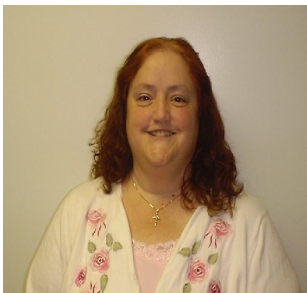


ICD - HCF

Iowa Consulting Dietitians in Health Care Facilities

Winter 2006



ICD-HCF Mission Statement: This association is the advocate of the dietetic profession serving the public through the promotion of optimal nutrition, health and well-being.

Message from the Chair. Carol Hill

For some of us planning the monthly in-service meeting has become a boring and sometimes repetitive task. If we feel that way planning the meeting, imagine how the staff feels sitting through it. For me planning in-services has become one of the most fun and creative things I get to do as a manager. I have found that the process of teaching staff the why's and how's of what they need to know does not have to be blah, but, can be very fun and that more of what I am teaching staff is remembered. I want to share a couple of recent ideas that I have developed for staff education.

The first idea was borne at FNCE recently. I was able to take a post FNCE excursion on the big island. One of our stops was a visit to Kona Coffee Living History Farm. As we toured the farm I was intrigued to learn all about the process of growing coffee. Not being a coffee drinker, I had never thought about how coffee was grown, harvested, or processed for sale. After the tour was over, I came up with an idea for an in-service.

Before leaving, I had promised my staff gifts from Hawaii in the form of coffee and chocolates, but I hadn't quite figured out how to distribute these. After the Kona farm tour it became apparent to me that it would be through an in-service. While in Hawaii, I picked up coffee, chocolate, dried fruits, macadamia nuts, macadamia nut butter, passion fruit tea, guava, passion fruit, and pineapple preserves. Once I got home, I did a little research on the history of coffee and agricultural products of Ha-

waii.

The in-service consisted of discussing the history of coffee, and how it was introduced to the islands of Hawaii, and of the agricultural products of the islands. We also discussed the culture of the people and some of their beliefs. At the end of the meeting we sampled the coffee and foods that I had brought back. The staff had a good time, learned a great deal, and has a new appreciation for coffee.

Sometimes learning can take the form of a challenge or game. Recently my dietary manager and I were brainstorming ways to get the cook staff more focused on food presentation. We came up with the idea of having our customers (this includes resident, visitors, and staff) rate meals on a scale of 1 – 10 for appearance, temperature, and flavor. Each cook will be awarded a maximum of 400 points each week of the challenge. Since we are just getting started, I am unable to share the results today. I do know that over the next five weeks we will be doing a lot of talking about presentation, garnishes, and how the senses affect how much the residents eat. On January 2, 2007, the cook with the highest total points will be awarded a \$100 gift card to a local shopping mall. Many thanks go to our administrator for the gift card.

As you plan your in-service calendar for 2007, realize that while you have important information that your staff needs to hear and know, making learning relaxed and fun can help staff remember your words of wisdom longer.

Carol J. Hill RD, LD

Farewell and thanks to Judith Walrod- by Rose Hoenig,RD,LD

You walk in to your facility one day and there it is – the dreaded sign posted that the Department of Inspections and Appeals has arrived. You have been anticipating this week of scrutiny and trying very hard to make sure everything is in order. You begin thinking to yourself, “if only Judith would be on the survey team, then I would have a colleague who truly understands the foodservice operation”.

Judith Walrod, our State Dietitian retired from her duties effective November 30, 2006. For some of us, she was the first state dietitian that we remember early in our careers as consultant dietitians. For others, she was the professional with the final answer for issues and interpretation in long term care facilities as well as other regulated facilities. And for all of us she was the lady at the podium for the last hour and a half every year at the ICD annual meeting. Judith is held in high regard by consulting dietitians because of her no nonsense approach to serving our elderly patients and residents. She guided us through many changes in the nursing home industry and was always reminding us that the dietetics professional had primary responsibility for the nutritional care of the resident/patient. By her actions the value of the consulting dietitian became well established. We will miss her greatly and hope that DIA will miss her just as much and see fit to add a dietitian to the survey team.

In case you think memories of Judith are all very serious we must be reminded of her lesser known mischievous-

ness. Thanks to some of her dietitian colleagues there are several comic memories: Were any of you aware of her fondness for LARGE diamonds? It seems that Judith received a very real looking fake diamond at a FNCE reception and really had the rumor mill turning about her “secret engagement” and the value of her new diamond. You can ask Kathleen Niedert and Sharon Treinen about the laughs over that inside joke. Carlene Russell remembers fondly a FNCE meeting where she was lamenting over a beautiful floral centerpiece she had ordered for a meeting and how sad it was to only have it used for a short three hours. After asking if it had been paid for, Judith picked it up and carried it out the door to Carlene’s hotel room giving Carlene several more days to enjoy its beauty,

Judith’s influence is well demonstrated in the words of Dorothy Riddle, who also worked as a state surveying dietitian a few years ago. “Judith has not only a wealth of knowledge related to regulations, nutrition standards, and culinary skills, she also conveys great personal wisdom. Judith always helped remind me of tolerance to people in our work and she is well respected in her profession as she puts people at ease in a busy environment”.

So, with a smile and congratulations, we wish Judith happiness in the days ahead. We thank her for her years of dedication to the health care field and particularly for insisting we keep the elderly in their home, no matter what roof is over their head.

“The Use of the Nutrition Care Process and Standardized Language in the LTC Arena” Kathleen C. Niedert, MBA, RD, LD, FADA

The number one issue that many of us having worked with evidenced based research, the nutrition care process (NCP), and standardized language hear and are asked is “how does all of this fit into what I already do in the nursing home?” Some of us have always documented “risk for” or “potential for” but with the nutrition care process we are in reality documenting real life problems not those that “may” occur. Think of it this way—when you go to the doctor, does he worry about what “might” happen or does he worry about what is “actually” happening now? This is not say what is happening now may not affect what might happen later, but the doctor takes care of the problem at hand.

Data collected during the nutrition assessment guides the registered dietitian in selection of the appropriate nutrition diagnosis—naming the specific problem that is occurring—not one that might occur. The next step is for the dietitian to select appropriate nutrition interventions that will be directed to the root cause or etiology of the identified nutrition problem and that are aimed at alleviating the signs and symptoms of the diagnosis. The final step in the process is monitoring and evaluating what you have put into place and whether the client has followed the interventions. It truly is not much different than what all of us have been doing but a bit trickier and deals with the here and now—not the

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Food Service Supervisor 90 Hour Course Instructors

We would like to have a conference call in January with any and all instructors of the face to face courses to discuss the current options for texts and any syllabus issues. If you are interested in participating in this conference call, please e-mail Alicia Aguiar at alicia783@mchsi.com. We are tentatively planning on the last Friday in January at this point. The instructors from Cedar Rapids will be meeting face-to-face, so anyone is willing to come and join us at Kirkwood Community College. Thanks for your interest.

Accreditation Standards for Dietetics Education Updates

The Commission on Accreditation for Dietetics Education (CADE) is currently working on the next draft of Accreditation Standards for Dietetics Education for Registered Dietitians and Diet Technicians – Registered. A group of 40 educators and practitioners from across the country convened in Chicago in November to review and update the current standards (from 2001.) The goal was to determine what entry-level RD's should be able to do when entering practice and after completing the approved internship program. My voice represented Iowa, in particular, the rural consultants across the state. Because an entry-level RD might begin practice in a small rural hospital or a long-term care facility, the skills and competencies need to encompass these areas. Often this RD needs to be a "generalist" – able to demonstrate competency in management, foodservice, clinical, education, marketing and quality assurance. One of the biggest changes will be the inclusion of the Nutrition Care Process – recently presented again at the annual Iowa Dietetics Association conference in Ames. The timeline for CADE is to obtain feedback over the next 9 months on the written draft and then enter into the approval process. These reviews occur approximately every 5 years.

Attention IDA and ICD members:

Update Your Contact Information Today! IDA is now using an email notification system to reach and communicate with members. In order to keep current and informed of ICD and IDA events, be sure to update your contact information including your current email address by emailing Nadine Fisher: editorIDA@nutritionnetworks.com, or to the current secretary of ICD at their email address.

We Need You!

The ICD-HCF Nominating Committee is looking to fill the following positions to serve for the 2007-2008 membership year:

Chair Elect – The chair elect serves for one year as Chair Elect and then the next year becomes the Chair. This provides them with the opportunity to learn about the organization and prepare to be the Chair the following year.

Nominating Committee Member – The nominating committee member is elected to a two year term. There are two members on the nominating committee. The responsibilities include preparing the slate of candidates for officers each year.

Secretary – The Secretary is elected for a two year term. The secretary is responsible for the minutes of the Association and Board of Directors.

Elections will be held at the annual spring meeting March 12, 2007. Anyone interested in serving in a leadership role with ICD-HCF should contact one of the current Nominating committee members:

Robin Maharry, 603 Lake Street , Alta , Iowa 51002 ,
phone: 712-200-1666 or email frmahary@alta-tec.net

Theresa Eberhardt, 18098 Highway 56, Elkader ,
Iowa 52043 , phone 319-245-1530 or email bonnie@alpinecom.net.

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possible future.

So why should you change your practice? ADA is strongly recommending that each of us incorporate the NCP in our job whether in clinical, community, education, or long term care. It will now be a required part of dietetic education for students in ADA approved programs so the seasoned dietitian should become acquainted with this new terminology to keep abreast of the changing times. This is not to say it is required, but our Association hopes that when dietitians realize the value of the NCP all of us will choose to adopt it in our individual care settings. ADA is working with such organizations as CMS and JCAHO so that when they evaluate nutrition services they will use the NCP as part of their process—when will this all happen? ADA does not know.

Rome wasn't built in a day—Advances in practice generally require new knowledge and adjusted behaviors. There may need to be a significant time commitment on your part to implement this process but in the end NCP can save time by serving as a framework for decision making and documentation regardless of the setting. The NCP will also allow development of large databases of information needed to demonstrate the value of the RD, which in turn may lead to improved reimbursement. Therefore, the payoff to each of us is a higher likelihood for reimbursement, increased evidence supporting the value of the RD, and improved daily workflow.

So how do we get started? We often know there are numerous problems going on at the same time with our residents but what are we actually able to work on—that's where you spend our time developing the PES statement. It doesn't mean you may not have interventions that might relate to another problem or that you can't have interventions within a nursing goal.

Familiarize yourself with the resources that are available on the ADA website to help with training and implementation. Many, including slides, sample case studies and forms, can be accessed at no cost to ADA members. The manual, Nutrition Diagnosis and Intervention: Standardized Language for the Nutrition Care Process (292 pages) can be downloaded from the ADA Members Only website free of charge or you may purchase the hard copy at a nominal cost by calling 1-800-877-1600 ext 5000 and ordering using a credit card for payment.

Review the 62+ diagnosis that have been developed. Some that you will probably use include increased energy needs, impaired nutrient utilization, altered GI function, self-feeding difficulty, inadequate fluid intake, evident protein-calorie malnutrition, inadequate food/fluid intake.

Below are several examples of PES statements. There are no "potential for" or "risk for" but actual problems.

Label as diagnosis

Increased energy needs related to increased involuntary physical activity (Parkinson's disease) as evidenced by recent weight loss and average intake of 1800 kcal/day. .

Impaired nutrient utilization related to compromised function of the GI tract due to radiation therapy as evidenced by diarrhea and weight loss of >5% in one month.

Altered GI function related to noncompliance with gluten-free diet as evidenced by diarrhea.

Self-feeding difficulty related to inability to sit with head and neck supported/balanced as evidenced by spilling of majority of meal and poor position in wheel chair.

Overweight/obesity related to decreased energy expenditure associated with sedentary life style, limited physical activity as evidenced by increased of BMI from 28-30 in last 6 months.

Inadequate fluid intake related to dementia as evidenced by physical findings of dry mucous membranes and poor skin turgor with dark colored, cloudy urine and oral intake of <1000 cc fluids daily

Label as etiology

Underweight related to increased energy needs related to recent cancer diagnosis and treatment

CD-HCF is currently examining the possibility of work shops dealing with how to incorporate this new process into practice and several state workshops have been held already. Do not think this will go away, it will only expand as more and more professionals rely on evidenced based research for practice.

**Iowa Consulting Dietitians in Health Care Facilities
Fall Board and Council Meeting Minutes
Thursday November 2nd, 2006**

Attendance:

Carol Hill (Chair), Char Kooima (Past Chair and Event Coordinator), Cathy Pollock (Secretary), Nadine Fisher (Treasurer), Alicia Vance Aguiar (Public Relations), Teresa Eberhardt (Nominating Committee & Upper Iowa Area Rep), Betty Barton (DMA Liaison), Anne Sposato (Hawkeye Area Rep), Terri Romey (Midwest Nutrition Team Area Rep). Guest: Patricia Noble.

The meeting was called to order by Chair Carol Hill at The Hotel at Gateway Center in Ames, IA at 7:05 am. Introductions were completed and Carol asked for any additions to the agenda. Carol called for a quorum check and Cathy Pollock confirmed that there was not a quorum present today. Since there was no quorum present, any topics requiring a vote Carol would email out to the Board and Council members for approval following the meeting.

Secretary's Report:

Cathy Pollock presented the secretary's minutes and asked for any additions or corrections. There were no additions or corrections to the spring minutes.

Treasurer's Report:

Nadine Fisher presented the treasurer's report. Copies of the budget from June 2006 to October 2006 were distributed for board review. Nadine discussed the income and expenses for the time period stated above. Total expenses were \$2,301.07 and the total income was \$340.31. The current balance on hand is \$10,887.98. There was no report of the expenses or income from the spring meeting this past May. Nadine brought to our attention that all of our money is in a checking account with just \$5.00 in a savings account. She questioned whether we should move some money from checking into savings or into a CD to earn some interest. Anne Sposato made the motion to have Nadine gather information on CD's and other high interest savings accounts and report back to the board and council. Char Kooima seconded the motion. A vote was not held following the motion because of no quorum at the present time.

The current membership is 132. This is down from the previous two years. Discussion was held on how to increase membership numbers this next year. One idea is to put an article or advertisement in the IDA

Bulletin that is distributed quarterly. Char agreed to write an article for the upcoming issue that will come out in December. Nadine will help market ICD-HCF in the Bulletin as she is the IDA Bulletin Editor currently. Another idea brought up was to increase the dues for non-members to attend the spring conference and make becoming a member more attractive. Discussion was also held to send out postcards to members who don't come to the spring conference reminding them to renew membership.

Public Relations:

Alicia Vance Aguiar reported that there will be an ICD-HCF booth in the vendor area today during the Iowa Dietetic Association Conference. The cost for having the booth is \$100. The group was approached to help sponsor the reception held last night honoring Carlene Russell.

Nominating Committee:

Teresa Eberhardt reported that there are three positions open for election next spring. These are secretary, chair elect, and nominating committee. Teresa encouraged all those interested to apply and to let her know of anyone that would make a good candidate so she could contact.

Dietary Manager Liaison:

Betty Barton discussed the annual dietary managers meeting held in October in Ames. Also brought up for discussion was the concern of community colleges that student numbers are down for the dietary manager's courses and sanitation courses. This is a concern for us, as Dietitians, in that staff may not be trained properly. The current training materials and course books are not going to be updated by the publisher and there are only enough stock left for two years. The group discussed ideas of what we, as members of the ICD-HCF, group could do to help this problem. Alicia plans to talk with some instructors at the community colleges and get needs and ideas back to the group for further discussion.

Area Representatives:

Reports from local district activities/meetings were shared by Anne Sposato (Hawkeye), Theresa Eberhardt (Upper Iowa), and Terri Romey (Midwest Nutrition Team).

Information from the Pulse by Dorothy Riddle

Dietitians have one of America's best jobs

The May issue of Money magazine ranked dietitians or nutritionists having one of the best jobs available today. In a feature, "The Best Jobs in America," the authors considered stress, flexibility in work environment and hours, creativity and ease of entry and advancement in the field. Out of 160 professions listed, dietitian/nutritionist ranked at number 40. Go to: www.money.cnn.com/magazines/moneymag/bestjobs/snapshots/40.html

Diabetes care will change when it's "normal"

When a controversial former speaker of the House of Representatives decided what he wanted to do with the rest of his life, he focused on national security and health. And the rest, you might say, "is history." But Newt Gingrich and his Center for Health Transformation aren't working on anything related to the past. They very much are looking to the future. Gingrich hosted a small group to identify ways to address the nation's growing epidemic of diabetes type II in the United States, and particularly how Medicare should be structured to treat the disease.

According to Medicare officials, the existing preventive benefit isn't being well utilized by the 65+ and disabled population. Little wonder, given that the Welcome to Medicare physical carries a \$250 out-of-pocket charge. Little wonder, given that the physical simply screens for diabetes – but will not cover care if pre-diabetes is indicated. Patients can qualify for a screening every six months, but until the condition deteriorates to indicate full-blown diabetes, there is no coverage for the patient to get professional health care. The flaws in this kind of system lead many concerned with diabetes care to seek a better approach.

"Universalize the awareness," suggested Gingrich so that by the time an individual turns 65 they would know that they have diabetes and keep it under control. Set a high standard, said Gingrich, which will force innovation and change. Remember, he added, continuing to do more of the same with unsatisfactory results is akin to insanity.

Gingrich told the group that awareness will happen and change can occur when first, it's consumer accessible and normal to be screened, receive treatment and have diabetes. Second and third on list of change were once diabetes is made personal and in the case of seniors, screening and care are delivered to the places they are: AARP, Wal-Mart, senior citizen centers and places of worship.

Americans, according to Gingrich, can no longer afford to be passive and wait for government to rescue them from

the consequences of their own bad behavior related to diet and physical activity. And, Americans aren't willing to be regimented through physician offices and traditional health care facilities – it needs to be made simpler for them with fewer steps to follow. ADA was one of a handful of groups invited to participate in the meeting with Gingrich. Others there were medical insurance companies, health advocacy groups and other professional healthcare providers. A coalition on diabetes care may be borne from the discussion.

CMS representatives distributed materials they have produced to encourage healthcare practitioners, particularly physicians, to encourage patients to be screened for diabetes and other preventive services. Nearly 50 percent of the Medicare population has either pre-diabetes or diabetes, making it already one of the highest costs of the Medicare program.

USDA issues national organic program final revised rules

In keeping with a court order of last summer, the U.S. Department of Agriculture (USDA) is revising its rule that will eliminate up to 20 percent of non-organically produced ingredients being blended into animal feed during the first nine months of a farmer's conversion of a whole dairy herd from conventional to organic production.

The rule is published in the June 7 Federal Register:

<http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/06-5203.htm> and is available at <http://www.ams.usda.gov/nop/indexIE.htm>.

net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/06-5203.htm and is available at <http://www.ams.usda.gov/nop/indexIE.htm>.

Online course focuses on sex and gender differences in health

A new online course, "The Science of Sex and Gender in Human Health," designed to provide a basic scientific understanding of the major physiological differences between the sexes; their influence on illness and health outcomes, and their implications for policy, medical research, and health care is now available for researchers, clinicians, members of academia, and students in health professional schools.

The course builds upon the Institute of Medicine (IOM) report, "Exploring the Biological Contributions to Human Health: Does Sex Matter," issued in 2001. It is free to the public, self-paced and consists of six lessons that cover definitions of sex and gender; the development and implementation of applicable federal guidelines and regulations; cell physiology; developmental biology; pharmacodynamics and pharmacokinetics, and clinical applications of genomics. Non-physicians who complete the course will receive a certificate from the NIH.

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A second module, which will apply the basic concepts presented in this course to specific conditions and organ systems where sex differences play a significant role, is in development. The course is accessible at <http://sexandgendercourse.od.nih.gov/>.

Parental time spent with children impacts dietary intake and BMI

A recent study found that household income, parents' time spent with children, and parents' work experiences impacted children's energy and fat intake and obesity-related outcomes. Parents had more influence over children ages 9-11 than children ages 13-15.

Mothers tended to have a greater effect on the children's dietary intake than fathers did. Parental differences also extended to children's weight. For example, the more time mothers spent with their children, the lower the children's body mass index (BMI) was. However, the opposite was found with fathers – the more time fathers spent with their children, the higher the children's BMI was. The study was conducted by USDA's Economic Research Service and is available at <http://www.ers.usda.gov/publications/CCR19/>

FCC to explore role of TV advertising and media in childhood obesity

Sen. Sam Brownback (R-KS) issued a News Release on Sept 27, titled "Brownback, FCC Announce Task Force on Child Obesity and Media; Government and industry panel will address link between media and child health," which announces his partnership with FCC Chairman Kevin Martin and FCC Commissioner Deborah Taylor Tate to announce the formation of a government and industry task force to examine the impact of media and advertising on children's health. According to Brownback, representatives from the FCC, Congress, advocacy organizations, policy groups, and the private sector will form the task force. The task force will meet throughout 2007 and issue a report detailing voluntary steps and goals for the public and private sectors in the fight against rising rates of childhood obesity. The complete text of Brownback's news release is posted at <http://brownback.senate.gov/pressapp/record.cfm?id=263926>

Brownback is a member of the Appropriations Committee and the Judiciary Committee.

Congress believes that scientific research has established that children are uniquely susceptible to the persuasive messages contained in television advertising. Today, children watch two to four hours of television per day and view 40,000 ads per year. And the majority of these com-

mercials are for candy, cereal, soda and fast food. And while the amount of television watched by American kids has been increasing in the past twenty-five years, so have their waistlines. An FCC statement is available at: http://hraunfoss.fcc.gov/edocs_public/attachmatch/DOC-267639A1.doc

Older Americans Act Reauthorization passes House

On a voice vote, the House passed HR 6197 to reauthorize the Older Americans Act (OAA). The bill is scheduled to be considered in the Senate at any time and should pass by unanimous consent. The OAA is the chief federal law governing the organization and delivery of a number of social services for older Americans.

ADA made passage of the OAA with improved nutrition provisions one of its priority issues for 2006. Virtually all of the improvements suggested by ADA were included in the bill passed by the House this week. Those provisions include:

- Increased recognition of the important role of dietitians and other qualified nutrition professionals in meal planning, nutrition education, and nutrition screening, counseling and assessment.
- Greater emphasis on the critical link between nutrition and the prevention of chronic diseases.
- Inclusion of nutrition in programs to assist family caregivers.
- Authorization of the first independent evaluation of the OAA nutrition programs by the Food and Nutrition Board (FNB) at the Institute of Medicine, National Academies of Science.

Specifically, the IOM study would include:

- An evaluation of the effect of nutrition programs on the health and nutritional status of program participants, prevention of participant hunger and food insecurity and the ability of participants to live independently.
- A cost-benefit analysis of the nutrition programs, including the potential to reduce Medicare and Medicaid costs.
- Recommendations for how nutrition programs may be modified to improve health outcomes, including recommendations on how to improve meal quality, client nutritional status and the role, if any, of multi-vitamin mineral supplementation.

The bill also requires nutrition projects funded by grants

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to state and community programs on aging to prepare meals that comply with the most recent Dietary Guidelines for Americans. Furthermore the final bill contains language stating that it is the sense of the Congress that a healthful diet is the preferred source of nutrition, and that a single, daily multivitamin-mineral supplement may help prevent nutritional deficiencies common in many older adults. This language is a compromise on the issue of supplements being given to participants. The "sense of Congress" language does not have the force of law. In addition to it, nutrition was included among the implementation strategies for several other resolutions. The report can viewed at <http://www.whcoa.gov>

House committee approves NIH and Ryan White CARE Act reauthorizations

On Wednesday the House Energy and Commerce Committee approved by a 42-1 vote the NIH Reform Act, which would reauthorize the National Institutes of Health (NIH) for the first time since 1993. Key components of the bill include a funding authorization increase of five percent annually in fiscal years 2007-2009, and the creation of a "common fund" to promote trans-NIH research activities. Trans-NIH research is defined as research that is important to the advancement of biomedical science and involves the responsibilities of more than one institute or center.

The Committee also approved by a vote of 38-10 a draft bill to reauthorize the Ryan White CARE Act. The bill has not been formally introduced in the House and therefore there is no House bill number. The Senate Health, Education, Labor and Pensions (HELP) Committee is expected to take up the revised draft of the bill, followed by a Senate vote and then consideration by the House. The bill approved by the Energy and Commerce Committee includes medical nutrition therapy (MNT) to the list of core medical services that must be provided to clients served by Ryan White programs. Chairman Barton's goal is to have both reauthorizations signed into law by the end of this year.

HHS And FDA Announce New Tools to Help Consumers Use the Nutrition Facts Label

The Department of Health and Human Services (HHS) announced the availability of two new learning tools to help consumers use the Nutrition Facts label to choose nutritious foods and achieve healthy weight management.

The tools are Make Your Calories Count, a Web-based learning program, and a new Nutrition Facts Label brochure.

John Agwunobi, HHS Assistant Secretary for Health in an-

nouncing the new tools said: "The risk of many diseases and health conditions may be reduced through preventive actions and a culture of wellness deters or diminishes debilitating and costly health events. Individual health care is built on a foundation of responsibility for personal wellness. We at HHS are pleased to introduce both the new web-based program and the brochure, which contribute to the nutrition focus of the department's prevention priority.

The Web-based program is part of FDA's response to the recommendations of its Obesity Working Group, in the group's 2004 report, Calories Count. The program is based on recommendations in the 2005 Dietary Guidelines for Americans.

Make Your Calories Count is an interactive online learning program that is also available in a downloadable format. It is designed to help consumers understand and use the Nutrition Facts label to plan a healthy diet while managing calorie intake.

Consumers can use the Nutrition Facts label to take control of their caloric intake and weight and to make healthy food choices, if they know how. This program will show consumers how, in part, by explaining what serving sizes, percentages, and daily values mean and how to use them.

This program is available for online use and in a downloadable format at www.cfsan.fda.gov/labelman. FDA is making available a new downloadable Nutrition Facts Label brochure that is targeted for use by consumers.

The brochure can also be used by health professionals to teach people how to make healthier food choices. The brochure describes how consumers can use the Nutrition Facts label as they shop and plan meals.

The brochure includes information that will help consumers understand the relationship between calories and serving size, which may help them use the label to manage their intake of calories. This brochure is available at <http://www.cfsan.fda.gov/~dms/lab-gen.html>.

Codex Committee on Nutrition and Foods for Special Dietary Uses makes progress in setting global standards

In addition to discussion the WHO action plan recommendations for implementing the global strategy on diet, physical activity and health, the 28th session of the CCNFSU made progress towards finalizing standards for infant formula for both normal and special medical uses, for foods consumed by individuals with celiac disease, and other business. To the surprise and dismay of the committee, however, WHO/FAO introduced a new definition of fiber; a surprise because it was introduced outside of normal procedures, ---a dismay because it totally halted the

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progress CCFSDU had been making on a definition of fiber. The committee had wrestled with creating a definition which would allow of analytical measurement of fiber in foods; there being no validated method for measuring its physiological properties. Therefore, the progress on defining gluten standards for food will be discussed in this article, and other topics can be read in the report (URL provided in last paragraph).

Known as the standard for gluten-free foods, the committee agreed it should be renamed "Standard for foods for special dietary uses intended for people with celiac disease." The committee clarified that the standard applied to foodstuffs and ingredients that were naturally free of gluten and those which have been specifically prepared to meet the dietary needs of persons intolerant to gluten. The Committee agreed to a proposal to refer to the total level of gluten in foods ready for consumption, instead of dry weight, in several sections of the standard and that levels of gluten should be expressed as mg/kg.

There was also discussion whether oats should be allowed in gluten-free foods. The Observer from the Prolamin Working Group indicated recent scientific data that oats can be tolerated by the majority but not all celiac patients (~5% of patients). The following footnote was initially agreed to be added regarding oats: Oats can be tolerated by most but not all people with celiac disease. Therefore, the use of oats not contaminated with gluten permitted in gluten-free foods for dietary management of celiac disease may be determined at the national level." There was further discussion that physicians and not nations should decide if a patient were able to tolerate oats. The exact working of the footnote has yet to be decided.

After considerable discussion, the Committee agreed that the issue of levels required further consideration (20 mg/kg and 100 mg/kg for rendered products and mixtures of the naturally free and rendered versus 20 mg for all products). The Committee also agreed to refer to "products covered by this standard" rather than "gluten-free foods" for clarification purposes. It was decided to return the Draft Revised Standard to Step 6 and to seek comments from governments about these changes. Working groups will be formed to address the outstanding issues and review the comments further so the Standard could be finalized next CCFSDU in Nov, 2007. The Food and Drug Administration will soon be releasing rules for gluten-free foods in the Federal Register.

The Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) is responsible for studying nutritional problems referred by the Codex Alimentarius Commission. The committee also drafts provisions on nutritional aspects for all foods and develops guidelines, general principles, and standards for foods for special dietary uses. A

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Fall Meeting Minutes Continued

Legislative Report, Newsletter, and Education:

No report was given.

Old Business:

Diet Manual:

Betty Barton reported that a copy of the Simplified Diet Manual, 10th edition is at the booth today to look at along with flyers with purchasing information. If you order before December 31st you can receive a 10% discount.

Standard Language Update, New member packets, and Area Representative Openings:

No report was given.

New Business:

Spring Meeting 2007:

Char Kooima reported that the spring meeting and conference is going to be held at the Stoney Creek Inn in Johnston on March 12th. The title is "Knowledge is Power" and the speakers are all lined up except for one time slot.

Ballot for Officers:

Teresa discussed earlier in the meeting that there are three positions open for election which are secretary, chair elect, and nominating committee.

Keep Judith Alive Committee:

No report was given.

National CD-HCF elections Area II representative:

Carol encouraged everyone to vote for Char who is on the ballot for the Area II rep for the national CD-HCF group.

Teresa Eberhardt made the motion to adjourn the meeting and Nadine Fisher seconded it. Meeting adjourned at 8:15 am.

Respectfully submitted,

Cathy Pollock, secretary

Insert Hawkeye Ad Here Please

ICD-HCF 2006-2007 Board and Council

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Knowledge is Power

Iowa Consulting Dietitians In Health Care Facilities

March 12, 2007

*Stoney Creek Inn
Johnston, Iowa*

*Topics: Latino Nutrition, Motivation, Nutrition Support
including TPN and tube feedings, food safety and state regulation updates.*

*For more information please call Char Kooima, RD LD CDE
1-712-470-1867 or email at rbaxc@mtcnet.net*

ICD - HCF

Iowa Consulting Dietitians in Health Care Facilities

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