OVERVIEW 2012-2013: The activities completed in 2012-2013 were centered on the following strategic plan goals:

- **Build an aligned, engaged and diverse membership**
- **Proactively focus on emerging areas of women's health nutrition across the lifespan**
- **Ensure women's health issues are part of public policy and legislative agendas**

This was a year of a sweeping review and update of the WH DPG Strategic Plan, emphasizing the expanded areas of WH DPG focus to include all of the major life stages of women from preconception through menopause. In addition, the WH DPG thoroughly reviewed and updated its EC and Committee position descriptions with additions and/or consolidation of positions as needed. The WH DPG also launched a number of new initiatives and entered into new areas of activity including the following:

- WH DPG and the Academy entered into a Letter of Agreement (March 2013) through which the WH DPG provides a grant ($15,000) to the Academy to conduct an Evidence Analysis project on Malnutrition in Pregnancy. The intent of the project is to improve the quality of nutrition care through the development of evidence-based professional resources.

- WH DPG provided an expert reviewer for the Academy's position paper on Nutrition and Women's Health (March 2013).

- An Academy-approved proposal to redesign the WH DPG website in 2013-2014.

- An expanded webinar series each with 75-100 participants. The professional education focus of these activities, along with our evidence-based quarterly newsletter, the Women’s Health Report, were key member benefits; these features also reflect our support of the Academy’s Dietetics Career Development Guide.

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- **Chair:** Barbara Millen, DrPH, RD, LDN, FADA
- **Chair-elect:** Kathleen Pellechia, RD
- **Treasurer:** Becky Gerl, RD
- **Past Chair:** Maria Pari-Keener, MS, RD, CDN
- **Nominating Committee Chair:** Elisa Zied, MS, RD, CDN
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FROM THE CHAIR  Kathleen Pellechia, RD

Hello WH DPG Membership! I am excited to share my first Chair’s letter with you since taking over leadership in June. I have been involved with the DPG (primarily working on the Web site and in the area of membership) since 2004 and it is a joy and honor to be at the helm of this fantastic organization. Not a day goes by that I don’t encounter the brilliant work of our membership; whether in the form of a tweet, blog post, book or article. Thank you for all of your efforts in the field of nutrition and women’s health!

In this issue, we publish our Annual Report to inform you of all we have accomplished in our previous membership year. This is important for two reasons: (1) So you are aware of how we put your dues to work for you; and (2) So you can see not only all of the completed work to date, but also be aware of all we are continuing to do as we move forward. In 2012-2013, we established the foundation for many initiatives that we are actively pursuing this membership year. These initiatives include: working with the Academy Evidence Analysis Library, establishing a network relationship with the Sex and Gender Women’s Health Collaborative, and redesigning our Web site. In addition, we will continue to publish our information-packed newsletters, and will offer our annual webinar series beginning in spring.

FNCE® is right around the corner! Although, sadly, I will not be able to make the trip (I am expecting my second child in November), many members of the Executive Committee will be present and look forward to meeting with you. In this issue, you will see a list of key events at FNCE® including our spotlight session, the DPG/MIG showcase and the member reception. We hope to see you at all of these fun and informative events!

I would like to thank Dr. Barbara Millen for her previous year of leadership and her continued support as Past-Chair, as well thank and acknowledge all of the volunteers who serve in leadership roles for the WH DPG. If you would like to be involved with our group, please let us know – we would love to have you! Thank you for your membership. I wish you a wonderful fall and an exciting FNCE®, if you are planning to attend.

FROM THE EDITOR  Heather A. Goesch, MPH, RD, LDN

How fast the calendar pages are flipping by! Autumn is officially underway and, for those of us in the dietetics world, that means it’s almost time for the Food & Nutrition Conference & Expo™. With the Academy’s incredible lineup of events, and a variety of great social and professional development opportunities planned by the WH leadership, this is shaping up to be an unbeatable occasion. After all, everything’s bigger in Texas! I for one am incredibly excited to meet, mingle and learn – hopefully with many of you!

It seemed fitting that the first issue of the membership year begin with a reflection of what the DPG accomplished in 2012-2013. The success of this past year is both inspiring and motivating as we continue to move forward with the initiatives laid out in the Annual Report.

This issue also presents a collection of updates from the Academy, Capitol Hill, and within the DPG, including the review of a new book from one of our own talented members. I suspect many of you, like me, will want a copy to enhance your professional practice.

Let me close by officially welcoming back the returning WH members, and welcoming aboard all of the first-time or re-joining members! I hope you find the experience enjoyable and enriching, and to that end, encourage you to become an active DPG member. There are many involvement options to explore, such as writing opportunities, leadership and volunteer roles, viewing or presentation of a webinar session, or connections through the EML or social media. Visit the DPG website (soon to unveil a fresh, new face!) for more information.

We have big shoes to fill in the new year, but I’m confident that our members, volunteers and leadership team will step up to the task! As always, feel free to contact me at whdpggpublicationseditor@gmail.com with any questions or concerns.
MEMBERSHIP: Membership as of May 31, 2013 was 874 and is stable in comparison to past years. The WH DPG conducted a membership survey and summarized major results in the WH DPG newsletter (Issue 1 2012-2013). Most WH DPG members are active and work primarily in the following areas: clinical settings/care, private practice, community/public health, and WIC. Webinar topics and new member benefit recommendations were solicited and will shape future membership professional educational development activities.

In 2012-2013, membership benefits included: a quarterly electronic newsletter, Women’s Health Report; a member-only electronic mailing list (EML); continuing professional education through WH DPG-sponsored webinars and sessions at the Food & Nutrition Conference & Expo™ (FNCE®); a social media presence via Facebook at http://www.facebook.com/WHDPG; and member awards.

The WH DPG website, www.womenshealthdpg.org, was actively utilized by members (about 200-300 visits per month) seeking to view the newsletter, archived webinars, past teleconference slides, and other site resources. The WH DPG Facebook page has 215 followers, and the WH DPG EML has engaged some 424 members.

Continuing Education and Professional Development: Webinars were conducted with 75-100 participants each on the following topics: Mindful Eating (February 28, 2013, Diana Cullum-Dugan, RD, LDN, RYT); Interstitial Cystitis (April 2, 2013, Julie Beyer, MA, RD, CWPC); Nutrition and Fertility (April 18, 2013, Margaret Wertheim, MS, RD, LDN); Prenatal Nutrition and Childhood Obesity (May 16, Bridget Swinney, MS, RDN, LD); and a co-sponsored webinar (September 26, 2012) with the Latino Integrated Nutrition Initiative (LINI) “Hispanic Childhood Obesity – Is There a Fix?”

Requests for Case Studies were sent via several channels to the membership to build resources for future newsletters and web site content.

PUBLICATIONS (Women’s Health Report Newsletter) 2012-2013:

Issue 1 2012: Lead article on Diet and Lifestyle Innovations for CVD Prevention: Update on the NHLBI-Sponsored Expert Guidelines by Dr. Barbara Millen (WH DPG Chair). Other featured speaker at FNCE® was Dr. Robert Eckel (U Colorado) who chaired the NIH Lifestyle Panel. Other newsletter features: Member survey results, a guide to electronic resources, and WH DPG social media outlets with tips on ‘connecting’.

Issue 2-3, 2013: Lead article was an evidence-based, two-part, in-depth feature on Women in Transition to Menopause with key nutrition and health considerations, by Dolores Wolongevicz, PhD, RD, LDN. An additional article on Yoga for Menopause (with pose demonstrations) by Diana Cullum-Dugan, RD, LDN, RYT. Features on EAL Practice Presentations and the RDN credential. Additional spotlights on Patty Poe, EdD, RD who practices in long-term care; the WH DPG's new Mentoring Program; and the NIH Go4Life program for older adults.

Issue 4, 2013: Two feature articles: (1) Non-Communicable Diseases and Nutrition in Women by Ruth Kimokoti, MD, MA, MPH; and (2) Food Insecurity and Women’s Health: Spotlight on Pregnant Women by Jamilah Hoy-Rosas, MPH, RD, CDE. Other features included: Academy Professional Skills Review (25 CPEUs); summary on RDN credential; a brief on the Academy’s EAL and the Nutrition Toolkit on Gestational Diabetes Mellitus; HOD Fact Sheet on Food Insecurity and Advocacy; HOD meeting update; interviews with RDs whose practice relates to international nutrition; WH DPG member webinar update; a resource review of the Nutrition Coordinating Committee; appointment of WH DPG Chair to DGAC; recognition of WH DPG member awards for Excellence in Practice Award to Angela Grassi, MS, RD, LDN and Carrie Dennett for the WH Award for Outstanding Student; announcement of the Emerging Professional in Women’s Health Award; and a recap of the PPW.

FNCE® 2012 ACTIVITIES:

• The Executive Committee conducted its monthly meeting at FNCE®.
• Over 125 WH DPG members attended the FNCE® conference.
• WH DPG co-planned a Spotlight Educational Session on Diet and Lifestyle Innovations for CVD Prevention, which featured speakers Dr. Barbara Millen (WH DPG Chair) and Robert Eckel, MD (U Colorado, Chair of the NIH/NHLBI Lifestyle Report).
• The Excellence in Practice Award was presented to member Miriam Erick, RD.
• The FNCE® membership reception was hosted collaboratively with the Pediatric Nutrition and Nutrition Education for the Public DPGs with sponsorship from Chobani Yogurt.
• The WH DPG Chair and Chair-Elect participated in the Academy’s DPG Town Hall Meeting, whereas other leadership participated in Academy-sponsored training sessions (Treasurer, etc.).
• Executive Committee members staffed the WH DPG booth at the DPG Showcase.
• Two students were awarded stipends for registration to attend FNCE®.
• WH collaborated with the Public Health and Community Nutrition DPG to staff the Mother’s Room at FNCE®.

ACADEMY ALLIANCE AFFILIATIONS: WH members Jeanne Blankenship, MS, RD and Lisa Hamlett Akers, MS, RD, IBCLC, RLC are the Academy’s representatives for the United States Breastfeeding Committee.

WEB/FACEBOOK ADDRESSES and EML:
www.womenshealthdpg.org
www.facebook.com/WHDPG
http://groups.yahoo.com/neo/groups/WH_list/info

FINANCIAL OUTCOMES:
Total Revenue: $31,914
Total Expenses: $25,998

Submitted by Dr. Barbara E. Millen (Past Chair WH DPG)
If opportunity doesn’t knock, build a door.
-Milton Berle

Academy members across practice settings are impacted directly or indirectly by the delivery of and payment for nutrition services. While we typically think of this issue in the context of clinical practice and direct providers of services, the fact is that members in a variety of practice settings touch the topic. Massive changes are underway in health care delivery and payment systems that have implications for MNT, nutrition services, the business of dietetics across practice settings and the profession of nutrition and dietetics. Change always comes with uncertainties and challenges, and such is the case with the evolving world of health care delivery and payment. Change also brings opportunities. But if we don’t seize these opportunities, someone else will.

Mega Issue Question
As the nation’s food and nutrition leaders in optimizing the nation’s health, what can we do to position nutrition services as an essential component of the evolving health care delivery and payment models?

Meeting Objectives:
Delegates and Meeting Participants will be able to:
1. Identify relevant stakeholders and their needs.
2. Comprehend the impact that current and evolving health care delivery and payment models will have on ALL areas of practice.
3. Give examples of successful integration into evolving delivery and payment models.
4. Communicate the need for nutrition and dietetics practitioners to be an essential part of evolving health care delivery and payment models.
5. Promote information to members and stakeholders and encourage members to utilize Academy resources.
6. Empower members to lead efforts and seize opportunities to provide cost-effective nutrition services to optimize the public’s health.

Why are health care delivery and payment systems changing?
• Growth in health care spending in the United States is unsustainable.
• Quality of health care in the US falls way behind that in other industrialized nations despite these high health care expenditures.
• Benefits of prevention are being recognized.
• Benefits of primary care and care coordination are being recognized.
• Evidence shows that delivery system reform without payment reform does not work, investing in primary care works, and cost accountability works.
• Additional drivers of change include the Institute for Healthcare Improvement’s Triple Aim as well as the Patient Protection and Affordable Care Act.

What solutions are evolving?
• Delivery systems
  o Patient-Centered Medical Homes
  o Accountable Care Organizations
  o Health Homes for Chronically Ill
  o Primary Care Case Management
  o Managed Care or Coordinated Care Organization (MCO/CCO)
**HOD Update**

If you have any questions, comments or concerns regarding these issues, please contact the WH HOD representative **Denise Andersen** directly at dandersster@gmail.com. Thank you in advance for the feedback!

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- Payment systems
  - Bundled Payments or Global Payments
  - Pay-for-Performance
  - Value-Based Purchasing
  - Hospital Readmissions Reduction Program
  - Hospital-Acquired Conditions (HAC)

**What opportunities exist for Academy members?**

While none of these evolving models specifically recognize RDs, RDNs or DTRs or guarantee new opportunities are reserved specifically for us, we are well-positioned to market ourselves for inclusion based on our skill sets, expertise, and demonstrated cost-effectiveness. Medical nutrition therapy (MNT) is known to be a key component in treating many of the chronic conditions plaguing our nation and is linked to improved clinical outcomes and reduced costs. Institutions and providers have monetary incentives to prevent readmissions and improve the health and wellbeing of the patient. Including the RD and RDN as part of the health care team can be seen as an investment to help providers earn such incentives. In addition, the RD and RDN service is positioned to save physician time which translates into lower operating costs.

**What will it take to be successful?**

RDs, RDNs and DTRs need to learn to speak the new language of health care delivery and payment. We need to rethink and be willing to expand our role on the health care team, no matter the practice setting. We need to recognize the value proposition has changed and market ourselves and our services in the context of these evolving delivery and payment systems if we are to achieve the recognition, respect and remuneration we seek. Branding starts with the individual, as does the task of integrating RDs, RDNs, DTRs and nutrition services into the current and future health care system. At the end of the day, it’s about the quality of nutrition services provided by RDs or RDNs. The evolving business models impact all health care settings and areas of practice. Opportunities abound but, as with all opportunities, Academy members need to seize them before other health care providers do.

**What HOD Needs from You**

Talk with your delegate(s) about this issue in advance of the Fall 2013 HOD Meeting (October 18-19, 2013).

Questions for your members to consider:
- Where do you work and how are your services paid for?

Delegate contact information is available at [www.eatright.org/leaderdirectory](http://www.eatright.org/leaderdirectory). The backgrounder is available at [www.eatright.org/hod](http://www.eatright.org/hod) > Fall HOD Meeting Materials.

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For information on how members are currently involved in nutrition services delivery and payment, read the Member Spotlights section

Available at [www.eatright.org/hod](http://www.eatright.org/hod) > Fall HOD Meeting Materials

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**Denise Andersen**<br>MS RDN LD CLC<br>WH DPG Delegate

*Sometimes if you want to see a change for the better, you have to take things into your own hands.*

—Clint Eastwood
The Dietary Guidelines for Americans (DGA) is a document released every five years as a joint effort between the U.S. Department of Agriculture (USDA) and the Department of Health and Human Services (HHS). The first Dietary Guidelines were released in 1980 and although there have been many adjustments since then, the general focus has been to promote a healthful diet for Americans to achieve and maintain a healthy weight, and prevent development of chronic diseases. The guidelines are very significant as they provide the basis for federal food and nutrition policy, as well as nutrition education initiatives. As of now, the guidelines are recommended for Americans ages two and up, and include those at increased risk of chronic diseases. However, there will be a push to include recommendations for birth to 24 months in the 2020 Dietary Guidelines1.

Starting in 1985, the USDA and HHS decided that appointing a Dietary Guidelines Advisory Committee (DGAC), comprised of experts in the field of nutrition and health, would enhance the development process. The purpose of the committee is to prepare a report outlining the new recommendations based on review of current research and literature. Once the committee submits its recommendations, the HHS and USDA review the submission, and then develop and publish the official revised DGA policy document.

Meetings and Public Comment
The DGAC will meet five times and thus far has met once, with a two-part meeting June 13 and 14, 2013. On day one, Richard Olson, the Designated Federal Officer and Director of the 2015 DGAC, began with a brief history and background, and then introduced the recently appointed DGAC members. Howard Koh, the Assistant Secretary for Health of HHS went on to highlight that this guidelines process is “all about giving Americans the power to make a healthy change in their lives.2”

Kevin Concannon, Undersecretary of Food, Nutrition and Consumer Services, then spoke about how the guidelines will form the basis for all federal nutrition programs, nutrition standards, and nutrition education for the general public. He also explained the method for determining new recommendations: (1) Examine the previous guidelines; and (2) Submit a report of their technical recommendations, focusing on nutrition issues of public health concern, no later than Fall/Winter 2014. Specific topics of focus for the 2015 Guidelines include: food groups, dietary patterns, energy balance, eating behaviors, and how each of the aforementioned areas relate to reducing the risk of chronic disease. Finally, Undersecretary Concannon discussed the future focuses of the guidelines including diet-gene interactions, the micro biome, and how to achieve a sustainable, healthful diet.

Richard Olson also spoke about the strong influence of Congress on the production of the guidelines. The Federal Advisory Committee Act of 1972 states that the production of the guidelines must be “transparent”2—in other words, the progress, changes, and meeting minutes must be accessible to the public and available for comment. To this end, a database for public comments was developed and can be found at http://www.health.gov/dietaryguidelines/. The database is a great way for nutrition and other health professionals to provide their own knowledge and suggestions for the guidelines. Viewers can both read other comments as well as submit their own and all of the comments are read by the committee.

Barbara Millen, Chair of the 2015 DGAC (and immediate past-chair of the WH DPG) made the closing remarks, stating that the ultimate goal of the guidelines is to create the greatest opportunities for Americans to have sustainable diets and enough physical activity. Recognizing that our future lies in the hands of the younger population, Millen comments: “Our schools and communities must be environments which value and embrace health and wellness, and provide opportunities for children to maintain overall health and well-being.” Until that goal is reached, the guidelines must be continuously improved and updated with the most recent literature and research.

On day two, June 14, 2013, Olson opened the session and called roll. Robert Post, the Associate Executive Director at the Center for Nutrition Policy and Promotion (CNPP) and Don Wright, Deputy Assistant Secretary for Health from HHS, spoke about the history and current use of the guidelines in public policy. After the topic selection process, presentations and discussions comprised the remainder of the meeting.

Joanne Spahn, Director of the Evidence Analysis Library at the CNPP spoke about how the library finds, evaluates, and grades the current evidence-based research. Alanna Moshfegh, Research Leader at the Food Surveys Research Group sector of the USDA, and Jill Spahn, Program Director of the Risk Factor Monitoring and Methods Branch of the National Cancer Institute gave presentations on the “State of the American Diet.” Both women work in American dietary research studies and were able to provide the committee with current information about the nutrient intakes of Americans.

The meeting wrapped up with presentations from each of the three DGAC Work Groups. The Environmental Determinants of Food, Diet, and Health Work Group, led by Miriam Nelson, discussed food and physical activity environment; food systems; food safety; and agriculture/aquaculture sustainability. Their “overarching themes” are the socio-ecological model and health equity and food access. The Dietary Patterns and Quality Optimization through Lifestyle Behavior Change Work Group, led by Rafael Perez-Escamilla, touched on total diet and nutrition-related lifestyle factors; clustering of dietary patterns and lifestyle risk factors; assessment of dietary quality, patterns, rates, and trends by population subgroup and health outcomes of interest; total calories, physical activity, and energy; and impact of dietary interventions. The Food, Beverages, Nutrients and Their Impact on Health Outcomes Work Group, led by Alice Lichtenstein, addressed high priority topics such as sodium; n-3 fatty acids; fortified foods and beverages; trans fatty acids; processed meats; dairy products; and whole fruits/juices. All three Working Group presentations are available online in PowerPoint format.

Resources and Future Meetings
The DGA website provides plenty of resources for nutrition professionals to stay updated with the progress of the guidelines, including video recordings of all meetings, announcements, meeting agendas, timeline and tentative schedule, the public comments database, FAQs, and links to press releases and other official documents. Information is also posted in the Federal Register at https://www.federalregister.gov/.

References
Over the summer I made a point to reconnect with my Congressional representatives whom with I visited in March. As we discussed pieces of legislation relevant to the dietetics profession, I asked what I thought was an important question, but for which I received a surprising answer: In the pieces of legislation dealing with food nutrition and health, why does the language refer to these services as needing provision by a physician, physician assistant, nurse practitioner or clinical nurse specialist? And in the case of the Affordable Healthcare Act, services are deferred to "health coaches", not defined by competency or education? Why are Dietitians not specifically included in the proposed legislation to reform Food and Nutrition programs that would actively change the health landscape of the impoverished and elderly? After all, if this can be done it would be a long-term cost benefit to the stakeholders such as the taxpayer, recipients and the general economy. The answer I was given was: YOU.

The more I listened to my representatives, the clearer the message became: Registered Dietitians need a stronger voice when these legislative resolutions are being penned. At a grassroots level, it is more impactful for legislators to hear the practical aspects of how legislation or regulations affect you and how it helps or hinders your work. As a whole, we are the collective voice required to change the language while legislation is still in its "resolution" form. This voice and the presentation of supportive research and documentation can show that dietitians are the experts in the area of food and nutrition, particularly in the area of medical nutrition therapy.

What are the current issues in which we need to keep our profession and expertise visible?

- The Child Nutrition Reauthorization Act and Farm Bill Appropriation. These two bills are very important as they seek to reduce food insecurity while improving the health of Americans by assuring access to a healthy, safe and adequate food supply. The Academy of Nutrition and Dietetics is committed to ensuring that consumers have access to nutrition services and education to help make healthy food choices. Another impactful piece to a legislator is the economic impact as these food dollars go back into local economies that keep jobs secure.

- The Treat and reduce Obesity Act 2013 (TROA) H.R 2415; S. 1184. This is a bill that can help secure medical nutrition therapy for those identified as at risk of obesity and its associated co-morbidities. Dietitians need to be included in the language as mandatory providers. The House and Senate bills currently call for reimbursement of services either contracted via referrals from primary providers or within primary care provider setting as part of multi-disciplinary team. However, the reimbursement cost for a RD/RDN is 15% less than a physician and is a strategic long-term healthcare cost savings.

- The Patient Protection and Affordable Healthcare Act. Legislators and agency rule makers alike need to be made aware that insurers in the exchange must have reimbursement codes for nutrition counseling services and medical nutrition therapy through a dietitian, not just a "health coach" with limited knowledge or experience. (Reimbursement CMS codes similar to services they would have for for any mental or behavioral health counseling and therapy). Advocating for the role of the dietitian in treatment and prevention of chronic diseases can increase opportunities for dietitians to receive reimbursement for services -- as goes CMS reimbursement, so does coding and coverage for all other insurers.

To get involved in grassroots advocacy, please contact your state affiliate public policy coordinator, log on to www.eatright.org and click on the Public Policy tab, or link to it from the WH DPG website. Here you will find the legislative and public policy priorities and issues that affect your profession, along with talking points and letters that can be used with your representatives. To reiterate the theme from our 2013 Public Policy Workshop: If dietetics is your profession, then policy should be your passion!

OPENINGS ON THE WH DPG LEADERSHIP TEAM

Do you think you would be a valuable asset to the Women’s Health DPG? Now is your time! The WH DPG is looking for a few outstanding individuals to serve in the following elected positions for the 2013-2014 membership year:

- Chair-Elect
- Nominating Committee

(2+ candidates for chair-elect and committee member positions)

If you would like to nominate someone or receive more information about these positions, please contact Maya Feller at mayafeller@me.com. The deadline for nominations is October 25, 2013.

MENTORING PROGRAM

My name is Pat Slinger-Harvey and I am your new Mentoring Coordinator. I am excited to help bring together members who are experienced in women’s health, from preconception to menopause, with members who are new to this area. In addition I hope to create a Speaker’s Bureau available to other DPGs and affiliates.

If you are interested in becoming either a mentor or a mentee, or have an expertise you are available to lecture on, please contact me directly at whdpmentoring@gmail.com. I look forward to developing these new programs with you!

When trying to locate a reference book to use both for professional knowledge and to share with patients and clients, it can be challenging to find one that is in-depth but not burdensome. Eating Expectantly (copyright 2013) balances this perfectly. Utilizing first-hand experience with up-to-date primary references, Ms. Swinney is able to educate the reader on the latest research and recommendations for pregnant women.

The nutrition and health discussion in the book begins long before conception, with a detailed discussion of fertility (for both men and women) and the role of diet, health and overall lifestyle. Key health concerns related to fertility are highlighted with information for overweight/obese women and those women suffering from Polycystic Ovary Syndrome. Other fertility factors discussed are caffeine, exercise, cigarette smoking (including secondhand), alcohol, celiac disease, thyroid disorders, and eating disorders.

For the newly pregnant woman, a range of information is provided, from weight gain recommendations to promoting a safe home environment. The book offers the Eating Expectantly Diet (p 86), which is based on a combination of MyPlate guidance and principles of carbohydrate counting. The diet plan is explained in detail for each trimester with sample menus and food lists. Portion sizes are discussed, as are the values of nutritionally-dense “super foods.” The vegetarian woman is also provided for with meal planning tips and general guidance.

Information on breastfeeding and what to expect after delivery rounds out the information package. Overall unique features of this publication include quick response (QR) codes that provide quick access to additional online resources. QR codes can be scanned with a smart phone, enabling readers to easily access information they need. Personal accounts from other RDs and health professionals provide a sense of balance and professional depth. Experts highlighted include Tamara Duker Freeman, Judy Simon, Sharon Palmer, Dave Grotto and Angela Grassi. Many of these experts, along with Ms. Swinney, are members of our DPG. What a wealth of talent and expertise!

HIGHLIGHTS FROM WORLD BREASTFEEDING WEEK AND NATIONAL BREASTFEEDING MONTH

World Breastfeeding Week, which is globally coordinated by the World Alliance for Breastfeeding Action (WABA), is celebrated worldwide August 1-7, 2013 or October 1-7, 2013. Although most countries celebrate in August, several countries including Canada and Spain, celebrate in October. The week of October 1-7 is celebrated as the ideal 40-week gestational period and, as such, offers symbolism in this way.

The theme for World Breastfeeding Week 2013, Breastfeeding Support: Close to Mothers, highlights the significance of providing support to breastfeeding families through utilization of breastfeeding peer counselors, mother-to-mother support groups, and other avenues for support. The theme also places emphasis on other areas of support such as family and friends, employers, healthcare providers, childcare providers, and the community at large. Read more about the theme at the WABA website worldbreastfeedingweek.org; or from the International Lactation Consultant Association website: http://www.ilca.org/i4a/pages/index.cfm?pageid=3306.

In addition to World Breastfeeding Week, the U.S. Breastfeeding Committee (USBC) named August as National Breastfeeding Month, and has been celebrated annually since 2011. The USBC kicked off its 2013 events with a social media campaign titled, Action Across America: A Social Media Advocacy Campaign to Support Breastfeeding Families. The goal of the campaign was to engage key members of Congress through targeted Twitter and Facebook messages, as well as in-district office visits to representatives. Each week the campaign focused on a different topic with an aligned legislative goal:

- August 4-10: Peer Counseling
- August 11-17: Paid Family Leave
- August 18-24: Maternity Care Practices
- August 25-31: Employer Support


Numerous small- and large-scale events took place around the world for World Breastfeeding Week and National Breastfeeding Month. These celebrations provide public health agencies, community groups, breastfeeding educators and breastfeeding advocates an opportunity to identify community and legislative collaborations, and celebrate the tremendous amount of hard work that has taken place through the years to support breastfeeding families.

Got Case Studies?

The Women’s Health Report is looking for contributing authors to share case studies for our future publications. Please contact Editor Heather Goesch at whdpgpublications@gmail.com if you’d like to contribute.
2013 FNCE® We hope to see you there!

October 19 - 22, 2013
George R. Brown Convention Center, Houston, TX
Mark your calendar for WH DPG events!

Sunday, Oct. 20

WH and NEP (Nutrition Education for the Public) DPGs co-planned Spotlight Session:
Promoting Fertility via Optimal Nutrition: Utilizing MNT in the Prevention and Treatment of Infertility
3:30PM - 5:00PM

Infertility impacts one out of ten women with new research indicating that optimum nutrition can positively increase pregnancy success rates by up to 60 percent through effective MNT focusing on weight, dietary quality, insulin resistance, and hormonal imbalance. RDs can position themselves to be integral partners in the care and treatment of infertility. Join two experts as they examine the latest research and evidence-based methods to improve the outcome of successful pregnancies for infertile couples.

Speakers:
Jorge Chavarro, MD, ScD, Assistant Professor of Nutrition and Epidemiology/Medicine, Harvard School of Public Health/Medicine, Harvard Medical School

Judy Simon, MS, RD, CD, CHES, Clinic Nutritionist, University of Washington Medical Center

Monday, Oct. 21

DPG/MIG Showcase
Stop by to meet members of the WH DPG Executive Committee!
10:30AM - 1:00PM
George R. Brown Convention Center

WH, NEP and PNPG (Pediatric Nutrition) DPGs co-hosted Member Reception
5:00PM - 7:00PM
Hilton Ballroom of the Americas B

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