NJD-HCF COMMUNIQUÉ

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CHAIRMAN'S CORNER

By Kathleen Carr Mahmoud, MS RD

A Change of Mind

As I begin my term as your Chair, I am profoundly affected by the winds of change. On June 1st, the former name of our practice group Consultant Dietitians in Health Care Facilities was officially replaced with Dietetics in Health Care Communities. The name change was part of the strategic plan to acquire a title that more accurately reflects both the varied backgrounds of our members as well as the assortment of settings in which we practice dietetics. Similar to our own NJ Consultant Dietitians group founded more than 40 years ago by a small but dedicated group of independent consultants working (for the most part) in nursing homes, the nationwide ADA practice group gradually included dietitians and dietetic technicians who are both self employed and facility staffers. The settings our members are employed in now include retirement communities, skilled nursing care, rehabilitation, and assisted living facilities, health and social service programs, special needs residences, and correctional institutions to name a few (or should I say "Phew!").

A few members have expressed concern about loss of hard earned "brand" recognition for our group, yet I can't help but thinking that such a formal step to a more inclusive nomenclature is actually elevating us to a new level of opportunities. It's challenging us to think of ourselves, and how and where we practice dietetics, in a whole new light; so that we can build on our experiences, extend our circle of relationships, and re-invent our careers. I encourage you (if you haven't done so in the past) to invest in yourself and your career with membership in the American Dietetic Association and our national practice group so that you remain informed and (hopefully) inspired.

During my tenure, the goals of our group continue to include:

- Remaining environmentally sensitive (more communication with less paper)
- Increasing awareness of membership benefits (especially the freebies!)
- Creating more opportunities for membership involvement and volunteerism
- Facilitating "Culture Change" (you'll hear more about this here from Mary Piccioco, our Chair-Elect)
- Reinforcing the message the DHCC is the "go to" group when looking for an experienced nutrition professional
- Providing grassroots support in the quest for licensure

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CHAIRMAN'S CORNER (CONTI)

Kathleen Carr Mahmoud, MS RD

(from page 1)

So mark your calendars for our next meeting on October 29th at NJHA in Princeton, when Mary and I will report to you on the latest from FNCE.

In closing, I wish to thank Darlene Morrison for her dedicated leadership as Chairman of our group last year, and for being such a thoughtful mentor to me as I've moved up through the ranks of our Executive Committee. Her common sense, direct approach, and decisiveness have resulted in numerous subtle improvements to the operations of our executive committee. I am certain you all share my appreciation of the time and energy she has devoted to our organization.

I hope you all enjoy the remains of the summer with your family and friends.

See you in the fall.

Kathleen

MEMBERSHIP UPDATE

Harriet Kahn, MA RD

Our membership drive for 2009-2010 has ended. The list of paid members has been sent to the printer, and the directory will be sent to current members. The membership list will also be available on our web site.

We now have a total of 120 current members, 14 of whom is new, and we welcome them. Our membership is 9 greater than last year. Late membership dues will continue to be accepted for a cost of 30 dollars. The names will be added to the membership list on our web site.

I wish everyone a wonderful summer, and will see you in the fall.

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

Name Change Facts

From Dietetics in Health Care Communities

BACKGROUND: ADA's first DPG, Consultant Dietitians in Health Care Facilities or CD-HCF was started in1975 and represented the primary role of RDs consulting in Long Term Care. As years have progressed, so has the industry and RDs are now working as consultants, full time/part time employees in health care facilities, home health, corrections, wellness programs, community programs, and private consultation.

The last few years have included discussions regarding the accuracy of our DPG name in representing the members. Following the last member survey, it became more evident that our members felt the current name no longer adequately reflected who we are or what we do.

1. ***Consultant Dietitians*** – our membership consists of consultant dietitians and employee dietitians. We also have many members that are DTRs.
2. ***Health Care Facilities*** – today the people we serve live in a myriad of residences: Continuous Care Retirement Communities (CCRC), assisted living facilities, skilled nursing homes, residential group homes, private homes, correctional institutions and so forth.

MEMBERS OPINION: In the fall of 2008, the CD-HCF Executive Committee (EC) listened to our members and agreed to proceed with a name change for the DPG. ADA approved the name change ballot and our members were offered the opportunity to vote. The results of the first vote revealed the following:

a. The membership was in favor of a name change.
b. There was no clear consensus as to what that name should be.

CURRENT PLANS: Based on member input and much debate, the CD-HCF Executive Committee agreed to proceed with a second vote. The members selected Dietetics in Health Care Communities (DHCC) as the choice for our new DPG name. DHCC will become effective June 1, 2009. We believe the new name will represent our membership at least for the next 10 years.

Culture Change

By Mary Piciocco, MA RD

"There is nothing long term about long term care!" I forget who first told me that, but as I continue in this segment of healthcare, I am amazed at how true this statement continues to be.

As we move forward into the new year, I am hearing more about changing the culture in long term residences from an "institutional" setting to a more resident centered care model. Recent language changes in the CMS guidelines include the following:

F242 Self-Determination and Participation *"The resident has the right to 1. Choose activities, schedules and health care consistent with his or her interests, assessments and plans of care; 2. Interact with members of the community both inside and outside the facility; and 3. Make choices about aspects of his or her life in the facility that are significant to the resident."*

As such, it is recommended that the interdisciplinary team also be a part of the change. A new form of care plan is being discussed called the "I care" plan. These plans are referred to as Person Directed Care Plans and involve to a greater extent, the resident and/or family into the current process. The "I care" plans are generally written in the first person. They are written after residents (or family members) have identified what pieces of their daily routine they wish to change or improve. I Care plans can also be incorporated into a different version called the Interdisciplinary Person Directed care plan. In reading some of the offered samples, it struck me that although some of the issues tackled in the care plan remained the same (poorly controlled glucose levels remain just that in any language), the intervention or action part of the care plan became more practical and user friendly.

One of the examples listed for control of blood sugars:

Traditional: Offer 4 servings of CHO containing foods each meal.

I Care: I will choose 4 servings of CHO containing foods for each meal.

Although part of me is saying: Here we go again as I wrestle with the NCP and Standardized Language, newly published guidelines for Dignity in the CMS guidelines and efforts to become Greener in an economically challenged environment, a part of me is also saying that this makes sense and is the next evolutionary step in the delivery of care in a truly interdisciplinary process. I am looking forward to hearing more!

For those of you interested in this topic, I invite you to visit the CMS website (search culture change), the Pioneer Network at **www.pioneernetwork.n**et, Linda Handy at **www.handydietaryconsulting.com** and of course, Becky Dorner's website.

People to People Ambassador Program Nutritional Health and Wellness
Submitted by Natalie Zetter, MS RD

China – November 7-17th 2008

During 2008, the Nutritional and Wellness Delegation visited Beijing and Guitjang, China. One of the professional participants was our member Juieta Songco, M.S. Ed. RD.. The following is a synopsis of her learning experiences. This abstract was developed from information included in "People to People Ambassador Program's Journal of Professional Proceedings" by Rita A. Mitchell, RD Delegate Leader.

On November 10, Dr Ke Ji Li, physician and professor in Human Nutrition and Sports Medicine from the School of Public Health at Peking University, gave a presentation on the nutrition and health status of the Chinese people. He discussed the difference between the lifestyle behaviors in China and the United States. The Chinese people have a healthier dietary, physical activity and alcohol behaviors; but they smoke more. Rates of most unhealthy behaviors in China are still lower than in the United States. However, as income in China goes up, so does the prevalence of unhealthy lifestyles and chronic diseases. The Chinese diet is changing due to economic growth over the past 20 years. Data from the 2002 nationwide nutritional survey indicate that cereal (grain) consumption decreased while consumption of meat, poultry fish, and eggs has gone up, as has total fat, with a greater increase in animal fat than plant fat. These changes are more pronounced in urban areas than rural area. Calcium intake is decreasing, due to reduced intake of milk and milk powder, an inadequate supply of dairy cows and lactose intolerance. Nutritional inadequacy and economic imbalances in China has resulted in problems of both under and over nutrition. Stunting and underweight in children are decreasing but overweight is increasing.

On November 11 , Ms. Zheng Ping, Director of Nursing gave a presentation on the theories of TCM, yin-yang and the five elements being two of the most common. Yin and yang are opposites that are guided by the unity of opposites. They complement each other, and depend on each other, yet they are in conflict. They represent, hot and cold, internal and external, dark and light, deficiency and excess, movement and stillness, masculine and feminine. Traditional Chinese Medicine holds that life is in constant motion and that when yin and yang are in balance, a person has good health; when the balance is broken, the person is sick.

On November 14, group visited the Guiyang Medical University, School of Public Health. The Medical University has 5 schools. Physicians receive 30 hours of nutrition classes; public health students receive 90 hours. One of the topics discussed at the University was on obesity which affects 10% of the Chinese people. Standards are a BMI of 24 for overweight and 27 for obesity as compared to the Unites States use of 25 and 30. In order to deal with the increase in overweight and obesity, the government has issued guidelines for physical activity in schools, the nutrient content of school meals, and for nutrition education particularly for increasing intake of vegetables and fruits.

Although the government has guidelines for weight gain in pregnancy based on pre pregnancy weight, birth weights are increasing due to greater income and food availability and the belief by may women that they need to eat a lot of food to have a healthy baby. Rice powder (infant formula) is fortified with iron, zinc, vitamin A and D.

The incidence of osteoporosis has been increasing. As a result, research is being conducted to develop calcium guidelines and also on the use of soybeans in changing bone density. Hypertension and diabetes are also increasing, more in the North than the South. The leading causes of death in China are cardiovascular disease, cancer and accidents.

Mark Your Calendar!

Thursday, October 29, 2009

NJDHCF Fall SEMINAR PRINCETON, NJ

Please plan to attend and support the NJDA activities.

Keep These Dates for Up Coming Seminars:

January 28, 2010

April 21, 2010

Deadline for the **December** Newsletter is **November 15**, 2009

Please send all articles or announcements to:

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