Connections

Dietetics in Health Care Communities

a dietetic practice group of the Academy of Nutrition and Dietetics

VOLUME 50 | ISSUE 1 FALL 2025

The Story Behind Seed Oils: Criticism, Claims and Scientific Consensus

Melissa Joy Dobbins, MS, RDN, CDCES

Melissa Joy Dobbins, MS, RDN, CDCES

Learning Objectives

After reading this article, participants will be able to:

1. Identify negative claims being made against seed oils and the evidence-based information and authoritative body recommendations that refute these claims.
2. Describe how consumption of different fats and oils impact inflammation, oxidation and health.
3. Discuss patient/client recommendations for fats and oils based on scientific data.
4. Recognize a variety of culinary applications for various oils.

Performance Indicators:

5.1.3 Identifies misinformation and inaccurate information to inform decision making.

7.1.3 Accurately and ethically shares research findings with a variety of audiences.

9.1.5 Demonstrates knowledge of nutrient requirements throughout the lifespan, and their role in health promotion and disease prevention.

continued on page 2

CPEU

IN THIS ISSUE:

Dietetics in Healthcare Communities - (DHCC) – A Dynamic Network of Nutrition Professionals in Post-Acute and Long-Term Care

https://www.dhccdpg.org/home

(Resources, Newsletters)

CPEU This Symbol denotes that CPEU credit is available for the article.

Go here to take the quiz.

The Story Behind Seed Oils: Criticism, Claims and Scientific Consensus

continued from page 2

Seed Oils Are Trending

The consumption of "seed oils" has become extremely controversial in the public arena. Some restaurants have announced their decision to abandon seed oils, retail establishments and food products can obtain "seed oil free certified" seals, while social media influencers and even politicians are claiming seed oils are responsible for the obesity epidemic and the high rates of chronic disease. It's imperative that dietitians are aware of this controversy and knowledgeable about the relevant research so they can adequately and confidently address patient/client questions and concerns.

What Are Seed Oils?

Seed oils are commonly known as vegetable oils. These particular vegetable oils are derived from seeds rather than the fruit of plants. The most commonly criticized seed oils are derived from canola, corn, cottonseed, grapeseed, rice bran, safflower, soybean and sunflower.[1] Soybean oil is the most widely used edible oil in the U.S. and is commonly labeled "vegetable oil".[2] Other seed oils include chia, flaxseed, hemp, peanut, pumpkin and sesame.

Seed oils first started appearing on shelves in the early 1900s[3] and are some of North America's most widely consumed edible oils.[4] These oils may be used in cooking, baking, frying, and other culinary applications, and are also found in many common prepared foods including salad dressings, mayonnaise, chips, crackers and baked goods. Their presence in many packaged and processed foods, some of which may be high in fat, sugar and/or sodium, is often cited as a reason for their unhealthfulness. In fact, seed oils' association or conflation with "ultra-processed foods" (UPFs) – another trending and controversial topic – appears to be the basis for some claims about adverse health effects. However, this association doesn't necessarily mean that seed oils themselves are unhealthy.

While there is currently no clear and widely accepted definition for UPFs, the Nova food classification system is the most commonly used method for identifying the extent to which a food has been processed.[5] Nova has four groups ranging from group 1 being the least processed to group 4 being the most processed or what Nova calls "ultra-processed". The Nova system does not classify seed oils as group 4 foods, but instead in group 2, "processed culinary ingredients". However, Nova does classify commercially produced breads, rolls, cakes, cookies, frozen pizzas, salad dressings and similar items that may contain seed oils as group 4 or UPFs. While many people assume or maintain that UPFs are unhealthy foods that should be avoided, it's important to note that Nova classifies foods based solely on processing; therefore some nutrient dense foods such as plant-based burgers, flavored yogurts and most peanut butter fall into group 4 or UPFs.

Because of the lack of a clear and widely accepted definition for UPFs, the U.S. Food and Drug Administration (FDA) and the U.S. Department of Agriculture issued a 'Request for Information' to "gather information and data from the public on a range of topics related to UPFs, including what factors and criteria should be included in a uniform definition of UPFs."[6] A uniform definition would facilitate consistency in research and enable federal agencies to develop consistent policies regarding UPFs.

While the association between seed oils and UPFs may provide some context to potential concerns, criticism about the oils themselves is occurring, in particular the types of fatty acids they contain and the refining process they undergo. Concerns about seed oils include health-related factors including inflammation, oxidative stress, cardiovascular disease and diabetes.

All vegetable oils have varying fat profiles. However, all vegetable oils (except for tropical oils) are relatively low in saturated fatty acids and high in unsaturated fatty acids. The unsaturated fatty acids are made up of monounsaturated fatty acids (MUFAs) and polyunsaturated fatty acids (PUFAs). The predominant MUFA is oleic acid and the predominant PUFA is linoleic acid but they also contain alpha-linolenic acid.

Inflammation & Oxidative Stress

Linoleic acid is an omega-6 fatty acid and alpha-linolenic acid is an omega-3 fatty acid. Both are considered essential fatty acids because the body cannot create them on its own, yet they are required for the body to function. The omega-6 fat linoleic acid converts to arachidonic acid. Arachidonic acid helps the immune system function properly, including inflammation response.

continued on page 3

continued from page 2

According to the Center for Research on Ingredient Safety at Michigan State University, "multiple case-controlled clinical trials have tested whether the conversion of linoleic acid to arachidonic acid causes excessive inflammation. The consensus is that only 0.2% of dietary linoleic acid consumption results in the formation of arachidonic acid in the body which is below the level known to cause harm, meaning there is no evidence of increased inflammation in people exposed to linoleic acid from typical exposure to seed oils."[7 8 9]

Oxidative stress refers to the "balance between the endogenous production of compounds that cause oxidation and the natural antioxidant defenses that our body possesses".[10] It has been implicated in the development of many chronic diseases, including cardiovascular disease, cancer, type 2 diabetes, and neurological diseases.[11]

Clinical trials show that intake of the omega-6 linoleic acid does not increase markers of inflammation or oxidative stress. In addition, population studies often show that higher intake is associated with reduced inflammation, according to a recent peer-reviewed manuscript published in the British Journal of Nutrition in October 2024.[12]

An Outdated Perspective: Omega 6 to Omega 3 Ratio

Years ago, a high dietary ratio of omega-6 to omega-3 fatty acid was thought to be harmful[13]; however, leading health authorities no longer consider this ratio to be a useful measure of diet quality[14 15]. Instead, emphasis should be on consuming sufficient amounts of both omega-6 and omega-3 fatty acids as both types of fatty acids promote health.[16]

Linoleic acid intake levels in the U.S. are consistent with health recommendations, accounting for approximately 8% of total calories[17] which is below the World Health Organization's (WHO) recommended limit of 9% of calories[18] and also within the range recommended by the American Heart Association (AHA) of 5-10% of calories.[19]

By contrast, intake of omega-3s is well below the recommended intake. The latest available data from the National Health and Nutrition Examination Survey (NHANES) on nutrient status based on food/beverage intake indicates that combined males and females ages 2 and older are getting 50 mg EPA + 60 mg DHA (110 mg total) per day.[20] The AHA recommends consuming oily fish at least twice per week, which equals approximately 500 mg of EPA plus DHA. Likewise, the Global Organization for EPA and DHA Omega-3s (GOED) recommends 500 mg of EPA + DHA per day.

The Refining Process

Seed oils are processed to ensure they are safe, healthy and affordable. The seeds are heated and then pressed until the oil is released. Some oils go through additional steps like bleaching (which refers to the removal of color pigments, not the actual use of bleach) and refining using food-grade solvents like hexane, which has been called a "toxic chemical" by social media influencers. Hexane is an organic compound that helps remove oil from the seed meal and is recovered post-use, leaving crude seed oil. In the final step, seed oils are deodorized to remove unwanted colors, odors and environmental contaminants.[21] Critics claim this process strips the oil of nutrients, however seed oils retain their fatty acid profile and remain a good source of beneficial nutrients such as tocopherols (both essential vitamin E and non-essential) and vitamin K, in the case of soybean oil, after being processed. All refined oils must meet strict quality and safety standards prior to commercial sale.

From Negative Claims to Positive Health Benefits

Despite claims that seed oils may have negative effects on health, consumption of seed oils high in unsaturated fatty acids is associated with numerous health benefits, according to a recent comprehensive review published in the *British Journal of Nutrition*.[22] After a group of internationally recognized experts reviewed the clinical and observational research, they concluded that "vegetable oils derived from seeds, such as corn, soy and canola, may lower risk of chronic diseases due to their monounsaturated fatty acids and omega-6 and omega-3 polyunsaturated fatty acids." This comprehensive summary of the evidence also concluded that significant clinical evidence supports the beneficial effect of replacing saturated fatty acids with unsaturated fatty acids, particularly polyunsaturated fatty acids, on cardiovascular events

continued on page 4

continued from page 2

and risk factors. Population studies show that replacing saturated fatty acids with polyunsaturated fatty acids in the diet substantially lowers cardiovascular risk. In addition, observational and clinical studies indicate that diets higher in unsaturated fatty acids may help reduce the risk of developing type 2 diabetes and increase insulin sensitivity.

Systematic reviews and meta-analyses of randomized controlled trials on the intake of various oils including canola[23], rice bran[24], soybean[25], corn[26], cottonseed[27] and sunflower[28] oils, consistently show improvements in lipids and lipoproteins.

Leading Health Organization Positions and Recommendations

Seed oils are recommended by leading health organizations:

- The WHO calls for making seed oils a part of overall healthy dietary patterns.[29]
- The Academy of Nutrition and Dietetics recommends intake of vegetable oils, including seed or omega-6 PUFA-containing oils, as part of healthy dietary patterns.
- The AHA recommends the majority of fats you consume should be monounsaturated or polyunsaturated, instead of foods that contain saturated fats.[30]
- The current U.S. Dietary Guidelines (DGA) specify that oils are important to consider as part of a healthy dietary pattern as they provide essential fatty acids. DGA recommendations are to replace saturated fat in the diet with healthier unsaturated fats which can help lower your LDL cholesterol and your risk of heart disease. Specifically, they suggest cooking with vegetable oil instead of butter or stick margarine.[31]
- Scientific Report of the 2025 Dietary Guidelines Advisory Committee[32] states:

Systematic reviews that support dietary patterns characterized by higher intakes of vegetables, fruits, legumes, whole grains, fish/seafood, nuts, and unsaturated vegetable oils and lower intakes of red and processed meats, sugar-sweetened foods and beverages, refined grains, and saturated fats were associated favorably with health outcomes, such as lower risks of cardiovascular disease, type 2 diabetes, obesity, age-related cognitive decline, and colorectal and breast cancer.

- Canola[33], soybean[34] and corn[35] oils have qualified health claims permitted by the FDA for their role in potentially reducing the risk of coronary heart disease.

The MAHA Report & FDA Expert Panel on Infant Formula

Seed oils are mentioned once in The MAHA Report: Make Our Children Healthy Again Assessment, released by the MAHA Commission on May 22, 2025.

Ultra-Processed Fats:

Over the course of the 20th century, U.S. dietary fats shifted from minimally processed animal-based sources like butter and lard—rich in fat-soluble vitamins A, D, and E, supporting brain and immune health—to industrial fats from refined seed oils, such as soybean, corn, safflower, sunflower, cottonseed, and canola. Industrial refining reduces micronutrients, such as vitamin E and phytosterols. Moreover, these oils contribute to an imbalanced omega-6/omega-3 ratio, a topic of ongoing research for its potential role in inflammation.109

109. Simopoulos, A. P. (2008). The importance of the omega-6/omega-3 fatty acid ratio in cardiovascular disease and other chronic diseases. Experimental Biology and Medicine, 233(6), 674–688.

The paper cited in the report by Simopoulos in 2008 is a narrative review (i.e. lacking any clinical studies or structured observational cohorts examining any effect) regarding the omega-3 to omega-6 fatty acid ratio on various health conditions.[36] Since 2008, numerous high-quality observational studies and human intervention trials have repeatedly demonstrated that linoleic acid is not pro-inflammatory. Again, leading health authorities no longer consider the omega-6 to omega-3 ratio a meaningful indicator of diet quality or health outcomes.[37] [38]

The report states that animal-based sources like butter and lard are "rich in fat-soluble vitamins A, D, and E", however the DGAs recommend "consuming foods and beverages in their nutrient-dense forms – forms with the least amounts of added sugars, saturated fat, and sodium." Many other foods provide these vitamins and are lower in saturated fat than butter and lard. And, while vitamin D is considered "a dietary component of public health concern" due to low intakes associated with health concerns, vitamins A and E are not.[39]

continued on page 5

continued from page 2

Seed oils were also addressed by a Food and Drug Administration (FDA) Expert Panel on infant formula that was convened in June of 2025. FDA Administrator Marty Makary raised concerns about seed oils in infant formula, calling them inflammatory and questioning their role in infant nutrition. Like the MAHA report, these concerns also source back to the 2008 narrative review by Simopoulos.

In fact, seed oils provide linoleic acid which is essential for infant development. Formula manufacturers include it for the same reason it's naturally present in breast milk: without adequate amounts, infants can suffer from poor growth, skin problems, and impaired immune function.[40] Ensuring infants receive adequate linoleic acid is so important that every commercially available formula in the United States contains seed oils. Infant formula in the United States is among the most strictly regulated food products. Its ingredients are supported by decades of research, and manufacturing standards are closely monitored to ensure safety.

Popular Alternative Fat Sources

A quick internet search shows that some common alternative fat sources to seed oils are avocado oil, coconut oil, olive oil and beef tallow.

Avocado oil is becoming increasingly popular. It is high in MUFAs, lower in omega-6s and rich in the antioxidant vitamin E. It also has a high smoke point and a mild, buttery flavor which makes it more versatile than distinctly flavored oils.[41]

Coconut oil is a highly saturated fat with a relatively low smoke point. It is considered a solid fat and one tablespoon contains more than 11 grams of saturated fat compared to the AHA's recommended daily limit of 13 grams. A popular choice in trending diets such as keto and paleo, it has a rich flavor and mild coconut aroma.[42]

Olive oil is known to be rich in antioxidants and polyphenols but has a lower smoke point than seed oils and also a distinct flavor profile which may not lend itself to some of the culinary applications that more neutral tasting oils do.[43]

Beef tallow is most commonly used for frying foods. It is solid at room temperature with a neutral flavor, high smoke point and is

shelf-stable for up to a year, when stored properly. Beef tallow is approximately 50% saturated fat, 42% monounsaturated fat, and 4% polyunsaturated fat.[44] According to a PubMed search, very limited, if any, research exists on the role of beef tallow in health, particularly in high-quality randomized clinical trials.

It's worth mentioning that chia oil, while technically a seed oil, is high in omega-3s and low in omega-6s and is therefore seen as another option to other seed oils.[45]

Culinary Applications

Seed oils are cooking oils, but not all cooking oils are seed oils. Different cooking oils have different nutrient profiles and culinary applications. When helping patients choose the right oil, consideration should be given to the various fatty acid compositions, smoke points and flavor profiles.

Cooking oils beyond their smoke point can lead to the formation of compounds that cause off flavors. In addition, reheating seed oils is not recommended because this can lead to the formation of trans fats and other harmful compounds.

In general, seed oils are useful in making dressings, dips and marinades, stir-frying vegetables, roasting vegetables in the oven or air fryer, and replacing saturated fats in baking. Soybean and canola are suitable for sauteing or grilling vegetables, creating salad dressings and baking. Corn, canola and soybean are ideal for stovetop frying temperatures of 350-375 degrees F.

continued on page 6

continued from page 2

Smoke Points of Common Fats and Oils[46]

Type of Fat/Oil	Smoke Point (°F)
Almond oil	430
Avocado oil, refined	520
Butter	350
Canola oil, refined	400
Coconut oil	350
Corn oil, refined	450
Flaxseed oil, refined	225
Hazelnut oil	430
Grape seed oil	485
Lard	400
Olive oil, extra-virgin	410
Olive oil, virgin	420
Olive oil, pomace	460
Peanut oil, refined	450
Grapeseed oil	440
Safflower oil, refined	450
Sesame oil, unrefined	350
Sesame oil, semirefined	450
Shortening, vegetable	370
Soy oil, refined	450
Sunflower oil, semirefined	320
Walnut oil, unrefined	320
Walnut oil, semirefined	400

Practical Tips and Takeaways

- Health authorities recommend focusing on nutrient dense foods first, limiting fried foods, total fat and saturated fat.
- Seed oils provide both omega-6 and omega-3 unsaturated fatty acids.
- Instead of focusing on a ratio of omega-6 to omega-3 intake, emphasis should be on consuming sufficient amounts of both fatty acids as both types promote health.
- Increasing intake of omega-3-rich foods (and supplements as needed) is recommended for people who are not getting adequate amounts.
- The health benefits of seed oils are supported by scientific research for their role in reducing the risk of chronic diseases, such as cardiovascular disease and type 2 diabetes.
- Seed oils are an affordable and accessible source of essential nutrients that can be included in a wide variety of eating patterns, contributing to a balanced and healthy diet.
- Seed oils are versatile and can be used in everything from sautéing and grilling to baking and frying.
- Storing seed oils properly helps preserve their nutritional quality, taste, and shelf life.
- Banning or restricting seed oils will not make America healthier and could actually increase grocery prices because seed oils are significantly more affordable than available alternatives.

In summary, not only are seed oils beneficial to our health, they're an affordable and accessible option for patients/clients. Incorporating unsaturated fats into our diets delivers essential fatty acids that we need to consume, and the safety of unsaturated fats is fully supported by the evidence. Plus, the Dietary Guidelines for Americans encourages the replacement of saturated fats with unsaturated fats to support cardiovascular health.

continued on page 7

continued from page 2

The International Food Information Council (IFIC) Spotlight Survey: Americans' Perceptions Of Seed Oils[47]

In February 2025, IFIC commissioned an online survey among U.S. consumers to measure knowledge, attitudes, and beliefs about seed oils. One thousand adults ages 18 years and older completed the online survey from November 15-19, 2024, and respondents were weighted to ensure proportional results.

Key findings include:

- More than half of Americans say they most often use olive oil when cooking or consuming food, followed by vegetable oil and butter.
- 4 in 10 Americans say they do not look for information on the type of fat a product contains before making a purchase.
- Americans believe avocado oil and olive oil are the healthiest types of fat or oil.
- 3 in 4 Americans are at least somewhat familiar with the term "seed oils."
- Nearly half of Americans believe seed oils are healthy.
- The two most cited sources of information about seed oils are friends and family and social media.
- Most Americans say what they have heard about seed oils is positive.
- Sunflower oil and sesame oil are the cooking oils that most Americans consider to be a seed oil.
- More than 7 in 10 Americans do not actively avoid seed oils.
- Among those who avoid consuming seed oils, more than 6 in 10 believe seed oils are more processed, more genetically modified, and cause more weight gain than other oils.

Resources:

All About Seed Oils

American Heart Association article: There's no reason to avoid seed oils and plenty of reasons to eat them

IFIC Spotlight Survey: Americans' Perceptions of Seed Oils – Feb 2025

Institute of Food Technologists blog: Health Hazard

MAHA Report

What's a Smoke Point and Why Does it Matter?

CPEU This Symbol denotes that CPEU credit is available for the article.

Go here to take the quiz.

This article has been approved for 1.0 hour CPEU.

(Expires 8/27/28).

Access the quiz here.

References Available Here

Sue Linja, RDN, LD shares how this resident has made choices throughout his life (not worrying about seed oils), and offers a challenge on how dietitians can consider changes in our communities to improve seniors' experiences.

Eating for Longevity in Post-Acute and Long Term Care: Lessons from Centenarians Like Mac

At nearly 101 years, "Mac" has never followed a fad diet, yet his approach to food has quietly supported his health for a century. A World War II veteran and now a nursing home resident, Mac has lived free of diabetes and major chronic disease. Recently, when asked about his habits, he laughed:

"I never worried about eggs, seed oils, or carbs like people do now. I just tried to eat the right amount and not too much."

Food for Mac was always practical. He grew vegetables in his garden for decades, cooked for his family, and kept meals simple. Even when he indulged in ice cream or fried oysters, he ate them in moderation. This steady balance, paired with homegrown produce and straightforward meals, helped him maintain a lean frame and remarkable health.

Mac's story is echoed in my own research with centenarians in the Blue Zones and beyond, from Sardinia, Italy and Japan to Costa Rica and Ikaria, Greece. We asked them about their habits, (sometimes through interpretation in Italian, Japanese, Spanish, or Sardinian) and they told us plainly that there was no secret, only simple patterns lived consistently over time.

For post-acute and long-term care (PALTC) facilities, these habits may feel distant from today's Western diet, but they can be adapted in realistic ways. Offering more vegetables and fiber-rich foods, providing adequate portions with resident choice, creating opportunities for social dining, and keeping routines consistent can all help residents feel healthier and more connected.

"I never worried like people do now..I just ate what I needed, not too much." –Mac,100

Straight from the Centenarians: Habits We Heard Again and Again
Grew their own food, or knew its source
Gave thanks daily for meals
Ate together with family and friends
Kept consistent meal and lifestyle routines
Experienced food scarcity at times
Ate little sugar and even less meat
Consumed vegetables–especially greens and legumes–daily, often at breakfast

The true lesson from Mac's story, and from centenarians around the world, is that lasting health comes from consistent patterns, not perfection. His century-long experience reminds us that steady, plant-focused nutrition can improve quality of life at any age. And it is never too late, even in a nursing home dining room, to bring the spirit of longevity to the table. In fact, research shows that even at age 80, shifting from a typical Western diet toward a more optimal, plant-forward eating pattern could add an estimated 3.4 years of life expectancy (Fadnes, Økland, Haaland, & Johansson, 2022). For some, this can also bring renewed quality of life, especially when paired with a strong family and social circle.

So, what does this mean for PALTC kitchens and the RDN?

It starts with small, realistic steps: building menus that feature vegetables every day, especially leafy greens and legumes; offering balanced portions with room for choice; and serving familiar, home-style foods that residents recognize and enjoy. Pairing good food with opportunities for connection, whether through shared dining, themed meals, or simple table conversations, turns eating into both nourishment and community. These changes do not require perfection or expensive overhauls. They reflect the steady, sustainable patterns that have carried centenarians like Mac through a century of life. By bringing these habits to the dining room, facilities can create not just meals, but moments of health, joy, and quality of life for their residents.

Reference:

Fadnes, L. T., Økland, J.-M., Haaland, Ø. A., & Johansson, K. A. (2022). Estimating impact of food choices on life expectancy: A modeling study. *PLOS Medicine*, 19(2), e1003889. https://doi.org/10.1371/journal.pmed.1003889

Chair's Column: Embracing Change — Together

Kim Fremont, MSEd, RD, LD

As autumn settles in, we're reminded that change is not only natural — it's necessary. The vibrant transformation of the season mirrors the evolution happening within our profession and within the Dietetics in Health Care Communities (DHCC) Dietetic Practice Group.

Just as the leaves turn and the air shifts, our field is experiencing its own season of change. We're facing new challenges: updated standards of care, growing recognition of malnutrition as a critical issue, and a demographic shift that will bring an explosion of adults over 85 in the coming years. These changes demand reflection, innovation, and preparation.

Now is the time to ask: **How will you adapt your practice to meet the needs of tomorrow's older adults?** How will you lead in a landscape that is rapidly evolving?

Fortunately, you're not alone. DHCC is thriving — and to quote our Membership Chair, Alison Duffey, "it's all thanks to YOU, our passionate and dedicated members." With over 1,230 professionals strong, our community is a powerful force for advancing nutrition care across the continuum."

We remain committed to bringing you the very best in webinars, practice tools, and professional resources. DHCC continues to be a leader in delivering up-to-date, practical information to support your work and your growth.

As the seasons change, I encourage you to take a moment to reflect on your own practice and challenge yourself to:

- **Deepen your knowledge** — Explore emerging topics like malnutrition, sarcopenia, or behavioral health in older adults.
- **Learn a new skill** — Consider training in nutrition-focused physical exams or mastering documentation for reimbursement.
- **Embrace new technology** — Whether it's AI-assisted assessments, telehealth platforms, or electronic health records, technology can amplify your impact.
- **Advocate for your role** — Speak up in care planning meetings, educate your interdisciplinary team, and share success stories that highlight the value of nutrition.
- **Mentor and lead** — Support new dietitians entering the field, share your expertise, and consider joining a DHCC committee to shape the future of our practice.

Change, like the seasons, is inevitable — but how we respond to it defines our legacy. Will we resist, or will we embrace new research, technology, and methods to fully realize the impact of the Registered Dietitian in post-acute and long-term care?

This is also a call to action: **consider volunteering** and adding your voice and expertise to one of the many committees within this amazing group of professionals. Your perspective matters, and your contributions help us grow stronger together.

What will this season of change bring to you? Embrace the vibrant colors of fall as a testimony to the opportunities and possibilities that lie ahead.

Together, we are stronger, better, and more prepared for the next season — and all the challenges and opportunities it will offer to our practices and our profession.

Warmly,
Kim Fremont, MSEd RD LDN
Chair, Dietetics in Health Care Communities DPG

Editor's Column

Cynthia Wolfram, RDN, LD, FAND

Cynthia Wolfram, RDN, LD, FAND

As we are experiencing the joys of fall, I want to thank you for being a member of DHCC and appreciate contributions of articles for the newsletter. I hope you enjoy the information in this newsletter as we reach the end of 2025. Together we can support each other with experiences and tools for success – each of us have something to share which will help others.

During these challenging times, we can provide support for our clients/residents by supporting each other. If you have a topic that you are interested in providing an article on, please let me know.

I can be reached at Cwolframrdld@gmail.com

Celebrating Growth, Connection, and Advocacy in DHCC

Alison Duffey, MS, RDN, CSG, CDN, LDN, FAND – DHCC Membership Chair

The Dietetics in Health Care Communities (DHCC) Dietetic Practice Group is thriving — and it's all thanks to YOU, our dedicated members! We are proud to share that our membership is now over **1,230 strong**, a testament to the shared commitment of food and nutrition professionals working to improve the health and well-being of older adults across the continuum of care.

This year's **Food & Nutrition Conference & Expo® (FNCE®)** was a huge success for DHCC. Together, we celebrated the strategic goals of the Academy of Nutrition and Dietetics — from advancing professional development to strengthening the future of dietetics. Our **Membership Mixer** was a highlight, bringing together both long-standing members and new faces for meaningful networking and collaboration. **The Networking Event, DPG Showcase, and Spotlight Session, "Quality of Life: The Critical Role of Nutrition and Wellness Programs in Post-Acute Long-Term Care,"** gave us exciting platforms to share our mission, vision, and resources with colleagues from across the country, sparking new connections and ideas.

Our DPG continues to offer a robust set of member benefits designed to support your professional growth. Our **website** is a hub FULL of resources, including access to our **mailing list** for peer-to-peer collaboration and sharing best practices. Members also receive ***Connections***, our newsletter, which provides high-quality content and offers up to **3 CPEU per year**. We supplement this with a **monthly email update** that keeps you informed about important news and opportunities, as well as **webinars throughout the year** on timely topics.

To further support your career development, DHCC proudly offers **professional development stipends**, helping members access educational and leadership opportunities that enhance their practice.

Thank you for your continued support and dedication to the profession of dietetics and to the care of older adults. Together, we are not only shaping the future of nutrition care but also ensuring that our voices are heard. Remember — we are our own best advocates for our profession, our Academy, and DHCC. Help spread the word about the value you receive from DHCC by sharing your experiences on social media, with colleagues, and through your personal networks.

Let's keep the momentum going as we grow, learn, and advocate together! Please reach out to me at alisonduffeyrdn@gmail.com if you have any questions, concerns, or ideas to help us improve the value you receive from DHCC!

Nikki Beckwith, MA, RD, CDN

2025 Gaynold Jensen Memorial Continuing Education Award

Dietetics in Health Care Communities

a dietetic practice group of the Academy of Nutrition and Dietetics

"Attending FNCE® is the highlight of my year. I am so grateful for the support that will allow me to attend this year in Nashville, TN. I look forward to learning about the cutting edge research and practices that are new in our field, as well as networking with colleagues from across the country. It is a great honor to receive this award."

Nikki's path as a clinical nutrition manager and preceptor led her to her current role as Syracuse University's Director of Master of Arts in Nutrition Science programs. She enjoys the challenges and successes of working with students and preceptors to bridge education to practice.

Nikki's interests include promoting and advancing the dietetic profession. Past and current roles include Professional Development Co-Chair, Co-Coordinator for the Central N.Y. AND and Nutrition and Dietetics Educators and Preceptors (NDEP) recruitment videos task force member.

Nikki earned a BS in dietetics from SUNY College at Buffalo ('01) and MA in nutrition science from Syracuse University ('09).

What inspired you to pursue a career in nutrition and dietetics?

Since high school, I have been interested in food and nutrition. I feel fortunate to have discovered the field of dietetics early on, allowing me to pursue both my bachelor's and master's degrees in the profession. My clinical instructors played a central role in shaping my journey, fueling my curiosity, encouraging growth, and inspiring me to apply my knowledge while strengthening my drive to help others.

Discuss your current role and job responsibilities.

As director of the M.A in nutrition science program at Syracuse University, I assure that our program maintains the highest educational and experiential standards. I am a member of the student selection committee, provide advisement, teach professional skills and exam preparation, and coordinate supervised experiential learning placements for my students.

I also work per diem in a long-term care facility. Previously working in this setting for almost 15 years, I enjoy being able to maintain my skills in this area of practice, provide staffing relief, and deliver nutrition care for this special population.

What are you most looking forward to in your career?

It's exciting to see how entry-level dietitians are trained with rich experiences that they can apply in the ever-growing field of nutrition and dietetics. I am looking forward to seeing how training in leadership and clinical skills will advance our profession and give recognition to the value that dietitians bring to the interdisciplinary team.

What does receiving this Foundation award mean to you?

After more than a decade away, I returned to FNCE® in 2017 for the Academy's 100-year celebration and quickly realized how much I had been missing. Since then, attending FNCE® has become my annual tradition—an opportunity to be inspired by the nutrition and dietetics professionals shaping our field. It revitalizes my passion, keeps me on the forefront of research and practice, and allows me to explore both familiar and emerging areas of interest.

I believe that passion is the key to recruiting and retaining professionals in our field. By fostering enthusiasm and engagement, we can strengthen the future of nutrition and dietetics.

The Gaynold Jensen Memorial Continuing Education Award is available to DHCC members. Gaynold was a founding DHCC member and was instrumental in our DPG becoming the success it is today. Check the website for application dates and deadlines.

Your Voice at Work: House of Delegate Priorities and Insights for 2026

Sue Linja, RDN, LD

Big things are happening at the Academy of Nutrition and Dietetics! Serving as your voice in the House of Delegates has been energizing, and I'm excited to share what we've accomplished in the second half of 2025—and what's on the horizon for the year ahead.

During mid-year Real Time Dialogue, delegates heard from the Council on Future Practice and voted on the most pressing drivers shaping dietetics. Four priorities will guide FY 2026: Declining Trust, Artificial Intelligence and Learning, Changing Science, and Healthcare Disruption. These reflect the rapidly evolving environment and highlight the Academy's responsibility to lead with clarity, credibility, and foresight.

- Declining Trust requires reinforcing RDNs and NDTRs as credible, science-based voices.
- AI and Learning call for careful integration of technology that balances innovation with ethics, equity, and accuracy.
- Changing Science demands strong skills in evidence evaluation, translation, and communication.
- Healthcare Disruption presents urgency and opportunity for RDNs to prove value in improving outcomes and reducing costs.
- These priorities align with the 2025–2030 Strategic Plan and will shape generative discussions with the Board of Directors in FY 2026.

Key Takeaways

- **June 2025 Dialogue:** Delegates explored 10 drivers from ASAE (American Society of Association Executives) ForesightWorks.
- **FY 2026 Priorities:** Focus narrowed to 4: Declining Trust, AI and Learning, Changing Science, Healthcare Disruption.
- **Next Steps:** Priorities will guide HOD's October 2025 Dialogue and inform the Board on member perspectives to advance the profession.

Delegates also engaged with the Academy's Research and Policy/Advocacy teams.

- **Research:** Topics included malnutrition, GLP-1s, women's health, planetary health, food insecurity, and MNT. Delegates urged more frequent updates, stronger dissemination, and accessible, public-facing formats.
- **Policy/Advocacy:** Members value current tools but want simpler, outward-facing formats—podcasts, CEU workshops, toolkits, and infographics—to better counter misinformation and engage in policy.

A detailed PDF summary of six breakout groups, representing input from 100+ delegates, provides further insights on these discussions. These can be made available to members if interested.

Please stay engaged by responding to Action Alerts and feedback requests shared through our DHCC DPG communications—every response strengthens our collective voice and advances the profession. I am grateful to serve as your delegate, and I welcome your feedback anytime. Send an email! sue@sandsnutrition.com
Together, we keep our work strong.

FNCE® Highlights

2025-26 DHCC Executive Committee in Nashville

Networking Reception Delicious Food

continued on page14

50-year members at the networking event

DPG Showcase

Policy Update

Cynthia Wolfram, RDN, LD, FAND

As a dietitian, it is important to have information and support the policy efforts for the Academy. There are priorities at the Federal and State levels at the Academy that are important for our area of practice.

Federal Policy Priorities for 2025-2026:

- Expand access to Medical Nutrition Therapy (MNT)
- Support Treat and Reduce Obesity Act & Diabetes Self-Management Training Act
- Strengthen national nutrition programs: Older American Act, SNAP, WIC, school meals, nutrition education
- Promote RDN role in *Food as Medicine* initiatives
- Advocate for payment and coverage of nutrition care services across all payers
- Ensure clear food labeling and support evidence-based Dietary Guidelines
- Achieving robust funding for nutrition research

State Policy Priorities for 2025-2026:

- Advance the Dietitian Licensure Compact
- Modernize Licensure Laws using the Model Practice Act
- Expand Medicaid Access to Medical Nutrition Therapy (MNT)
- Champion Evidence-Based Nutrition Policy and Support Healthy School meals
- Advance access to Telehealth

The Dietitian Licensure Compact is gaining momentum and will be beneficial for our practice, especially for those that work in several states as this provides a consistent method to allow practice in these states. As this gains momentum, it will benefit all.

If you are interested in knowing more about your state related to Licensure or Certification and Telehealth Specific Statutes the link below provides information for all states:

https://www.eatrightpro.org/advocacy/licensure/licensure-map-and-statutes-by-state

The Academy is working to position RDNs as the trusted voice in food and nutrition as the Make American Healthy Again movement continues. There are several items the Academy is working to complete:

- Meeting with MAHA Caucus Leaders
- An open letter to Secretary Kennedy has been submitted
- Meetings with key Administration staff
- Protect Nutrition Infrastructure Campaign
- Member Webinars and FNCE Session
- Nutrition Fact Check

Nutrition Fact Check:

The Academy has developed this tool to Amplify Science-Based nutrition facts. It delivers clear, evidence-based explanations on today's most talked-about topics, grounded in science and research compiled and evaluated by the Academy's Research team.

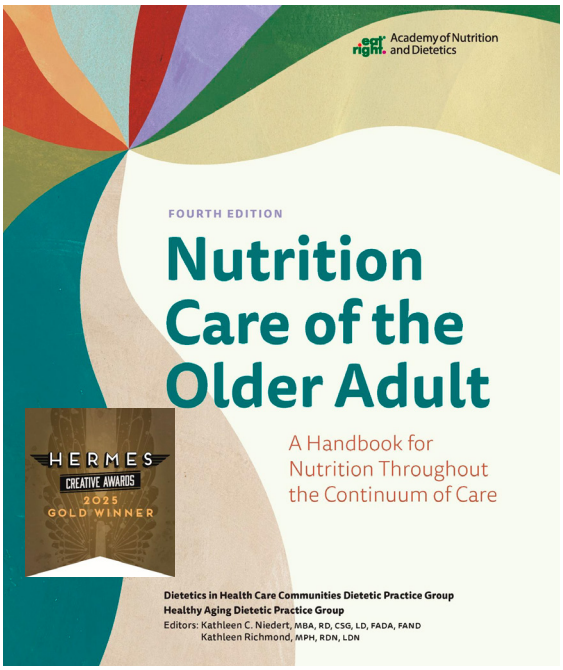
The first topics in the series take a closer look at seed oils, food dyes and ultra-processed foods, providing timely, trusted insights that support informed decisions.

The link is: https://www.eatrightpro.org/nutritionfactcheck

I encourage you to look at this and be aware of information is available.

As a DHCC member, I encourage you to monitor and respond to the Action Alerts that support the efforts of the Academy. It is easy to do and can make an impact. Stay up to date as much as possible with the current issues. As we have seen, things move fast and our responses are important to the overall process.

If you have questions, please feel free to reach out to me at: Cwolframrdld@gmail.com



We're thrilled that the 4th edition is available!

Dietetics in Health Care Communities Dietetic Practice Group Board Scholarship

Funded by the generosity of the Dietetics in Health Care Communities

Academy of Nutrition and Dietetics Foundation

The Power of Generosity

If I were speaking to a donor, I would say how Foundation donors directly support future dietitians who are passionate about improving the field. Their contributions enable students like me to overcome financial and health-related challenges and ensures we can focus on becoming effective practitioners committed to fostering healthier communities.

– Maeve K. Maguire

Maeve K. Maguire - Saint Elizabeth University

Maeve Maguire is a dedicated student pursuing a Master of Science in Nutrition with a Dietetic Internship at Saint Elizabeth University, expected to graduate in May 2026. She recently completed her Bachelor of Science in Foods and Nutrition with a 4.0 GPA. Maeve's academic excellence has been recognized with accolades, such as the New Jersey Outstanding Dietetics Student Award for the DPD program category. She has held leadership roles as President of the Nutrition and Wellness and service clubs. Inspired by her health challenges, including Postural Orthostatic Tachycardia Syndrome, Maeve found a passion for nutrition as a way to support others navigating chronic illness. She aims to establish a private practice that provides specialized dietary interventions for individuals facing similar health issues. She is also passionate about advocating for public health policies that promote food literacy and equitable access to nutritious foods. Her ultimate goal is to create meaningful change in the field of dietetics by fostering a more inclusive and equitable future.

"Receiving the DHCC Foundation scholarship has significantly lightened my financial burden, allowing me to focus fully on my studies and health. With this support, I can access essential medical treatments and accommodations while continuing my education. The scholarship empowers me to pursue my passion for nutrition and dietetics, ensuring I can make meaningful contributions to the field despite the challenges posed by my health conditions."

Olivia Rabak - Meredith College and The Pennsylvania State University

Olivia Rabak is from a small town outside of Pittsburgh, Pennsylvania. She graduated from Pennsylvania State University this past spring with a Bachelor of Science in Nutritional Sciences and is currently completing her Master of Professional Science in Nutrition through their World Campus. Olivia has also recently started her Dietetic Internship through Meredith College. After finishing her degree and passing the RD exam, she hopes to work in an outpatient setting with a specialty in oncology. This career path is especially meaningful to her, as she lost her mother to breast cancer this past summer and is dedicated to supporting cancer patients during their treatment through nutrition.

"Receiving this scholarship means so much to me, as it reduces my stress surrounding affording school, especially while completing two programs at once. This year has been very hard for me. When applying for the scholarship, my mom was battling cancer. She has since lost her battle, but receiving the scholarship and remaining enrolled in my degree programs would have made her so proud of me."

continued on page 18

Grace Maragos - Kent State University

Grace Maragos began her academic journey at Bowling Green State University undecided on a major, but knowing she wanted to pursue a career in healthcare. While both of her parents are nurses, Grace realized early on that nursing was not the right fit for her. After careful reflection and research, she found the dietetics major and decided to pursue a Bachelor's degree in this field, which she is set to complete in April 2024. Grace is now enrolled in the combined dietetic internship/M.S. program at Kent State University, with an expected graduation date of May 2026. Upon graduation, she plans to start her career in a clinical setting to gain experience in acute care. Her long-term goal is to transition into an outpatient setting, where she can provide nutrition counseling for individuals with food allergies and intolerances—an area she is particularly passionate about. Grace believes food allergies are an overlooked aspect of dietetics and is eager to make a meaningful impact in this field.

"I am so grateful to have received a scholarship from the Foundation. It has shown me that I am capable and that I deserve to be rewarded for all the hard work I have put into my educational journey thus far. I tend to sell myself short in terms of my level of work ethic and quality of work, and being selected for a Foundation scholarship has given me a new sense of confidence in my abilities."

Rachel Pritchard - Illinois State University

Rachel Pritchard's path to dietetics has been shaped by personal challenges and a diverse career background. Her early college years were marked by struggles with sleep disorders, family alcoholism, and anxiety, but these experiences have fueled her resilience and taught her the importance of adaptation in navigating life. Rachel's previous career in arts marketing has given her insight into the powerful role of marketing in the food industry, while her experience as a parent has allowed her to model a healthy relationship with food. She has earned a BA in Arts Management, a BSC in Dietetics, a BSC in Nutrition and Health, and a Gerontology minor. Currently, Rachel is halfway through her Master's in Nutrition at Illinois State University, with her clinical rotation underway. Her professional goal is to become a Registered Dietitian Nutritionist (RDN) in 2025 and earn her CDCES by 2028. She is particularly interested in inpatient clinical nutrition, specializing in nutrition support, GI trauma, oncology, or GI disorders. Additionally, if her husband's military career leads them to new locations, Rachel is also passionate about counseling and caring for aging adults and individuals with diabetes.

"As a military spouse with two small children, I have worked tirelessly to excel during my academic journey toward becoming a Registered Dietitian Nutritionist. This award will go far in helping fund the last chapter of my education and achieve our family goals. I am thrilled and honored to be a recipient of this scholarship."

Cassy Tigner - University of Memphis

Cassy Tigner is from Hernando, Mississippi, and holds a bachelor's degree in Food Science, Nutrition, and Health Promotion with a concentration in Nutrition from Mississippi State University. She is currently pursuing a master's degree in Clinical Dietetics at the University of Memphis. In addition to her studies, Cassy works as a nutrition assistant at St. Jude Children's Research Hospital in Memphis, Tennessee. Upon completing her degree and passing the Registered Dietitian exam, she plans to pursue a career in pediatric oncology.

"Receiving this scholarship has been such an honor to me. It has helped lessen my financial burden and has helped make my dream of becoming a registered dietitian more obtainable. The support I have received from the Foundation has increased my motivation to work even harder and make an impact throughout my career."

Dietetics in Health Care Communities (DHCC) Executive Committee 2025-2026

Chair*
Kim Fremont, MSEd, RD, LD
Lake Ozark, MO

Chair-Elect*
Libby Johnson, MBA, RDN, LD/CD
Yakima, WA

Past Chair*
Elaine Farley-Zoucha, RD, LMNT
Columbus, NE

Secretary*
Krista Clark,
MBA, RD, LD, FAND, NASM-CPT, SFS
Cincinnati, OH

Treasurer*
Michele Damon, RDN
Princeton Junction, NJ

Delegate*
Sue Linja, RDN, LD
Garden City, ID

Professional Development Coordinator
Pam Brummit, MA, RD, LD
Coatesville, IN

Professional Development CO-Coordinator
Monique "Nicky" Engel, MS, RD, LMNT
Kearney, NE

Membership Coordinator
Alison Duffey, MS, RDN, CSG, LDN, FAND
Babcock Ranch, FL

Policy and Advocacy Leader
Open

Nutrition Services Payment Specialist
Open

Sponsorship/Business Development Coordinator
Cindy Dunivent, MS, RD, LD
Cottage Grove, MN

Marketing and Communications Coordinator
Open

Newsletter Editor
Cynthia Wolfram, RDN, LD, FAND
Houston, TX

Nominating Committee
*Avery Holmes, MHSC, RDN, CSG, LDN
(Chair) Canton, PA

Aislinn Crovak, RDN, LDN
Miami Beach, FL

Joellen Wilson, RD, LDN
New Providence, PA

Manager, DPG Relations
Linda Stover

Executive Office –
Barb Pyper, MS, RD, SNS, FAND
Kristi Falkner
206-935-5104
dhcc@quidnunc.net

Academy:
www.eatrightpro.org

DHCC:
https://www.dhccdpg.org/home

**Elected DHCC EC member with voting privileges.*

Connections

The publication of Dietetics in Health Care Communities (DHCC), a dietetic practice group of the Academy of Nutrition and Dietetics.

Viewpoints and statements in this publication do not necessarily reflect policies and/ or official positions of DHCC/ Academy of Nutrition and Dietetics.

If you have moved recently, or had a change of name, please notify Academy Membership Team as soon as possible by emailing membership@eatright.org or at Academy's Website at www.eatright pro.org/ "Edit Profile."

Our members provide person-centered nutritional services across the care continuum – including post-acute rehab, nursing facilities, home health, hospice, assisted living, memory care, PACE programs and more. Our network promotes evidence-based science and best practices in dining and clinical nutrition services.