

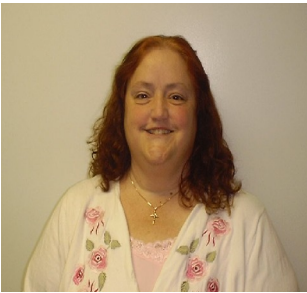
# ICD - HCF

Iowa Consulting Dietitians in Health Care Facilities

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.

Summer 2007

## *Message from the Chair. . . . .Carol Hill*



### "Bring It On – Chapter 2"

In my last article I talked about change. As with all facets of our lives, ICD-HCF continues to change and grow as an organization. We continue to be dedicated to our members and are heading in a very positive, exciting direction. As we announced at our March meeting, ICD-HCF will be working with a management consultant on developing a strategic plan. This is something new for our group and should help us to better focus on what our group is all about, help us see where we are today, and help us get to where we want to be in the future. Anne Sposato, our new ICD-HCF Chair has taken the lead in getting this meeting set up and a date confirmed. I want to thank her for all of her hard work on this project.

One area where we need to continue to grow and change is in the area of recruiting and retaining people willing to help move our organization forward. My challenge to each of you as I move from chair to past chair is to think about the following questions:

What are your talents? What do you like to do? Where would you like to see our organization go? What about dietetics or ICD-HCF are you passionate about? How can each of you in some way help move our group into the future?

The only requirement for most of the positions ICD-HCF has open is a willingness to serve. Many of the openings we have require very little in the way of time commitment. The Board and Council meets generally two times per year, in the spring in conjunction with our spring meeting and in the fall in conjunction with the annual IDA meeting. Most of our communication is done via e-mail and phone calls. We continue to need area representatives, who share what is going on in their area of the state. If your passion is politics, we have a legislative monitor position open. If you like meeting and talking with colleagues or already know a lot of people in ICF-HCF, maybe the nominating committee is for you. If you want to learn and really develop your leadership skills – chair elect is for you.

As I said in my last article "Change - Bring It On". I am now adding to that and asking each of you to -- accept change, embrace it, prepare for it – and, also to "Be a Part of It".

I'd like to thank everyone that I have had a chance to work with over the past year as chair for ICD-HCF. It has not always been easy, but, it has been a learning experience that I will never forget. THANK YOU ALL.

Carol Hill

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## The Role of the Consultant Pharmacist and Potential Interactions with the Consultant Dietician in the Long Term Care Setting

A Medication Regimen Review (MRR) is a process conducted by the pharmacist to ensure that optimal patient outcomes are achieved from each resident's drug therapy regimen. These reviews were first required by federal regulation in 1974 and have evolved over the years due to the overall acuity of the nursing facility population, an increase in the number of available medications and the heightened regulatory requirements.

The role of the pharmacist includes the identification, resolution and prevention of medication-related problems. At the time of admission or upon initiation of new medication orders, the dispensing pharmacist reviews the those orders for appropriate diagnosis, allergies, drug-drug and drug-food interactions, the dose, frequency, route of administration, and duration of therapy, making sure all are appropriate for the resident. They also screen for therapeutic duplication (two similar medications ordered) and any disease contraindications.

When the consultant pharmacist comes to the facility to conduct the monthly MMR they are able to collect more information from a variety of sources including interviews of the resident, facility staff and other health professionals, review of the Medication Administration Record (MAR), medication history, patient assessments such as the Minimum Data Set (MDS) and interdisciplinary care plan, dietary information, laboratory tests, diagnosis and medical history, and progress notes. They evaluate that information and make recommendations for interventions including dosage reductions if appropriate for declining renal or hepatic function, elimination of unnecessary medications, requests for necessary laboratory monitoring, etc. These recommendations may also require education of the resident or the caregivers and in-servicing of facility staff or other health care providers.

The consultant pharmacist should be a member of the interdisciplinary team, serving on the QA committee, and interacting with the other disciplines to maximize resident outcomes.

The consultant pharmacist's interactions with consultant dieticians might include problem solving together in an effort to resolve specific resident's health issues. As an example, if a resident is experiencing a weight loss by working together with the facility staff we might evaluate any medical conditions associated with anorexia including decreased fluid intake or dehydration, depression or mood disorders that may be contributing to the decline. The pharmacist may recommend discontinuation of any medications potentially aggravating the anorexia. In addition, they might recommend orexigenic medications to stimulate appetite in resistant cases of anorexia. By brainstorming together with the facility staff we are more likely to be successful in putting together a care plan that will bring maximum benefit to our residents.

Diabetes is one disease state where the pharmacist and dietician may have a significant impact on resident outcomes. Working as a team with the resident and facility staff, we can assist the resident in a better understanding of their disease state and how to optimally control the blood sugar levels, thus reducing the incidence of complications associated with diabetes. Working to assist the resident in understanding carbohydrate counting or consistent carbohydrate diets as well as eliminating sliding scale insulin regimens in favor of short acting insulin use based on carbohydrate consumption will go a long way in achieving favorable outcomes for the residents.

Consider working with your facilities to schedule visits that coincide with the consultant pharmacist's visit so that you both can attend the QA meeting and perhaps care planning meetings, etc. in order to work as a true interdisciplinary team with the facility staff to maximize outcomes for all residents.

Marcia McNulty, R.Ph., CDM  
ABCM Corporation  
Consultant Pharmacist

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## Highlights from ICD-HCF Spring Meeting:

### Nutrition Support in the Hospitalized Patient

Dawn Johnson RD, LN shared with us information on nutrition assessment with TPN. As consultants we all work in a variety of areas. Some of us work with TPN or enteral feedings more than others so for some of you the following highlights are new, for others they will be a review. Non-the-less this was an informative session. Quality of feeding is more important than quantity.

For assessment of a critically ill patient:

\*use 20-35 calories/kg/day, some exceptions 18-21 kcal/kg for the morbid obese

\*CHO: 3-6 mg/kg/min (GUR=glucose utilization rate); 250-325 gm/day

\*protein: 1.2-2.0 gm/kg/day; 80-150 gm/day

\*lipids: 10-30% total calories and typically run daily or every other day unless triglycerides are elevated

\*lipids typically given as 250cc of 20%

\*DO NOT OVERFEED!

\*typically start TPN at ½ the rate of goal run for 12 hours and if tolerating then increase

\*nitrogen balance can be done with a 6 hour urine and extrapolate over the 24 hour

\*starting slowly and getting to goal rate in 72-96 hours show fewer complications

For enteral nutrition if there are hypoactive bowel sounds it may be related to poor intakes before as there is nothing to "work on" a possibility is to trickle in 20-30 cc of formula and see how it is tolerated and in bowel sounds change.

A policy or guideline should be set up for tube feeding with some of the following issues addressed.

\*typically start at 20 ml/hour and increase 10ml/6-8 hours until goal is reached and check gastric residual volume every 4 hours

\*sometimes it is trial and error to find a formula that suits a particular patient

\*now tube feeding can continue if residual of up to 250-300ml as this can help to stimulate the gut to move, if 250ml of residual hold feeding for 2 hours and recheck if then is <250ml restart feeding, if >250ml contact MD. Look at the whole picture of everything going on with the patient it is not an automatic stop of enteral feeding.

### MAGICAL "MOVER & SHAKER" MOTIVATION WITH HUMOR

Joan Johanson's nicest compliment in her humorist speaker and trainer career was being called "Iowa's Erma Bombeck".

Joan's session taught – why humor is important in our lives. To substantiate this reality, she sprinkled numerous examples and antidotes throughout her presentation.

The goal of her presentation was to remind us, and to prove how the use of humor can: improve employee moral, influence thinking and attitude, ease tension, project a favorable image, help reassert control, serve a teaching tool, help in problem solving, open lines of communication.

In addition to the professional performance benefits, Joan explained how humor is good for the body psychologically, emotionally, and physically – how we cannot live to our full potential without it, but many of us do – how we could take years off your life.

She provided a workbook to note her points, and in which she could identify and provide resources and methods to recapture and implement using our sense of humor.

#### ICD-HCF Election Results

Terri Murray—Chair-Elect  
Donna Carlsen—Secretary  
Andrea Maher—Nominating Committee

Congratulations Ladies!

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Membership Renewal Form Here Please

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## Online License Renewal Available to More Professions

The Iowa Department of Public Health, Bureau of Professional Licensure is making renewing licenses easier, faster and safer. Sixty days prior to license expiration, a postcard is mailed to each licensee at the address on file in the board office saying it is time to renew. There are many advantages to online renewal.

- It is easy. When continuing education requirements have been met, licensees may go to the website at [www.licensediniowa.gov](http://www.licensediniowa.gov)
- All the licensee needs is his/her license number and MasterCard or VISA, or a debit card with a MasterCard or Visa logo.
- Licensees may answer all questions online. The online renewal fee includes a \$3.00 convenience fee.
- It is fast. Once the online renewal process is complete, the license is immediately renewed and a new wallet card will be mailed in three to five working days.
- It is convenient. Up to sixty days prior to license expiration, licensees can renew on a home computer, at any time of the day or night, on weekends, or on a holiday. Licensees who do not have a computer at home may renew on a computer at their local library, their work place, or any other location.
- It is safe. Information is secured to protect privacy.
- Online renewal reduces errors. The system does not let licensees move forward until all questions are answered.
- Late renewal is available online for 30 days after license expiration. During this time, licensees are required to pay the renewal fee and an additional late fee. Licenses that are not renewed during this grace period become inactive. Licensees may not practice until they reactivate their license.
- For information about each profession's renewal cycle and requirements, licensees may go to the website at [www.idph.state.ia.us/licensure](http://www.idph.state.ia.us/licensure), select their board and click "Go."

**The IDPH Bureau of Professional Licensure licenses the following professional boards: Athletic Training, Barbering, Behavioral Science, Chiropractic, Cosmetology Arts and Sciences, Dietetics, Hearing Aid Dispensers, Massage Therapy, Mortuary Science, Nursing Home Administrators, Optometry, Physical and Occupational Therapy, Physician Assistants, Podiatry, Psychology, Respiratory Care, Sign Language Interpreters and Transliterators, Social Work, Speech Pathology and Audiology.**

## Online Professional License Verification is Easy!

Employers, licensees and the general public may verify and print the licensure status of professionals and establishments regulated by the Iowa Department of Public Health, Bureau of Professional Licensure by following five easy steps.

- Go to [www.licensediniowa.gov](http://www.licensediniowa.gov)
- Select "License Search".
- Insert the licensee's name **or** license number.
- Select one of the professions listed below.
- Select "Print" for a paper copy.

**Athletic Training, Barbering, Chiropractic, Cosmetology Arts and Sciences, Dietetics, Hearing Aid Dispensers, Marital and Family Therapy, Massage Therapy, Mental Health Counselors, Mortuary Science, Nursing Home Administrators, Optometry, Physical and Occupational Therapy, Physician Assistants, Podiatry, Psychology, Respiratory Care, Sign Language Interpreters and Transliterators, Social Work, Speech Pathology and Audiology.**

## Secretary Minutes from the Board and Council

- Board and Council members introduced themselves and stated their position.

- It was verified the Board and Council had 10/13 voting members, which is over the 2/3<sup>rd</sup> majority for a quorum.

-Treasurer's Report – Nadine Fisher gave the Treasurer's report from Oct 06 – Jan 07. Fisher advised ICD-HCF has two accounts, checking and savings. She suggested a transfer of funds from checking into a Money Market Fund for 8 months to earn more interest.

### - **Committee Reports**

- Legislative - Dorothy RiddleA: Nothing to report.

- Newsletter Editor - Lucinda Scandrett: Requested the ICD-HCF Board and Council decide the newsletter's number of pages. The average newsletter is 12-16 pages; mailing is less expensive at 12 pages. Hawkeye and Martin Brothers are major advertisers. There was discussion of sending the newsletter e-mail vs. U.S. mail. Carol Hill concluded the newsletter remain at 12 pages to curb costs.

-The newsletter needs a pharmacist. Alicia Aguiar will ask the ABM Cooperate Pharmacist if they would write a quarterly column.

-Alicia Aguiar reported Dorothy Riddle, Robin Maharry, and Theresa Eberhardt will work the ICD-HCF booth at the Annual Spring Conference, located in the main conference room next to the registration desk. They will also collect next year membership dues, and encourage members to vote for next year candidates as they register. The Nominating Committee was successful in finding two candidates for each year.

-Education – no one present to report.

-Dietary Manager Liaison - Betty Barton stated: the Certified Dietary Manager Annual Convention is 26 – 27 April 2007 at Mary Greeley Medical Center.

-Betty Barton and Char Kooima discussed: the Iowa Dietetic Association is looking to Iowa Consultant Dietitian to take on publishing as the copyright expires. Sanitation is the first book to be given up by Blackwell, and Food Preparation is the next book for republishing. Blackwell is willing to give up the copyright for the book on Management. A conference call with Iowa Dietetic Association is necessary. Alicia Aguiar proposes a subcommittee be formed concerning publishing. Alicia Aguiar will find out when the copyright is up. Carol Hill, Roxanne Patton, and Alicia Aguiar wish to be on the subcommittee. Alicia Aguiar wants to schedule a meeting with the liaison person. Alicia Aguiar has an email list. Dorothy Riddle stated their needs to be a text-approved program.

### -**Area Representative Reports –**

-Hawkeye - Anne Sposato: stated the annual dinner by

the Kirkwood Students is 26 March 2007, and the cost is \$18.00. May topic is eating disorder. In December 2006 the education programs were University of Iowa Hospital Clinics weight management program and update of the delegate report. February the education section was Meet and Update on Diabetes.

-Roxanne Patton reported the Northwest area does not have a formal group. There is no chairperson; they are not having formal meetings.

-Bonnie Moeller is not present for the Mississippi Valley area.

-The Southwest and North Iowa representative Areas are currently open.

-Terri Romey was not present for the Mid West Nutrition Team.

-Theresa Eberhardt reported for the Upper Iowa Area: stating the district has alternative nutrition of Yoga, Health and Wellness as topics of discussion.

-Shawn Welter, the North Central Area Representative stated: there is nothing to report.

-Terrie Murray, Central Area Representative stated: the district is very disorganized and nobody wants to be Chair.

-Kathleen Niedert, the North East; Mid East Area Representative was not present.

-Sue Schinstock, the South East Area Representative stated: the district uses the teleseminars that are furnished by American Dietetic Association for their programs.

### **Unfinished Business –**

-Carol Hill stated she has 4 CDs she will loan out from FNCE on Nutrition Care Manual.

-Carol Hill proposed the increase of dues to \$20.00 from \$15.00. Our current membership is 120 members; we are slowly losing members. Nadine Fisher suggested a marketing email to increase membership, offer CD ROM training brochure.

The proposal to increase dues was tabled until the next meeting. Email the district president for the membership list. We will include a membership application and cover letter stating the benefits of being a member.

-Roxanne Patton and Alicia Aguiar discussed the 90-Hour Course for Dietary Managers, and how training needs to be consistent.

-Theresa Eberhardt wants to donate \$50.00 to Iowa Dietetic Association for door prizes at the Fall Conference, as a means of promoting Iowa Consultant Dietitians. Anne Sposato moved the Iowa Consultant Dietitian donate \$50.00 to Iowa Dietetic Association for door prizes. Sue Schinstock second. Motion carried.

*(Continued on page 7)*

(Continued from page 6)

Iowa Consultant Dietitian is donating \$500.00 to American Dietetic Association Foundation in honor of Judith Walrod. Walrod does not know this donation is being made in "her honor".

**New Business –**

-Anne Sposato, Nadine Fisher, and Betty Barton discussed benefits of doing a Strategic Planning Meeting. Alicia Aguiar moved Sue Hall be the facilitator for the Board and Council. Nadine Fisher seconded the motion. Motion carried. Area Representatives would be included. The meeting would start at 10:00 with a continental breakfast and lunch, a Friday in October. This meeting would not be in conjunction with the Board and Council Meeting. It was discussed that we would have our Board and Council Meeting the next morning. This year's Fall Board and Council meeting would not be at the Iowa Dietetic Association Annual Fall Meeting, so no one would miss 3 days of work. Monica Lursen had the Strategic Planning Meeting at the Iowa Department of Human Services Building. Anne Sposato will look into when, and the location of the Strategic Planning Meeting.

-Nadine Fisher discussed the different options of transferring 2/3s of the Iowa Consultant Dietitian's money into a Money Market Fund, to earn more interest. The possibilities are 91 days, 182 days, 8 months, or 24 months. The interest increases with length of stay. Char Kooima proposed that Nadine Fisher transfer 2/3s of the Iowa Consultant Dietitian Money into Certificate of Deposit for 8 months. Robin Maharry seconded. Motion carried.

-Carol Hill asked if several of the board members could write summaries of the speakers for the Iowa Consultant Dietitians newsletter. Anne Sposato stated she would write a summary of Joan Johanson's presentation. Carol Hill will write a short summary of De Friedrich's presentation. Betty Barton will write an abstract on Lorena Drago's speech. Roxanne Patton will write up a summary of Andrea Maher's presentation. Theresa Eberhardt will write up a short abstract on Dawn Johnson's presentation. Terrie Murray would write up a short synopsis of Jennifer Hester's presentation.

-Carol Hill stated Dorothy Riddle has resigned from the Legislative Committee. Dorothy Riddle found it difficult to find information to report on the Legislative. Maybe someone would be willing to contact Sister LaDonna.

-Robin Maharry stated it was difficult to sell the Chair-Elect position even with the planning of the Spring Conference Meeting duties removed.

-Move to adjourn meeting at 19:34. Robin Maharry seconded. Motion carried.

Submitted by  
Anne Sposato, Chair-Elect for Cathy Pollock

Treasurers Report Here Please

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## Helpful Resources from a Fellow RD

## ANNUAL SPRING CONFERENCE BUSINESS MEETING MARCH 2007

### LTC WEB RESOURCES:

RAI/MDS CONTACT INFORMATION: Centers for Medicare and Medicaid Services (CMS):

\* LTC Surveys/Regs. Go to [www.cms.hhs.gov](http://www.cms.hhs.gov) and do a search for surveys, regulations, etc. The State Operations Manual (SOM) is on this web site.

\* MDS [www.cms.hhs.gov/Medicaid/mds20](http://www.cms.hhs.gov/Medicaid/mds20)

\* SNF Prospective Payment System—[www.cms.hhs.gov/providers/snfpps](http://www.cms.hhs.gov/providers/snfpps)

Additional "Best Practice" Resources:

\* American Dietetic Association ( ADA )  
[www.eatright.org](http://www.eatright.org)

\* American Medical Director's Association (AMDA)  
[www.amda.com](http://www.amda.com)

\* Centers for Medicare & Medicaid Services (CMS)  
[www.cms.hhs.gov](http://www.cms.hhs.gov)

\*Consultant Dietitians in Health Care Facilities (CD-HCF)  
[www.cdhcf.org](http://www.cdhcf.org)

\*Nutrition Screening Initiative  
[www.aafp.org/nsi.xml](http://www.aafp.org/nsi.xml)

\*National Pressure Ulcer Advisory Panel  
[www.npuap.org](http://www.npuap.org)

\* National Policy and Resource Center on Nutrition and Aging [www.fiu.edu/~nutreldr](http://www.fiu.edu/~nutreldr)

Current Chair, Carol Hill, opened the business meeting at noon.

Carol Hill introduced the current Board and Council members that were present, and asking that we stand for identification as she announced our names and position.

Carol Hill next itemized the topics discussed at Board and Council meeting previous meeting:

a) Area Representatives position opened in South West, North West, and Central. Anyone is interested in filling these open Area Representative Opening please contact one of the Board and Council Members.

b) The current balance in our checking account is \$10,000. The Board and Council has discussed moving two-third of the balance into an eight month certificate of deposit account which will it earn 5.6% interest.

c) ICD-HCF has decided to hire a facilitator to conduct a strategic planning to assist the Board and Council with future with goals to help its members.

d) Legislator Representative Dorothy Riddle has resigned. Anyone that is interesting in filling this role, please contact someone on the Board and Council.

Door Prizes were drawn and distributed. The prizes were given by some of our vendors. Please thank them for their generous contributions and support.

Meeting Adjourned at 12:20.

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**Sample Policy for Residual Management**  
**From Dawn Johnson, RD, LD at the 2007 ICD-HCF Spring Meeting**

- I. Title: Enteral Feeding Residual Management.
- II. Purpose: To ensure appropriate management of enteral feeding gastric residuals in the adult patient.
- III. Procedure:
- A. Equipment:
1. 60 ml syringe
  2. Graduated measuring container
- B. Personnel: RN
- C. Method:
1. Wash hands and don non-sterile gloves.
  2. Disconnect feeding set from the gastric tube (every 4 hours for continuous feedings) or unplug the tube (immediately prior to administration of intermittent/bolus feedings).
  3. Insert a 60 ml catheter tip syringe into the end of the tube making sure it is secure.
  4. Using the catheter tip syringe, pull back on the syringe barrel until no more gastric contents can be aspirated. The nurse may need to empty the syringe into a clean measuring container and aspirate more than once if the residual is over 60ml.
  5. Residual volume:
    - a. If the residual is less than 250 ml, return the aspirate and continue feeding.
    - b. If the residual is greater than 250 ml, discard residual and recheck in 2 hours.
      - a. If the residual is less than 250 ml, resume the tube feeding.
      - b. If the residual remains greater than 250 ml, stop the tube feedings and notify the physician.
- D. Documentation:
1. Date and time of residual check.
  2. Amount of residuals obtained.
  3. Ongoing assessment/evaluation.

References:

McClave SA, Sexton LK, Spain DA, Adams JL, et al (1999) Enteral Tube Feeding in the Intensive Care Unit: Factors impeding adequate delivery. Critical Care Medicine. 27 (7): 1252-1256.

Roberts SR, Kennerly DA, Keane D, George C, (2003) Nutrition Support in the Intensive Care Unit. Adequacy, timeliness, and outcomes. Critical Care Nurse. 23 (6): 49-57.

McClave SA, Demeo, (2002) Journal of Parenteral and Enteral Nutrition. 26 (6); Supplement.

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### Mississippi Area Representative

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### South West Area Rep.

Open

### North Iowa Area Rep.

Open

### North Central Area Rep

Shawn Welter  
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### Central Area Representative

Open

### Upper Iowa Area Representative

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### North East Area Representative

### Mid East Area Representative

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### Hawkeye Area Representative

Anne Sposato  
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