was balancing a full life and a career on top of their responsibilities as EC members. And yet they all display passion for the dietetics field and for the services they provide to our DPG. I think out of all the things I was able to learn and experience during my time as student EC member, this is what will stick with me the most. I can’t thank the committee enough for allowing me the opportunity to work with them and supporting me through the year. I hope that this position will continue to grow and that others will find it as valuable as I did.

About the Author
Tawnee L. Cunningham, BS, recently completed the coordinated master’s program in nutrition and dietetics at the University of Pittsburgh. She has worked with older adults in a variety of settings, including research, long-term care, community, and as administrator of her county’s Senior Farmers’ Market Nutrition Program. In addition to older adult nutrition, Tawnee is very passionate about food security, food-system sustainability, and plant-based nutrition.

Call for Information: Conferences and Events

The Healthy Aging DPG calendar contains events of interest to RDNs and NDTRs who work with older adults.

If you would like to suggest a conference or event for our calendar, please e-mail Robin Dahm (dahmRD@gmail.com) with your information.

The event must focus on the nutritional and physical health of older adults.

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.
Interview by Maureen Janowski, RD, LDN, CSG, FAND

Spotlighting: Emily Schilling, RD, LDN

Emily Schilling, RD, LDN, helps older adults (and others) meet their nutritional needs in a variety of ways. She is the nutrition manager for Upham’s Elder Service Plan (a Program of All-Inclusive Care for the Elderly [PACE] in Boston, MA) for which she oversees the nutritional care of older adults and develops staff wellness programs. In addition, Emily also volunteers for the Healthy Aging Dietetic Practice Group (HA DPG) as an associate editor for The Spectrum.

MJ: Emily, could you explain what a PACE program is?

ES: Sure! I work at Upham’s Elder Service Plan (UESP), which is a Program of All-Inclusive Care for the Elderly (PACE). Our goal at UESP is to safeguard an older adult’s dignity, allowing him or her to remain independent at home and in the community, by providing individualized quality care and services. In other words, we strive to keep them healthy and safe while they are living in their homes. The program focuses on coordinated, interdisciplinary geriatric care for people 55 years of age and older who have medical needs and want to continue living in the community as long as possible. We have many services for those who need support to live at home and maintain their independence. The interdisciplinary team includes primary-care physicians, nurse practitioners, home-care nurses, nutritionists, physical and occupational therapists, and social workers. We are all located under the same roof for the convenience of the participants. We have three clinics in different neighborhoods of Boston, but we will also provide care in the participant’s home or in one of our contract facilities.

MJ: Terrific! And how about your role at the PACE center?

ES: I’ve been at UESP for three years and was recently promoted to nutrition manager. I now supervise the nutritionist who works with me. My manager position is new to our program, so I’m sure my duties and responsibilities will evolve as time goes by.

UESP supports nearly 300 participants. At a minimum, each participant is seen annually for a full nutrition assessment, but many of our participants are seen weekly or monthly for nutrition follow-up. Nutrition follow-up visits occur both in participants’ homes and in UESP clinics. Approximately 50 participants visit each clinic daily, where they are served a congregate lunch Monday through Friday that I help coordinate.

MJ: How do you decide how often to perform a nutritional assessment?

Any participants at nutritional risk are seen on a regular basis, and I may see them more frequently if they need additional support, such as participants who are trying to lose weight. Many of the participants I see

Help Us Shine the Spotlight!

We are searching for HA DPG members to interview for The Spectrum’s “Spotlight on Your Colleagues” column.

Have you or a colleague walked an interesting career path? Is your practice innovating solutions for older adult clients? Do you or a colleague perform ground-breaking research?

We need your help to discover individuals whose work is quietly having a positive impact on our field.

Please e-mail Robin Dahm the name and contact information of one or more individuals you would like to see spotlighted. Thank you!
Spotlight continued from page 20

need help managing their diabetes or they have heart failure and need support managing their diets. I may choose to visit some participants in their homes instead of seeing them at the clinic. When I’m in their homes, I can see what foods they have in their cabinets and refrigerators. This gives me an opportunity to provide guidance based on what they’re actually consuming. During my visit, I will take their weights and try to talk to caregivers if possible.

MJ: What do you see as your biggest challenge?

ES: Most of the participants are older adults with low incomes. My biggest challenge is often to establish food access for them. My in-home visits are really informative when identifying food-insecure participants. If I identify food insecurity, then the team decides together if the participant would benefit from congregate meals, home-delivered meals, or grocery delivery services. UESP covers the cost of a grocery delivery service, but the participant will need to pay for the food.

MJ: What is your favorite part of your position?

ES: I teach a monthly cooking group at the adult day health center. I originally intended it to be a healthful-eating group, but it has been turned more into a therapeutic group. Some of the participants have dementia, reside in assisted-living centers, or have had strokes and need adaptive cooking equipment. I currently have ten participants who attend the cooking group on a regular basis. We spend the time cooking and eating together. It’s one of my favorite days of the month. Last month we made fig and goat-cheese toast and pumpkin soup.

MJ: Could you tell us about your employee-wellness program and how you plan to introduce parts of it to your PACE participants?

ES: We have a new initiative for employee wellness using grant funding. We put a committee together and surveyed staff to find out what they wanted. Our program started with a spring walking challenge, continued with a summer kickball league, and finished in the fall with four nutrition workshops that I developed and led:

- Workshop 1 focused on anthropometric screens and chronic disease assessments.
- Workshop 2 concentrated on macronutrients and reviewed the balanced-plate method.
- Workshop 3 centered on salt and sugars.
- Workshop 4 covered how to implement the learned material into everyday life, and it wrapped up with tips for holiday eating and dining out.

The workshops were very well received and demonstrated great participant retention. People from many different disciplines within the health center participated. The employees said they were glad they could attend and learned the material into everyday life, and it wrapped up with tips for holiday eating and dining out.

The workshops were very well received and demonstrated great participant retention. People from many different disciplines within the health center participated. The employees said they were glad they could attend and had started making positive changes based on their learnings. Next year, I’d love to do a vegetarian cooking class or another topic of interest.

I plan to take my second and third workshops and utilize them with the PACE participants. The workshops were very interactive (reading food labels, measuring sugar, and cutting pictures out of magazines to make balanced meals for example), which will also work well with this population.

I am also in the beginning stages of developing diabetes self-management and prevention programs for our clinics. Half our participants have a diabetes diagnosis, and starting very soon, the Centers for Medicare and Medicaid Services has a new rule that all Medicare providers must offer a diabetes prevention program utilizing the Centers for Disease Control (CDC) curriculum. We are currently deciding how to offer this benefit, but we are hoping to contract with an organization (such as the YMCA) already conducting a diabetes prevention program. I will be coordinating this and planning the diabetes self-management program.

MJ: How exciting! Before we finish, could you tell us why you chose to become an associate editor for The Spectrum?

ES: I wanted to try something different. I’ve always enjoyed creative writing, so the idea of working on The Spectrum appeals to me. I also enjoy reading research, so this was a natural progression. I’ve been a volunteer project manager for about a year now, and I spend about five hours a week on newsletter business. I manage the communications between the authors, peer reviewers, and editor in chief, and I have learned many new skills in this position. Volunteering for The Spectrum is a nice complement to my work for PACE. It keeps me up to date with the latest research concerning older adults. Working for The Spectrum has also been a great networking opportunity for me. If any of our readers are interested in volunteering for The Spectrum, they can e-mail Robin Dahm, the newsletter editor in chief.

MJ: Thanks, Emily, for taking the time out of your busy day to chat with me. It sounds like you have very varied, busy, and rewarding workdays!
The Spectrum newsletter

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