

# NJD-HCF Communiqué

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## CHAIRMAN'S CORNER

By Christine Colvin R.D.

NJD-HCF had another successful and informative meeting on January 25<sup>th</sup>. Our speakers presented valuable information regarding ethics, pain and end of life care that will be useful in our daily practice. In the December 2005 edition of the ADA Journal, a position paper was presented on Liberalization of the Diet Prescription for Older Americans. I recommend that we share this article with our Administration, Medical Directors and Director of Nurses. As a team, we can present diet options that will preserve the residents quality of life and health status. Our April 25<sup>th</sup> meeting topic is Diabetes. Nimi Bhagawan, RD, a member our group and State Director of Diabetes Education and Prevention will be one of the presenters that day along with a physician and other diabetes professionals.

Felica Stoler, RD, President of NJDA is working towards licensure in the State of New Jersey. She is attending the public workshop in Washington DC this March and bringing to light the need for legislation in our state. Any input you may have should be sent to her at NJDA.

We are in the process of changing the company who designs and manages our web site. Our membership is pleased to have the site and hopefully it has been a valuable tool. We have been complimented by our Area 7 coordinator for the expertise of the site, as not all states are as well networked as here in New Jersey. Look for some change to happen soon.

Hope to see all of you at our next meeting.  
Christine

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

## Let Your Food Be Your Medicine Whole Grains

By: Barbara S. D'Asaro, MNS, RD

The Dietary Guidelines 2005 recommended that at least half of grains be whole grain. This advice is especially appropriate for seniors who tend to suffer from constipation, diabetes, and marginal nutrition status. Whole grain products provide not only fiber, both soluble and insoluble, but also vitamins, minerals and phytochemicals not found in enriched grains.

Most health care facilities automatically serve white bread to all new residents. In my facilities a significant number complained about the white bread and requested whole wheat. I started asking new residents whether they would like whole wheat bread. At least half either prefer whole wheat or do not care. As a result all new admittances are now served whole wheat unless they express otherwise. Diabetics were already given whole wheat unless they insisted on white. It is very important that the food service manager who does the ordering knows the difference between "wheat bread", which is not whole grain, and 100% whole wheat bread. Most people are not aware of the difference. It is up to the dietitian to instruct the dietary staff.

Serving brown rice rather than white has not been a problem. Nobody complained; the appearance of brown is not drastically different from white rice. Also rice is usually accompanied by sauces or other ingredients. Cost of brown rice is about the same as white. We did not announce the change from white to brown rice. The menu merely read "rice".

**We just did it.** So can you!! Give whole grains a try.

## Executive Board Elections

**Don't Forget to Vote by March 28<sup>th</sup>**

**Ballots are in the mail.**

**Questions: Contact Linda Bartlett, R.D.  
973-635-1973**

## **Legislation Update**

By: Leann Grossman, MA, RD  
Legislative Chair, NJD-HCF

There has been more talk of pursuing Licensure in NJ in the last month than I have heard in the past 5 years! The article from the Asbury Park Press dated January 15, 2006 titled, "Something to Chew On; Are dietitians and nutritionists equally qualified?" renewed talk on the need for licensure in NJ. The article interviewed two "nutritionists" who claimed to be as well-educated as RDs. One gives free nutrition advice in the produce department of a Dean's Natural Food Market and the other runs a private practice as a certified "nutritionist" in NJ and also teaches an exercise class. One holds a certification in nutrition from the American Health Science University/The National Institute of Nutritional Education, a distance-learning institution in Aurora, Colorado. The other holds a bachelors degree in nutrition from Montclair State. When alerted by board members of NJD-HCF, NJDA President Felicia D. Stoler, MS, RD, replied to the article in a letter to the editor. Felicia noted an "already confused public" and pointed out errors in the article, citing a threat to public health. NJ remains one of only 6 states that do not have licensure of nutritionists/dietitians. Felicia also investigated this particular distance learning certificate and reported that only 6 courses, all on-line, are required for this certification.

To her credit, the staff reporter for the Asbury Park Press did include some good points on Dietary Counseling – a "what to ask" section and she included the ADA and Rutgers University Websites. Unfortunately, her article did contain misinformation regarding the last active bill in the NJ State Assembly in that the bill "would only recognize the RD's as meeting the requirements to be licensed as a nutritionist" – oh, if only that were so! – and gave misinformation from Barbara Tangel, Director of the Approved Didactic Program in Dietetics at Rutgers University, New Brunswick who stated that only two-thirds of the states require licensure. So be ready with the facts if someone asks you – OR refer them to Karen Ensle or Denise Langevin or someone of knowledge in the NJDA.

Denise Langevin, a NJDA member who has been involved with licensure in NJ for over 20 years sent a memo via the NJD-HCF website the week of Feb. 5. A meeting was held in Scotch Plains regarding ramping up members to back licensure in NJ. Karen Ensle is now the NJDA Legislative Team Leader and working with Denise Langevin and all interested members to head up a new "Licensure Committee of NJDA" to bring this issue to the front burner again. Julieta Songco, our NJD-HCF liaison to NJDA and I, your Legislative Chair, will try our hardest to keep our membership informed. The current Assembly Bill, No. 2777 is dated Oct. 21, 2004 and can be found on the NJ Legislation web page. If you have not yet read this in its entirety, I challenge you to print this out and read it carefully. We will soon be asked to do some grassroots work on legislation and we all need to know exactly what licensure involves. A few brief notes from the bill:

1. A BS or higher academic degree from an accredited college or university with a minimum of 15 credits or a major in human nutrition, foods and nutrition, food systems mgt, nutritional science, nutrition education or related courses approved by the board will be required.
2. Completion of 900 hours within a 2 year period in a nutrition practice under the supervision of a nutritionist licensed in this state or under the supervision of a physician with expertise in human nutrition or in a recognized practice program.
3. Having passed an exam administered or approved by the board – two exams will be offered – one to qualify as a licensed nutritionist and one to qualify persons as both a licensed nutritionist and a licensed dietitian.

You can also find the ADA's position, "Professional regulation of dietitians; an overview" on the eatright.org web page under legislation. Enacting licensure laws in those states that still do not have a law remains a high priority of the ADA in the area of state governmental affairs and state regulation of nutrition professionals.

There will be an update at our April meeting and at the NJDA state meeting in May. All members are welcome to join our grassroots efforts. Please send your email to Karen Ensle, [ensle@aesop.rutgers.edu](mailto:ensle@aesop.rutgers.edu) and you will be added to the Licensure Committee list.

## **Career Opportunities**

Omni Health Systems of NJ is seeking a Regional Dietitian to assure a group of skilled nursing facilities are adhering to state and federal guidelines and providing high quality of care. The candidate will oversee the clinical and food service operations in facilities. Good opportunity with a growing organization. Must be an RD with minimum of 2 years experience in LTC setting, good organization skills and flexibility a must. Please fax resume to Jennifer Puleo @ 201-216-0249.

Chancellor Specialty Care Center in Irvington is seeking a full time dietitian. Join this dynamic team in a LTC facility with busy subacute. If interested, please fax resume to Jennifer Puleo @201-216-0249.

Consultant/Dietitian – 8 hours/week, flexible schedule. RD with experience in LTC/MDS. Clark Nursing & Rehabilitation Center; 1213 Westfield Ave.; Clark, NJ 07066 Phone: 732-396-7100 Fax: 732-396-1924 Elizabeth Mason, RD [emason@clarkrehab.com](mailto:emason@clarkrehab.com)

## **The Dietary Mangers Association's Legislative Agenda**

**Submitted by: Elsie Nucum-Allen, MS, RD, Chair-Elect**

On Fall 205 issue of the Consultant Dietitian, Carolyn Breeding, MS, RD, LD, FADA, CD-HCF, Chair wrote that on October 31, 2005, it came to the attention of ADA that the Dietary Mangers Association (DMA) is working with legislation that would recognize the Certified Dietary Manager (CDM) in Medicare nursing homes. The Center for Medicare & Medicaid Services (CMS) Conditions of Participation for Long Term Care Facilities states "that the facility must employ a qualified dietitian either full-time, part-time, or on a consultant basis." If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food service who receives frequently scheduled consultation from a qualified dietitian." A qualified dietitian is one who is qualified based upon either registration by the Commission on Dietetic Association, or on the basis of education, training, or experience in identification of dietary needs, planning, and implementation of dietary programs. These programs includes assessing special nutritional needs of geriatric and physically impaired persons; developing therapeutic diets; developing "regular diets" to meet the specialized needs of geriatric and physically impaired persons; developing and implementing continuing education programs for dietary services and nursing personnel; participating in interdisciplinary care planning; budgeting and purchasing food and supplies and servicing institutional food preparation service and storage.

The intent of this regulation is to ensure that a qualified dietitian is utilized in planning, managing and implementing dietary service activities in order to assure that the residents receive adequate nutrition.

A director of food services has no required minimum qualifications, but must be able to function collaboratively with a qualified dietitian in meeting the nutritional needs of the residents.

Carolyn stated that it is the ADA's understanding that the DMA is preparing to have legislation introduced for Medicare skilled nursing facilities that would read: "If the director of food services of a skilled nursing facility is not a qualified dietitian, the director must be at least certified by the certifying Board for Dietary Managers of the Dietary Managers Association." She clarified that the ADA has not yet taken an official position on DMA's legislative concept. This is different than "not opposing," or "supporting" the effort. The official ADA position will be determined by recommendations made from ADA Policy, Initiative and Advocacy staff and the Legislative and Public Policy Committee and ultimately upon approval of the ADA Board of Directors in the near future.

ADA had recently requested a conference with DMA to review this issue.

Since not all the members of the NJD-HCF are members of the CD-HCF, we will keep you informed as the situation progresses.

## **Liaison Committee Update**

**Submitted by: Julieta Songco, MS, Ed, R.D.  
Liaison Committee Chairman**

Unless you had read the NJDA newsletter before this, then you are aware and do recognize that a lot of excitement is happening at the state level.

The Licensure/Legal Recognition Strategy meeting was held on February 9<sup>th</sup> to reactivate the licensure in our state. So far, there are only six (6) states that are not licensed/certified or both.

The nature of states statutes range from: licensure of dietitian/nutritionist, licensure of dietitian, registration of dietitian, certification of dietitian/nutritionist, licensure of dietitian & nutrition counselor, licensure of dietitian/nutritionist & nutrition counselor, licensure of dietitian & certification of nutritionist, licensure of dietitian & dietetic technician, licensure of dietitian and nutritionist title protection; licensure of medical nutrition therapists and licensure of dietitian, nutritionist and nutrition associates.

What does all these mean? We need help from all of our members to support this initiative. And for the last try, hopefully we can get the "priority" rolling.

If you can volunteer, please notify Juliet Songco, MS, ED, RD, at [cherie53@aol.com](mailto:cherie53@aol.com). Or call 973-675-1444 or 201-709-6584 during the day. And 973-992-5827 evenings.

I will keep you up-to-date.

**But please call if you can help!!**

## **2008 Diet Manual Update**

**Submitted by: Mary E. Chambers, R.D.**

The NJD-HCF 2008 diet manual is in the works. The first committee meeting was held on March 13. Members of the committee are reviewing our existing manual to include the most current information. New sections are also planned. Our target date for completion is September 29, 2007 for unveiling and sale at the annual FNCE meeting to be held in Philadelphia.

Our next committee meeting will be May 22nd 4:30 pm. If any member has suggestions as to what they would like included in our manual, please contact Barbara D'Asaro by email at [ladas@openix.com](mailto:ladas@openix.com) or phone at 973-377-5668.

## How Many Grams of Trans Fats Are in Your Menus?

Submitted by: **Barbara S. D'Asaro, MNS, R.D.**

As of January 2006 the FDA requires that food labels list grams of trans fats. This regulation follows the National Academy of Science's Institute of Medicine 2002 report that consumers should reduce their intake of trans fats as much as possible. Trans fats not only raise LDL cholesterol and lower HDL cholesterol but also increase chronic low-grade inflammation, a factor in many diseases including cancer. Harvard's Walter Wellet, MD, as well as other researchers, recommends a limit of  $\leq 2$  grams of trans fats per day. Pastries, (especially doughnuts) cookies, muffins, crackers, stick margarines, and hydrogenated oils and shortenings, all staples in institutional menus, contribute to the bulk of trans fats.

I checked the trans fat content of the margarine patties in one institution; one gram of trans fat per patty. Multiply that one gram by three (one per meal) and you have already exceeded the two gram recommendation without including cookies and pastries. I checked the cooking/salad oil. It contributed 2 grams per tablespoon. Remember that less than 0.5 grams of trans fats per portion does not have to be listed but that amount can be significant in a day's intake.

All supermarkets carry margarines and other products with the prominent label of "No Trans Fat". Such products are now widely available. However, when I asked the food managers of two facilities to order trans-free margarines, their suppliers reported that they did not carry these margarines because "there was no call for such products".

What to do: As dietitians we are all responsible to repeatedly request trans free products from suppliers. If we do not, who else would? Suppliers will carry these products when demand is high.

Deadline for the August newsletter is  
July 24, 2006

Please send articles or announcements to:  
Natalie Zetter, R.D.  
181 Fern Road, East Brunswick, NJ 08816

NataliePZ@aol.com  
Phone: 732-257-0285 Fax: 908-687-4736

## Using Coaching to Improve Nutrition Counseling

Jean Caton, MS, MBA, RD; Marjorie Geiser, RD, NSCA, CPT

### FNCE 2005

Submitted by Liz Dunnell

In the previous NJD-HCF Communiqué, I had reported on this approach to nutrition counseling. During this session at FNCE 2005, the presenters had the following question list representing coaching techniques for us to consider using in our practice.

#### Active Listening

Feeling	How is that affecting you? Tell me how you feel about that?
Inquisitive	What has held you back from achieving this in the past?
Being	Who is in charge of your life?
Intuitive	I have a hunch . . . I'm getting a sense . . .
Serendipity	Are you talking about what really matters right now?
What	What is the benefit of it? What will your life look like when. . . ?

#### Discovery/Insight/Action

Inquiry/ Curiosity	What are some of the opportunities you are not taking advantage of right now?
Thought Provoking	What barriers/blocks might you encounter along the way?
Information	What has been your biggest achievement since we started working together?
Awareness	What did you get from today's session that most stands out?
Probing	Where are you not putting your full effort into it?
Options	If you knew you could succeed . . .
How	How do you benefit from not making this happen?

#### Open Ended/Clarity/Possibility

Rhetorical	I wonder if . . .
Reality Check	Are we on track with what you want from today's session?
Focusing	I would like to take us back to . . . before we go onto that.
Integrity	How does that way of thinking fit with your value of . . .
How	How are you going to make that happen?

#### Moving client towards their Desires

Goal Setting	What would you like to achieve through our work together?
Prompting	Will you tell me more about that?
Solution	What is the first thing you need to do right now?
Challenge	What else can you do right now?
Motivating	What will it be like when you have reached that goal?
Action	When will you do that? What do you need to do next?
Encouraging	How will you celebrate your success?