Creating Our Competition:
Why the Dietetics Internship Shortage Is as Important To Your Future as It Is to the Practitioners of Tomorrow
Be heard.
It’s the most important resolution you can make this year.

Between new policies and reauthorization of current legislation, 2010 presents enormous opportunity for members of the American Dietetic Association working in all fields of food and nutrition. It is crucial that each and every one of us encourage legislators to back provisions that support nutrition services, research and the dietetics profession.

Throughout the year as opportunities develop, ADA will call on its members to voice their support of nutrition services in public policy and health. Don’t miss your chance to show your elected officials that as the dietetics expert, you understand the unique role that nutrition plays in preventing and managing disease and keeping America healthy.

ADA’s Grassroots Manager tool allows you to join your fellow members in sending letters to key legislators, or you can send your own personalized letter supporting nutrition services provisions. You can also call your Representative and Senators or deliver your message in person.

Log into Eatright.org and click on Public Policy.
Ten Rules for Better Blogging

By Jacqui Cook

From rants and raves to resources and recommendations, it seems like there are as many blogs as there are stars in the sky. In fact, according to blog search engine Technorati, in 2009 there were more than 130 million blogs. Some are interesting and reputable, others... not so much. Want to be a great blogger? Here are 10 important rules:

1. Pick one topic and stick to it.
The most successful blogs are centered on a specific topic—and they don't stray. If you're writing a blog about how public policy affects health care for people with diabetes, don't include posts about interesting recipes or the latest diet books. At the same time, a blog about being a working mom who's trying to feed her kids quick and healthy meals isn't the place to start a discussion about international politics. Readers return to a blog for insight on a particular subject, so stick to it.

2. Update early and often.
A surefire way to make your blog irrelevant is by failing to post content frequently—and that means at least daily. Bloggers earn reader loyalty through habit, so offer incentive to return to your site or visitors will go elsewhere. Try to post in the morning. Internet traffic is heavy early in the day and during the lunch hour, so having fresh content will keep readers coming back for more. And remember to keep updating throughout the day. There's nothing worse than letting an engaging conversation wither on the vine.

A blog may allow word counts greater than Twitter's 140-character limit and Facebook's 420-character limit; however, posts longer than about 400 words will be pushing online readers' attention spans. Your blog should be as concise as possible. One practice is to make sure each post is about a single thought. For example, if you are writing about a new study on apple consumption, focus on what the study says and maybe a sentence or two on how it supports or contradicts previous knowledge, but do not include a summary of previous apple studies throughout the years.

4. Link early and often.
Linking to resources will enhance and lend credibility to your blog—not to mention help keep your posts brief by letting another site do the in-depth explaining. If you are blogging about new research, citing a news report or even referencing information that appears elsewhere on your site, link to it. That old rule about never sending visitors away from your Web site does not apply; in fact, linking to additional information builds readership by providing a one-stop resource where visitors can choose whether to get more details.

5. Tag and categorize your posts.
Most blogging software offers tags and categories to help organize your content beyond the chronological order in which it was posted. "Tags" are pieces of code that allow search engines such as Google and Bing to include your site in their search results. "Categories" let readers see what types of topics are covered in your blog, in addition to creating an organized archive of content by grouping together posts.

6. Don't get too cute.
Can a little humor, when appropriate, engage readers? Of course. But funny-punny blog titles and content won't always work online. For one thing, search engines can't recognize what your posts are about if the topics are buried. Secondly, blog audiences won't bother to read posts with vague titles, even if they are funny once they understand the context. Online readers want information right now—and they don't wade through jokes, metaphors or innuendos to get it. For effective blogging, say what you mean and mean what you say.

7. Encourage comments.
Blogging is not a lecture, but a conversation. Make your readers feel connected and valued by providing a space for comments. While you should monitor these responses to omit spam or abusive comments, do so judiciously. Disagreement over a particular point is not necessarily an abusive comment. In fact, blogs that allow open debate often earn greater respect among its readers for not censoring negative feedback.

8. Respect your host.
If your blog is in any way associated with an organization such as a clinic or publication, their voice becomes more important than yours. For some writers, this can be a hard concept to swallow—but when you blog for another entity, you're representing that organization and every post will be interpreted and parsed in that light. Bloggers also should be careful when referencing an employer or organization on their personal sites; once you introduce another party into the conversation, the reader links you to that entity.

9. Have realistic expectations.
A blogger's audience does not go from zero to a million in one day. You may post what you think is the best blog entry ever... yet nobody says a word about it. Frustrating, yes, but building a fan base takes time. Blogs focus on specific topics so audiences are small by design, but they still can be influential and engaged. The more you blog, the better chance you have at attracting an audience.

10. Take the plunge.
The only way to become a good blogger is to do it. Practice blogging a few weeks before you start posting content online so you get used to updating content every day. Once you publish, keep it up. It takes time and commitment, but blogging can also be a lot of fun.

Get Started
The next time you catch yourself saying, “You know what I think...,” stop talking and start typing. Here are a few of the most popular blogging software sites, all of which offer free basic packages:

WordPress: http://wordpress.com
Blogger: www.blogger.com/start
TypePad: www.typepad.com

Jacqui Cook is a Chicago-based communications consultant who specializes in online media.
In This Issue

FEATURES

Ten Rules for Better Blogging
Anyone with Internet access and an idea can blog, but to be a great blogger takes more than that. Whether you write about rants, raves, resource or recommendations, these 10 important rules to blog by will help you hone your skills and keep your online readers engaged, entertained and coming back for more.

The Latest Trendy Food Terms Defined
With each year come new food products and a host of trendy terms and claims to describe them, but blurry definitions and incorrect usage often can lead to more consumer confusion. Learn which popular food marketing phrases have official definitions and which descriptions mean diddly in dietetics.

Creating Our Competition:
Why the Dietetics Internship Shortage is as Important To Your Future as It Is to the Practitioners of Tomorrow
November’s dietetic internship placement statistics show 573 students and graduates competed for less than 200 available internships—a shortage of 66 percent. But if you think the dietetic internship shortage affects only students, think again. It is estimated that since 1994, as many as 27,000 graduates have not secured dietetic internships. That doesn’t mean they left the field; in fact, many of them have become our competition.

DEPARTMENTS

SEE WHAT’S NEW
Check out the latest food and nutrition research briefs, consumer trends and industry news, including a reported plateau in adult obesity and discrepancies in calorie labeling of restaurants menu items.

ASK QUESTIONS
In this issue, ADA Times explores the controversy of canned tomatoes and Bisphenol A.

STAY IN THE LOOP
Deadlines, details and dealings ADA members should know about, including Eatright.org’s extensive redesign, information about ADA’s national election and candidates and details for awards and honors nominations.

LOVE FOOD
From warm roasted salads to tangy marinades and glazes, Love Food explores grapefruit from clinical, culinary and foodservice perspectives.

KNOW WHERE TO LOOK
Find high-quality professional reference books, client education materials, professional development opportunities and other resources.
Letters to the Editor

Dear Editor:
[Regarding the piece on nutritional advantages and disadvantages of meatless turkey and holiday roasts in the Autumn 2009 ADA Times], the problem is that if you are a vegetarian, you really don’t need a ‘meatless roast,’ which represents meat you are not eating! Isn’t that odd that you would use pretend roast meat when you are avoiding meats? Use a totally different menu and develop a new tradition and style of holiday meal.

Michelle Scott, MA, RD, IBCLC

Dear Editor:

After reading “Everyone’s a Critic: Online Review Sites Bring New Meaning to Word-of-Mouth” in the Autumn 2009 ADA Times, I was wondering: With all of the blogs and comments that can come from patients, what are the legal implications, if any, that may occur should someone share information that may not have been received in the way it was intended, then shared and negative results are the outcome. Do RDs have to be wary about negative comments possibly leading to lawsuits?

Rose, RD, LDN

We asked HIPAA expert Ellen Layton at Barnes & Thornburg LLP in Chicago to field this important question:

“The Health Insurance Portability and Accountability Act, or HIPAA, only applies to certain uses and disclosures by the health care provider. Uses or disclosures made or initiated or authorized by the patient are not covered by the law, so a patient is free to initiate a ‘friend’ or ‘fan’ status with their health care providers, and the patient can disclose any information they choose.

“However, an RD would want to be careful about making those requests and definitely do not discuss any individual’s health care information publicly.

“Blog comments and online reviews are a different issue. If health care providers open up [entries on their blogs or Web sites] to comments, patients may offer details or information about their own health or services received, such as, ‘I have been seeing this RD and she really helped me learn how to manage my type 2 diabetes.’

“In other scenarios in which patients comment on the RDs’ advice or services may not always be positive. For example, say a health care provider writes in a blog, ‘30 minutes of exercise a day can be good for weight loss,’ and a client or patient writes in the response section, ‘I followed your advice and I gained 20 pounds. You give bad advice.’ The practitioner should not respond with any personal information about the patient, such as, ‘If you would just follow the diet plan I gave you instead of eating junk food and candy all day, you would lose weight.’ That type of response would be an unauthorized use of the patient’s information and would be considered a HIPAA violation.”

Debra L. Moore, RD, MPH

Share your thoughts and ideas by e-mailing adatimes@eatright.org. Remember to put “Letter to the Editor” in the subject field.

Dear Editor:

I enjoy reading ADA Times. I even reread a past issue today while I was eating lunch and learned some new information.

I co-chair the Educational Showcase for the Virginia Dietetic Association conference, where we raffle books of interest to our members as a fundraiser. I have been very impressed with the number of RDs who have written books and donated copies for the raffle. I think ADA members would be interested in the process of book publishing.

Debra L. Moore, RD, MPH
The Latest Trendy Food Terms Defined

With each year come new food products and a host of trendy terms and claims to describe them. But blurry definitions and incorrect usage often can lead to more consumer confusion. Do you know what these food marketing terms mean?

By Kyle Shadix, MS, RD, ACF
Natural
This term is appearing on labels with increasing frequency—in fact, according to the Mintel Global New Products Database, “natural” claims were the most common on food and beverage launches in 2008. “Natural” may resonate positively with consumers, but what does it mean? While neither the Food and Drug Administration nor the U.S. Department of Agriculture have formal definitions of “natural,” the FDA holds to its 1993 policy: “FDA has not objected to the use of the term on food labels provided it is used in a manner that is truthful and not misleading and the product does not contain added color, artificial flavors or synthetic substances. Use of the term “natural” is not permitted in the ingredient list, with the exception of the phrase “natural flavorings.” The USDA is currently defining the conditions under which it will permit “natural” to be used in meat and poultry product labeling, but a final rule may not appear until late 2010. Until then, scrutinize with impunity.

Processed and unprocessed
While the term “processed food” is increasingly becoming associated with unhealthier packaged foods with empty calories and loads of additives, and “unprocessed” is often used to describe foods that are not canned, frozen or packaged, these definitions of the commonly misused terms are not accurate. According to the Farm Bill of 2008, a processed food is a food that has been processed to the point it undergoes a “change of character.” Examples of unprocessed versus processed include raw nuts (unprocessed) vs. roasted nuts (processed); edamame (unprocessed) vs. tofu (processed); a head of spinach (unprocessed) vs. cut, pre-washed spinach (processed).

Clean food
This is a relatively new buzzword for mainstream audiences that can mean different things, depending on who you ask. The term’s imagery connotes a natural implication that a food that isn’t a “clean food” must be an “unclean” food. For this reason, it is unlikely that we will be seeing references to “clean” on food product labeling in order to avoid consumer confusion that could lead to potential food safety hazards. Nonetheless, “clean food” is popping up in several diet, lifestyle and cookbooks this year, though because there is no official definition of the term, one needs to consult the individual sources for the meaning in each context. Its most common usage seems to be replacing “beyond organic” for critics who feel current USDA organic standards are too low. In this instance, “clean food” refers to that which is in season, locally grown, 100-percent organic and in its natural state. For other people, there is an additional dimension of “clean food” that incorporates harmony and love into the kitchen. “Clean food” also has a religious dimension; some Jewish and Christian groups use the term to refer to the dietary codes of the Old Testament.

Slow food
The slow food movement, which started in Italy in 1986, is essentially the antithesis of fast food, encompassing ingredients, production, preparation and consumption as they relate to cultures and pleasure. Now, many people use the term slow food to refer to food that is often organic and prepared using traditional methods and using few or no convenience appliances such as microwaves.

Local
In general, “local” refers to the proximity of a food’s origin to where the food is being purchased. This seemingly simple word and its connection to broader philosophies of environmental sustainability and local economy have sparked an entirely new vernacular. Even “local” itself can mean different things to different people. To some it can be relative to crop, season and region, while others have additional criteria for “local,” such as a fixed maximum distance travelled from field to store or consumer (known as “food miles”). According to the New Oxford American Dictionary, which selected “locavore” as its Word of the Year in 2007, the locavore movement is particularly sensitive to food miles and encourages buying from farmers’ markets or growing your own foods.

Whole food
“Whole foods” generally refer to foods that are not processed or refined and do not have any added ingredients. The implication is that “whole foods” are more nutritious, though sometimes the term is confused with “organic” and may not necessarily be accurate in all cases. (After all, organic cheese puffs exist, but cheese puffs would not be considered a whole food.) By most definitions, whole foods would include fresh produce, dairy, whole grains, meat and fish—any food that appears in its most pure form with minimal processing.

Organic
Of all these terms, “organic” has the most specific criteria and legal meaning. As defined by the USDA, organic meat, poultry, eggs and dairy products come from animals that are given no antibiotics or growth hormones. Organic plant foods are produced without using most conventional pesticides; fertilizers made with synthetic ingredients or sewage sludge; bioengineering; or ionizing radiation. A government-approved certifier must inspect the farm to ensure these standards are met. In addition to organic farming, there are USDA standards for organic handling and processing. Currently there are three levels of organic claims for food.

• **100 Percent Organic:** Products that are completely organic or made of only organic ingredients qualify for this claim and a USDA Organic seal.
• **Organic:** Products in which at least 95 percent of its ingredients are organic qualify for this claim and a USDA Organic seal.
• **Made with Organic Ingredients:** These are food products in which at least 70 percent of ingredients are certified organic. The USDA organic seal cannot be used but “made with organic ingredients” may appear on its packaging.

Foods containing less than 70 percent organic ingredients cannot use the word “organic” on the product label or the USDA seal; however, they can include the organic items in the ingredient list.

Chef Kyle Shadix, RD, is a culinary nutrition communications consultant based in New York City.

Have you heard a new trendy term that wasn’t included in this article? Write to adatimes@eatright.org.
See What’s New

Prevalence of Obesity Among U.S. Adults Still High, But Recent Data Suggest Rates May Have Stabilized

The prevalence of adults in the U.S. who are obese is still high, with about one-third of adults obese in 2007-2008, although new data suggest that the rate of increase for obesity in the U.S. in recent decades may be slowing, according to a study appearing in the January 20 issue of the *Journal of the American Medical Association*.

“Data from 1988-1994 showed that the prevalence of obesity in adults had increased by approximately 8 percentage points in the United States since 1976-1980, after being relatively stable over the period 1960-1980,” according to the authors, who used National Health and Nutrition Examination Survey statistics for the study. “Analyses of data from 1999-2000 showed further increases in obesity for both men and women and in all age groups.”

The researchers examined the latest NHANES data from 2007-2008 regarding trends in obesity and compared the results with data for 1999 through 2006. The study included an analysis of height and weight measurements from 5,555 adult men and women age 20 years or older. Overweight was defined as a body mass index (BMI) of 25.0 to 29.9. Obesity was defined as a BMI of 30.0 or higher.

They found that in 2007-2008, the prevalence of obesity was 33.8 percent overall. Among men, prevalence was 32.2 percent overall and within racial and ethnic groups ranged from 31.9 percent among non-Hispanic white men to 37.3 percent among non-Hispanic black men.

For women, the prevalence was 35.5 percent overall, and ranged from 33.0 percent among non-Hispanic white women to 49.6 percent among non-Hispanic black women. The prevalence of overweight and obesity combined was 68.0 percent overall, 72.3 percent among men and 64.1 percent among women.

“For women, the prevalence of obesity showed no statistically significant changes over the 10-year period from 1999 through 2008. For men, there was a significant linear trend over the same period, but estimates for the periods 2003-2004, 2005-2006 and 2007-2008 did not differ significantly from each other. These data suggest that the increases in the prevalence of obesity previously observed between 1976-1980 and 1988-1994 and between 1988-1994 and 1999-2000 may not be continuing at a similar level over the period 1999-2008, particularly for women but possibly for men,” the authors write.

“The prevention and treatment of overweight and obesity on a population-wide basis are challenging. Population-based strategies that improve social and physical environmental contexts for healthful eating and physical activity are complementary to clinical preventive strategies and to treatment programs for those who are already obese,” the researchers write. “Enhanced efforts to provide environmental interventions may lead to improved health and to future decreases in the prevalence of obesity.”

Nonetheless, while the study may offer some good news as far as trends on the prevalence of overweight and obesity in the U.S., it is still a serious health problem, according to an accompanying editorial.

“But even if these trends can be maintained, 68 percent of U.S. adults are overweight or obese, and almost 32 percent of school-aged U.S. children and adolescents are at or above the 85th percentile of BMI for age,” writes JAMA contributing editor J. Michael Gaziano, MD, MPH in “Fifth Phase of the Epidemiologic Transition – The Age of Obesity and Inactivity.”

“Given the risk of obesity-related major health problems, a massive public health campaign to raise awareness about the effects of overweight and obesity is necessary. Such campaigns have been successful in communicating the dangers of smoking, hypertension, and dyslipidemia; educating physicians, other clinicians, and the public has yielded significant returns,” Gaziano writes.

“Major research initiatives are needed to identify better management and treatment options. The longer the delay in taking aggressive action, the higher the likelihood that the significant progress achieved in decreasing chronic disease rates during the last 40 years will be negated, possibly even with a decrease in life expectancy,” he writes.

More info: jama.ama-assn.org
RESEARCH BRIEFS

Study Says Being Obese Is as Dangerous to Health as Smoking
As the U.S. population becomes more obese and smoking rates decline, obesity has become an equal, if not greater, contributor to the burden of disease and shortening of healthy life in comparison to smoking, according to an article published in the February issue of the American Journal of Preventive Medicine.

Nutrition Information on Menus Seems to Make a Difference
Calorie information on restaurant menus, both of the foods on the menu and how many calories the average adult should consume in a day, does seem to help consumers exercise restraint and curbs appetites, according to a study in the December 17 online American Journal of Public Health.

Evidence Lacks for Special Diets in Autism
An expert panel’s report in the January issue of Pediatrics says there is no “rigorous evidence” that digestive problems are more common in children with autism compared to other children, or that special diets work.

Consumption of Soy Food Linked with Lower Risk of Death and Cancer Recurrence in Women with Breast Cancer
Researchers found that women with breast cancer in China who consumed a higher intake of soy food had a lower risk of death and breast cancer recurrence, according to a study in the December 9 issue of the Journal of the American Medical Association.

Study Claims Obesity Research Is Distorted
Obesity research has a tendency to be skewed by bias when researchers report information such as sugar-sweetened beverage consumption or breast-feeding practices, when the distortions are perceived to help in the end, reports a study published in the December International Journal of Obesity.

Gluteofemoral Body Fat May Be Healthy and Help Prevent Against Some Diseases
Fat in the hips, buttocks and thighs is associated with a protective lipid and glucose profile and may help protect against heart and metabolic problems by storing fatty acids and secreting an anti-inflammatory agent that stops arteries from clogging, according to a study published in the January International Journal of Obesity.

Pomegranates and Breast Cancer
Natural compounds in pomegranates are showing potential in blocking breast cancers fueled by estrogen, researchers wrote in the January issue of the Journal of Cancer Prevention Research.

Gene for Type 2 Diabetes May Predispose Certain Children to Obesity
Pediatric researchers have found that a gene implicated in the development of type 2 diabetes in adults also raises the risk of being overweight during childhood, according to Diabetes, published online November 23.

Physical Activity Associated with Lower Risk of Death in Men with History of Colon Cancer
Increased physical activity appears to be associated with a lower risk of death in men with a history of colorectal cancer that has not spread to other parts of the body, according to a report in the December 14/28 issue of Archives of Internal Medicine.

Large Doses of Folic Acid May Increase Cancer Risk
A study published in the November 18 issue of the Journal of the American Medical Association reports a link between large doses of folic acid and increased cancer rates, particularly lung cancer.

Obesity Epidemic Related to Snack Foods in Retail Stores
A December 17 American Journal of Public Health study states that candy, salty snacks and sweetened beverages, which have been identified as contributing to the incidence of obesity, are widely available in retail stores whose main merchandise is not food.

Study Reveals Mechanism That Adjusts Fat Burning
Researchers have discovered a molecular mechanism that controls energy expenditure in muscles and helps determine body weight and say this could lead to a new medical approach in treating obesity. The findings appear in the January issue of the journal Cell Metabolism.

Dietary Estrogens Have Little Effect on Cancer Risk
Dietary phytoestrogens have little effect on the risk of developing hormone-sensitive cancers like breast and prostate cancer or colorectal cancers, new research suggests in the December issue of the American Journal of Clinical Nutrition.

St. John’s Wort Not Helpful in Treating IBS
A Mayo Clinic research study published in the January American Journal of Gastroenterology finds that St. John’s Wort is not an effective treatment for irritable bowel syndrome.
INDUSTRY NEWS

Less Sugar in Cereal Marketed to Kids
General Mills says it will cut the sugar in 10 of its cereals marketed to children to single-digits grams of sugar per serving in response to consumer desire for less sugar, not as a reaction to recent criticism.

Kraft Brings the Restaurant to Your Home
Predicting that consumers will continue to eat at home next year, Kraft is unveiling 20 new food products, many of them designed to help re-create restaurant experiences at home—and some claiming important health benefits.

Unilever Explores Vegetarian Sources for Iron Fortification
Unilever is exploring iron compounds from vegetable origin that mimic iron from animal sources and may enhance the bioavailability of the mineral and boost fortification programs. Sodium iron chlorophyllin obtained from mulberries was found to be as bioavailable as heme iron, Unilever scientists reported in the Journal of Agricultural and Food Chemistry.

Oreo Altered for Chinese Customers
Kraft Foods is giving some of its products a makeover to cater to the tastes of consumers in China, including a less sugary, snack-size version of the Oreo.

Shake and Bake It
Kraft is advertising its Shake ‘N Bake product for the first time in years for a campaign using the language of beauty makeovers to encourage customers to give their chicken dinners a makeover.

PepsiCo to Open New R&D Center
PepsiCo announced it will open a new research facility next to the Yale University campus, with a goal of creating healthier foods and drinks.

USDA Approves Hass Avocados from Peru
The U.S. Department of Agriculture has decided to allow under certain conditions Hass avocados to be imported from Peru effective mid-February. Hass avocados had not been allowed into the country because the pest risk had not been analyzed.

Study Explores Inaccuracies in Nutrition Labeling of Restaurant Foods, Discovers Side Dishes Often Have More Calories than Entrees

In a study published in the January issue of the Journal of the American Dietetic Association, researchers found that some commercially prepared foods contained more calories than indicated in nutritional labeling.

Measured energy values of 29 restaurant foods averaged 18 percent more calories than the stated values. Furthermore, some individual foods had discrepancies that were extreme, including seven restaurant foods that contained up to twice their stated energy contents.

The foods were obtained in the Boston area and restaurant chains included both quick-serve and sit-down establishments with broad distribution throughout the United States. The energy content was measured and compared with nutrition data stated by the vendor or manufacturer.

Restaurant menu items were chosen based on three criteria:
• Must have less than 500 calories per serving as stated on the label
• Be typical American foods
• Be among those foods on the menu with the lowest stated energy contents.

The authors found a further complication with some restaurant meals. Five restaurants provided side dishes at no extra cost. The average energy provided by these items was 471 calories, which was greater than the 443 calories for the entrees they accompanied.

The authors also note that the U.S. Food and Drug Administration allows up to 20 percent excess energy content but weight must be no less than 99 percent of the stated value. This might lead manufacturers to add more food to the package to insure compliance with the weight standards and thereby exceed the stated energy content.

“These findings suggest that stated energy contents of reduced-energy meals obtained from restaurants and supermarkets are not consistently accurate, and in this study averaged more than measured values, especially when free side dishes were taken into account, which on average contained more energy than the entrees alone,” the researchers write. “If widespread, this phenomenon could hamper efforts to self-monitor energy intake to control weight, and could also reduce the potential benefit of recent policy initiatives to disseminate information on food energy content at the point of purchase.”

More info: adajournal.org

Continued on page 10
Todayshow.com Takes American Consumers to Cooking School

In mid-January, todayshow.com launched Cooking School on Today, a destination for the television program’s viewers who want to find delicious recipes and video and cooking tips from celebrity chefs and food experts.

Viewers can go online to get more in-depth instructions on how each meal is prepared, collect and store their favorites and search for new ideas. Consumers will find an improved recipe finder to locate recipes by cuisine, season or holiday; video from all of the morning talk show’s Cooking School and Kitchen segments; and exclusive Web-only video featuring tips and recommendations.

The content is also available on mobile devices, so consumers can easily download recipes and shopping lists on the go. The outreach plan features a standalone iPhone application dedicated to recipes. With this new app, consumers can easily download a recipe, generate a checklist of ingredients and use that when they go grocery shopping.

“Today’s Cooking School combines three topics we know our audience loves: family, food and fun. So we’ve combined celebrity chefs, delicious recipes, and time saving tips to deliver a one-stop shop that’s informative and entertaining,” said Catherine Captain, vice president of marketing at msnbc.com. “With the enhanced recipe finder and the ability to save recipes, home cooks can turn to our site every day to save time, explore new menu ideas and find out what their favorite celebrity chefs are cooking up next.”

Unilever, the Cooking School’s advertising partner, will also provide recipes and special video segments of cooking demos using some of its product brands.

More info: Todayshow.com

Lose Weight or Your Wallet Will

Lose It or Lose It is a new online service that gives users an incentive to get fit: lose weight or lose money. The site (loseitorloseit.com) enables users to set a 10-week weight loss goal, choose how many dollars they are willing to lose per pound if they don’t meet their weekly goals and track their progress. Missing a weigh-in or failing to achieve a weekly goal results in a monetary “penalty.” The service does not provide any diet or exercise advice.

INDUSTRY NEWS

Burger King Highlights ‘Gluten-sensitive’ Food Items on Menus

Fast food chain Burger King has released a list of menu items suitable for “gluten-sensitive” people.

Taco Bell’s Weight Loss Campaign

Taco Bell introduced the new Drive-Thru Diet menu featuring seven “Fresco” menu items with less than 9 grams of fat. The campaign features a woman who lost weight by choosing the low-fat “Fresco” menu items and will compete with Subway’s Jared Fogle.

Applebee’s 5 under 550

Applebee’s launched a new category of menu items under 550 calories and is in addition to Applebee’s Weight Watchers menu.

Starbucks Aiming Low

Starbucks has expanded its food line with the addition of a variety of panini sandwiches of 400 calories or less, and will begin promoting all of its beverages under 90 calories. The new Starbucks food items include warm-to-order paninis and two new breakfast sandwiches.

Getting Smart at Dunkin Donuts

Dunkin Donuts has introduced a “DDSmart” menu that features “better-for-you choices that keep you running” and include hot and cold light beverage options, muffins and breakfast sandwiches.

KFC Offers 395 calories for $3.95

Piggybacking on the success of its Kentucky Grilled Chicken, KFC has launched a grilled chicken meal that is under 395 calories. The meal consists of two pieces of grilled chicken, mashed potatoes with gravy and green beans and costs $3.95.

Corner Bakery Launches 100 under 600

Corner Bakery has launched “100 under 600” initiative featuring more than 100 soup, salad and sandwich combinations each under 600 calories.

“Industry News” is compiled by ADA member Maria Caranfa, RD, director of Mintel Menu Insights in Chicago. Mintel is a global supplier of consumer, media and market research.
Bisphenol A is a chemical used to make plastics and resins. Some cans used in food production have a plastic lining to prevent corrosion, and BPA can leach into the contents—particularly foods of high acidity such as tomatoes.

In November, Prevention posted “The 7 Foods Experts Won’t Eat” to its blog. Canned tomatoes were at the top of the list. The article has since been repackaged as “7 Foods That Should Never Cross Your Lips” on Prevention’s Web site.

A month later, Consumer Reports published “Concern over canned foods: Our tests find wide range of Bisphenol A in soups, juice and more.” The article reported that almost all of the 19 name-brand foods tested contained some BPA.

But is “some BPA” harmful? According to Carl Winter, PhD, director of the University of California-Davis’ FoodSafe Program, most of the controversy is in the research.

“The studies in which lab animals’ reproductive organs have been affected by BPA have been at very high levels of exposure,” says Winter, who recently blogged about BPA safety for the Institute of Food Technology (read the article at http://foodtechperspective.wordpress.com/2009/12/02/bpa-returns-to-the-consumer-stage/). “The current safe level of BPA exposure set by the U.S. Environmental Protection Agency and the European Food Safety Authority is 50 micrograms per kilogram of body weight. In 2007, the Centers for Disease Control tested the urine of 2,000 individuals for BPA and found while it was present in nearly all the participants’ urine, it was at levels a million times lower than the ‘okay’ level.”

Some scientists think that recommended human exposure to BPA is 20 times higher than is actually safe. Winter does not agree. “If that were the case,” he says, “we would see a soaring incidence of infertility and related diseases, which we don’t.”

Nonetheless, after delaying release of its safety assessment for BPA exposure three times in 2009, on January 15 the Food and Drug Administration agreed there is “some concern about the potential effects of BPA on the brain, behavior and prostate gland of fetuses, infants and children” and announced a $30 million BPA research program. In addition, the FDA will open a public docket for comment on BPA and include the Center for Food Safety and Applied Nutrition’s review of the low-dose toxicity studies and recently published studies, expert reviews and other resources.

Where does that leave RDs advising consumers on canned tomatoes?

“Tomatoes are an excellent source of vitamin C and a good source of vitamin A, and lycopene is more easily absorbed in the body after it has been processed,” says Jeannie Gazzaniga-Moloo, PhD, RD, nutrition consultant and ADA spokesperson. “Unless someone is regularly eating incredible amounts of canned tomatoes, the evidence concerning BPA does not show any reason to tell consumers they should exclude them from a healthful diet. Still, people who are uncomfortable eating canned foods have other options, such as fresh or frozen produce or vegetables processed in glass jars,” says Gazzaniga-Moloo.

As for home canning, without proper handling and know-how, some food preserving projects can turn into a hotbed for bacteria and foodborne illness. Keep your eyes peeled for an upcoming ADA Times article on the safe art of pickling, canning and preserving foods. It’s trendy, fun and a great way to take advantage of seasonal abundance of fruits and vegetables.

Have a question about nutrition or dietetics practice? E-mail us: adatimes@eatright.org (Subject heading: Ask Questions).
Creating Our Competition: Why the Dietetics Internship Shortage Is as Important To Your Future as It Is to the Practitioners of Tomorrow

By Amberly Wilson, MS, RD
Sidebars by Jess Del Balzo, student

Anna Drapkin’s interest in nutrition began when her father was diagnosed with severe diabetes. Helping him make diet and lifestyle changes that eventually reversed his condition sparked an aspiration to become a registered dietitian. She moved from Jerusalem to New York where she worked long hours to support herself while attending school. She completed a bachelor’s degree in health and nutrition with a strong GPA and applied to five dietetic internship programs. She didn’t get matched.

After reapplying the next year only to face the same outcome, Drapkin contacted the internship directors of the programs to which she’d applied to find out what she should be doing differently. She learned she had a competitive application, GPA and interview, but there simply were not enough open slots for qualified applicants.

“It is frustrating that I have lost another year, and I have to do it all over again,” says Drapkin, who is working as a paralegal for a law firm that specializes in medical litigation. “I worked really hard to complete my bachelor’s degree, but I still cannot work in this field.”

Drapkin is not alone. In April 2009, only 50 percent of total dietetic applicants were matched to an internship. In the most recent November 2009 match, 573 students competed for 196 available internships—a shortage of 66 percent.

While this is not a new problem—availability for internships has fallen short of demand for more than a decade—it has worsened since 2004 (“Supply and Demand for Dietetic Internships” chart on page 13). Although the role of diet and nutrition in public health has gained momentum and the number of students enrolling in dietetics programs has soared, the number of available internships has remained unchanged. In fact, it is estimated that since 1994, as many as 27,000 graduates of dietetic programs have not secured internships and are unable to sit for the credentialing exam.

What does this mean for RDs?

Qualified graduates who cannot find internships may not become RDs, but their career ambitions don’t necessarily fall to the wayside (“A Dream Worth Pursuing” sidebar on page 15). In today’s challenging job market, therefore, RDs not only have to compete with fellow RDs but with the growing body of non-credentialed nutritionists, many of whom earned bachelor’s degrees through academic programs designed to educate registered dietitians.

“I have seen some students who were strong candidates for an internship but did not match based on geographic limitations or other situations go into public health, health education or work as WIC nutritionists,” says Wanda M. Koszewski, PhD, RD, LMNT, associate extension professor and dietetic internship director at the University of Nebraska. “They do try and stay in the field because they have an interest in nutrition.”

As the pool of non-RD nutritionists continues to grow, educating the public about the value of a credentialed professional may become even more difficult, and competition for jobs may further tighten. Others predict a ripple effect at the state level if non-RD nutritionists lobby for alternative licensure.

Additionally, qualified individuals might choose non-dietetics careers in the health field rather than risk graduating and being left without the supervised practice needed to sit for the RD exam.

One student who responded to an unscientific micro survey conducted by ADA Times about the internship shortage remarked: “Due to the fact that [internships] are becoming harder and harder to get, more individuals are rethinking dietetics as a profession. Many are now pursuing careers as physician assistants and nurses, and it is my belief that the field of dietetics will suffer greatly unless these issues are addressed.”

Completing an accredited internship program is required for dietetic students to sit for the RD exam. However, finishing the dietetics curriculum does not guarantee placement in an internship. Some students have the advantage of attending a coordinated program, which includes both coursework and supervised practice together. But the majority of dietetics education programs are didactic programs—meaning they cover only academic coursework required for a degree—and applying for a dietetic internship is an entirely separate process. Currently, didactic programs outnumber coordinated programs by more than four to one.

Some have called the internship shortage as a way of weeding out less-qualified students, arguing that pre-med students are not
FINDING A HELPING HAND

Michelle Faulkner graduated in 2008 with a concentration in food and nutrition from the human ecology program at Montclair State University in New Jersey. This spring will mark the third time she’s applied for a dietetic internship.

“When I didn’t get an internship, I think it was a combination of shock, disbelief, utter disappointment and devastation,” says Faulkner. But the reason she will apply again boils down to one desire: “I want to be a registered dietitian.”

Though working full-time as a rebate analyst with a medical device company and caring for an ailing parent, she has sought volunteer work in an attempt to gain some experience and boost her chances of being matched.

While the process hasn’t been easy, Faulkner points to the generosity of two women in helping her stay committed to becoming an RD. First, New Jersey Dietetic Association President Patricia Davidson, DCN, RD, CDE, gave Faulkner the opportunity to shadow her and work as an assistant to give her practical hands-on experience.

Faulkner also met with Dawn Scott, MA, RD, internship director at Hurley Medical Center—one of the programs to which Faulkner had applied.

“She went out of her way to mentor me. She offered me advice and insight,” says Faulkner, “and really helped guide me through the disappointment I was feeling.”

“It only takes the generosity of one or two people to make a difference, and these two people have made an immeasurable difference in my life,” says Faulkner.

“They saw enough in me that was worth fostering and supporting to help me finish what I started,” adding that regardless of the outcome in the spring, Faulkner will always be grateful for their help.

96 percent of dietetics students plan to become RDs. Less than half of them will find internships. The rest will become RDs’ competition.

96 percent of dietetics students plan to become RDs. Less than half of them will find internships. The rest will become RDs’ competition.
guaranteed medical school placement. However, according to Ulric Chung, PhD, executive director of the Commission on Accreditation for Dietetics Education, this is an inaccurate comparison.

“Pre-med students are not already being trained as physicians when they apply to medical school,” says Chung, “whereas dietetics students have completed 80 percent of their education by the time they find out whether they have secured the internship required to sit for the RD exam.”

“It is devastating for students to work hard for four years on a degree and not be able to immediately continue the next step,” says Alana D. Cline, PhD, RD, associate professor and dietetic internship director at the University of Northern Colorado in Greeley, who recommends her students retake courses if their GPAs are low, or volunteer with RDs to gain some experience (“Finding a Helping Hand” sidebar on page 13). However, extracurricular activities and academic qualifications only take a student so far when there aren’t enough supervised practice sites. In the most recent internship placement period, one-third of applicants with an overall GPA at 3.6 or greater didn’t receive an internship.

“In my thirteen years at the University of Nebraska, interest in nutrition has grown immensely,” says Koszewski. “It’s sad that there are some really good candidates out there who can’t get a slot [in an internship]—it doesn’t mean they aren’t good applicants.

“My concern,” says Koszewski, “is that we [in the dietetics profession] are losing out on some great practitioners.”

According to the ADA Times micro survey of students, many qualified college graduates have found themselves in this situation. One student noted: “I was told by the director of my program that because of my high GPA and experience, I would have no problem getting an internship. This did not ring true. Many of the most qualified applicants in my program did not receive internships on the first round. I had not set up many backup plans, and I would have if I had known how very competitive the application process was.”

Drapkin agrees. “I definitely had no idea how difficult it is to get into an internship. Students deserve to be notified.”

THE ROAD AHEAD

As ADA’s leadership has grown increasingly concerned over the plight of students, it has formed the ADA Education Committee to study the issues related to the internship shortage. Meanwhile, the Commission on Accreditation for Dietetics Education is taking steps to increase awareness of the problem and analyzing multiple long-term solutions.

To make sure students are fully informed before making career decisions, CADE now requires didactic programs to notify both current and prospective students of the magnitude of the internship shortage.

This is something Jamie Sutton Shifley, MS, RD, LDN, director of Accredited Nutrition Programs at the University of Illinois at Chicago, deals with regularly. “We tell our students from day one how difficult it will be to get an internship,” says Shifley, who encourages her students to volunteer in the field, shadowing a dietitian or working in a
Since 1994, as many as 27,000 graduates have not secured dietetic internships and are unable to sit for the RD exam.

diet office. “We suggest they explore all options as far as internships go, and we suggest they have a Plan B in case they do not get an internship.”

To try to stop the shortage from worsening, in June 2009, CADE placed a moratorium on credentialing new didactic programs in dietetics, except for programs with a process in place to assure internships for all qualified students. At the same time, the Commission on Dietetic Registration made it possible for students with a bachelor’s degree who have completed a didactic program in dietetics to sit for the DTR exam.

Three in 10 students responding to the ADA Times micro survey indicated that they plan to use this new avenue as an opportunity to gain work experience in hopes that it will help their internship applications stand out (“One Plan B: Segueing as a DTR” sidebar on this page).

CADE is asking educators to voluntarily control entrance into existing dietetics programs and screen for students less likely to meet the requirements needed to secure an internship and to counsel these students about alternative fields and careers.

CADE also is asking internship directors to take on more interns, when possible, to open spots for students who are qualified. But ultimately, more internship slots can only be offered if current practitioners in the field step up and become preceptors.

“I believe it is the professional duty of every practicing RD to precept students,” says Chung. “To begin solving a problem that has serious consequences for the dietetics profession.”

(look for an article in the Spring ADA Times about becoming a preceptor and highlighting innovative internships across the country.)

While additional solutions are considered, in April another round of dietetics hopefuls will learn if they are matched to an internship. If history repeats itself, at least half will not be matched. Those graduates will face immensely difficult decisions, including whether and how to continue to their aspirations in the field of food and nutrition.

Amberly Wilson, MS, RD, is founder of NewLife Nutrition in Walnut Creek, Calif. Del Balzo is a student in the nutrition and dietetics program at New York University.

Special thanks go to the dietetic students and graduates who contributed their photos for the collage that accompanied this article, including: Alen Agaronov, Hunter College; Malvin J. Almanzar, New York University-Steindhardt; Amy Anderson, Oregon State University; Danielle Bauer, University of Wisconsin-Stout; Marie Bohnett, Michigan State University; Hannah Brenner, University of Wisconsin-Stout; Jennah Brodersen, University of Wisconsin-Stout; Andrea Burkley, Ohio University; Daniel Campbell, University of North Florida; Brittany L. Chin, Syracuse University; Teryn Cook, Fresno State University; Hector Diaz, San Jose State University; Devin Diehl, West Virginia University; Kayla Eernisse, University of Wisconsin-Stout; Renee Faville, Oregon State University; Kelly Felten, University of Wisconsin-Stout; Dana L. Finders, Oregon State University; Kelly Finkelman, Northern Illinois University; Kristina Gallahan, West Virginia University; Amanda Gilles, University of Wisconsin-Stout; Erica Hansen, Brigham Young University; Katy Hartman, University of Rhode Island; Vashit Hayes, San Jose State University; Alexandrea Hickey, San Francisco State University; Jessica Hicks, Northern Illinois University; Kaili Hill, California State University-Fresno; Nazira Ibrahim, Long Island University; Ashley Johnson, University of Wisconsin-Stout; Laura Johnson, University of Wisconsin-Stout; Kyrié Jones, Brigham Young University; Jessica Karlsson, Northern Illinois University; Talya Kellen, New York University-Steindhardt; Shelley Keys, Syracuse University; Amy Kirchhoff, Iowa State University; Kristen Lazarofo, Miami University; Sarah Lohrenz, West Virginia University; Juliana Lucchesi, University of Wisconsin-Stout; Tyler Mathews, University of Wisconsin-Stout; Lacy McGraw, Oregon State University; Mery-Lin Medina, University of Texas at Austin; Marianne Minchala, Brooklyn College; Natalie Nelson, Brigham Young University; Sarah Oswald, University of Wisconsin-Stout; Jordan Owen, Texas Woman’s University; Sarah Partee, Ohio University; Kayla Pietig, Iowa State University; Rachel Portnow, New York University-Steindhardt; Stephanie Potratz, Iowa State University; Michelle Purkat, West Virginia University; Amber Richmond, Oregon State University; Elizabeth Rothschild, Hunter College; Alisha Rowe, University of North Florida; Kimberly Rubey, Oregon State University; Deneen Schaudies, University of Georgia; Carolyn Sheridan, Brooklyn College; Krystle Sibnaller, Iowa State University; April Smith, Oregon State University; Morgan V. Thom, Syracuse University; Mantas Totoraitis, Northern Illinois University; and Karina Walker, West Virginia University.

ONE PLAN B: SEGUEING AS A DTR

Despite frustrations over not being placed in an internship the second time she applied in 2009, Moran Hermesh took on volunteer work and decided to take the DTR exam, which has qualified her to work as a diet tech. As a volunteer at Children’s Hospital Los Angeles, she impressed her supervisors when she helped them put together their annual employee wellness fair and was invited to work per diem as a dietetic technician.

A mother of two boys, Smith also has sought out other opportunities to help separate her application from the many others. “I volunteer with SOSMentor, an afternoon program where we mentor, educate and motivate underserved youth in greater Los Angeles on healthy eating and fitness,” says Smith. “And I also became a board committee member of the Los Angeles District of the California Dietetic Association as part of its public policy committee.”

Smith holds a degree in dietetics from California State University–Northridge and plans to apply this spring for another internship: two local ones and one distance program. She hopes her DTR credential and experience will improve her chances.
Helping Reporters, Editors and Producers Spread the Word on Eating Well and Optimizing Health

ADA is the news media’s best source for the most accurate, credible and timely food and nutrition information. To make it even easier for reporters, editors and producers to reinforce ADA’s message that RDs are the experts, Eatright.org features a brand new section for members of the media.

For the Media resources include up-to-the-minute press releases, food and nutrition trends, ADA Media Spokesperson locator, and quick links to ADA position papers, popular diet reviews and the National Nutrition Month press kit.

Connecting Consumers to You, Making ADA the Most Trusted Source of Science-Based Nutrition Information for the Public

“Consumers are hungry for accurate nutrition information,” says ADA President Jessie M. Pavlinac, MS, RD, CSR, LD. “Along with expanded services for ADA members, students, health professionals and media is Eatright.org for the public, where consumers can find timely science-based information.”

Features for the public include:
- information on nutrition throughout the life cycle, from infancy through senior years
- advice for achieving and maintaining a healthy weight
- information on the prevention and management of diseases
- what to do if you have food allergies or intolerances
- important information on purchasing, preparing and serving the safest possible food
- timely features like a “Tip of the Day” and the latest ADA food and nutrition information
- videos highlighting all aspects of the dietetics profession
- a searchable database of registered dietitians throughout the United States.

Engaging Future ADA Members and Practitioners

For students considering or pursuing careers in a dietetics field, Eatright.org offers:
- scholarship and financial aid information
- an online database of internships and job postings
- study guides and other invaluable educational resources
- information on becoming a student advocate for dietetics
- the opportunity to connect with other students across the country through ADA’s national ADA Student Council.

Positioning Registered Dietitians to Colleagues as the Experts in Food, Nutrition and Health

A new section for health professionals offers physicians, nurses and other health-care practitioners comprehensive professional resources to optimize the nation’s health through collaboration with registered dietitians and ADA members.

At Eatright.org, health professionals can access articles and videos, participate in online learning, advocate for the field of dietetics and connect with other nutrition professionals who have similar interests through blogs, forums, dietetic practice groups, member interest groups and state dietetic associations.

Stay in the Loop

ADA Launches a Brand New Eatright.org

On January 1, the American Dietetic Association officially unveiled the new Eatright.org—featuring high quality content tailored to five specific audiences: the general public, media, dietetics students, health professionals and, most importantly... you!

Creating Your Own Eatright.org Experience

The new For Members section features extensive content of value, such as MyADA which functions much like a social networking site and allows ADA members to:
- create and update an online profile with photos
- connect with fellow members and colleagues
- write and publish their own blogs
- subscribe to other members’ blogs
- upload and share documents with colleagues
- send and receive messages
- use eGroups to connect with members of the dietetic practice groups, member interest groups, state and local affiliates, committees and other groups
- make MyADA their default page when they visit Eatright.org.

In addition to the MyADA tools that help you customize your Eatright.org experience are improvements to previous online benefits, including an expanded video library, advanced search engine, easy access to the career center, member microsurveys, an events calendar and featured products from ADA’s online catalog.

Positioning Registered Dietitians to Colleagues as the Experts in Food, Nutrition and Health

Behavioral Health Nutrition DPG, Chinese Americans in Dietetics and Nutrition MIG, Dietitians in Business and Communication DPG, Food and Culinary Professionals DPG, Hunger and Environmental Nutrition DPG, Renal Dietitians DPG, Sports Cardiovascular and Wellness Nutrition DPG and Weight Management DPG.

“Unlike other nutrition professionals, RDs are the experts and have the training needed to optimize health,” Pavlinac says. “But to reach the public, we have to make sure all visitors to ADA online come away with the most accurate and credible science-based information.”
Top: If you haven’t seen Eatright.org lately, check out ADA’s brand new Web site—now with high-quality content tailored to members, students, health professionals, members of the media and consumers looking for practical, evidence-based food and nutrition information they can trust.

Right: For ADA members, Eatright.org’s new MyADA tool functions much like a social networking site, allowing you to create and update your profile with photos and interests, connect with fellow members and colleagues, write and publish your own blogs, bookmark your favorite pages, send and receive messages and share documents.
Continued from page 17

ADA 2010 National Leadership Election Begins February 1
The Nominating Committee is pleased to announce the following candidates have been selected for ADA’s 2010 national leadership ballot. The election will occur February 1 through March 3. Candidates biographical information is available Eatright.org/elections, in addition to nomination and leadership resources.

Board of Directors
President
Sylvia Escott-Stump, MA, RD (NC)
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Evelyn Ford Crayton, EdD, RD (AL)
Diane W. Heller, MMSc, RD (GA)

House of Delegates
Speaker
M. Patricia ‘Trisha’ Fuhrman, MS, RD, FADA (MO)
Nancy Lewis, PhD, RD (NE)
Directors
Elise Smith, MA, RD (MS)
Naomi Trostler, PhD, RD (Overseas Affiliate)

At-Large Delegate: Dietetic Technician
Barbara Dubois, DTR (CT)
Cindy Heilman, MS, DTR (OR)

At-Large Delegate: 30 Years of Age and under
(elected by the House of Delegates)
Stephanie Heim, MPH, RD (MN)
Maggie Moon, MS, RD (NY)

At-Large Delegate: Retired
(elected by the House of Delegates)
Clare H. Miller, MS, RD (LA)
Charlotte Mosqueira, MA, RD (CA)

Nominating Committee (three positions)
Mary Ellen Beindorff, RD, LD (MO)
Rita Storey Grandgenett, MS, RD (MI)
Ruth E. Johnston, MS, RD (AR)
Martha Peppones, MS, RD (WA)
Ellen Rosa Shanley, MBA, RD (CT)
Lynn Umbreit, MS, RD (NM)

Commission on Accreditation for Dietetics Education
Chair-elect
Kevin Haubrick, MS, RD (TX)
Anne Kendall, PhD, RD (FL)

Commission on Dietetic Registration
Registered Dietitians (two positions)
Kara Caldwell-Freeman, DrPH, RD (CA)
Barbara Grant, MS, RD, CSO (ID)
Beatrice W. Phillips, EdD, RD (AL)
Marsha Stieber, MSA, RD (AZ)

Certified Specialist in Gerontological Nutrition
Kathleen Niedert, PhD, MBA, RD, CSG, FADA (IA)
Nancy Giles Walters, MMSc, RD, CSG, FADA (GA)

ADA’s Evidence Analysis Library Publishes Practice Guideline for Unintended Weight Loss in Older Adults
ADA has published a new evidence-based nutrition practice guideline to assist RDs on the appropriate nutrition care for older adults with unintended weight loss. The guideline is published on the online Evidence Analysis Library at ada evidencelibrary.com.

The guideline will aid registered dietitians in providing medical nutrition therapy for people 65 and older with unintended weight loss, defined as the loss of 5 percent of body weight in 30 days, 7.5 percent in 90 days or 10 percent in 180 days. The primary goals of MNT for older adults with unintended weight loss are to increase intakes of calories, protein and nutrients, improve nutritional status and improve quality of life.

“The guideline must be individualized, but it will assist the RD to successfully integrate medical nutrition therapy into the overall medical management of older adults with unintended weight loss,” according to the authors of the guideline. “Studies support an association between increased mortality and underweight...and/or unintended weight loss,” according to the guideline, which contains recommendations for RDs on health issues such as:

• Instruments for nutrition screening
• Assessing food, fluid and nutrient intake
• Collaboration for modified texture diets
• Eating assistance
• Monitoring and evaluating nutritional status.

All of ADA’s evidence-based nutrition practice guidelines are available on the Evidence Analysis Library, including adult weight management, celiac disease, chronic obstructive pulmonary disease, critical illness, diabetes type 1 and 2, disorders of lipid metabolism, gestational diabetes mellitus, heart failure, hypertension, oncology, pediatric weight management and spinal cord injury.

ADA members have free access to the Evidence Analysis Library at ada evidencelibrary.com.
ADA Donates to Haiti Disaster Relief
Heartfelt thoughts and prayers of members of the American Dietetic Association are with the victims and families of those who are suffering in the wake of the catastrophic earthquake in Haiti. Issues of food, nutrition, shelter and sanitation are especially urgent and ADA has made a financial contribution to relief efforts through the American Red Cross.

Take ADA’s Survey to Help Find Opportunities to Serve
All ADA members are invited to complete the “Opportunities to Serve” survey to share your background and interests in serving the Association through a committee or task force. This information is critical to the President-elect and Speaker-elect for making appointments for the 2010-2011 program year. The process for reviewing the committee descriptions and completing the survey will take up to 45 minutes, depending on the length of your responses. Take the survey at surveymonkey.com/s/OppstoServe2010.

ADA Creates Childhood Obesity Prevention Coalition
As a result of the Spring 2009 House of Delegates session on the prevention of childhood obesity, the House approved the formation of a practice coalition to determine an integrated action plan for RDs and DTRs, the Association and its organizational units. This will include a tracking mechanism and evaluation component for measuring progress to prevent childhood obesity, and a progress report will be due to the House of Delegates no later than May 2011.

The following ADA members have been appointed to the Childhood Obesity Prevention Coalition: Bonnie Spear, PhD, RD (chair); Patricia Crawford, PhD, RD; Nancy Copperman, MS, RD; Lucille Beseler, MS, RD, LDN, CDE; Dayle Hayes, MS, RD, LD; Alicia Moag-Stahlberg, MS, RD; and Theresa Nicklas, DrPH.

Nominations Deadline for ADA Awards and Honors
The Honors Committee needs your assistance in identifying individuals who have provided significant contributions to the dietetics profession. The deadline for submitting nominations is March 1. Look at individuals who have advanced the profession through their work or served as a role model for you or your community. Also, consider those who have exhibited leadership in other food or nutrition associations or through outstanding research, publishing or service through government agencies. For more information on ADA’s Awards and Honors program, visit eatright.org/development or call 800/877-1600, ext. 4856 or 4750.

RD Go Grants Awarded to Fight Hunger and Promote Health
Twenty-five RDs each received $1,000 RD Go Grants from Quaker Oats as part of a larger campaign of $75,000 for projects helping to fight hunger and promoting healthy eating in communities nationwide. More than 2,800 children, teens and adults were reached through programs covering nutrition education, grocery shopping tips, gardening and food preparation skills. To learn about the grant recipients and their creative and inspiring programs, visit quakeroats.com/about-quaker-oats/content/go-humans-go/quaker-go-grants.aspx.

ADA Member Shares Insights as First Lady and Agriculture Secretary Visit Virginia Elementary School
On November 18, Michelle Obama and Agriculture Secretary Tom Vilsack visited the Hollin Meadows School in Alexandria, Va. to highlight the Healthier U.S. Schools Challenge, a U.S. Department of Agriculture initiative established to recognize schools that are creating healthier school environments through their promotion of good nutrition and physical activity. The First Lady’s visit included a tour of Hollin Meadow’s cafeteria and garden, followed by a roundtable discussion that included ADA member Penny McConnell, MS, RD, SNS, Director of Food and Nutrition Services.

“I think it’s [the Healthier U.S. Schools Challenge] a wonderful initiative and I’m delighted that you’re both supporting it, because it shows what can happen in the well-being of our young people when you involve physical education, you involve the school lunch program, nutrition education and the dietary guidelines and meeting the federal standards,” McConnell said to Mrs. Obama and Vilsack. “And I think what’s great about the upcoming new federal standards [is] I think they’ll be very realistic. We take a great deal of pride in Fairfax [County] in promoting fresh fruits and vegetables. It’s costly, but I think it’s very important that it be something we promote. And we have some very good nutrition education materials that we’ve developed to promote it.”

“The President in his budget has proposed a billion dollars more for the Child Nutrition Reauthorization effort a year,” said Vilsack, “but we’re going to need your help to convince our friends in Congress that this is a priority. With the First Lady’s leadership we elevate this issue significantly, but we’re going to need your voices as well.”

“I think nationally the child nutrition professionals want to work closely to achieve this,” said McConnell. “I know my colleagues are wanting to meet the guidelines to make our meals healthier, and some have more challenges than others.”
Grapefruit in the Clinic
By Betsy Hornick, MS, RD

Tart and tangy with an underlying sweetness, grapefruit heralds some impressive health benefits. This tropical fruit, named because it grows in grape-like clusters, comes in several varieties with flesh color influencing its nutritional qualities and benefits.

One half of a large grapefruit has only 50 calories but is packed with more than half a day’s supply of vitamin C and some fiber, potassium, folate and pantothenic acid. The pink and red varieties are full of vitamin A. The rich red colors of grapefruit are due to the carotenoid lycopene, which is just one of the more than 150 phytonutrients found in grapefruit. Grapefruit and its juice are also loaded with antioxidants, but grapefruit juice lacks the fiber found in the whole fruit. The soluble fiber-rich pectin in grapefruit may help lower cholesterol levels and red grapefruit has been shown to lower elevated triglyceride levels.

Grapefruit’s powerful antioxidant activity has been linked to protecting against colon and lung cancer, preventing cardiovascular disease, improving lung function in people with asthma, boosting liver enzymes that clear out carcinogens, and repairing damaged DNA in prostate cancer cells.

Although the “grapefruit diet” has been debunked as a magical fat-burning weight loss plan, the low glycemic index, fiber-rich, low-calorie nature of grapefruit may reduce insulin levels and help dieters feel full and eat fewer calories. Beyond that, there is no evidence that grapefruit contains fat-burning enzymes.

However, research links drinking large amounts of grapefruit juice to a possible increase in the risk of breast cancer. In addition, compounds in grapefruit can interfere with enzymes that metabolize certain drugs, increasing the potency of several prescription drugs including statins, antiarrhythmic agents, immunosuppressive agents and calcium channel blockers.

Hornick, a nutrition and health writer and consultant in Poptar Grove, Ill., is a fan of ruby red grapefruit.

Grapefruit in the Kitchen
By Dawn Jackson Blatner, RD, and Renee Rogers, RD

Plump with glossy skin, these tart and tangy citrus fruits are available year round but are at their best from winter through early spring. Grapefruits are available seeded or seedless and come in many varieties characterized by the colors of their flesh, ranging from white to bright pink to red. Any discoloration or scratches on the skin may affect its outward appearance but will not impact taste, texture or quality. The juiciest grapefruits are shiny, heavy for their size with a thin, fine-textured skin and will spring back when gently pressed. Avoid grapefruits that are rough-skinned and puffy with soft spots because those are typically dry and less flavorful. Grapefruits are juiciest when they are slightly warm rather than cool, so store them at room temperature if you are planning to use them within a day or two, or in the refrigerator crisper for up to two weeks.

Grapefruit’s flesh can be eaten raw and the skin can be candied or used in marmalade recipes. Grapefruit’s flavor works well with salad greens, avocado, fish, ginger, honey, walnuts, mint, basil and cilantro. Add grapefruit segments to salads or mix grapefruit juice with club soda and add mint leaves for a fruit spritzer. Its tangy juice also brightens sauces and dressings.

Blatner is author of The Flexitarian Diet (McGraw-Hill 2008) and cooking instructor in Chicago. Rogers is a yoga instructor and registered dietitian in Chicago.

Grapefruit in Quantity
By Kyle Shadix, MS, RD, ACF

Many steam tables across the country hold the same foods, but what makes foodservice leaders stand out is their ability to differentiate their menus from the mundane. One way to make an impact is to use fresh fruit as an ingredient in recipes. As we enter peak grapefruit season, consider buying fresh grapefruit to energize your menu. Not only does it remind diners of the summer ahead, but the flavor of fresh citrus when combined with other ingredients has tremendous appeal.

Imagine house-made salad dressings featuring citrus fruits, such as Grapefruit Citrunette. Fresh grapefruit segments sprinkled with diced purple onions and freshly chopped cilantro go great with fish such as halibut or bass. Or create a grapefruit and avocado salsa for grilled jerk chicken, roast pork or tuna steaks.
Roasted Grapefruit Salad
Developed by Cynthia Sass, RD

4 medium grapefruits, sectioned
4 cups baby spinach leaves
1 cup yellow grape tomatoes, sliced in half
1 cup red onions, sliced
½ cup fresh avocado, diced
¼ cup walnuts, chopped
½ cup balsamic vinegar

Remove seeds from grapefruit and place sections on cookie sheet. Broil until bubbly and set aside. Place spinach in large salad bowl and toss with balsamic vinegar. Top spinach with broiled grapefruit, tomatoes, nuts, onion and avocado and serve. Note: Use a ripe, sweet grapefruit for this recipe. Try brushing a little agave syrup on the surface if the grapefruit isn’t as sweet as you would like. Serves 4.

Sass is a New York City-based freelance food and health writer and author of The Ultimate Diet Log (Houghton-Mifflin 2009).

Nutrition Per Serving: Serving size: 2½ cups
Calories: 220; Total fat: 8g; Saturated fat: 1g; Trans fat: 0g; Cholesterol: 0mg; Sodium: 50mg; Carbohydrates: 35g; Fiber: 7g; Sugar: 25g; Protein: 4g

Winter Fruit and Cucumbers
Contributed by Cindy Gay, RD,LD

2 cups mandarin oranges in light syrup
2 cups red grapefruit sections, unsweetened
1 cucumber, scored and sliced
1 small red onion, thinly sliced
¼ cup celery, thinly sliced
½ cup syrup from oranges
¼ cup red wine vinegar
2 Tbsp. juice from grapefruit
¼ tsp. dry basil or 1 tsp. fresh basil leaves, chopped

Drain fruits, reserving liquids and combine with onion and celery. In a separate bowl, mix orange syrup, red wine vinegar, grapefruit juice and basil. Pour over fruit and vegetables and serve cold.

Gay is retail manager at HSC Cafeteria (the “Healthy Café”) at West Virginia University Hospitals in Morgantown, W.V.

Nutrition Per Serving: Serving size: ½ grapefruit, Calories: 75; Total fat: 0g; Saturated fat: 0g; Trans fat: 0g; Cholesterol: 0mg; Sodium: 0mg; Carbohydrates: 19g; Fiber: 2g; Sugar: 17g; Protein: 1g

Honey Cinnamon Grapefruit
Developed by Dawn Jackson Blatner, RD, LDN

2 large grapefruits
4 tspn. honey
Cinnamon

Cut grapefruits in half and loosen segments with knife. Drizzle grapefruit halves with honey and sprinkle with cinnamon. Broil grapefruit halves for 7 to 8 minutes to bring out more natural sweetness. Serve on a plate dusted with cinnamon. Serves 4.

Nutrition Per Serving: Serving size: ½ grapefruit, Calories: 75; Total fat: 0g; Saturated fat: 0g; Trans fat: 0g; Cholesterol: 0mg; Sodium: 0mg; Carbohydrates: 19g; Fiber: 2g; Sugar: 17g; Protein: 1g

ADA members are invited to contribute creative recipes for Love Food. Upcoming topics include avocado, yogurt and lentils. E-mail your ideas to adatimes@eatright.org.
Web Site Highlights Integrative Approaches to Heart Disease, Diabetes and Chronic Pain
A new NIH-funded multimedia consumer education Web site providing in-depth, evidence-based information, extensive resources and research summaries, and unique online exercises that offer patients a multidisciplinary integrative approach to managing Heart Disease, Diabetes and Chronic Pain. The site is available in English and Spanish.
More info: healingchronicdisease.org

New Program to Raise Awareness of Hunger Issues in America
The White House Office of Faith-based and Neighborhood Partnerships, the U.S. Department of Agriculture and the Corporation for National and Community Service have announced a new initiative, Feed a Neighbor. The purpose of the program is to raise public awareness of hunger issues; to encourage volunteers at the community level and to ask Americans to help ensure that their neighbors have access to nutritional food this winter.
More info: serve.gov

Web Site Brings ADA Eating Right Tips and Recipes to Consumers
Smart eating tips from the American Dietetic Association and recipes from ADA’s book Cooking Healthy Across America are featured in the online Diet Coke Kitchen. The Diet Coke Eat Tastefully campaign is bringing ADA food and nutrition information to more consumers, giving them tools they need to make smart choices for themselves and their families.

NEW BOOKS AND RESOURCES

**Sport Nutrition for Coaches**
By Leslie Bonci, MPH, RD, CSSD
Human Kinetics 2009
This guide outlines athletes’ basic nutrition and hydration needs and describes how to adapt athletes’ nutrition needs to their training schedules. It has tips for working with athletes with special dietary concerns, including vegetarianism, diabetes, and eating disorders. The book also shows you how to develop a Coach’s Notebook and a nutrition plan for your team.
More info: humankinetics.com

**What Do I Eat Now? A Step-by-Step Guide to Eating Right with Type 2 Diabetes**
By Patti B Geil, MS, RD, FADA, CDE, and Tami A. Ross, RD, LD, CDE
American Diabetes Association 2009
This resource shows people with diabetes how to eat right and eat healthy with diabetes, explaining vital concepts of diabetes nutrition in easy-to-understand language.
More info: diabetes.org

**Understanding Food Labels**
American Dietetic Association 2010
Based on the 2005 Dietary Guidelines for Americans, this client education brochure includes a sample Nutrition Facts panel with explanations and advice on how to make healthy food and drink choices. It also includes a “Daily Nutrition Prescription” area for RDs to personalize client nutrient goals.
More info: eatright.org/shop

**Counseling Tips for Nutrition Therapists Practice Workbook, Vol. 2**
By Molly Kellogg, RD, LD, CDN
Kg Press 2009
The second volume of this workbook includes case studies of nutrition therapy, sample dialogues, suggested language and helpful steps to help nutrition therapists incorporate the new skills. Home Study Credits are available for RDs and DTRs.
More info: KgPress.com

**Eating Out & Eating Healthy**
American Dietetic Association 2010
This client education brochure includes many useful and important tips for developing smart eating strategies and choosing a restaurant, from casual to fine dining and fast food to supermarket delis, as well as ordering healthy dishes and foods to your specifications. An expanded ethnic dining section also is included.
More info: eatright.org/shop

**Know Where to Look**

**Understanding Food Labels**
American Dietetic Association 2010
Based on the 2005 Dietary Guidelines for Americans, this client education brochure includes a sample Nutrition Facts panel with explanations and advice on how to make healthy food and drink choices. It also includes a “Daily Nutrition Prescription” area for RDs to personalize client nutrient goals.
More info: eatright.org/shop

American Public Health Association Launches Web Site for Public Health Newspaper
The Nation’s Health Web site features full-text articles, social media tools, feeds, e-alerts, commenting and other features to deliver news that public health professionals, legislators and decision-makers need to know. More info: thenationshealth.org

New Resource Highlights the Health Benefits of Tomatoes
The Tomato Products Wellness Council has launched a new Web site to highlight the health benefits and versatility of processed tomatoes products, including sauces, whole canned and diced tomatoes, soups, salsas and juice. Scientific data, health studies, nutrition tidbits, recipes and tips are also featured. More info: tomatowellness.com

NDEP Publishes Support for Behavior Change Resource
Developed to address the “how to” of psychosocial issues and lifestyle and behavior change, this resource includes research articles and links to more than 100 tools and programs to help you work with people to make and sustain lifestyle changes. Target areas include weight management, healthy eating, physical activity, smoking cessation, and coping and emotions. More info: http://ndep.nih.gov/sbcr/index.aspx

IOM Releases School Meals Fact Sheet
The Institutes of Medicine have published a fact sheet called “School Meals: Building Blocks for Healthy Children” that includes a chart comparing current requirements and new recommendations for school meals. More info: iom.edu/schoolmeals

ADA TELESEMINARS SCHEDULE

Motivational Interviewing for Health Behavior Change
February 23, 1-2:30 p.m. Central

Ethics and Palliative Care in Long-Term, Acute Care, Home Care and Hospice
March 30, 1-2:30 p.m. Central

Ensure Quality Diabetics Practice with The Joint Commission’s Accreditation Standards for Patient-Centered Care
May 19, 1-2:30 p.m. Central

Title TBD: Metabolism and Weight Gain
April 22, 1-2:30 Central

Diabetic Kidney Disease: What Dietetics Practitioners Need to Know
June 22, 1-2:30 p.m. Central

Practical Application of the Nutrition Care Process to Critically Ill Patients
August 26, 1-2:30 p.m. Central

Vitamin D Insufficiency in Children: Assessment, Prevalence and Treatment
September 23, 1-2:30 p.m. Central

ADA E-LEARNING SELF-STUDIES

New: Achieving Cultural Competence: An In-Depth Overview and Applications in Dietetic Practice
More info: Eatright.org (click on Professional Development)
Continued from page 23

National Kidney Foundation  
Spring Clinical Meetings  
kidney.org  
April 13-17, 2010  
Orlando, Fla.

Genetic Metabolic Dietitians International  
gmdi.org  
April 15-17, 2010  
Baltimore, Md.

Arkansas Dietetic Association  
akansasdietitian.org  
April 15-16, 2010  
Little Rock, Ark.

Minnesota Dietetic Association  
eatrightmn.org  
April 15-16, 2010  
Duluth, Minn.

California Dietetic Association  
dietitian.org  
April 15-17, 2010  
Oakland, Calif.

Hawaii Dietetic Association  
eatrighthawaii.org  
April 16, 2010  
Honolulu, Hawaii

Oregon Dietetic Association  
eatrightoregon.org  
April 16, 2010  
Wilsonville, Ore.

Colorado Dietetic Association  
eatrightcolorado.org  
April 16-17, 2010  
Littleton, Colo.

Illinois Dietetic Association  
eatrightillinois.org  
April 16-17, 2010  
Oak Brook, Ill.

Kansas Dietetic Association  
dietetics.com  
April 16-17, 2010  
Manhattan, Kan.

South Carolina Dietetic Association  
eatrightsc.org  
April 16-17, 2010  
Columbia, S.C.

Louisiana Dietetic Association  
eatrightlouisiana.org  
April 18-20, 2010  
Lake Charles, La.

North Carolina Dietetic Association  
eatrightnc.org  
April 21-22, 2010  
Knoxville, Tenn.

Tennessee Dietetic Association  
eatright-tn.org  
April 21-22, 2010  
Knoxville, Tenn.

Kentucky Dietetic Association  
kyeatright.org  
April 21-23, 2010  
Bowling Green, Ky.

Missouri Dietetic Association  
eatrightmissouri.org  
April 21-23, 2010  
St. Louis, Mo.

Pennsylvania Dietetic Association  
eatrightpa.org  
April 24-27, 2010  
Nashville, Tenn.

Washington State Dietetic Association  
nutritionwdsa.org  
April 25-27, 2010  
SeaTac, Wash.

North Dakota Dietetic Association  
eatrightnd.org  
April 27-30, 2010  
Bismarck, N.D.

Vermont Dietetic Association  
eatrightvt.org  
April 28-29, 2010  
South Burlington, Vt.

Idaho Dietetic Association  
eatrightidaho.org  
April 28-30, 2010  
Post Falls, Idaho

Alaska Dietetic Association  
eatrightalaska.org  
April 29-30, 2010  
Anchorage, Alaska

Nebraska Dietetic Association  
eatrightnebraska.org  
April 28-30, 2010  
Norfolk, Neb.

Wisconsin Dietetic Association  
eatrightwisc.org  
April 28-30, 2010  
Wisconsin Dells, Wis.

Michigan Dietetic Association  
eatrightmich.org  
April 29-30, 2010  
Bay City, Mich.

Georgia Dietetic Association  
eatrightgeorgia.org  
April 29-May 1, 2010  
Atlanta, Ga.

New York State Dietetic Association  
eatrightny.org  
May 4-5, 2010  
Albany, N.Y.

Obesity Treatment and Prevention 2010  
www.eatright.org/  
Public/content.aspx?id=11530  
May 7-8, 2010  
Washington, D.C.

Food Marketing Institute FMI Show  
www.fmi.org  
May 10-13, 2010  
Las Vegas, Nev.

New Jersey Dietetic Association  
eatrightnj.org  
May 14, 2010  
New Brunswick, N.J.

Delaware Dietetic Association  
dedietsas.org  
May 21, 2010  
Rehoboth Beach, Del.

Certificate of Training in Adult Weight Management  
cdnet.org  
May 22-24, 2010  
Mobile, Ala.

National Restaurant Association Show  
restaurant.org/show  
May 22-25, 2010  
Chicago, Ill.

Dietitians of Canada National Conference  
dietitians.ca  
May 27-29, 2010  
Montreal, Canada

Association for Healthcare Foodservice  
2010 Inaugural Conference  
ashlsa.org  
June 5-9, 2010  
Austin, Texas

Arizona Dietetic Association  
eatrightarizona.org  
June 18, 2010  
Scottsdale, Ariz.

Healthcare Financial Management Association Annual Meeting  
hfma.org  
June 20-23, 2010  
Nashville, Tenn.

Certificate of Training in Adult Weight Management  
cdnet.org  
June 24-26, 2010  
Newport Beach, Calif.

National Association of College & University Food Services National Conference  
nacufs.org  
July 7-10, 2010  
San Jose, Calif.

Florida Dietetic Association  
eatrightflorida.org  
July 11-14, 2010  
Orlando, Fla.

American College of Sports Medicine Conference on Integrative Physiology of Exercise  
ascm.org  
September 22-25, 2010  
Miami Beach, Fla.

American Dietetic Association Food & Nutrition Conference & Expo  
eatright.org  
November 6-9, 2010  
Boston, Mass.

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Why walnuts?

- **Heart healthy walnuts** are the only nut with a significant amount of alpha linolenic acid (ALA), the plant-based omega-3 fatty acid (2.5 grams/ounce)\(^1\).
- **Just an ounce a day** (12–14 halves) provides a good boost of antioxidants including 1.4 mg selenium, 3.5+/−1.0 ng/g melatonin, 5.91 mg gamma-tocopherol (a form of vitamin E) plus several polyphenols.
- **Walnuts are an extremely versatile whole food**, adding delicious crunch to every meal!

FREE Online Continuing Education
Walnuts: A Whole Food with Whole Body Benefits offers 1 free CPEU.

www.walnuts.org/RD

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\(^1\) One serving of walnuts contains 18 grams of total fat, of which 13 grams are polyunsaturated fat and 2.5 grams are ALA.

“Supportive but not conclusive research shows that eating 1.5 ounces of walnuts per day, as part of a low saturated fat and low cholesterol diet, and not resulting in increased caloric intake may reduce the risk of coronary heart disease.” U.S. Food and Drug Administration, March 2004.
ADA NATIONAL ELECTION
Visit eatright.org/elections from February 1 to March 3 to vote online in ADA’s 2010 national election. Also available is biographical information of candidates for position on ADA’s Board of Directors, House of Delegates, Commission on Dietetic Registration and Commission on Accreditation of Dietetics Education.

UPDATED POSITION PAPER ON NUTRIENT SUPPLEMENTATION
ADA’s updated position paper representing the Association’s official stance on nutrient supplementation was published in the December Journal of the American Dietetic Association. Read more about ADA positions at eatright.org/positions.

PAY YOUR RD/DTR REGISTRATION MAINTENANCE FEE ONLINE
CDR will accept payments for registration maintenance with a $200 late fee ($250 total) until March 31. Payments postmarked after that date will not be accepted and registration status will be terminated. Visit cdrnet.org and use your registration ID and Web password to pay with a credit card.

ADA PRESIDENT CARRIES THE OLYMPIC TORCH IN ALBERTA, CANADA
View online video footage of ADA President Jesse M. Pavlinac, MS, RD, CSR, LS, who carried the Olympic torch on behalf of ADA members on January 19 in Alberta, Canada.

NATIONAL NUTRITION MONTH EVENTS IDEAS AND RESOURCES
The National Nutrition Month® campaign reinforces the importance of nutrition as a key component of good health, along with physical activity. Events ideas are available for schools, workplaces, grocery stores or supermarkets, and charitable endeavors, in addition to guidelines for using the NNM Mark and 2010’s slogan, “Nutrition from the Group Up.” Visit eatright.org/nnm.

UPDATED GOOD NUTRITION READING LIST
Visit eatright.org/nutrition to see which books on diet and lifestyle, food sensitivities, diabetes, special needs and child nutrition are recommended for their timely and reliable food and nutrition information for consumers.