

# Women's Health *REPORT*

A QUARTERLY PUBLICATION OF WOMEN'S HEALTH DIETETIC PRACTICE GROUP

## FNCE 2012 SPOTLIGHT SESSION SUMMARY

### Diet and Lifestyle Innovations for CVD Prevention: Update on the NHLBI-Sponsored Expert Guidelines **Barbara E. Millen, DrPH, RD, FADA**



Cardiovascular diseases (CVD), including coronary heart disease, hypertension, and stroke, are the leading causes of death and disability among adult women and men. Most adults in the United States currently have one or more CVD risk factors. According to NHANES data from 2005 to 2008, 33.5 % have elevated low-density lipoprotein cholesterol levels (LDL-C), 27.3 % have hypertension, 31 % have pre-hypertension, and 11.3 % have diabetes, and these risks rise with advancing age (1). In addition, two-thirds of American adults and one in three children are overweight or obese, conditions that increase risks for CVD, diabetes and many other chronic medical problems. The staggering direct and indirect costs of CVD exceeded \$250 billion in 2010 (including the cost of health care services, medications and lost productivity) and eclipse those of other

major health conditions. As a result of the devastating health and economic impacts of CVD and its co-morbidities, the National Heart, Lung and Blood Institute (NHLBI) of the National Institutes of Health is expected to release five updated or new expert panel reports on CVD risk reduction, treatment, and prevention in adults in 2012 and 2013. These reports will address the following topics:

high blood cholesterol, high blood pressure, obesity, CVD risk assessment, and lifestyle (2). It is particularly important for registered dietitians to understand the case to be made for CVD prevention at both the individual and population levels.

The risk for CVD events (such as heart attack and stroke) rises as the individual's risk factor levels increase, or as factors cluster (as in the case of metabolic syndrome). Importantly however, most of the actual CVD events – and the costs associated with heart disease – occur in the large numbers of adult American women and men who present with *low to moderate* risk factor profiles. This perhaps poorly understood reality underscores the importance of CVD prevention. CVD morbidity and mortality, heart disease risk reduction, and the costs and adversity associated with these diseases will not shift downward dramatically until the population-at-large (that is, those with low to moderate risk profiles as well as those at high-risk) adopt preventive lifestyle behaviors. All Americans would benefit from even small but important lifestyle changes made to better manage their personal health (3). Central tenets in CVD prevention at the individual and population levels are agreed upon and underscored consistently by the NHLBI, the U.S. Centers for Disease Control and Prevention (CDC), the U. S. Department of Agriculture (USDA), the U.S. Department of Health and Human Services (HHS), the World Health Organization (WHO), the Institute of Medicine (IOM) and many other professional organizations including the Academy of Nutrition and Dietetics (AND). The central tenets of prevention and health promotion are lifestyle changes that incorporate three fundamentals: optimal nutrition, increased aerobic and strengthening exercise, and tobacco cessation. In addition, experts have advocated a paradigm shift in health care away from a disease management focus towards prevention and health promotion and comprehensive clinical care. The IOM has also promoted key 'rules on care' using healthcare strategies that are designed specifically to engage individuals and populations: *patient-oriented, customized, evidence-based, transparent & safe, view patients as in charge, and enhance patient-provider partnerships by promoting healing relationships that allow continuous access through new technologies* (4). In addition, concerns over the obesity epidemic led the IOM to issue a report in 2012 entitled "Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation", which calls for prevention strategies that "integrate physical activity every day

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**The Women's Health Report** (ISSN-3233) is a quarterly publication of the Women's Health Dietetic Practice Group (WH DPG) of the Academy of Nutrition and Dietetics/Academy. The WH Report features articles, as well as information on programs, materials, positions, and products for use of its readers. News of members, book reviews, announcements of future meetings, requests for information, or other items of interest to women and reproductive nutrition dietetics practitioners should be sent to the Newsletter Editor by the next published deadline date.

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**We're on the web!**

[www.womenshealthdpg.org](http://www.womenshealthdpg.org)



**FROM THE CHAIR** Barbara E. Millen, DrPH, RD, FADA

As we think on the recent holidays and embark on a new year, it is a time for reflection, gratefulness, and joy. In this letter, I am hoping to inspire our members a bit by reflecting on my involvement in recent years with the Academy of Nutrition and Dietetics (AND) and on some of the things I am particularly grateful for and that bring joy to my professional life.

My primary roles with the Academy have been two-fold, as the Associate Editor for Research at the *Journal of the Academy of Nutrition and Dietetics* (JAND) and on the Board of the Women's Health DPG. This is a transition time at JAND with the appointment of Linda Snetselaar, PhD, RD, LD as the new Editor in Chief. Linda Van Horn, PhD, RD will be stepping down but continuing as Professor of Preventive Medicine and Associate Dean for Faculty Development at the Feinberg School of Medicine at Northwestern University.

I have had the extraordinary opportunity to work for many years with the Journal in a Board capacity, and truly relished serving under Linda Van Horn's amazing leadership. There are few, if any, in our field who top her excellence, vision, and wisdom. The Journal's professional recognition rose highly under Linda's predecessor, Dr. Elaine Monsen, and then soared further to international visibility and impact under Dr. Van Horn's sound and capable guidance. I am ever grateful for the many years of friendship, fellowship, and the ability to contribute even in small ways to the shared experience of bringing a high level of rigor to the Journal, and broad recognition to research in the fields of nutrition and dietetics. Our Journal has striven, and I believe, continues to accomplish its mission as the premier source of evidence-based research and practice information representing the broad range of topics relevant to the field of dietetics. While we can always aim even higher or broader in scope, this is a joyful set of accomplishments.

In addition, approximately three years ago I was asked by the Women's Health DPG to consider serving as its Chair-Elect, and then Chair. Having been among the founding group of what is now known as the Healthy Aging DPG, and from other Academy involvement, I was certainly familiar with the organizational workings of the DPGs. However, what appealed to me particularly was that the WH DPG had set a goal to expand beyond its recognized expertise in reproductive nutrition, and to address more systematically the needs of women throughout the lifespan. I felt this matched well with my research activities on women's (and men's) health as Director of Nutrition Research at the Framingham (Heart) Study and my faculty involvement at that time in Family Medicine at Boston University's School of Medicine. Furthermore, my clinical trial research on chronic disease prevention and my testing of web platforms for applications in preventive medicine seemed like very good fits.

In the interim, I have been nothing short of awed by the accomplishments of our DPG and our members. The Board brings together women with diverse backgrounds and expertise who give amazing amounts of their time and knowledge to reach women of all ages with sound nutrition messaging and services. Their work ranges from the traditional clinical care and public health activities to innovative and entrepreneurial activities that are regularly highlighted in our newsletter (see our archives at [www.womenshealth.org](http://www.womenshealth.org)). The WH DPG is now drawing on the latest technologies to present webinars on timely topics for its members and to create and sustain a creative presence in social media (see [www.facebook.com/WHDPG](http://www.facebook.com/WHDPG)). As I engage more fully with the DPG and become more involved in its publications, FNCE activities, educational forums, and other communications, it inspires me that we clearly are the professional experts who need to formulate and deliver the messages on the importance of nutrition in the lifelong health of women. Having such a wonderful group of WH DPG colleagues and the ability to work closely with them is something to be honored and cherished, and I am grateful for these things as well.

This issue of the Newsletter further highlights many of the recent achievements of our DPG. You as members should be proud. Hopefully, you will consider engaging further in our activities and will consider getting even more involved, perhaps even in a leadership role.

Best wishes in the New Year!



# FNCE HIGHLIGHTS

(Top LF) Maria Pari-Keener, MS, RD, CDN; Elisa Zeid, MS, RD, CDN; and Kathleen Pellechia, RD at the Member Showcase (Below LF) Barbara Millen, DrPH, RD, FADA, and 2012 Excellence in Practice Award winner Miriam Erick, MS, RD (Below RT) Dawn Ballosingh, MPA, RD, LMNT and Maria Pari-Keener at the Member Reception.



(Above LF) Dawn Ballosingh and Denise Anderson, MS, RF, LD, CLC arrive at Barbara Millen's family home for dinner (Above RT) Members of the DPG's Executive Committee: Ballosingh; Millen; Pari-Keener; Miri Rotkovitz, MA, RD; Anderson, and Rebecca Gerl, MS, RD (Bottom LF) Jamillah Hoy-Rosas, MPH, RD, CDN, CDE and Maria Pari-Keener (Bottom RT) Committee members dining at Barbara Millen's home.



in every way, market what matters for a healthy life, make healthy foods & beverages available everywhere, activate employers and health care professionals, and strengthen schools (*Author's Note: we maintain this must include universities*) as the hearts of health (5)."

As leading experts on nutrition in population health promotion and medical nutrition therapy, registered dietitians must understand current expert recommendations, anticipate the NHLBI evidence-based guidelines, and prepare to collaborate if not lead multidisciplinary teams focused on prevention and treatment at individual and population levels. Their expertise is needed to guide healthcare systems, businesses, communities, and educational networks and institutions on the process of prevention and to inform them of public policy and healthcare practice. The use of practice innovations that allow us to reach as many Americans with evidence-based, state-of-the-art lifestyle interventions is crucial in such initiatives. Important questions are: What are the best evidence-based methods? How can RDs and other professionals innovate to promote comprehensive lifestyle change? How can we reach individuals and populations with personalized and targeted evidence-based prevention strategies?

In the 1980s, my colleagues and I at the Framingham Nutrition Studies started to advance methods in nutrition epidemiology in order to establish relationships between diet and cardiovascular disease risks, and to inform innovations in clinical and public health practice. Over two decades, we developed new methods in lifestyle risk assessment, particularly dietary assessment, and established that *dietary patterns* (habitual and expert-guided) and *dietary quality* (based upon food and nutrient profiles) and other lifestyle behaviors were independent predictors of wide-ranging health outcomes in adult women and men. These outcomes included weight gain, overweight and obesity, abdominal obesity, metabolic syndrome, premature heart disease, and cardiovascular diseases. A strong case for nutrition as an integral component of prevention was established in these epidemiological investigations. Using novel dietary assessment methods and innovative statistical techniques, we established that the preferred dietary patterns of adult men and women can be fully characterized in food- and nutrient- based terms. We also found that the dietary patterns of women and men differ in dietary content, form and quality, but that 40-70 percent of foods consumed are fundamentally *healthy* from a nutritional perspective. We concluded that interventions to reduce CVD risk needed to address the profound differences in male and female lifestyle behaviors and their differing relationships to CVD risk, and that the interventions needed to reduce risks and promote health had to be personalized, targeted and prevention-oriented. Thus, we established new methods of dietary assessment, identified unique differences between male and female lifestyle behaviors, and increased the understanding of important, independent relationships between the dietary patterns, nutritional risk profiles, other lifestyle characteristics, and CVD risks of Framingham

adult male and female populations. These breakthroughs and scientific evidence led us to our ongoing research into strategies for innovating lifestyle interventions for CVD risk reduction and health promotion at individual and population levels.

In 2009, with the support of our academic institution, we established Millennium Prevention, Inc., a research- and prevention-focused company with a public health mission. "We seek to reach individuals and populations through healthcare, corporate, educational and community settings with evidence-based resources, tools and lifestyle strategies that reduce disease risk and promote health at individual and population levels." Drawing on our epidemiological investigations and the latest research evidence, we created the HealthMain web and mobile platforms ([www.HealthMain.com](http://www.HealthMain.com)), which emphasize lifestyle changes as the central pillar of personal health promotion and disease prevention. Assessments of diet, physical activity and other lifestyle behaviors available on HealthMain utilize our own research as well as the latest evidence-based methods and are available in a secure, HIPAA-compliant platform (6). Individuals who use the website and complete the core lifestyle and health risk assessment surveys receive customized reports that evaluate their personal lifestyle profiles from a disease prevention and health promotion standpoint. These reports are designed to celebrate the positive aspects of an individual's current behaviors and also identify areas for personal health goal setting and targeted lifestyle behavior change. To put the individual "in charge" and create an active role in their health promotion, HealthMain provides an email link that allows individuals to share reports and site information at their own discretion with health advisors and others whom they choose. Healthcare professionals can also access and use the HealthMain portals with their patients and clients in order to promote lifestyle and personal risk assessment and to guide personalized preventive interventions and treatment.

Continued on page 5

**The 2013 Women's Health DPG  
Award Applications are now available for  
Outstanding Student in Women's Health Award and  
Excellence in Practice in Women's Health Award**

**Please visit member section of our  
website for applications- due  
March 30th, 2013!**

**For more information please contact  
[whdpgawards@gmail.com](mailto:whdpgawards@gmail.com)**

HealthMain research experts have also assembled the latest expert guidelines, evidence-based tools and resources in these web platforms to engage individuals (and their families or friends) in personal health promotion and lifestyle behavior change, and to provide healthcare professionals with the tools they need to adopt comprehensive clinical care paradigms that include a real focus on prevention. Creative, technology-driven advanced methods have also been devised by Millennium Prevention to motivate individuals in the lifestyle change process, including real-time behavioral tracking devices (web and mobile) and incentives that acknowledge the importance of an individual's initiation of lifestyle change and progress made towards personal goals and achievement of expert health guidelines (see FNCE session handout is published on ages 6-7 for further details).

The HealthMain web and mobile platforms are designed to enhance clinical and public health practice. Using state-of-the-art tools, they provide evidence-based methods to standardize the assessment of modifiable behaviors and health risk profiles in order to create personalized reports that guide preventive intervention. With HIPAA-compliant web technology, this can be done confidentially, with high validity, cost-efficiency, and in any number of individuals (that is populations) simultaneously.

In summary, current research evidence and expert guidelines underscore that:

- Healthcare needs to emphasize prevention at individual and population levels.
- Personalized comprehensive lifestyle intervention strategies are needed to prevent and treat CVD, tackle the overweight and obesity epidemics, and to deal with other lifestyle-related diseases (overweight/obesity, diabetes and cancer, etc.).
- Adult women and men need distinct, personalized strategies that consider their unique behaviors (particularly their preferred health-related behaviors) and individual health risks and needs.
- Evidence-based web and mobile technologies offer professionals unique advantages for implementing sound comprehensive lifestyle interventions with few if any cost barriers and with sound research-driven approaches and results.

I would encourage RDs to act strategically and take the lead on prevention in their healthcare, worksite, community, public health and educational settings of practice. In order to be successful, the following key elements are needed:

- Dynamic, user-friendly tools to assess and interact with clients. These tools should be personalized to the client and most importantly operate in a HIPAA-compliant framework.
- In-depth resources that change with science in the field to engage consumers and motivate and sustain behavior change.

Taking advantage of existing platforms such as HealthMain can only help further the work of healthcare organizations, by

providing toolkits that are both cost-effective and evidence-based. Additional information on the HealthMain project can be obtained by contacting me at [bmillen@bu.edu](mailto:bmillen@bu.edu).

**References and Resources**

1. Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS). National Health and Nutrition Examination Survey Data. Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2005-2008]
2. NHLBI-sponsored Clinical Guidelines: <http://www.nhlbi.nih.gov/guidelines/index.htm>
3. Roger VL, Go AS, Lloyd-Jones DM, et al. Heart Disease and Stroke Statistics-2011 Update: A Report From the American Heart Association. *Circulation*. 2011;123(4):e68. doi: 10.1161/CIR.0b013e3182009701.
4. Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the Twenty-first Century*. Washington: National Academy Press, 2001
5. Institute of Medicine, *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*, Washington: National Academy Press, 2012
6. Millennium Prevention, Inc.: <http://www.HealthMain.com>

**FRAMINGHAM NUTRITION STUDIES**

- Kimokoti RW, Newby PK, Gona P, Zhu L, McKeon-O'Malley C, Guzman JP, D'Agostino RB, Millen BE. Patterns of weight change and progression to overweight and obesity differ in men and women: implications for research and interventions. *Publ Hlth Nutr*. 2012. Available on CJO doi:10.1017/S1368980012003801.
- Pencina MJ, Millen BE, Hayes LJ, D'Agostino RB. Performance of a method for identifying the unique dietary patterns of adult women and men: the Framingham Nutrition Studies. *J Am Dietet Assoc*. 2008;108(9):1453-60.
- Kimokoti RW, Newby PK, Gona P, Zhu L, Jasuja GK, Pencina MJ, McKeon-O'Malley C, Fox CS, D'Agostino RB, Millen BE. Patterns and predictors of weight change in women and men. *Br J Nutr*. 2010;103(8):1223-9.
- Millen BE, Quatromoni PA, Nam BH, O'Horo CE, Polak JF, D'Agostino RB. Dietary patterns and the odds of carotid atherosclerosis in women. *The Framingham Nutrition Studies. Prev Med*. 2002; 35(6):540-547.
- Quatromoni PA, Copenhafer DL, D'Agostino RB, Poole C, Millen BE. Dietary patterns predict the development of overweight in women. *The Framingham Nutrition Studies. J Am Diet Assoc*. 2002; 102(9):1240-1246.
- Millen BE, Quatromoni PA, Nam BH, Pencina MJ, Polak JF, Kimokoti RW, Ordovas JM, D'Agostino RB. Compliance with population-based expert dietary guidelines and lower odds of carotid atherosclerosis in women: The Framingham Nutrition Studies. *Am J Clin Nutr*. 2005;82:174-80.
- Millen BE, Pencina MJ, Kimokoti RW, Meigs JB, Ordovas JM, D'Agostino RB. Nutritional risk and the metabolic syndrome in women: opportunities for preventive intervention from the Framingham Nutrition Studies. *Am J Clin Nutr*. 2006;84:434-41.
- Wolongevicz DM, Zhu L, Pencina MJ, Kimokoti RW, Newby PK, D'Agostino RB, Millen BE. Diet quality predicts development of overweight and obesity in women: the Framingham Nutrition Studies. *Br J Nutr*. 2010 Apr;103(8):1223-9.
- Sonnenberg L, Millen BE, Quatromoni P, Nam BH, Amitrano M, Kimokoti R, D'Agostino R, Meigs J, Ordovas J. Dietary patterns and the metabolic syndrome in obese and non-obese women. *Obes Res* 2005;12:153-162.
- Wolongevicz DM, Zhu L, Pencina MJ, Kimokoti RM, Newby PK, D'Agostino RB, Millen BE. An obesity dietary quality index predicts abdominal obesity in women: potential opportunity for new prevention and treatment paradigms. *J Obes*. 2010. Doi:10.1155/2010/945987.



In 2012-2013, the National Heart, Lung, and Blood Institute (NHLBI), of the National Institutes of Health (NIH), expects to release five expert panel reports on CVD risk reduction in adults. The topics are: high blood cholesterol, high blood pressure, obesity, risk assessment, and lifestyle. This session will showcase the process for reviewing the evidence and developing expert recommendations for the Lifestyle Work Group report, which includes diet and physical activity. In addition, strategies for educating the public and providing customized preventive clinical care for adults will be presented.

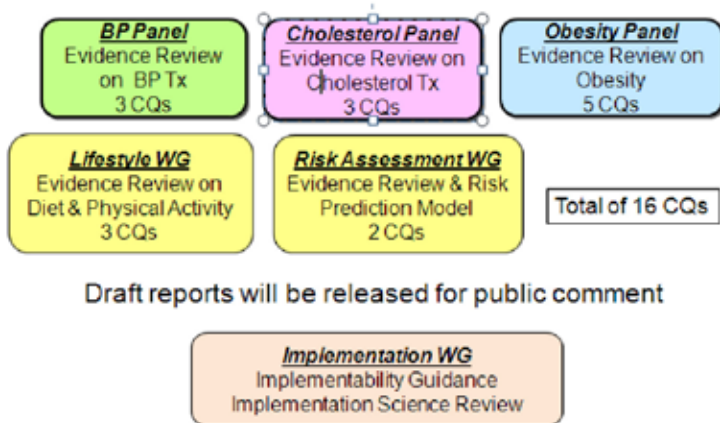
**Objectives:**

- Describe the systematic review of evidence used to develop the new NHLBI-sponsored guidelines for reducing CVD risk in American adults.
- Analyze evidence-based educational and clinical approaches to diet and physical activity interventions for CVD prevention in adults.
- Implement innovative methods for targeting preventive interventions for women and men.

Planned with: Nutrition Education of the Public DPG and Women’s Health DPG

**I. NHLBI Systematic Evidence Review Process**

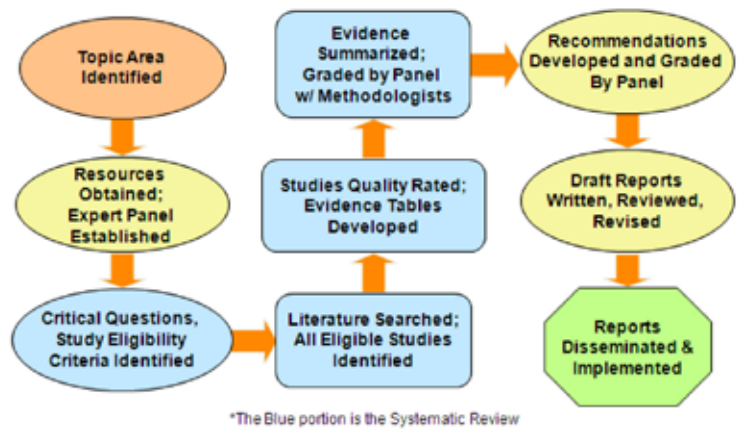
- a. History of NHLBI-sponsored clinical guidelines
- b. Evidence-based approach to cardiovascular guideline development
- c. Expert panels and workgroups



**d. Lifestyle Workgroup**

- i. Objectives
- ii. Critical question topics
  1. Dietary patterns and/or macronutrient composition and blood pressure/ lipids
  2. Sodium and potassium and CVD outcomes/risk factors
  3. Physical activity and blood pressure/lipids

**iii. Methods**



**II. NHLBI-Sponsored National Program to Reduce Cardiovascular Risk (NPRCR)**

- a. Replaces NCEP, NHBPEP, Obesity Education Initiative
- b. Fosters collaboration with partners, including the Academy of Nutrition and Dietetics

- i. Detect and manage CVD risk factors through clinical services and outreach
- ii. Assess evidence for approaches to reduce CVD risk
- iii. Implement evidence-based guidelines and interventions

1. Patient education materials
2. Electronic medical records
3. Continuing medical education
4. Work towards harmonization

**National Program to Reduce Cardiovascular Risk Coordinating Committee**

- |   |  |
|---|--|
| <p><b>Professional Organizations:</b></p> <ol style="list-style-type: none"> <li>1. Academy of Nutrition and Dietetics</li> <li>2. American Academy of Family Physicians</li> <li>3. American Academy of Nurse Practitioners</li> <li>4. American Academy of Pediatrics</li> <li>5. American Academy of Physician Assistants</li> <li>6. American College of Cardiology</li> <li>7. American College of Physicians</li> <li>8. American College of Sports Medicine</li> <li>9. American Heart Association/American Stroke Association</li> <li>10. American Medical Association</li> <li>11. American Pharmacists Association</li> <li>12. American Public Health Association</li> <li>13. American Society of Hypertension</li> <li>14. Association of Black Cardiologists</li> <li>15. National Medical Association</li> <li>16. Preventive Cardiovascular Nurses Assn</li> <li>17. The Lipid Society</li> <li>18. The Obesity Society</li> </ol> | <p><b>Federal Agencies:</b></p> <ol style="list-style-type: none"> <li>19. Agency for Healthcare Research and Quality (AHRQ)</li> <li>20. Centers for Disease Control and Prevention (CDC)</li> <li>21. Centers for Medicaid and Medicare Services (CMS)</li> <li>22. Department of Defense (DOD)</li> <li>23. Food and Drug Administration (FDA)</li> <li>24. Health Resources and Services Administration (HRSA)</li> <li>25. Indian Health Service (IHS)</li> <li>26. Office of Disease Prevention, NIH</li> <li>27. United States Department of Agriculture (USDA)</li> <li>28. Department of Veterans Affairs (VA)</li> </ol> <p><b>Quality Care Organizations:</b></p> <ol style="list-style-type: none"> <li>29. National Committee for Quality Assurance (NCQA)</li> <li>30. National Initiative for Children’s Healthcare Quality (NICHQ)</li> </ol> <p><b>Patient Advocate Organization:</b></p> <ol style="list-style-type: none"> <li>31. TBD</li> </ol> |
|---|--|

Continued on page 7

**III. Multi-level Frameworks for Preventive Intervention Design**

- a. The case for prevention at individual and population levels
- b. Understanding influences on lifestyle behaviors that affect obesity and chronic disease
- c. Social ecological models for individual and community health

**IV. Translating the Evidence: Innovative Methods for Targeting Preventive Interventions for Adult Women and Men**

- a. Framingham Nutrition Studies: Examining gender differences in lifestyle and disease risk
  - i. Patterning of weight gain
  - ii. Risk factor profiles and disease outcomes
  - iii. Dietary patterns and dietary quality
  - iv. Diet and health outcome relationships
- b. Motivators of adult female and male engagement in health and wellness
- c. Enhancing consumer-provider communications on health
- d. Elements of innovative platforms on prevention and health promotion

**Source: The Framingham Nutrition Studies (see references.)**

**Established Diet: Heath Outcome Relationships  
Framingham Nutrition Studies**

**EXPOSURES**

- Dietary Quality
  - Dietary patterns
  - Composite Nutrient Risk Score(s)
- Nutrients & Food Groups
  - Total fat
  - Saturated & monounsaturated fat
  - Carbohydrates
  - Micronutrients
  - Fruit/Vegetables

**OUTCOMES**

- Weight gain
- Overweight & Obesity
- Abdominal obesity
- Metabolic Syndrome Risk
- Premature CHD
- CHD and Stroke

**References and Resources**

NHLBI-sponsored Clinical Guidelines: <http://www.nhlbi.nih.gov/guidelines/index.htm>  
 Millennium Prevention, Inc.: <http://www.HealthMain.com>  
 Forbes DL. Toward a Unified Model of Human Motivation. *Rev Gen Psych* 2011;15(2):85-98.

Kimokoti RW, Newby PK, Gona P, Zhu L, McKeon-O'Malley C, Guzman JP, D'Agostino RB, Millen BE. Patterns of weight change and progression to overweight and obesity differ in men and women: implications for research and interventions. *Publ Hlth Nutr* . 2012. Available on CJO doi:10.1017/S1368980012003801.

Pencina MJ, Millen BE, Hayes LJ, D'Agostino RB. Performance of a method for identifying the unique dietary patterns of adult women and men: the Framingham Nutrition Studies. *J Am Diet Assoc*. 2008;108(9):1453-60.

Kimokoti RW, Newby PK, Gona P, Zhu L, Jasuja GK, Pencina MJ, McKeon-O'Malley C, Fox CS, D'Agostino RB, Millen BE. Patterns and predictors of weight change in women and men. *Br J Nutr* 2010;103(8):1223-9.

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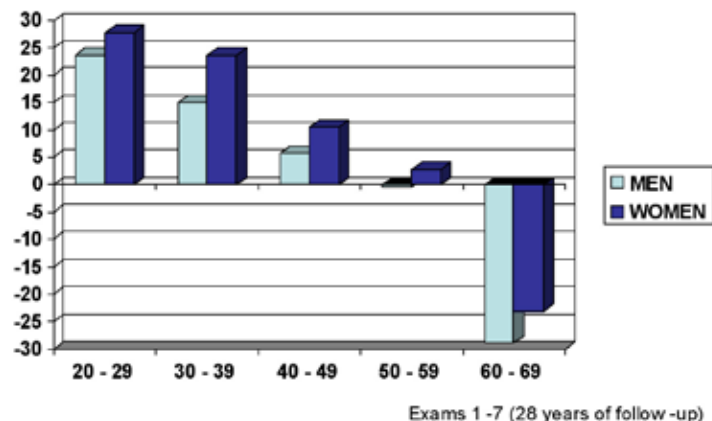
Millen BE, Pencina MJ, Kimokoti RW, Meigs JB, Ordovas JM, D'Agostino RB. Nutritional risk and the metabolic syndrome in women: opportunities for preventive intervention from the Framingham Nutrition Studies. *Am J Clin Nutr*. 2006;84:434-41.

Wlongevicz DM, Zhu L, Pencina MJ, Kimokoti RW, Newby PK, D'Agostino RB, Millen BE. Diet quality predicts development of overweight and obesity in women: the Framingham Nutrition Studies. *Br J Nutr*. 2010 Apr;103(8):1223-9.

Sonnenberg L, Millen B, Quatromoni, Nam BH, Amitrano M, Kimokoti R, D'Agostino R, Meigs J, Ordovas J. Dietary patterns and the metabolic syndrome in obese and non-obese women. *Obes Res*. 2005;12:153-162.

Wlongevicz DM, Zhu L, Pencina MJ, Kimokoti RW, Newby PK, D'Agostino RB, Millen BE. An Obesity Dietary quality index predicts abdominal obesity in women: potential opportunity for new prevention and treatment paradigms. *J Obes*. 2010. Doi:10.1155/2010/945987.

**Weight Patterning:**  
**Weight Gain over 28 years by baseline age and gender**  
 Framingham Offspring Women and Men  
 20-64 years of age at baseline

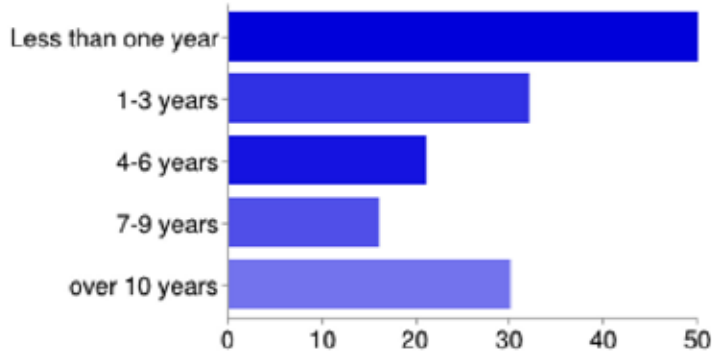


Every two years, the WH DPG leaders conduct a membership survey so that we can better tailor our products and services to meet the needs of members. The 2012 edition of the survey received 150 responses, which is the highest response rate we have ever had. Thank you to all who responded. One new question for this year involved assessing member interest in obtaining a board-certified specialty in obstetrics/gynecology, a certification for registered dietitians who work directly with women from preconception through menopause. 71% of respondents supported this idea and the board will continue to pursue this concept.

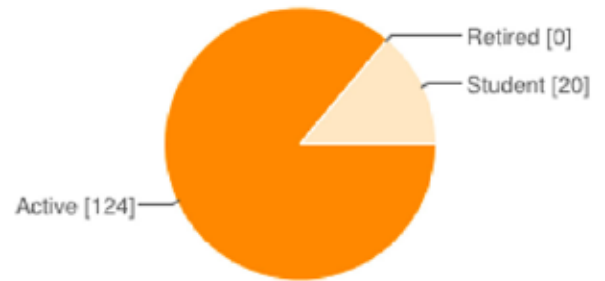
We also surveyed members to discover the key reasons they decided to join the WH DPG. Top factors included the newsletter, networking opportunities, and teleseminars. This spring, the DPG will be offering a series of free webinars for members, so stay tuned for more information. Finally, when asked if interested in having face-to-face meetings or networking events outside of FNCE, 65% of respondents said yes. If you are interested in helping plan these types of events, please send an email to [info@womenshealthdpg.org](mailto:info@womenshealthdpg.org).

Below are some of the key results of the survey:

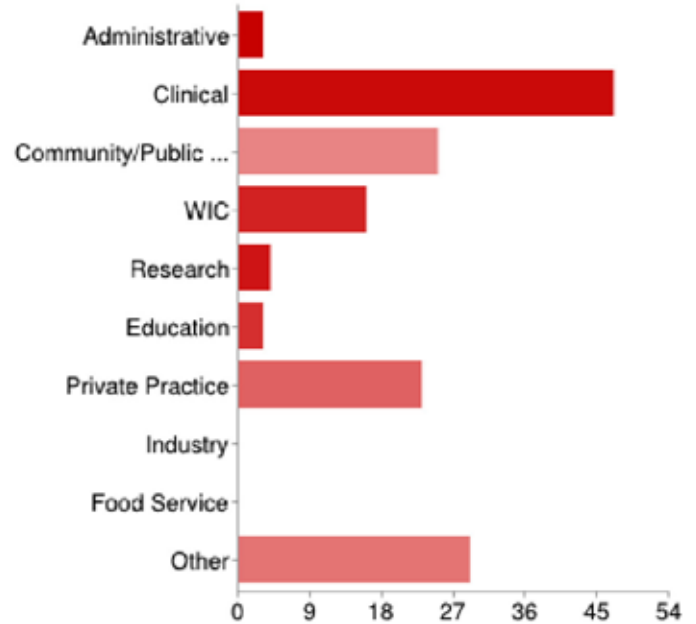
**How long have you been a member of the WH DPG?**



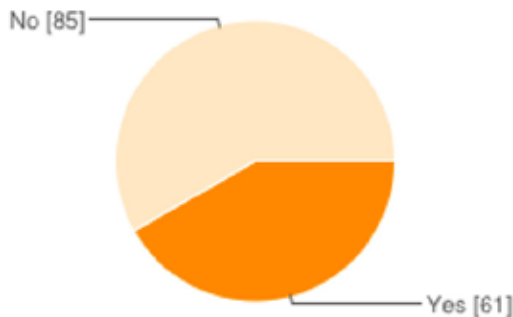
**What is your membership category?**



**What is your primary area of work?**



**Have you ever participated in a WH DPG webinar?**



**Do you have suggestions for webinar/newsletter topics? (sample responses)**

- Cancer
- Bariatric Surgery and Pregnancy
- Breast Cancer Prevention
- Weight Reduction for Menopausal Women
- Healthy Weight Gain in Pregnancy
- Preconceptual Health - Promoting Healthy Eating and Active Living
- MCH Home Visiting Programs - Incorporating Nutrition Professionals
- Vitamin D Deficiency and Supplementation in Pregnancy
- Preexisting Diabetes and Pregnancy
- Nutrition in Perimenopause
- Role of Systems, Policy, and Environmental Changes vs Clinical and Educational Approaches to Promoting Optimal Nutrition and Physical Activity

Continued on page 9



**Do you have suggestions for webinar/newsletter topics?**  
(sample responses)

- More focus on reproductive nutrition issues for women
- RDs working in WIC or food assistance programs
- Programs that excel in involving family members with lifestyle changes (any programs that succeed in involving male partners)
- Vitamin supplements for women, pregnant women, breast feeding women
- Gestational diabetes - not the basics, but details of evaluating mom's diet and blood sugar for suggestions/improvements
- Working with women with eating disorders, how is pregnancy impacted
- Osteoporosis and Osteopenia
- Healthcare Reform Act
- Evidence-Based Recommendations for Folic Acid & Other Micronutrients in Prenatal Supplements
- Health & Aging: Special concerns of women of color, women with disabilities, older women
- Hormone Changes During Menopause and Their Effect on Metabolism
- To Soy or Not to Soy?
- Updated information on nutrient needs for multiples/breast feeding multiples
- Women's health prior to and during menopause
- Medical Nutrition Therapy for PCOS or other infertility issues
- Affordable Care Act - Nutrition Services for Women
- Malnutrition During Pregnancy; Nutrition in High-risk Pregnancies, Cystic Fibrosis and Pregnancy, Kidney Disease and Pregnancy, Including Dialysis; an update on nutritional management of some of the high-risk topics discussed in the past such as diabetes in pregnancy, multiples, preeclampsia, hyperemesis etc.

**Perhaps you belong to other DPGs that offer benefits not currently offered by WH DPG. Are there other benefits you think the WH DPG might consider offering to its members?** (sample responses)

- Educational handouts
- Joint meeting with other societies/organizations that focus on women's health
- Magazine/journal subscriptions (discounted rates)
- Regional meetings other than FNCE
- Greater support of members exhibiting in the Member Marketplace at FNCE; integrate Member Marketplace with rest of exhibits so easier for participants to find
- Professional e-blasts
- Mentorship between experienced and new RDs
- More CEUs; ways to track CEUs
- More active listserv
- More scholarship/award opportunities for members
- Paper newsletters
- Access to the database for herbs and supplements

- Love the OBGYN specialty but would prefer it to be the level of specialist, not certification
- CPE credits for the newsletter
- Handbook for assessing women from preconception through menopause

## Got Case Studies?

The *Women's Health Report* is looking for contributing authors to share case studies for our future publications

### GUIDE TO ELECTRONIC RESOURCES

Questions? Email [info@womenshealthdpg.org](mailto:info@womenshealthdpg.org)

#### Web site

Access the WH DPG Web site at [www.womenshealthdpg.org](http://www.womenshealthdpg.org). Use your last name and Academy number to log in to the members section. Make sure to leave off any zeros in front.

#### Social Media

Follow the WH DPG via Facebook at <http://www.facebook.com/WHDPG>

#### Electronic Mailing List (Yahoo Group)

##### Joining the List

Option 1: Send an email to the list coordinator at [WH\\_list-subscribe@yahoogroups.com](mailto:WH_list-subscribe@yahoogroups.com).

Option 2: Visit [http://health.groups.yahoo.com/group/WH\\_list/](http://health.groups.yahoo.com/group/WH_list/) and select "Join this Group" then follow the steps below:

- In order to sign up for the group this way you need a Yahoo ID. If you have a Yahoo email address or belong to other Yahoo groups you may have this already. If you don't click on "Sign Up" under "Don't Have a Yahoo ID." This is free and allows you to access the WH Yahoo Group Web site to change your preferences or view the archives.
- Once you have your Yahoo ID, you will be able to request to be added to the WH list. The coordinator will approve your request within a few days.

##### List Options

Once you have joined the group via Option 2, you will have the ability to edit your subscription options. If you joined via Option 1, email [wrlnsc@yahoo.com](mailto:wrlnsc@yahoo.com) to modify subscription options.

##### Available options:

- Change email address where you want messages to be sent.
- Change status from receiving individual messages to receiving a daily digest or summary of messages.
- Change status to "no email" and then only view the archives on the Web.

##### Sending Messages

Send messages to the entire list by emailing [WH\\_list@yahoogroups.com](mailto:WH_list@yahoogroups.com)

##### Leave the List Permanently or Temporarily for Extended Absences

If you signed up via Option 2 and have a Yahoo ID, you can remove yourself from the list completely or just edit your preferences so that you no longer receive emails but can view the archives. If you signed up via Option 1, email [WH\\_list-unsubscribe@yahoogroups.com](mailto:WH_list-unsubscribe@yahoogroups.com) to be removed from the list.

Social media is everywhere. For a few days in October, #FNCE was a top trending topic on Twitter, and the conversation both at the conference and online was exciting! According to research from the Pew Internet and American Life Project, 69% of adults who are online are using social media sites (1). From Facebook to Twitter to Pinterest, new ways of connecting people across the globe are being created and implemented every day. Registered dietitians (or future registered dietitians), need to be able to use this advancing technology for both professional communication and to connect with the general public.

The key to effective social media conversation lies in answering the same questions that should be asked before initiating any outreach or education effort:

1. Who is the target audience?
2. What is the objective of the outreach/education?
3. Which medium (or media) would be most effective (in terms of time, cost, and potential impact) to reach the target audience?

Organizations can benefit from integrating social media into existing communication strategies. The CDC's Guide to Writing for Social Media (2) discusses how social media can help organizations achieve goals such as:

- Disseminate health and safety information in a timelier manner.
- Increase the potential impact of important messages.
- Leverage networks of people to make information sharing easier.
- Create different messages to reach diverse audiences.
- Personalize health messages and target them to a particular audience.
- Engage with the public.
- Empower people to make safer and healthier decisions.

### Facebook and Twitter

Keeping Facebook fans and Twitter followers engaged is critical to building a strong social media presence. Posts must be relevant, useful and interesting. Relevant content allows the reader to connect to the information and may be related to time, geography, a specific target audience, or specific interests. Providing practical tips and suggestions that are supported by credible research can make the messages you share more useful to the reader. Certainly the more creative and fun the content is, the more interesting it will be (2). Find examples of successful RDs who are on Twitter and Facebook and see what makes their social media dialogue stand out. In October, the Huffington Post published "35 Diet And Nutrition Experts You Need To Follow On Twitter" (3); this list would be a great place to start.

### Blogging

"Blog" is short for "web log," which can also be understood as an online journal. This can be an extremely beneficial medium, as it is a place where RDs can write about topics both personal and professional in a frequent manner. The Nutrition Blog Network

(<http://www.nutritionblognetwork.com>) contains hundreds of blog posts by RDs that can be sent right to an email account or shared via social media tools for easy access to reliable information. There are many free tools that RDs can use to set up their own blogs, including WordPress, Blogger and Windows Live Writer.

### Creators vs. Curators

"Creators" are online users who post original photos and videos, while "Curators" locate existing photos and videos on the Internet and share them. According to data from Pew, "56% of internet users do at least one of the creating or curating activities and 32% of internet users do both creating and curating activities" (4). Pinterest, Instagram and Tumblr are examples of photo-sharing tools. The Academy of Nutrition and Dietetics recently recognized the value of Pinterest to the work of RDs in the December 2012 issue of the Journal (5). The article identifies some tips for making Pinterest sites more value-added:

- Make the Pinterest site more than just a self-promotion tool.
- Diversify content by including pins to not only articles and videos of your own work but also pins to content created by others.
- Consider adding pins to recipes, nutrition tips and cooking tutorials.
- Mix it up by including pins to your own blog or personal website.
- Create boards that represent your brand or niche, such as on a particular topic or service.

### Ok, I joined, now what?

Start sharing! No matter which social media tool you choose to use, you will quickly find that people are interested. You may start getting more followers or friends, and often this can open up a dialog on the subjects you raise. These conversations can help shed light on what the general public may be thinking about a particular nutrition or health topic. Many people are more comfortable sharing their thoughts and opinions over the internet – where they can be "faceless" – rather than in person, providing valuable insight into how the public feels about sometimes controversial or confusing topics. The biggest thing to remember while using social media is to have fun! Now get on your computer or smart phone and start sharing!

### References

- (1) Social Networking, Pew Internet and American Life Project, November 2012 <http://pewinternet.org/Commentary/2012/March/Pew-Internet-Social-Networking-full-detail.aspx>
- (2) Guide to Writing for Social Media, Centers for Disease Control and Prevention, May 2012 <http://www.cdc.gov/socialmedia/tools/guidelines/pdf/guidetowritingforsocialmedia.pdf>
- (3) "35 Diet And Nutrition Experts You Need To Follow On Twitter," Huffington Post, October 2012 [http://www.huffingtonpost.com/2012/10/18/twitter-diet-and-nutrition\\_n\\_1962689.html](http://www.huffingtonpost.com/2012/10/18/twitter-diet-and-nutrition_n_1962689.html)
- (4) Photos and Videos as Social Currency Online, Pew Internet and American Life Project, September 2012 <http://pewinternet.org/Reports/2012/Online-Pictures.aspx>
- (5) Pin It to Win It: Using Pinterest to Promote Your Niche Services, Journal of the Academy of Nutrition and Dietetics, December 2012

## 2013 WOMEN'S HEALTH DIETETIC PRACTICE GROUP LEADERS

Warm welcome to  
our new leaders!

**Ginger Carney, MPH, RD, LDN, IBCLC, RLC, FILCA**  
as *Membership Retention Coordinator*

**Robin Hooge**  
as *Member Volunteer Coordinator*

**Heather Goesch, MPH, RD, LDN**  
as *Publications Editor*

**Amber Payne**  
as *Assistant Publications Editor*

**Diana Cullum-Dugan, RD, LDN, RYT**  
as *Editorial Board member*

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