

newsFLASH

Diabetes Care and Education

Message from the Chair

Joan V. C. Hill, RD, LD, CDE
Natick, MA

When planning my grammar school reunion recently, I found old report cards noting I got C's in "accepts change easily"! Well, thankfully I have been able to improve my resistance to change since the class of '69. Change is inevitable. I have seen change in Washington, DC, with the addition of Senator Scott Brown, my senator, #41. He's bringing change to the Senate. I can only hope that the shift from a Democratic to Republican seat can bring renewed commitment from the House and Senate to work differently and pass health care reform that will improve



not only the lives of our clients but the lives of our children!

With the upcoming changes to our Diabetes Care and Education (DCE) leadership, we too have to respond to change. DCE must not be resistant. We must work differently and be

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more effective. My goal for DCE is to expand the use of electronic means of communication to reach the largest practice group of over 6,000 members. We are an awesome force within the American Dietetic Association (ADA). Our focus on medical nutrition therapy and diabetes care allows us to be in the forefront. To better accomplish this goal, the leadership is working toward realigning the executive committee to incorporate changes to three positions that will have more prominence as we move into a new

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newsFLASH

Diabetes Care and Education

eat right. American Dietetic Association

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MISSION

DCE members are the most valued authorities on nutrition and diabetes prevention, education, and management.

VISION

DCE members lead the future of nutrition and diabetes prevention, education, and management.

STRATEGIC PRIORITY AREAS

- Sustain and grow a high level of satisfaction and retention among members
- Advance DCE's unique position as the authority in nutrition and diabetes prevention, education and management

2009-2010 STRATEGIC GOALS

- Use electronic technology to engage new and existing members
- Promote and support member professional development
- Maintain a high value of membership
- Promote and maintain new DCE image system
- Develop domestic and global alliance and stakeholder relationships
- Promote and support evidence-based practice and research

Message from the Chair

(continued from page 1)

fiscal year. First, we will change the electronics communications chair to a coordinator's position. Second, we will add this position as well as a research coordinator to the executive committee; and finally, we are realigning our networking coordinator position to include the area of membership, which is responsible for the growth and development of our group.

According to Wikipedia, Peter F. Drucker is a self-described social ecologist. He described how associations can bring out the best in people, and how workers can find a sense of community and dignity in a modern society organized around large institutions. He eloquently stated: "No institution can possibly survive if it needs geniuses or supermen to manage it. It must be organized in such a way as to be able

to get along under a leadership composed of average human beings."

This is truly how DCE survives, with the work of many ordinary people. We have had a challenging year, with many personal losses, as well as family and organizational losses. But, as you can imagine, because of our resilience, we are able to carry on the work. DCE is committed to bringing you, the clinician, the educator, the researcher the tools that you need to be successful in your positions. For this, I am grateful to all who contribute.

If you are compelled to be ordinary, and find a way to give back to society, join DCE in its many forthcoming initiatives. Our webinar committee is actively planning its annual calendar of events, the publications committee is surveying you regarding your needs and finally, the electronics communications team should be given the gold medal for its stellar performance in the last

few years. Under Susie Wang's leadership we now have over 1,300 members on the listserv, and have a new Web site and listserv provider. She's just one example of someone who is ordinary, managing to do super things!

In closing I must thank all those of you who that have participated in DCE work. Your deeds did not go unnoticed by me! I especially want to say thanks to my mentor Patti Urbanski, MEd, RD, LD, CDE — my hat is off to you. I am envious of your leadership skills and also grateful for the friendship we have developed over the years together. I thank Molly Gee, MEd, RD, LD, the soon-to-be chair, for her fortitude in not letting systems get in the way of engaging more of our members. I look toward the future as the past chair and industry relations, but most of all, getting to know more of you in our extraordinary work with ordinary people.

DCE Educational Handout Survey Results

Jennifer Hyman, MS, RD, CDN, CDE

Thank you to all of the members who took the time to respond to this survey! We had over 450 responses in all.

The most popular potential handout topics among those listed in the survey included:

- Pre-Diabetes/Insulin Resistance,
- Eat Healthy when Eating Out (and carb counting when eating out),
- Diabetes and HTN: Using the DASH Plan.

The most popular topic suggestions included:

- Gluten-Free and Diabetes Meal Plans,
- Kidney Disease and Diabetes Plans.

Other common requests or suggestions made by DCE members includes adding more handouts

- in Spanish and other languages
- at lower literacy levels, with more images and less text.

We appreciate your input, and will use topic suggestions and other feedback in consideration for creating future educational handouts, as well as DCE website features.

Message from the DCE Communications Coordinator

Andrea Dunn, RD, LD, CDE
Cleveland, OH

A man recently diagnosed with type 2 diabetes came into my office with a book, asking me, "What do you think of this diet?" What a relief to find out it was a book on the glycemic index and coauthored by one of our Diabetes Care and Education (DCE) members; it was a book I was very familiar with. After a discussion on the pros and cons of using the glycemic index based on his current eating style, he named some foods from the low glycemic list that he could try instead of choosing fast foods.

One month later he was back. He reported that he was packing his lunches and cooking dinners with the glycemic index in mind. He had lost weight while eating foods he liked and had discovered some side dishes besides French fries to eat. He had even lured his wife into this healthier style of eating and she also had lost weight. He said he was looking forward to getting his next hemoglobin A1C test (now that's something you don't hear every day).

The 2010 American Diabetes Association *Clinical Practice Recommendations* included information about the glycemic index in the section on carbohydrates. For individuals with diabetes, use of the glycemic index and glycemic load may provide a modest additional benefit for glycemic control over that observed when total carbohydrate is considered alone. The recommendations reinforce medical nutrition therapy (MNT) as an integral part of diabetes prevention, management, and self-management education. Furthermore, it encourages registered dietitians to be the team members who provide this MNT. I hope you take the time, if you haven't already, to read over the new guidelines. Besides addressing glycemic index, they review the new A1C criteria for the diagnosis of diabetes and treatment recommendations and goals for dyslipidemia/lipid management. They can be accessed online at www.diabetes.org.

The educational handout on probiotics was previewed in March, and a copy was sent to all current members. Easy access to it can also be found with other educational materials at www.dce.org. Please share this site with your patients and coworkers as our educational materials are available to the public.

June brings with it a change in leadership. As we welcome Amy Hess-Fischl, MS, RD, LD, BC-ADM, CDE, as Chair-elect and Molly Gee, MEd, RD, LD, as Chair I would like to thank Past Chair/Industry Relations Chair Patti Urbanski, MEd, RD, LD, for her many years of service to DCE. I've been very fortunate to have her as a mentor in my current role. Thank you Patti, for sharing your many talents with DCE!

Another big thank you goes out to Electronics Communication Chair Susie Wang, MS, RD, CD, CDE. Susie was instrumental in setting up the new Web site for DCE and overseeing the change to our new listserv.

Learn more about Susie in this month's "Have You Met" column.

Journal of the American Dietetic Association Announces 2010 Cover Photo Contest

Calling all shutterbugs! The *Journal* is looking for ADA members with an eye for photography and a head for dietetics. Beginning in March 2010, the *Journal* will be accepting original photographs from ADA members as part of our second annual *Journal* Cover Contest. Submit one (1) original photograph representing any area of food, nutrition, or dietetics by August 30, 2010, and you could see your masterpiece on the cover of the *Journal* in 2011! Finalists will be reviewed and judged using a subjective scoring grid based on creativity, image quality, representation of trends in nutrition and dietetics, and appeal to the *Journal* readership. The winning entry will be voted on by you, ADA's members, at the Food & Nutrition Conference & Expo in November 2010. You must be an ADA member to enter the contest. For more information and detailed contest rules, **go to www.adajournal.org**.

Message from the NewsFLASH Editor

Mary Hitzeman, RD, LD
Minneapolis, MN

If you think you can or can't
you're right.

—Henry Ford

Happy Spring DCE Members!

With the new season come new goals and aspirations. We all strive for personal victories everyday whether it's working towards helping our patients move closer to that "ah ha" moment, challenging ourselves to enhance a new clinical skill or finding new ways to enjoy life a little bit more. While editing NewsFLASH I am always inspired and empowered by how active DCE's members are in supporting our profession on the national, regional and community environment.

In this edition we say good-bye to our chair, Joan Hill, RD, LD, CDE. Joan has selflessly clocked countless hours during her time as the DCE chair. Thank you Joan for all your dedication and leadership and direction in paving the way for our strategy, mission and vision of DCE.

With the devastating earthquake in Haiti happening just a few months ago, Lorena Drago, MS, RD, CDN, CDE, was able to interview Ms. Hildegarde Payne, RN, CDE Director of the Queens Hospital Center Diabetes Education Program of Excellence and one of the 548,199 Haitians living in the United States today. Lorena's interview sheds light

on Haitian beliefs and their common food practices to help us speak directly and help our patient's specific to this culture.

In this issue we've also added a student section to hear from aspiring students and future RDs! Monique Richard, a senior at Middle Tennessee State University, not only is a busy college student pursuing her degree in Dietetics with a minor in Psychology but also lives with Type 2 diabetes and leads a vegetarian lifestyle. Monique provides great tips as well as resources from the Vegetarian Resource Group that can be useful for your vegetarian patients or those just looking for easy ways to adopt a more plant-based diet. Thanks to Monique's helpful tips I pulled off my first-ever vegetarian Easter dinner without a single grumble!

I would also like to thank Lisa Kopolinski, RD, CDE for her fabulous job as the NewsFLASH book review columnist. This issue is Lisa's last book review and you won't want to miss her review of *The Diabetic Chef's Year-Round Cookbook*, which offers tips to incorporate fresh, seasonal ingredients into every day meals. Lisa, thank you for volunteering your time and energy to help members of DCE stay current on reputable resources that are available to our patients in addition to us. Stay tuned for the fall issue where we will introduce the new NewsFLASH book review columnist.

We are always looking for new writers! If you've been looking for avenues to market your research, work in a specialty area (pediatric, bariatric, outcomes, etc.) or just want to share your knowledge on a particular topic, NewsFLASH is a great place to share the wealth! Please contact me directly at mnlting@hotmail.com or via phone at 952-484-4045.

I hope you enjoy this edition of NewsFLASH. Have a wonderful spring and summer and look for the next issue of NewsFLASH this fall!

Visit Us Online!

Looking for past issues of NewsFLASH or On the Cutting Edge? Or do you need additional copies of DCE's educational pdfs to use with patients? You can revisit past articles and download handouts on DCE's website www.dce.org under DCE publications. That's not all, the website also boasts many member benefits including information on MNT outcomes and reimbursement, professional resources, recipes and more! Also, if you haven't visited www.eatright.org since the New Year, I would encourage everyone to take time to do so.

HAVE YOU MET?

Get to Know Susie Wang, MS, RD, CDE

Elena Gary, MEd, RD, LDN, CDE
Johnstown, PA



For this installment of "Have You Met" I was fortunate to have Susie Wang, current Diabetes Care and Education Dietetic Practice Group (DCE) Electronics Communication Chair agree to be interviewed. You will be inspired by Susie's commitment to volunteerism and your fears, associated with not having the skills needed to perform volunteer work, will be minimized. I encourage you to reach out to your professional, personal, state or local organizations that you belong to or believe in and become a volunteer.

Susie Wang is currently a resident of Redmond, Washington, a suburb of Seattle. She is a wife, mother of 4, registered dietitian and diabetes educator, and tireless volunteer. After a divorce, and having her 4 year old son diagnosed with type 1 diabetes, Susie moved with her two young sons to Colorado, 800 miles away from her home in Iowa, to attend graduate school with the goal of becoming a registered dietitian.

Susie described to me how inspired she had become by the dietitian she had worked with following her son's diagnosis, and decided furthering her education in the field of nutrition would be both useful and interesting. She also decided a degree in nutrition would offer more employment opportunities compared with her undergraduate degree in forestry.

Susie was right; she has enjoyed working for over 20 years as a registered dietitian and diabetes educator with a focus in both adult and pediatric endocrinology and most recently diabetes and nutrition in pregnancy. She is also a pump and sensor trainer.

In addition to a busy family and full career, Susie has been involved in performing volunteer work, citing her mother as an inspiration and instilling in her the importance of volunteerism and to embrace it. Susie told me her mother was a strong leader and did a lot of volunteer work in the women's movement in the 1960s through the 1980s. Susie grew up helping her mother stuff envelopes, observed her write and give speeches and hold meetings in their family basement.

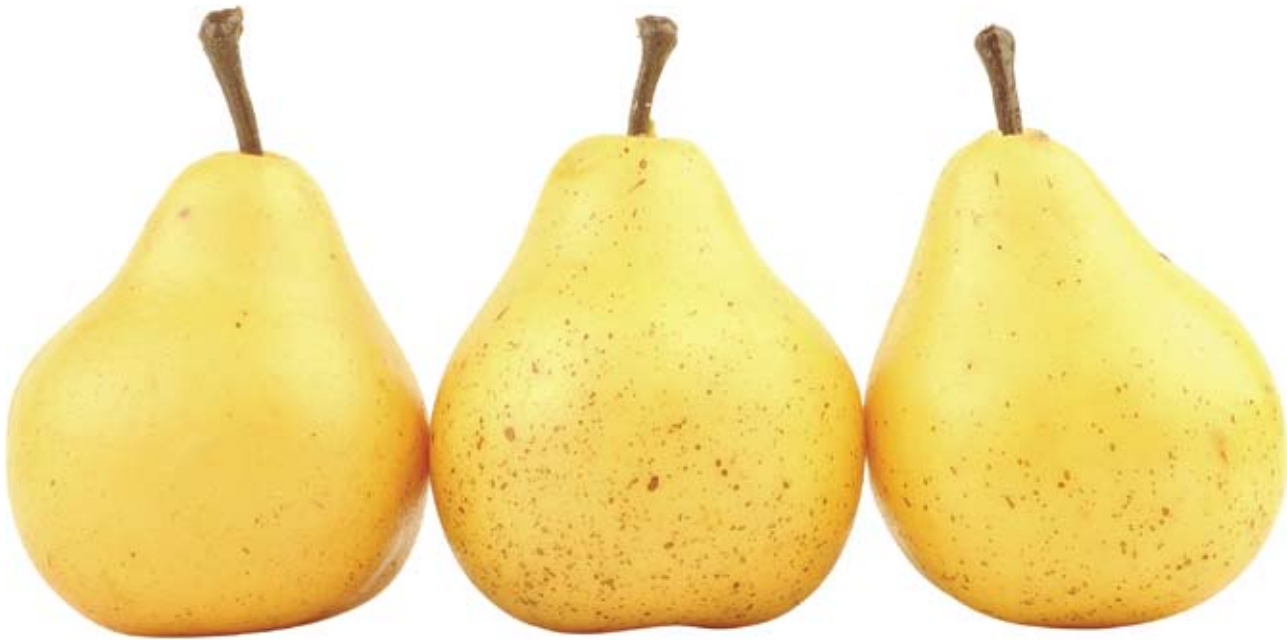
Susie, as an adult, began volunteering many, many years ago as a Red Cross volunteer. Then after diabetes entered her family's life, for many years she volunteered in various capacities including some leadership positions for several diabetes and community organizations. About 12 years ago, however, when on maternity leave with her twins, her volunteer work with her state American Association of Diabetes Educators (AADE) chapter and a Mothers' of Twins group took another leap forward. At

that time, neither group had a website, which, of course, 12 years ago, very few organizations did. Seeing the potential for a website, Susie took the initiative to create them for both organizations.

Initially, I had assumed that as the Electronic Communications Chair, Susie had to have had some formal training so I was surprised when I asked her, that she had none. She joked, "You have to remember, I'm older." "When I was in college the computer class used punch cards." Her qualifications come from her willingness to learn "by doing" and experience.

In the beginning Susie notes, "I just fiddled around, trying to figure out "stuff" and then I just did it. To start with, the websites were very basic, no pictures, just some articles, information and links. Then slowly over the next couple of years, I got a little more sophisticated. Of course as new tools started to come out, like Frontpage, web design became easier, but I still kept it relatively basic. Over the years, I have found others who are more talented technically than me. I have encouraged them to run with the technical stuff, learning from them as I go, and keeping my hand in the content side of things."

Susie joked that many, including co-workers, often think she is a "techy" person and come to her for help with their computers. Her husband, Gary, a computer science professor, really gets a good laugh from the thought. Susie is the first to dispel any myth that she is a computer wizard, instead just courageous, adventurous, persistent, and willing to spend time to try "stuff" and to learn new things. She



admits she probably doesn't do things the most efficient way because she just learned by trying, and is willing to learn shortcuts if anyone has them to share. She admits she has an old type cell phone. And, although she is registered on Facebook, LinkedIn and Twitter, she really only responds to requests and doesn't initiate anything. Susie admits she will more than likely have to become more involved in the social networking soon as her girls become teenagers.

In addition to serving as DCE Electronic Communication Chair, Susie volunteers as the Health & Welfare Chair of her girls' school PTA, she continues to work for her local Mothers' of Twins group, her state AADE, local American Diabetes Association, and various community projects. She periodically volunteers to write articles and handouts (she co-wrote the Ready, Set, Start Counting Carbohydrates DCE Education handout), reviews abstracts/articles for groups like the

American Diabetes Association and helps with her daughters' 4-H group.

Susie encourages everyone to volunteer in some capacity. Susie can't say enough about how hard the DCE leadership works and how wonderful, talented, and welcoming they are. She notes that many are amazing and some do as much or more volunteer work than she does. "Volunteering is a great way to meet great people, leaders in the field, give back, learn and increase or share expertise", says Susie. She encourages people to not be intimidated by technology. She offers an open invitation for volunteers with an expertise in technology to those wanting to widen their technology skills to work with the DCE website or other electronics communications. Susie feels the website could still be dramatically improved and refers to it as a work in progress. She has more ideas but not enough time or volunteers to help make them become reality. A volunteer need

only be able to use email, know how to open a webpage, click on a link and perform basic word processing. Other than that, all you need is a willingness to learn and complete the work. However, if electronic communications is not your thing, DCE has lots of other volunteer opportunities, such as writing, reviewing, mentoring, etc. Check out, http://www.dce.org/members/volunteer_oppts.asp.

When Susie does take some down time, she enjoys walking, bargain hunting, playing volleyball, bridge, and sewing. You may occasionally find her "vegged out" in front of the TV, watching something on Tivo with her eyes closed. She aspires to be a better member of her book club (hoping to at least actually read the whole book one month). She loves spending time with her family including her husband Gary, 12 year-old twin daughters (Christy & Jenny) and her sons David, 30 and Brian, 28 and his wife Melissa who live in Arizona.

Haitian Cultural Food Practices

Lorena Drago, MS, RD, CDN, CDE
Forest Hill, NY

The spotlight is on Haiti. I still have a visual imprint of the devastating impact of the recent Haitian earthquake. Ubiquitous images of Haitians dominated our television programming for weeks. I wanted to learn more about these resilient individuals who have endured not only natural disasters, but also chaos followed by the collapse of the Duvalier dictatorship in late 1980s. I reached out to Ms. Hildegard Payne, MA, RN, CDE, Director of the Queens Hospital Center Diabetes Education Program of Excellence, and a Haitian. Ms. Payne is one of 548,199 Haitians living in the United States (1). According to the 2000 U.S. Census Bureau, more than 70% of Haitians born in the United States reside in New York and Florida, with smaller concentrations in New Jersey and Massachusetts.

LD. What is the diabetes prevalence among Haitians living in the United States?

HP. According to the New York City Department of Health, 61,232 persons born in Haiti live in New York City, of whom 6.9% have diabetes. Haitians are often grouped with other populations of African descent, making it difficult to assess the health problems of the Haitian population. Prevalence of diabetes and prediabetes is moderately high in Haiti's capital of Port-au-Prince (2). Hypertension and diabetes were among the most prevalent health conditions mentioned among Haitians living in Miami-Dade County in Florida. Citizenship status was the strongest independent predictor of

preventive health care services utilization (3).

LD. What are some of the most common Haitian health beliefs and practices?

HP. Good health is seen as a balance of eating right, personal hygiene, prayer and good spiritual habits. Mental illness is not well accepted and is usually believed to be the work of the devil. Physical deformities are believed to be caused by angry spirits or a curse. Because family plays a central role in the outcome of disease, patients and their family must be included in any treatment plan.

LD. What's on the Haitian breakfast plate?

HP. A common breakfast favorite is porridge. Plantain porridge is prepared using grated green plantains, milk, sugar and cinnamon. Bread soup is prepared using day-old bread and water. When vegetable juice is added, it is called "*Soup blanche*." Other breakfast menu items are cassava bread with peanut butter and codfish with root vegetables. *Akassan* is a beverage prepared using cornmeal, evaporated milk and sugar. Coffee is a favorite beverage. Hot chocolate is prepared with cocoa, evaporated milk and sugar. Boiled breadfruit (*arbre veritable*) with stewed dried herrings is another breakfast favorite.

LD. What's on the Haitian's lunch and dinner plates?

HP. Haitian cooking is based on Creole and French cooking styles. The average Haitian diet consists of

staples such as rice, corn, yams, millet and beans. Rice is omnipresent in the Haitian household. *Rice Dijon* contains black mushrooms, which give the rice a dark color. Rice mixed together with red or black beans is another popular dish. The beans are fried first in oil and seasoned with garlic, pepper and condiments and then mixed with the rice. Pumpkin soup is traditionally served for lunch on Sundays. Fried pork (*Grillo*) is a favorite dish. The Haitian plate consists of 50% carbohydrate (rice, beans, and yams), 45% meat (pork, chicken, or beef) and 5% vegetable "just for decoration." Salad, which is not very elaborate, consists mostly of lettuce and tomato. Stewed or fried fish is served on Wednesdays and Fridays.

LD. What is the most common method of cooking?

HP. Sautéing or frying on the stove is the most common form of cooking. Green plantains are fried (*banane pesse*), as is chicken (*poulet*); beef is deep-fried (*tasso*). Most meats are first washed with fresh lime and seasoned with spices before cooking.

LD. A study of dietary intakes, physical activity level, anthropometric measures and cardiovascular disease knowledge of Haitian adults living in Miami-Dade County revealed that intake of fruits, vegetables and fiber was lower than recommended (4). What are some commonly consumed fruits and vegetables?

HP. Tropical fruits such as avocados, pineapples, mangoes, coconuts and guavas grow in abundance in Haiti. Fruit smoothies are prepared with fruit pulp, evaporated milk and sugar. Nectars are also very popular. Vegetables such as onions, celery, tomatoes and peppers are mainly used to season foods. Other

commonly used vegetables include christophene (chayote), cabbage, carrots, string beans, and beets.

LD. What are some Haitian beverages?

HP. Coffee is often prepared black with sugar. Condensed milk is sometimes added to the coffee. *Crémasse* is a drink made from coconut milk and Haitian rum. *Cleren* is an alcoholic beverage made from sugar cane. Fresh coconut water is a popular refreshing beverage.

LD. Tell us about religious and other holiday celebrations.

HP. Religion is a central part of Haitian culture. The two main religions are Catholicism and Voodoo (a mixture of Christian beliefs and a belief in spirits and nature). A typical Christmas menu will include fried pork, fried plantains and *Pain Patate*, a sweet potato (white yam) pudding. Pumpkin soup prepared with noodles, vegetables and meat is a popular New Year's meal. White rice, bean soup, and stewed turkey are another favorite holiday dinner. Holiday *liqueur* is a homemade beverage prepared with sugar, alcohol, peach or fruit extract and served during the Christmas holiday. It is usually served in shot glasses and accompanied by homemade pound cake.

LD. What foods are used to preserve health or to treat disease?

HP. Bouillon is a soup prepared with meat, dumpling, yam (white sweet potato), plantain and spinach and given to people who are ill. While coffee is the traditional favorite drink, tea is a beverage given to people who are sick. It is important to ask if honey is used to sweeten foods. Since honey is considered "natural," the Haitian patient might assume portion is inconsequential. Furthermore, some foods are considered either light or heavy depending on digestibility

factors. For example, boiled plantains are considered a heavy food that requires extra physical activity to "work it out" while plantains are considered "light." Other heavy foods include potatoes, cornmeal, rice and beans. Light foods include porridge, bread soup, toast or hot chocolate. Heavy foods are preferred during the day when a person can burn the calories. Some foods are considered either hot or cold. For example, diarrhea requires cold foods such as lemonade, orange, mango, or soursop.

LD. What counseling pearls of wisdom can you share with our readers?

HP. Focus on portion control. Rice, beans, yams and plantains are ubiquitous in the Haitian diet and a major source of carbohydrates. Ask patients about their favorite beverages and how they are prepared. Evaporated milk is used often. Suggest low-fat alternatives. Ask patients when they are having their heaviest meal. If a patient has a light meal at night, it may cause hypoglycemia.

It is important to assess health beliefs. Some patients believe that they will die if they start using insulin because they believe insulin

"eats you away." Verify proper insulin administration. I had a 22-year-old patient who suffered many diabetes-related complications, including toe amputation. During one of our consultations, her mother stated that someone had put an evil spell on her son causing him to develop diabetes. However, the mother believed that through prayer, her son was getting better.

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Pursuing a Career in Dietetics in a Challenging Economic Environment

Lorraine J. Weatherspoon, PhD, RD
East Lansing, MI

INTRODUCTION

The dietetics profession has evolved over time from “invalid cookery” to preventive, curative and rehabilitative care in myriad usual and unusual contexts. Therefore, it is important, despite the challenging economic environment, to recognize the importance of the role of the registered dietitian (RD), especially as we confront the global “diabetes” epidemic with its related health problems such as heart disease, hypertension, and chronic kidney disease all of which require dietary intervention.

PROFESSIONAL OPPORTUNITIES

Numerous opportunities in dietetics have emerged, compared with the more traditional approaches that have existed for years. RDs today need to recognize that “the sky is the limit” and that “if you can dream it, you can become it.” Job opportunities in the dietetics arena have evolved from traditional hospital and foodservice management positions, or working for programs such as Women, Infants and Children (WIC) to numerous successful enterprises. Today’s RDs are engaged in private practice and entrepreneurship, online services including social media, making house calls if necessary, teaming up with physician groups, working in schools, developing culture- and/or customer-specific educational/intervention material, working in the areas of sustainability in food systems, better understanding complementary and alternative medicine, sports nutrition

and numerous other unique opportunities. It is critical to note that innovative marketing and taking on diverse responsibilities seem to be the order of the day (1). Keller goes on to cite Jill Jayne, MS, RD, who is the creator and performer in the innovatively different live rock ‘n’ roll nutrition show “Jump with Jill” in her article: “I think . . . this economic shift has forced people out of their comfort zones to try something new, be more creative, make clearer statements of their value . . .” Therefore, enterprising is a necessary recipe for success in our current environment. (1)

The good news is that the employment of RDs is expected to grow in the next few years at facilities such as home healthcare agencies, industry, the mass media, hospitals, prisons, community health programs, nursing care facilities, and more recently schools. This is a result of our growing aging population and adult diseases like Type 2 diabetes becoming more prevalent among youth. Jarrat and Mahaffe (2,3) report that new opportunities for dietetics practitioners are evolving from a greater public interest in nutrition, expansion of the ethnic and cultural background of clients, and increasing numbers of underserved in a challenging global economy. Changing family structures and food systems result in more meals eaten away from home. This has led to the growth in new convenience products. The skills employers or clients are looking for in an individual include

good communication (verbal and written), teamwork, initiative or innovativeness, interpersonal relations, problem-solving ability, analytical skills, flexibility/adaptability, technical knowledge, grasp of details, organizational skills, leadership and self-confidence (4). Use of information technology in the medical field, in formats such as “telemedicine” and “webnosis”, is becoming an integral part of our world (5). All healthcare professionals will have to keep up with the pace of advancing technology as we continue to move forward in the 21st century.

It is important to recognize that gaining increased or specialized competency skills will inevitably require additional education such as advanced degrees or certifications. Success will be determined by factors such as professional “aggressiveness,” flexibility to whatever extent possible even if it means “multiple jobs,” willingness to relocate if necessary, active professional involvement, networking, strategic linkages, maintenance of a positive attitude and marketing yourself well. Finding and securing meaningful employment in this global economy is an important challenge for recent graduates as well as seasoned registered dietitians. Both groups have to be diligent and engaged in the process.

FINDING THE JOB

Some specific examples of ways in which RDs have found jobs include responding to “Tweets” from companies about jobs for RDs and perusing Web sites such as www.monster.com, www.jobs.com, www.localjobs101.com and others. The latter are more generic and may be inundated with many jobseekers in various fields. RDs may be wary of using social networking sites for

finding jobs, because they risk coworkers and employers finding out about their job search, and thus losing the job that they have. This is especially a concern for those employed part-time or at jobs that are not really in their field, but are a temporary source of income. Many companies currently require applications through their Web sites. Therefore, it is advisable to check these company-specific Web sites for job postings. The *Journal of the American Dietetic Association*, eatright.org Web site, and most state dietetic associations also post job openings. RDs who are able to attend the Food & Nutrition Conference & Expo and state or local meetings find that networking is usually the most reliable way to find a job with a “good fit.”

SUMMARY

My best advice can be summarized as follows: look beyond borders and perceived limits; seek opportunities wherever they exist; and use your imagination, resourcefulness and unique skills to realize your dreams and help shape the world of tomorrow.

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Student Spotlight

Monique Richard
Middle Tennessee State University
Murfreesboro, TN

What do you get when you combine a vegetarian, a person with type 2 diabetes, and a busy college student? Me!! I'm a senior at Middle Tennessee State University in the Food and Nutrition Program with a concentration in Dietetics and a minor in Psychology. In addition to my academic demands I enjoy being active with health and wellness both on and off campus. Currently I am the President of the Student Dietetic Association and involved with the Nashville District Dietetic Association, Tennessee Dietetic Association and American Dietetic Association. I teach Zumba, volunteer with Big Brothers, Big Sisters and travel internationally to present my research and teach.

As a dietetic student I have access to a plethora of information and take my medical nutrition therapy (MNT) classes very seriously.

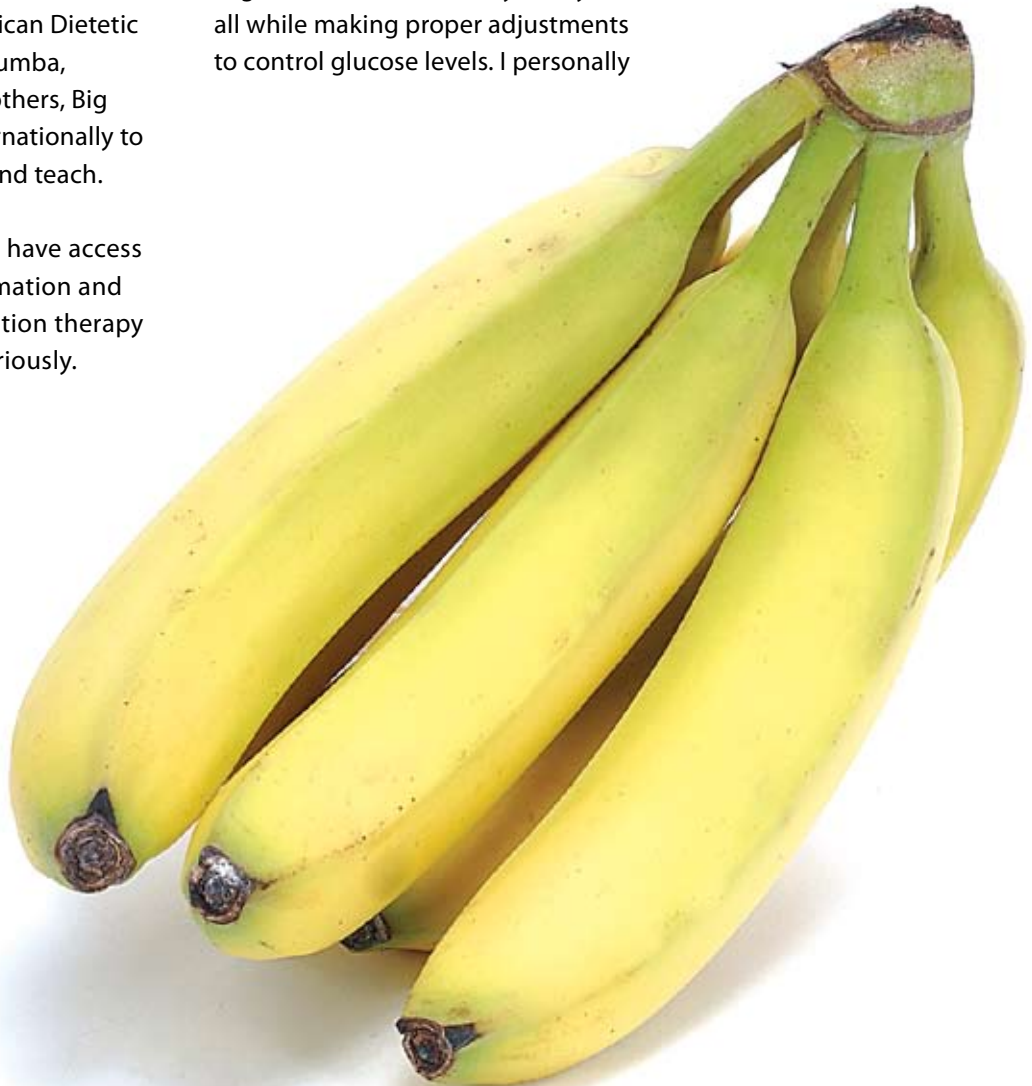
Learning about molecular pathways, cell functions and biochemical reactions is necessary for understanding synergy in the body. However, I also am aware that it can be a very intimidating and scary experience facing diabetes. Having support to deal with the frustrations, anxiety and emotional barriers is critical to an individual with diabetes.

I have found many quick and inexpensive ways to incorporate a vegetarian diet into a busy lifestyle, all while making proper adjustments to control glucose levels. I personally

choose not to count carbohydrates and use exchange lists or the glycemic index, because it is not practical for my life. Some individuals love to be accountable to those numbers and calculations and that works for their life. Making my own food as well as reading labels helps to really pare down the need for calculations, as well as save calories and money.

Most items used in vegetarian recipes can be found in bulk, saving time, gas and money. Beans are an inexpensive addition to the pantry as are whole-wheat pasta, couscous, brown or wild grain rice, low-sodium vegetable stock, canned tomatoes, organic peanut butter, old-fashioned

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ON THE MENU

Monday

Breakfast

1/3 cup cranberry juice or cranberry juice cocktail
3/4 cup cooked oatmeal with 1/2 banana and
1 teaspoon vegan margarine
8 ounces enriched soymilk

~

Morning Snack

3 cups low-fat popcorn with 2 teaspoons nutritional yeast
1/2 cup orange juice

~

Lunch

6" pita stuffed with 2 ounces fake meat (equivalent to 2 ADA
meat exchanges), lettuce, radishes, and cucumbers
1 cup shredded cabbage with
1-1/2 tablespoons vegan mayonnaise
8 ounces enriched soymilk

~

Afternoon Snack

Fruit smoothie made with 8 ounces soymilk, 2 ounces silken
tofu, and 1/2 cup frozen or fresh berries, blended together
3 ginger snaps

~

Dinner

Baked eggplant (1/2 cup) with
1/4 cup tomato sauce
1/2 cup black beans with 1/3 cup brown rice
One medium baked apple

~

Evening Snack

2 Tablespoons peanut butter on 6 crackers

Tuesday

Breakfast

1/2 cup orange slices
2 slices whole wheat toast with 2 tablespoons peanut
butter
8 ounces enriched soymilk

~

Morning Snack

5 vanilla wafers
1/2 cup apricot nectar

~

Lunch

1 1/2 cups spinach and romaine salad with
1 tablespoon sliced berries, 6 almonds,
and fat-free salad dressing
Bean enchilada (Fold 1/2 cup beans into
1 tortilla and top with salsa.)
8 ounces enriched soymilk

~

Afternoon Snack

1/2 cup soy ice cream

~

Dinner

1/2 cup steamed broccoli with
1/4 cup red peppers
1 cup steamed, baked, roasted, or microwave potatoes
with 1/2 teaspoon curry powder and
2 tablespoons vegan sour cream
1 tofu hot dog or 1 ounce vegan deli slices

~

Evening Snack

3 graham crackers with 2 tablespoons nut butter
8 ounces enriched soymilk

* View the complete 7-day menu online at
[http://www.vrg.org/journal/vj2003issue2/
vj2003issue2diabetes.htm#daily](http://www.vrg.org/journal/vj2003issue2/vj2003issue2diabetes.htm#daily)

oatmeal and silken tofu. Freezer staples include a variety of basic frozen vegetables, protein substitutes, frozen berries and fruits for smoothies and homemade yogurt concoctions.

Apples are a no-fuss “grab on the go” snack and almonds are easy to have at the desk, in a lunch bag or purse. Tortilla wraps offer a deviation from regular sandwiches and often can be kept in the refrigerator for a longer time, allowing more bang for your buck. Load with fresh veggies, a thin layer of hummus and enjoy with some baked chips, bean salad or a piece of fruit.

Making large batches of chili, soups and casseroles can save time and money by freezing portions for a quick warm-up when ready. As a college student, often I get asked, “What if I just don’t have the time?” Chances are if they have a favorite

television program, check their e-mail, or chat on the phone, they have time. I always remind them that health is an investment worth making a priority.

The bookstore, library and Internet have an infinite number of resources for vegetarian diets, specifically for people with diabetes. I am especially fond of The Vegetarian Resource Group, which puts out a great publication with recipes, articles and research on the latest trends and information. Mark Bittman’s *How to Cook Everything Vegetarian* is handy to have for those who need direction and simplicity while maintaining flavor. Alicia Silverstone’s *The Kind Diet* has a wealth of recipes, agricultural information, easy to read explanations and clear pictures for easy perusal. There are many, many, vegetarian and vegan cookbooks and recipes, several of which are available online for free, that list all

the appropriate nutritional information. The American Diabetes Association and Dlife.com also have recipes, tips and valuable information on their Web sites.

Upon graduation my goal is to be accepted into a coordinated master’s program. I envision myself as an RD with a PhD, in hopes of being an international ambassador for the United States. On a global scale, I would help establish our nation as a role model for health, nutrition and sustainability—eager to share knowledge and resources with the world. I hope to develop a television program for children that can fuel a desire to lead a healthy life and inspire them to make a positive impact on others in their own generation. I’ve included a vegetarian meal plan and 2-day menu taken from the Vegetarian Resource Group’s Vegan Menu for People with Diabetes.

MO’S COUSCOUS SALAD

1 Box Whole-Grain Couscous (prepare as directed), can also use bulgur or other similar grain
1 can chickpeas, drained
1 can cannellini or navy beans, drained, slightly rinse
1 can sliced black olives
15-20 cherry tomatoes slices in thirds
¾ cup fat-free feta cheese crumbles
½ cucumber diced in small cubes
2 scallions, chopped
1 Packet Zesty Italian Dressing (prepare as directed — or make your own seasonings with oil and vinegar)
Pepper and fresh garlic to taste

Combine all ingredients when couscous is cool and toss gently.

Serve with large romaine leaves, as garnish, or to make lettuce rolls.

Feel free to substitute kidney beans, or add sun-dried tomatoes or pimentos instead of cherry tomatoes.

Nutrition Label: Serves 8; 247 calories, 6.6 g Total Fat, 2.7g Saturated fat, 0.6g Polyunsaturated fat, 1.1g Monounsaturated fat, 12mg Cholesterol, 684 mg Sodium, 329mg Potassium, Total Carbohydrates: 38 grams, Dietary fiber: 8g, Sugar: 2g; Protein: 10g; Calcium 12%, Vitamin A: 3.6%, Vitamin C: 10%, Iron: 14%;

HAVE YOU SEEN?

Two Cardiac Health Web Sites

Johanna Burani, MS, RD, CDE
Morristown, NJ

US AGAINST ATHERO

(www.usagainstatheo.com/arteryexplorer) is a national campaign sponsored by AstraZeneca to increase greater consumer awareness of atherosclerosis. The objective of this initiative is to empower people with the knowledge needed to maintain or improve the health of arteries. The information is presented in a user-friendly way for both the consumer/patient and the healthcare provider.

A 5-minute movie called *The Artery Explorer* is what sold me on this Web site. It allows the viewer to “step inside” an artery to see how and why plaque develops and how blood clots promote atherosclerosis. The animation is quite suggestive and its practical message of how to minimize risk factors is cleverly presented. I have shown this video to some of my patients and their responses have convinced me that they understood the information; they were even able to verbalize their own take-home messages. For this reason, I plan to continue to show it whenever time permits.

Also on this Web site is a compilation of pertinent background and practical information about atherosclerosis: the latest statistics, controllable/uncontrollable risk factors, dietary and exercise tips, and online resources. All information is presented in a clear format with a positive undertone. The visitor also has the option of signing up for an

ongoing educational series sent periodically via email.

The Web site offers 10 downloadable handouts, one to five pages each. They are well organized and written in a voice that speaks directly to the patient. Some focus on minimizing key risk factors through lifestyle changes (diet and exercise) while others make clear connections between arterial health and smoking cessation or weight management, blood pressure/diabetes/lipid control. The educator has the option of customizing each download with individual, institutional or practice contact information. I use some of these materials in my office and have found that when I place them in our waiting room they quickly disappear.

A patient medication tracker form is also available for the practitioner to download. It is intended to elucidate a patient’s adherence to a prescribed treatment plan. I personally have not found this tool useful, but the concept is a good one.

The consumer/patient or healthcare provider can spend as little or as much time on this site as he or she wishes and, of course, can return as often as desired. Any time spent on this Web site will be time well-spent.

FACE THE FATS

The American Heart Association developed a campaign 2 years ago to help consumers minimize trans and saturated fats in their diet

(www.americanheart.org/FaceTheFats). This program offers six unique components that are fun to navigate and are upbeat in tone.

Go straight to “Tools and Quizzes” on the drop-down menu. There you will find two, 1-minute webisodes to click on: “The Bad Fats Brothers” (trans and saturated) and “The Better Fats Sisters” (mono- and polyunsaturated). These engaging animations make it easy to remember where the bad and better fats are found in our food choices. They beat any handout I’ve ever used!

Other tools provided include a body mass index calculator; a heart attack risk assessment tool; a grocery list builder, which generates a personalized shopping list of heart-healthy options by food category; a life check assessment tool, which is a 7-minute interactive test that produces an individualized action plan based on a chosen resolution (Get Active, Eat Better, Lose Weight, etc.). Three 10-question quizzes on fats and heart health are downloadable and provide easy access to the correct answers.

My Fats Translator is a calculator that “translates” recommendations on fats into personalized daily limits of fat intake in grams. By inputting one’s age, gender, height, weight and level of physical activity, this tool will generate daily calories as well as limits for grams of total fat, saturated/trans fats and total cholesterol. For example, when I plugged in my personal information, I learned that I should be consuming approximately 1,800 Kcal, 50 to 70 g of fat, 14 g of saturated fat, 2 g of trans fat, and 300 mg of cholesterol. I have just started to use this calculator in my office with a few patients who are very focused

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HAVE YOU SEEN?

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on dietary fats. They seem to appreciate knowing “their” numbers and leave my office with these numbers in mind. I’ll use anything that motivates!

Also found on this site is a crash course on fats, “Fats 101;” heart-healthy recipes, sometimes from

celebrity; a “Live Fat-sensibly” guide, which provides recipe substitutions, snacking and eating out tips; how to read food labels; and how to shop for groceries aisle-by-aisle. In addition, a nutrition center provides added pages of in-depth nutrition information. You could get lost here with all the additional links but it is good to know where to go to dig deeper for ourselves or for our patients.

The Web site provides dedicated links specifically for patients, caregivers, healthcare professionals, researchers and scientists. Because all material is frequently updated and has the American Heart Association’s approval, this is a source of cardiac health information that we can rely on with confidence.

Spanish Immersion Program for Diabetes Educators in Cuernavaca, Mexico

Kathy Reily, RD, CDE
Manassas, VA

The Spanish Immersion Program for Diabetes Educators in Cuernavaca, Mexico was coordinated by the California chapter Multi City Association of Diabetes Educators and offered through Language Link, which is a professional company dedicated to Spanish language education through complete immersion throughout Latin America and Spain. We were a group of 30 diabetes educators, both nurses and dietitians. I flew into Mexico City and took a van shuttle to Cuernavaca, about 40 miles southwest. Cuernavaca is called the City of the Eternal Spring, a beautiful city of about half a million, known for its temperate climate year round.

The Spanish Language Institute was located 20 minutes by foot from the hotel which offered an excellent opportunity to get a little exercise while seeing some sites. Classes were held Monday – Friday

from 9am to 3pm. We were put into class based on a preliminary assessment with others at the same level. In the morning we covered grammar, vocabulary, and basic concepts of the language. After a short snack break at noon, we switched teachers and classrooms and covered conversational Spanish with emphasis on diabetes, nutrition, exercise, complications, and other aspects of diabetes self-management education.

The instructors were locals from Cuernavaca and were patient, professional and caring. Class sizes were small, there were 6 in both my morning and afternoon sessions. We were almost total immersion. We spoke Spanish at the hotel, at the school, and as much as we could at restaurants, stores, taxis, and on several excursions after school. We had a busy schedule including a walking tour of Cuernavaca, a trip to

the silver city of Taxco, and a trip to the Mayan ruins of Xochicalco. We also had the opportunity to listen to a lecture by a local endocrinologist, who specialized in autoimmune function. She discussed the rising rate of Type 2 diabetes in Mexico especially in children and teens.

I obtained 30 hours of continuing education for the week. Attending this program allowed me to polish my Spanish so that I am able to better work with and teach patients in our free clinic and health department. We conduct diabetes classes for those with gestational diabetes and Type 2. At times we do not have a translator available and being able to speak Spanish allows me to try and ultimately improve patient’s A1Cs and outcomes. It was thoroughly an enjoyable week. I would highly recommend this to anyone working with Spanish speaking patients.

HAVE YOU READ?

Janice MacLeod, MA, RD, CDE
Livermore, CA

- Baliunas DO, Taylor BJ, Irving H, et al. Alcohol as a risk factor for type 2 diabetes. *Diabetes Care*. 2009;32:2123-2132.

This systematic review and meta-analysis sought to clarify the dose-response between alcohol consumption and type 2 diabetes and used lifetime abstinence as the reference category. The analysis confirmed previous research findings that moderate alcohol consumption is protective for type 2 diabetes in both men and women.

- Van Woudenberg, GJ, Ballegooijen, AJ, Kuijsten, A, Sijbrands, EJG, et al. Eating fish and risk of type 2 diabetes. *Diabetes Care*. 2009;32:2021-2026

The findings of this analysis of over 4,000 Dutch participants did not support a beneficial effect of total fish, type of fish, or eicosapentaenoic acid (EPA) or docosahexaenoic acid (DHA) intake on the risk of type 2 diabetes. Researchers recommend that, given the conflicting results on fish intake and type 2 diabetes risk, it is too early to make recommendations regarding fish intake in relation to type 2 diabetes.

- Check out the November 2009 *Diabetes Spectrum* (2009;22:203-218) for the following articles on alternative therapies in diabetes management:

- o Geil P. Evidence-based, open-minded: counseling and collaborating with patients who use CAM therapies. *Diabetes Spectrum*. 2009;22:203-205.

- o Shane-McWorter L. Dietary supplements for diabetes: an evaluation of commonly used products. *Diabetes Spectrum*. 2009;22:206-213.

- o Chehade JM, Sheikh-Ali M, Mooradian AD. The role of micronutrients in managing diabetes. *Diabetes Spectrum*. 2009;22:214-218.

- Natale C, Annuzz, G, Bozzetto, L, Mazzarella, R, et al. Effects of a plant-based high-carbohydrate/high-fiber diet versus high-monounsaturated fat/low-carbohydrate diet on postprandial lipids in type 2 diabetic patients. *Diabetes Care*. 2009;32:2168-2173.

In this randomized crossover design (n=18) study, adults with type 2 diabetes experienced a significant decrease in postprandial plasma glucose, insulin responses, glycemic variability and postprandial lipid abnormalities with the high-carbohydrate/high-fiber diet compared with a high-monounsaturated fat/low-carbohydrate diet. This suggests that a diet rich in carbohydrate and fiber, especially based on legumes, vegetables, fruits, and whole-grain cereals, may be a

useful approach for treating diabetes patients.

- Huang ES, Sasu A, O'Grady M, Capretta JC. Projecting the future diabetes population size and related costs for the U.S. *Diabetes Care*. 2009;32:2225-2229.

According to a population-level model for projecting future direct spending on diabetes, the population with diabetes and the related costs are expected to at least double in the next 25 years. It is estimated that 44.1 million people will have diagnosed and undiagnosed diabetes, and the annual costs will soar from \$113 billion today to \$336 billion in 2034.

- Albu JB, Heilbronn LK, Kelley DE, et al, The Look AHEAD Adipose Research Group. Metabolic changes following a one-year diet and exercise intervention in patients with type 2 diabetes [published online ahead of print December 22, 2009]. *Diabetes*. 2009.

Patients with type 2 diabetes undergoing a 1-year lifestyle intervention experienced significant improvements in glucose disposal rate, fasting glucose and free fatty-acids. The changes in overall weight, adipose tissue mass and hepatic fat were found to be the most significant determinants of metabolic improvements.

- Rowan JA, Gao W, Hague WM., McIntyre HD. Glycemia and its relationship to outcomes in the metformin in gestational diabetes trial. *Diabetes Care*. 2010;33:9-16.

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Have You Read?

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Whether treated with insulin, metformin, or both, glycemic control is closely related to outcomes, while obesity is not. This research suggests that targets for fasting and postprandial capillary glucose may need to be lower than current standards.

- Pollex EK, Felig DS, Lubetsy A, Yip PM, Koren G. Insulin glargine safety in pregnancy. *Diabetes Care*. 2010;33:29-33.

In this transplacental transfer study, insulin glargine used at therapeutic concentrations showed no detectable levels of insulin glargine in the fetal circuit.

- Simmons D, McElduff A, McIntyre HD, Elrishi M. Gestational diabetes mellitus: NICE for the U.S.? *Diabetes Care*. 2010;33:34-37

Marked differences are noted in this side-by-side comparison of guidelines for gestational diabetes care of the American Diabetes Association, the American College of Obstetricians and gynecologists, and the UK's National Institute for Health and Clinical Excellence.

- Rossi MC, Nicoluggi A, DiBartolo, P, et al. Diabetes interactive diary: a new telemedicine system enabling flexible diet and insulin therapy while improving quality of life. *Diabetes Care*. 2010;33:109-115.

Diabetes Interactive Diary is a new tool including a carbohydrate/insulin bolus calculator, an information technology device, and a telemedicine system. Brief text messages can be used to communicate between a health care professional and a patient, thus allowing patients to manage a flexible diet and calculate the matching insulin bolus. In this randomized study of 63 type 1 diabetes patients, Diabetes Interactive Diary proved to be at least as effective as traditional carbohydrate counting education.

- Forst T, Pflutzner A, Flacke F, et al. Postprandial vascular effects of VIAject compared with insulin lispro and regular human insulin in patients with type 2 diabetes. *Diabetes Care*. 2010;33:116-120.

VIA-ject, a new, ultra-fast-acting insulin formulation with more rapid insulin absorption than human regular insulin and insulin lispro was found to reduce postprandial oxidative stress and improve endothelial function compared with human regular insulin or insulin lispro.

- Morris SF, Wylie-Rosett J. Medical nutrition therapy: a key to diabetes management and prevention. *Clin Diabetes*. 2010;28:12-18.

This article describes medical nutrition therapy (MNT), documents the evidence for the effectiveness of MNT in preventing and treating diabetes, and provides information on how to refer patients.

- Campbell A. Diabetes and dietary supplements. *Clin Diabetes*. 2010;28:35-39.

This article summarizes a number of dietary supplements in current use and provides information on sources, dosage guidelines, intended use and potential side effects.

- American Diabetes Association. Clinical Practice Recommendations 2010. *Diabetes Care*. 2010;33:S1-S100.

Substantial changes in the American Diabetes Association clinical practice recommendations include the use of hemoglobin A1C to diagnose diabetes, with a cutoff point of 6.5%. The title "Diagnosis of pre-diabetes" has been renamed "Categories of increased risk for diabetes" and now includes an A1c range of 5.7% to 6.4% as a category of increased risk. The section "Detection and diagnosis of GDM" includes a discussion of potential changes in the diagnosis based on international consensus, the "Diabetes self-management education" section reflects new evidence, and the section "Diabetes care in the hospital" reflects new evidence calling into question very tight glycemic control goals in critically ill patients. The recommendations in their entirety are available online at the American Diabetes Association Web site, www.diabetes.org.

Note: The January 2010 JADA issue (volume 110) contains several articles on the use of and need for innovations in dietary assessment technology.

New Tools for You from the National Diabetes Education Program

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SUPPORT FOR BEHAVIOR CHANGE

A new Support for Behavior Change Resource (SBCR) is now available on the National Diabetes Education Program (NDEP) website!

This user-friendly database was developed to provide easy access to existing research articles, tools, and programs that address the “how to” of psychosocial issues, lifestyle, and behavior change. All materials have been independently reviewed by experts in psychosocial issues and behavior change.

The Research Article section of the SBCR, which is aimed at health care professionals, includes 38 research articles. The Tools and Programs section includes links to more than 100 tools and programs that will help you work with people to make and sustain lifestyle changes. This section is geared towards consumers interested in adopting healthy behaviors. It is also for health care professionals and community groups interested in helping their patients and communities make and sustain healthy behaviors.

All materials included in the SBCR can be sorted by target areas, including physical activity, smoking cessation, weight management, healthy eating, and coping and emotions. You can search the research articles by behavioral strategies, including

patient empowerment, motivational interviewing, and counseling. Tools and programs can also be sorted by type of user, such as people with diabetes, people at risk, health care professionals, and children and teens.

NDEP seeks to identify research, tools and programs that can help people with diabetes, people at risk, and their health care teams and other organizations in their self-management efforts that contribute to improved health outcomes. Instructions are available on the website for the submission of research articles, tools and programs.

NEW RESOURCE FOR CONTROL YOUR DIABETES. FOR LIFE. CAMPAIGN

A handout originally developed by the American Diabetes Association, “A Guide to Changing Habits” is now available on the NDEP website for

NDEP partners to download for free in English and Spanish.

This handout, one of ADA’s easy-to-read series, demonstrates the benefits of setting goals and making changes to manage diabetes. The last page of the handout helps people with diabetes make a plan by setting goals, helping to facilitate behavior change similar to NDEP’s tools that are available within the new Support for Behavior Change Resource. NDEP encourages you to download and print copies of the handout for use with patients or group settings, encourage your colleagues to use it, and promote this handout in presentations or at exhibits.

KEEPING IN TOUCH

Using social media? So is NDEP! Follow NDEP on Twitter@NDEP, become a fan on Facebook and look for videos on YouTube. Feel free to “retweet” and share NDEP posts with your social media friends.

Do you use NDEP materials in a creative way? DCE would like to submit your innovative promotion of NDEP materials to the “Partner Spotlight”. Contact Sandy Parker at sandymda@aol.com.



FOOD AND NUTRITION MATTERS

Health Care Reform and the Registered Dietitian

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The rising cost of health care in the United States has reached such a critical level that it has triggered reform legislation both to curb these costs and address the problem of nearly 47 million Americans who lack health insurance. At the same time, federal spending for Medicare and Medicaid has tripled over the past 30 years. According to current estimates, federal spending on these two programs, alone, will reach about 12% of the nation's gross domestic product (GDP) by 2050. Total health care spending, roughly evenly divided between the public and private sectors, now accounts for about 20% of the GDP.

What opportunities does health care reform, aimed at containing costs while maintaining quality of care, hold for registered dietitians? Can the role of the RD be enhanced and expanded in a new health care delivery system? The answers may come from two pieces of legislation, the American Recovery and Reinvestment Act of 2009 (ARRA) and the Patient Protection and Affordable Care Act (PPAC).

THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009

Signed into law February 2009, ARRA, sometimes called the Stimulus act, provided \$1.1 billion for comparative effectiveness research (CER) disbursed among the Department of Health and Human Services, the

Agency for Healthcare Research and Quality, and the National Institutes of Health. Each was charged with using its funding to support research into the comparative effectiveness of healthcare treatments and strategies. Their efforts are aimed at conducting, supporting or synthesizing research that compares clinical outcomes, effectiveness and appropriateness of items, services and procedures used to prevent, diagnose or treat diseases, disorders and other health conditions. A second mandate is to encourage the development and use of clinical registries, clinical data networks and other forms of electronic health data to generate or obtain outcomes data. For RDs, this is familiar territory because they can deliver cost-effective care with clinical outcomes that meet or exceed current standards.

HEALTH CARE REFORM LEGISLATION

The PPAC, and the House reconciliation bill that amended it, the Health Care and Education and Reconciliation Act of 2010, mandate health insurance for most U.S. citizens and legal residents while expanding Medicare, Medicaid and the Children's Health Insurance Program (CHIP). This sweeping legislation will increase the demand for RD services based on an increase in the number of Americans seeking health care coverage. Because the supply of RDs, and especially those

who are also certified diabetes educators (CDE), is limited, the rules of economics should then apply: An increase in the demand for RD services, with no increase (or very small increases) in the supply of those providing them, translates into an increase in the price for those services.

PPAC addresses cost containment issues affecting individuals and employers, and tax changes to the healthcare sector. For example, the new statute imposes a 2.3 percent excise tax on the sale of any taxable medical device, effective January 1, 2013, which is likely to be passed on to the consumer in higher prices.

It identifies different tiers of benefits, with the basic coverage called the "essential benefit package." This package includes a comprehensive set of services that would be defined and annually updated by HHS.

It also proposes changes to Medicare that could affect RD practice. These changes include restructured payment plans for Medicare Advantage setting payments to different percentages of Medicare fee-for-service (FFS) rates. Higher payments would be paid in areas with low FFS rates, and lower payments (95% of FFS) for areas with high FFS rates. Most areas of the country would see payment rates phased-in over three year, beginning in 2012, while other areas would see the new rates phased-in over four to six years. Furthermore, payment restructuring includes bonus incentives available for quality, performance improvement and care coordination. Providers would be allowed to organize accountability care organizations (ACO) that meet quality measures to share in cost savings incentives. PPAC includes a

reduction in the coverage gap in Medicare Part D to \$500 and a 50% discount on brand name prescriptions filled in the coverage gap. This is an attempt to close the 'doughnut hole' in Medicare Part D. The reform bills create an Innovation Center in the Centers for Medicare and Medicaid Services (CMS) to test, evaluate and expand Medicare, Medicaid and CHIP payment structures and methodologies to reduce costs while maintaining quality care.

PPAC seeks to improve quality through funding for CER and medical malpractice improvements by the states. Other quality improvement measures include bundled Medicare payments for acute care and post-acute care services and the "Independence at Home" demonstration program to provide high-need Medicare beneficiaries with primary care services in their home. Participating teams of health professionals would share in any cost savings if they reduce preventable hospitalizations and readmissions, improve health outcomes, improve efficiency of care, reduce cost of health care services and achieve patient satisfaction.

Finally, RDs could have a role in the national strategy for prevention and wellness defined in both bills. This strategy is to improve the nation's health through evidence-based clinical outcomes and community-based prevention and wellness activities. Coverage for preventive services is recommended at 100%. The bills also provide Medicare beneficiaries with access to a comprehensive health risk assessment and creation of a personalized prevention plan. Grants and technical assistance and resources would be offered to

employers that develop policies and programs for employee wellness. Both bills require chain restaurants and food sold from vending machines to disclose the nutritional content of each item.

OPPORTUNITIES FOR THE RD

The RD has an opportunity to promote the role of medical nutrition therapy in the changing health care environment. RDs should be a part of the essential benefits package, participate in CER, be a team member in an ACO, promote prevention and wellness in the community and workplace, participate in comprehensive health risk assessment, and develop personalized prevention plans. RDs can provide cost-effective, high-quality care that improves health outcomes and promotes patient satisfaction, thereby reinforcing their value to other health care professionals, insurers, the community and patients.

RESOURCES

Research on the comparative effectiveness of medical treatments. Available at: www.cbo.gov. Accessed February 16, 2010.

Report to the President and the Congress on comparative effectiveness research. Available at: www.hhs.gov. Accessed February 16, 2010.

Explaining health reform: what is comparative effectiveness research? Available at: www.kff.org. Accessed February 15, 2010.

Focus on health reform: side-by-side comparison of major health care reform proposals. Available at: www.kff.org. Accessed February 15, 2010.

What health care reform means to registered dietitians and dietetic technicians, registered. Available at: <http://www.eatright.org/Members/content.aspx?id=8488>. Accessed April 13, 2010.

Join DCE's Mentoring Program

Carolyn Harrington, RD, CD, CDE
Wausau, WI.

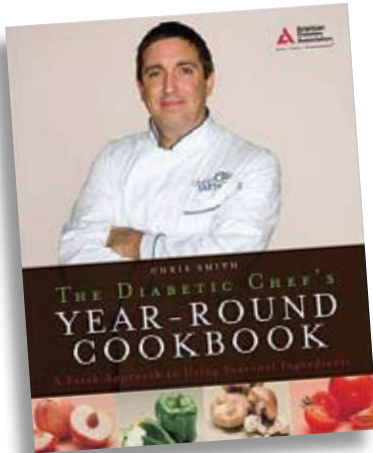
The Diabetes Care and Education (DCE) Mentoring Program has been very active over the past year with many requests for mentors and an outstanding response from our colleagues to share their expertise with others. Mentoring involves a unique opportunity to share experiences, expertise and "pearls of wisdom"; and to counsel, teach, guide and support a colleague's professional and personal development. Mentees may be new to the profession or more experienced, yet seek to develop further skills in diabetes care and education. Our mentoring program seeks to match the mentor's expertise with the identified needs and interests of the mentee.

Interested in becoming a mentor or mentee? Visit the DCE Web site at www.dce.org, click on Mentoring Program, choose "Become a Mentor" or "Request a Mentor," complete the appropriate form and email it to: carolynh@aspirus.org, or contact Carolyn Harrington at 715-847-2195 for more information.

BOOK REVIEW

The Diabetic Chef's Year-Round Cookbook A Fresh Approach to Using Seasonal Ingredients

Lisa Kopolinski, RD, CDE
Hines Veterans Affairs Hospital
Hines, IL



*The Diabetic Chef's Year-Round Cookbook
A Fresh Approach to Using Seasonal Ingredients*
Chris Smith
Alexandria, VA: American Diabetes Association. 2008
196 pages, including Index \$19.95

Clients who know the fundamentals of nutrition guidelines for diabetes, enjoy cooking creatively with ingredients and are looking to step up their creativity a notch will enjoy this book.

The Diabetic Chef introduces some of his unique concepts to this cookbook to set it apart from others.

Initially, this cookbook begins with some tried-and-true tips for successful, healthy, flavorful and efficient meal preparation. By stocking the kitchen strategically, healthful won't mean flavorless, and this book contains many tips marrying the two concepts. Using the freshest ingredients, and those that are in season, is emphasized when possible.

The chef addresses flavor with balance and moderation in a way that is enjoyable to read. For example, when

discussing how oil and fat impart important good flavor he also points out that it can push a meal beyond the fat budget allowance if not careful. Everyone wants to eat food that has flavor, so this book is universal—applying this idea to eating and cooking healthfully with diabetes is a bonus that readers can see is not mutually exclusive.

A simple and useful technique highlighted is one that Chris Smith calls “template cooking.” It is one recipe in which the chief ingredient can be interchangeable, that is, a different protein source or a vegetable can be used with the same mix of ingredient flavors, or ingredients swapped out to suit one's own taste or availability of the ingredient. Then the method for preparation is discussed along with some additional instructions for internal temperature specific to your protein choices.

Some unique ideas I found in the book include chapters on “Tips and Tricks from the Diabetic Chef” and everyday essentials for cooking—a collection of foundations for recipes of stocks, sauces and gravies. But the most unique tip is the chef's year-round concept for main dishes, side dishes and endings to meals. He divides the year into seasonal months for cooking, and then bases his suggested recipes on what is in season at that time of the year for peak flavor and most economic value.

The recipes use several classic ingredients and are balanced with other more unique and harder-to-find ingredients which give old favorites a new twist.

How nice (and unusual) it is for a registered dietitian and diabetes educator to read a book written by a chef espousing many of the healthful lifestyle changes we encourage our clients to make and sharing his tips for maintaining flavor!

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Get Involved in DCE — We Want You!

Diabetes Care and Education (DCE) is always looking for members interested in becoming involved in DCE activities. Dozens of members volunteer in many ways to promote the activities and goals of DCE. If you would like to get more involved in DC, let us know. E-mail the appropriate contact listed below.

- Committee Involvement**
May include activities such as judging award nominations.

If you are interested in the above opportunity, contact:

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- Writing Opportunities**
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