**Women's**Health

# Women'sHealth*REPORT*

## A QUARTERLY PUBLICATION OF WOMEN'S HEALTH DIETETIC PRACTICE GROUP

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# NUTRITION INFORMATICS: Background and Opportunities for RDNs

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*It has been twenty five years since the establishment of the World Wide Web, and the ways in which technology enriches or perhaps encompasses our lives are more apparent than ever. Since 1995 the Pew Research Center has documented how people use the internet and how they "get, share, and create news; the way they take care of their health; the way they perform their jobs; the way they learn; the nature of their political activity; their interactions with government; the style and scope of their communications with friends and family; and the way they organize in communities." With 87% of American adults using the internet and 68% connecting "anytime, anywhere" via smart phones and tablets, the opportunities for connecting and updating via the internet and social media are endless (1).*

*How and for what purpose people use technology is incredibly specific to each individual user. Devices need to be easy to use and readily provide access to custom programs and a variety of social media channels. Given the personal nature of nutrition and health, there is an opportunity for Registered Dietitian Nutritionists (RDN) to utilize technology in nutrition practice as part of the overarching concept of nutrition informatics. This article will focus on the background, terminology, and statistics related to nutrition informatics and health information technology, as well as give examples of nutrition informatics in practice.*

## HEALTH INFORMATION TECHNOLOGY

Health information technology (Health IT) is defined as "the use of computer hardware, software, or infrastructure to record, store, protect, and retrieve clinical, administrative, or financial information. This includes, but is not limited to, electronic health records (EHR), personal health records (PHR), electronic medical records (EMR) and e-prescribing" (2). While primarily focused in the clinical setting, Health IT efforts and practices have the potential to impact RDNs in a number of practice areas.

Although in existence in one form or another since the advent of the internet and the adoption of computer systems by organizations, the concept of a national Health IT plan took shape in 2009 with the passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act as part of the American Recovery and Reinvestment Act (ARRA). The goal of the HITECH Act was to provide an EHR for every American by 2014.

The primary mechanism for the establishment of EHRs in physician offices was the Medicare and Medicaid EHR Incentive Programs. "Between 2009 and 2012, EHR adoption nearly doubled among physicians and more than tripled among hospitals. As of October 2013, 85% of eligible hospitals and more than six in 10 eligible professionals had received a Medicare or Medicaid EHR incentive payment. Moreover, nine in 10 eligible hospitals and eight in 10 eligible professionals had taken the initial step of registering for the Medicare or Medicaid EHR Incentive Programs as of October 2013" (3).

The Office of the National Coordinator for Health Information Technology (ONC) at the U.S Department of Health is the leading federal government office for this project. In December 2013 the ONC, in partnership with the Centers for Medicare & Medicaid Services (CMS), proposed a new timeline for the implementation of EHR programs and the adoption of the term "meaningful use." Meaningful use describes the criteria established for Medicare- and Medicaid-participating providers and hospitals to receive incentives for using EHRs. The criteria relate to capturing health information in a coded format, using the information to track key clinical conditions, and sharing the information to promote coordination of care and overall public health (4).

While the EHR Incentive Programs are not targeted to RDNs directly, the work of developing the programs and the "meaningful use" criteria are essential to the work of the RDN. Since the passage of the HITECH Act the Academy of Nutrition and Dietetics has been involved in federal workgroup efforts to

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## FROM THE CHAIR Lisa Hamlett Akers, MS, RD, IBCLC, RLC

Hello and welcome to a new year of the Women's Health DPG. I am thrilled to be serving as your Chair for the 2014-2015 membership year as we have many new and exciting things ahead of us! First, I know that many of you would like to know a little about me. I have been involved in the field of women's health for nearly 14 years. My primary area of expertise is public health and human lactation as I am an International Board Certified Lactation Consultant (IBCLC). I have served on the leadership team of the WH DPG since 2009 as the EML Coordinator. I look forward to stepping into this new role as Chair in serving the membership to the best of my ability.

This year we will launch a new and exciting website, as well as a new mentorship program and new network relationships. We look forward to sharing the details with you very soon. FNCE 2014® will be held in Atlanta, Georgia. Our DPG Executive Committee has selected an exciting new topic for our Spotlight Session titled *Term Weight Loss Maintenance.* As obesity presents a complex paradox for aging women, this presentation will review the latest obesity prevalence, examine behavioral and physiological culprits of unsuccessful weight maintenance, and recommend evidence-based methods to assist in designing successful weight loss maintenance strategies for middle-aged and older women. Our hope is that many of our DPG members will attend FNCE®, and will stop by our DPG/MIG Showcase Booth to say hello.

Before I close I would like to personally thank our immediate Past Chair, Kathleen Pellechia, for her fearless leadership of WH this past membership year. Kathleen helped guide our DPG in new directions and I am sincerely grateful for that. I am equally thankful for the DPG Executive Committee, who worked tirelessly behind the scenes to ensure that our DPG functioned efficiently throughout the year. If you are interested in serving in a leadership capacity this membership year please let us know. We welcome new ideas! Again, thank you for your support of WH, and I look forward to continuing to serve you this 2014-2015 membership year!

**HealthIT.gov**

## A Record of Progress on Health Information Technology

### Progress to Date:

**ROBUST PARTICIPATION IN THE EHR INCENTIVE PROGRAMS:**

☑ HOSPITAL PARTICIPATION AS OF APRIL 2013:

80% Received an incentive payment for adopting, implementing, upgrading, or meaningfully using an EHR

3,800 Received incentive payments from the Medicare and Medicaid EHR Incentive Programs

ALL ELIGIBLE HOSPITALS

☑ PHYSICIANS AND OTHER HEALTH CARE PROVIDER PARTICIPATION AS OF APRIL 2013:

ALL ELIGIBLE PROFESSIONALS — 73% — more than 388,000 professionals — REGISTERED TO PARTICIPATE in the EHR Incentive programs

ALL ELIGIBLE PROFESSIONALS — MORE THAN HALF — or more than 291,000 professionals — RECEIVED AN EHR INCENTIVE PAYMENT from the Medicare and Medicaid EHR Incentive Programs

☑ ASSISTANCE FROM REGIONAL EXTENSION CENTERS:

**HITECH FUNDS ESTABLISHED**

62 HEALTH IT REGIONAL EXTENSION CENTERS (RECs) to offer technical assistance and guidance that is critical to accelerating the provider adoption and meaningful use of EHRs, particularly in rural areas and other underserved settings.

RECs are PROVIDING ASSISTANCE and SUPPORT TO MORE THAN

44% — 130,000 PRIMARY CARE PROVIDERS

48% — 20,000 NURSE PRACTITIONERS

80% OF ALL FEDERALLY QUALIFIED HEALTH CENTERS ARE ENROLLED WITH A REC

☑ EFFECT ON THE HEALTH IT MARKETPLACE: Federal investment and standard setting have helped to create a robust market for Health IT products.

941 VENDORS PROVIDING more than 1,700 UNIQUE CERTIFIED EHR PRODUCTS

**RAPID ADOPTION OF ADVANCED TECHNOLOGY:**

ACTIVELY E-PRESCRIBING

OFFICE-BASED PHYSICIANS — January 2013 53% — December 2006 0.8%

ALL PHARMACIES — 94%

USING EHR SYSTEMS WITH CERTAIN ADVANCED FUNCTIONALITIES BEYOND the requirements of Meaningful Use Stage 1 (including physician clinical notes and electronic imaging results)

2008 FROM 9.4% — 2012 TO 44%

HOSPITALS

ADOPTION OF EHR SYSTEMS with the same advanced functionalities

2008 FROM 17% — 2012 TO 40%

DOCTORS

**ECONOMIC IMPACT:**

more than 50,000 HEALTH IT-RELATED JOBS have been created between 2008 and 2011 (HITECH was enacted in 2009)
– Bureau of Labor Statistics

AS OF MARCH 2013: Community Colleges have TRAINED 17,523 PROFESSIONALS IN HEALTH IT

AS OF JANUARY 2013: Universities had GRADUATED 976 POST-GRADUATE AND MASTERS-LEVEL HEALTH IT PROFESSIONALS

This is the result of four ONC-supported workforce development programs that are helping to train the new health IT workforce to meet the increased demand for these workers.

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standardize policies, medical terminologies, and processes so that data can more readily be utilized and shared. The goal is to create a national virtual infrastructure for data exchange that supports patients' access to their individual medical information anytime and anywhere. In addition, the Academy has various committees and workgroups within its organization that focus on both clinical and consumer informatics. Resources for RDNs include a nutrition informatics blog and access to the American Medical Association's (AMA) 10x10 Informatics Education Program.

## HEALTH INFORMATICS

Health IT is part of a larger discipline called informatics. The AMA defines the interdisciplinary science of informatics as "driving innovation that is defining future approaches to information and knowledge management in biomedical research, clinical care, and public health… informatics researchers develop, introduce, and evaluate new biomedically-motivated methods in areas as diverse as data mining, natural language or text processing, cognitive science, human interface design, decision support, databases, and algorithms for analyzing large amounts of data generated in public health, clinical research, or genomics/proteomics" (5).

Related sub-fields include clinical informatics, consumer health informatics and public health informatics. Clinical informatics focuses on the delivery of health care. Consumer health informatics is related to patient-focused informatics, health literacy, and consumer education. Public health informatics covers the areas of public health, including surveillance, prevention, preparedness, and health promotion. The Academy is an active participant in all of these areas of informatics, as well as within broader medical community discussions of Health IT, with an emphasis on nutrition informatics.

## NUTRITION INFORMATICS

Nutrition informatics is the "intersection of information, nutrition and technology" (6). While the root of nutrition informatics is in the health care setting and the adoption of EHRs and EMRs, the actual implications of it are far-reaching. Examples of nutrition informatics include: the use of software programs for nutrient analysis, video counseling, text messages as a means to share useful tips and reminders, and tracking dietary intake and physical activity with mobile apps. The 2012 Academy Practice Paper on Nutrition Informatics (7) provides a listing of applications of nutrition informatics in a variety of practice settings. A few examples are:

### Community Nutrition
- Compile and analyze data regarding foodborne illness outbreaks
- Population food intake analysis using information from vendor databases
- Individualized nutrition education provided in the client's home
- Communication with patients/clients and providers via personal health record

### Clinical Nutrition
- Clinical documentation via electronic medical record
- Creation of clinical decision support system tools, alerts, and reminders
- Integration of Nutrition Care Process
- Remote care and telemedicine

### Food and Nutrition Management
- Staffing and workload statistics
- Analysis of menus and recipes, menu planning
- Access to information sources to forecast future trends
- Policy development based on workflow analysis and redesign

The Academy has also established core competencies in the area of informatics. Examples of competencies for the entry level RDN include: understand instructions for use of clinical information systems; correctly use EMRs/PHRs as required in the practice setting to document patient care; manage user security to protect patient/client information; and know the difference between structured and free text data, and the implications of each type of data entry. Examples of competencies for the more advanced RDN include: lead project management tasks in an organizational setting; advise others on appropriate use of social media; train others on use of clinical information systems, nutrition informatics tools, and other technology topics; and function as a member of an EHR work group.

While opportunities abound in the area of nutrition informatics, challenges exist as well. These include: software/hardware limitations, financial limitations, privacy and security risks, and user acceptance of the new technology. Many of these factors may be outside the control of the RDN, but the issue of user acceptance is very relevant. Whether the RDN is the end-user of a new EHR or wishes to try a new mobile app with a client, the RDN's communication and customer service skills can be essential to increasing the likelihood of successful adoption and utilization of new technologies. To that end, advanced degrees in the area of health informatics are becoming more relevant and may be a potential mechanism for advancement of the RDN in this area.

## SOCIAL MEDIA

A 2013 review of 98 studies by Moorhead *et al.* (8) identified six benefits of social media for both the health professional and the general public/patient/client for health communication:

- Increase interactions with others
- More available, shared, and tailored information
- Increase accessibility and widen access
- Peer/social/emotional support
- Public health surveillance
- Potential to influence health policy

The same study also documented common uses of social media for health communication. These uses include: providing answers to medical questions, facilitating dialogue between patients and health professionals, collecting data on patient experiences and opinions, and enhancing health promotion and education efforts. These findings correlate to work by Burke-Garcia and Gally (9) that identified trends in digital media and public health. A few trends to highlight are buzz monitoring and social research; the non-traditional digital partnerships; e-health and the collection, management, and utilization of personal health data; and social customer relations management.

For an introduction to social media and examples of how to start using these technologies in a nutrition practice, two helpful resources can be accessed from the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/socialmedia/ and the Mayo Clinic Social Media Health Network at http://network.socialmedia.mayoclinic.org/.

## WOMEN AND TECHNOLOGY

According to a 2012 article in *The Atlantic*, women in Western countries use the internet 17% more every month than their male counterparts. "Women are the fastest growing and largest users on Skype, and that's mostly younger women. Women are the fastest category and biggest users on every social networking site with the exception of LinkedIn. Women are the vast majority owners of all internet enabled devices -- readers, healthcare devices, [and] GPS" (10). A study done by the Pew Research Center came to similar conclusions, additionally noting: "[The web site] reddit is the only site we've measured in which men are significantly more likely than women to be users" (11).

A 2014 study by Hether *et al.* (12) surveyed 114 pregnant members of eight popular social networking sites that focus on exchange of social support for pregnancy-related issues. The majority of the sample (88%) was Caucasian, with a mean age of 29 years. More than half of respondents (54%) reported this was their first pregnancy, and nearly half (48%) were in the second trimester of pregnancy.

The areas of focus were:
- trust in the site (how much they trust health-related information found on social networking sites);
- perception of social support measured using the Social Provisions Scale;
- providing and seeking social support (how often did they ask for advice and/or give advice);
- time spent on the site (minutes spent at one time);
- attitudes toward prenatal health and being pregnant; and
- behavior (whether they sought additional information from three different sources [i.e., doctor, family and friends, other online sources] as a result of something read on the website).

Two key findings of this study are:

• Trust was significantly associated with being happier about the pregnancy and with following recommendations from the site.

• Social support was significantly associated with three outcomes: a positive attitude toward being healthy; following recommendations posted on the site; and seeking further information from one's doctor.

A literature review performed by Williams *et al*. in 2014 (13) focused on randomized controlled trials (RCT) examining the use of social media to promote healthy diet and exercise. Of the 22 studies reviewed, participants were typically middle-aged Caucasian women of mid-to-high socioeconomic status. Overall, no significant differences were found for primary outcomes, which varied across studies. The primary outcomes were related to physical activity, bone mineral content, body mass index, body weight, sweetened beverage intake and social support. A few of the studies showed a decrease in fat intake after using social media; however, "the effect size was moderate and there was significant heterogeneity between studies suggesting that the effect may vary due to other factors." The review also noted that overall use of the internet-based resources was low and there was a high rate of attrition.

The authors concluded that "social media may provide certain advantages for public health interventions because it is popular, it can reach a large and diverse audience, and may be relatively less expensive to administer and maintain. However, studies of social media interventions to date relating to healthy diet and exercise tend to show low levels of participation and adherence, and do not show significant differences between groups in key outcomes. Involving the end-users from the target audience in the selection and development of the social media intervention may optimize uptake and adherence." Please note as well that this review was conducted in England.

The study from Hether *et al*. and the review from Williams *et al*. are two recent examples of work in this field; however, the overall research is limited and lacking in ethnic and socioeconomic diversity. There are opportunities for RDNs to pursue research in this area in terms of how social media and technology can be used effectively with women for both improved social and emotional health and physical health.

In addition to recognizing that women are leading the conversation on social media sites, there is need to explore how technology itself can improve the health of women. In 2013 the Center for Global Women's Health Technologies at Duke University was formed with the mission of "increasing research, training and education in women's diseases with an initial focus on women's cancers and maternal-fetal health; increasing the pipeline of young women and men who will build careers in intersection of technology and global women's health; and engaging students in STEM fields by providing a program that is meaningful to them by targeting areas of a woman's life that are subject to inequity and creating supportive environment" [sic] (14).

Work in the area of women and technology, as well as in the area of sex and gender differences in health care, continues to grow and develop. Women are talking about nutrition and health on social media, and the RDN can only benefit from being a part of social media channels to ensure content shared is rooted in evidence.

## NUTRITION COUNSELING AND ASSESSMENT

*Health Coaching*
Health coaching, both in-person and using the internet, is gaining popularity. Although health coaching is not done exclusively by dietitians, a few recent studies looking at this area may be of benefit for RDNs to review. It is important to note, however, that many of the studies that explore technology and nutrition are often limited by a small sample size and few, if any, variable controls.

A 2014 study in the *Journal of Medical Internet Research* looked at developing and testing a "smartphone-assisted intervention delivered by health coaches that improves behavioral management of type 2 diabetes in an ethnically diverse, lower SES population within an urban [Toronto, Canada] community health setting" (15). The 24-week intervention included interactions in person, by phone, and by smartphone with a personal health coach. The primary outcome the authors focused on to assess efficacy was change in glycosylated hemoglobin (HbA1c) levels from baseline compared to 24 weeks. Eligible participants were patients over 18 years old, diagnosed with type 2 diabetes, and able to read and speak English. The study had 21 participants and upon completion those with HbA1c >7.0% saw a reduction of 0.43% ([SD 0.63] [p=.04]). The study focused on individuals from a lower resource community, many of whom had to be loaned smart phones to participate. However, with the rise of mobile phone ownership, this may pose less of an issue over time. It is also unclear to what extent the results can be attributed to the virtual health coaching versus the in-person sessions.

One group showing promise in this area is college students. "Approximately 1 in 3 college students are overweight or obese and most students gain weight during college" (16). Given also that the "young adult population, age 18-29 years, has the highest smartphone penetration and 88% of college students connect to the Internet using a mobile device" there is a potential to reach this group via mobile tools and social media for provision of weight management- and other nutrition-related content. While social support is evident, the outcome measurement in terms of behavior change is lacking, and could be a potential opportunity of research for RDNs.

*Dietary Intake*
Assessing dietary intake of patients and clients is a core skill for dietitians. Technology tools can often be an asset to this process. A 2014 review titled "An Overview of the State of the Art of Automated Capture of Dietary Intake Information" (17) focused specifically on this topic. "The rapid and ubiquitous uptake of smartphones which now as a norm contain built-in digital cameras and a variety of other sensors provide a significant new person-centric data capture capability. In addition, there is the increasing development and prevalence of nutrition facts panel labeling and further digitization in food industry production and point-of-sale systems." In the review the author describes the following types of information capture: food type, food portion size, food identifier information (barcodes), nutrition facts panels, recipe information, food purchase/point of sale data, and estimation approaches. One method growing in popularity is taking pictures of meals with a smartphone camera and using various apps to analyze the meal. This is of particular help in addressing foods that are not packaged with a barcode or other identifier.

Another 2014 review examined 12 studies to explore the feasibility and validity of mobile phones to assess dietary intake. Reviewers Sharp and Allman-Farinelli reported that "four dietary recording methods [were] validated on mobile phone platforms: electronic food diary, food photograph-assisted self-administered, 24 hour recall, food photograph analysis by trained dietitians, and automated food photograph analysis. All mobile phone dietary assessment methods showed similar, but not superior, validity or reliability when compared with conventional methods. Participants' satisfaction and preferences for mobile phone dietary assessment methods were higher than those for conventional methods, indicating the need for further research.(18)" Given the small number of studies available for inclusion in this review, further work in this area is clearly needed.

Dietitians have the opportunity to be involved in the development and testing of new dietary intake assessment technologies. The companies developing these programs often seek feedback from the practitioners who may ultimately utilize them. Dietitians can also "try" these new programs with patients and clients who are looking for new methods and provide feedback to the manufacturers. It is important to note, however, that it is necessary to assess a patient's or client's willingness to work with technology. Including questions related to technology comfort-level in an initial assessment, and/or offering technology-based options as part of a larger menu of services, may also be helpful.

## COMMUNITY NUTRITION

*Special Supplemental Nutrition Program for Women, Infants and Children (WIC)*
The WIC Program celebrates its 40th anniversary this year, and continues to provide food packages, nutrition education, referrals, and breastfeeding support to women and their families. In Fiscal Year (FY) 2013 the WIC Program served 8.7 million low-income women, infants and children (up to the age of 5), serving half of all infants born in the United States each year (19). There have been many changes and enhancements to the WIC Program since its establishment including the expansion of the food packages, expanded adoption of electronic benefits transfer (EBT), development of the Value Enhanced Nutrition Assessment initiative (VENA), and the creation of the breastfeeding peer counseling program, as part of larger breastfeeding and promotion efforts.

As technology and social media are a constantly growing part of peoples' lives, these concepts will continue to play an integral role

in WIC Program operation at the local, state and regional levels. In a recent study of the Western Region WIC states, 92% of an 8,144-sample population reported owning a cell phone, and more than half of these were smartphones. All of the study participants accessed the internet – 23% used a cell phone for access, and 25% used both a computer device and a cell phone. Communication methods are changing, too. The top-used technology communication methods were e-mail (92%), text message (86%), and Facebook (80%). As technology use evolves, so do the preferred methods of communication, receiving education, and obtaining support from their peers. This study also shows that 2 out of 3 participants are interested in setting up appointments online, and receiving text or email reminders of appointments. The use of internet-based education is also growing, as 59% of respondents reported a preference for enrolling in online classes to fulfill their education requirement. Other technology uses respondents thought would be helpful include joining support groups through social media sites like Facebook, participating in internet-based WIC groups, or video chatting with WIC staff (20).

The Arkansas WIC Program has already started to increase technology use to reach participants. Breastfeeding peer counselors can text with mothers who need support with breastfeeding, and the Arkansas WIC Breastfeeding Facebook page utilizes the *Loving Support Makes Breastfeeding Work* campaign to reach out to mothers and increase awareness and support of breastfeeding. Facebook as a technology tool can provide mothers with information directly on the site or link to other important resources (21). One such link on the Arkansas WIC Breastfeeding Facebook page directs users to another important technology-based program – text4Baby. The text4Baby program is designed to text health tips to women based on their due date or their baby's birth date. Messages address many topics including signs of labor, developmental milestones, nutrition and more. Those receiving the texts can even set up appointment reminders for any upcoming doctor visits (22).

Technology provides the opportunity to reach a larger audience, and in a WIC setting it can increase not only participation and satisfaction, but also overall knowledge of clients. In particular, online education through training modules allows more WIC participants to receive the education at one time, allows them to move at their own pace, ensures that the same information is delivered to all participants, and eliminates both the need for an educator and the issue of "inconvenient" class times. Online education courses are often well-received by WIC participants, as several studies have shown. A recent study by Trepka, *et al.* (23) put a computer kiosk in a WIC clinic to determine client satisfaction with online versus in-person courses. A five-module program about food safety was created and offered directly on this computer. The program and a subsequent satisfaction questionnaire were completed by 180 participants. The latter indicated that 93.4% of participants enjoyed using the computer kiosk, 97.2% found it easy to use, 95.5% learned a lot from the program, 86.9% preferred using the kiosk over reading pamphlets, and 92.1% would like to learn about other health and nutrition topics from the kiosk.

Another area in which the WIC Program is utilizing technology is text messaging for reminders of upcoming appointments and events, as well as for sending key nutrition education messages and behavior-change encouragement. A number of WIC State Agencies utilize text messaging for appointment reminders and other announcements

including Oregon, Michigan, Maryland, and California. Oregon implemented its texting program in 2010 with voice-, text message-, and email-based appointment reminders, available in eight languages (24). Reported outcomes include a savings of 150-plus staff hours each month and a 2% increase in statewide show rates only three months after starting the program. A 2012 study focusing on parent opinion of receiving reminders about immunization schedules found the "benefits of receiving text messages for immunization reminders far outweighed the barriers identified by parents" (25). Although the sample size was small, the study is one of the few to evaluate text messaging as a reminder tool.

Another area within the WIC Program where text messaging is being employed is breastfeeding peer counseling. The Yale School of Public Health recently announced it is embarking on a two-year study on the use of text messaging in WIC breastfeeding peer counseling (26). "The study, known at LATCH (Lactation Advice thru Texting Can Help), seeks to prove that the instant, two-way messaging system can provide the timely encouragement that some new mothers need, as well as provide them with outside resources and, when needed, direct assistance." The research team aims to enroll "250 new mothers from New Haven, Norwich and other areas who are currently enrolled in the Women, Infants and Children Supplemental Nutrition Program (WIC)."

*Supplemental Nutrition Assistance Program (SNAP)*
The SNAP program (formerly Food Stamps) is the largest program providing nutrition assistance in the United States. In FY 2013 alone it served 47 million people each month. Since 2004 SNAP has been delivering its benefits in all states via EBT. To follow are a few examples of SNAP-related innovative technology programs.

Alabama SNAP-Ed Childhood Obesity Prevention Initiative
Body Quest: Food of the Warrior (27) is a "4-year impact evaluation study (2010-2013) that is a unique and comprehensive program to prevent childhood obesity. Body Quest empowers 3rd graders in Alabama to increase fruit and vegetable consumption, increase physical activity, improve sleep hygiene as it relates to nutrition, and enhance family involvement in terms of diet and physical activity." The curriculum includes seven iPad apps, printable support materials, and a leader's guide. At the conclusion of the study, total enrollment reached third-grade students from 38 Alabama counties (n= 2,564), and initial pre/post test results showed an increase in overall fruit and vegetable consumption. The apps and supporting materials are currently available for free through the Alabama Extension Program.

U.S. Department of Agriculture (USDA) Core Messages for Moms and Children
The Core Nutrition Messages (28) and related tips, advice and guidance were designed specifically by the USDA for populations served by WIC, SNAP, Child Nutrition, and other Federal nutrition assistance programs to help nutrition educators deliver consistent messages that resonate with moms and kids. The messages developed to date focus on milk, whole grains, fruits and vegetables, and child feeding. There are videos, widgets and even a video game for kids to assist educators in sharing these messages. Using consumer-tested messages can improve the effectiveness of nutrition education efforts, regardless of how the messages are shared and what tools are used.

Text2bHealthy–Maryland Food Supplement Nutrition Education (FSNE)

Launched in 2012, the Text2bHealthy program (29) is a nutrition and physical activity outreach effort to link existing FSNE youth education provided in the classroom to the home, and to influence behavior change for the entire family. The program targets parents of elementary school children already enrolled in FSNE school-based youth programming. Maryland FSNE was the first USDA-funded program for text messaging. Messages provide information and tips for targeted community opportunities and events related to nutrition and physical activity.

The pilot program included six schools and 203 parents. Pre- and post-program surveys, focus groups, and message testing were used as measurement methods. Pilot program focus group and survey data showed "that the vast majority of eligible parents had cell phones and unlimited texting plans. Among participants, 94% of parents read all text messages, 98% always or sometimes do something suggested in one of the texts, and 84% of parents intended to enroll again the following year. During the 5-month pilot, 91% of participants were retained" (30). Information collection focuses on consumption of fruits and vegetables, physical activity behaviors, and grocery shopping behaviors. In late 2012 the program surpassed 1,200 participants and continues to operate and offer its services.

Key take home points from this project can be the benefits of using targeted messages (i.e., sending specific messages based on community events calendars, grocery store weekly specials and school events) and the use of multiple evaluation methods. Both of these can be applied to both small and large-scale text messaging programs.

Oregon State University Extension

Launched in 2009, Food Hero (https://www.foodhero.org/) (31) was created by the Oregon State University Extension Nutrition Education Program to "increase the amount and variety of vegetables and fruit consumed by Oregonians." The target audience of the campaign is limited-income mothers with young children, and it utilizes multiple social media channels, including Facebook, Twitter and Pinterest. Google Analytics, Facebook Insights and Pinterest Analytics were used for evaluation, and Hootsuite was used to manage the social media tools. Since its creation, the developers have found that "all of Food Hero's social media sites continue to increase in membership and engagement… In the past year, the Facebook community has grown 47% and referrals from Pinterest to foodhero.org have increased by 98%."

While these are only a few examples, browsing the social media sites of various WIC Programs, SNAP Programs, Cooperative Extension Programs, etc. can provide many ideas to begin communicating with clients and participants via technology. It is easy to be overwhelmed by the amount of new and changing technologies impacting both home and work life. Therefore, a nutrition and health professional who is willing to learn, adapt and grow with the technology is more likely to lead the waves of change rather than be swept away by them. Clients are using these tools to guide and manage their personal lives and the lives of their family members, and we will only serve them better by being prepared and meeting them in the virtual discussion.

With the work towards a universal EHR, continued efforts to standardize nutrition language and terminology, the increase in smartphone and tablet use, and the advent of online/mobile nutrition education and promotion efforts, RDNs are poised to have both opportunities and challenges in the area of nutrition informatics. The question is: will RDNs be prepared for the roads that lie ahead? With the wealth of training opportunities and resources available, it is the hope of this author that the answer is "yes."

*This article is adapted from the e-book "Do you 'Like' Us? Using Social Media and Technology in WIC, Head Start and other Public Health Programs" written by Kathleen Pellechia, RD. Copyright 2014, Skelly Skills (www.skellyskills.com). Used with permission.*

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**Jamillah Hoy-Rosas**, MPH, RD, CDN, CDE, *has spent the majority of her career as a dietitian focusing on women's health and reproductive nutrition. She is a Past Chair of the Women's Health DPG and its current Research Coordinator. For over four years, she was the WIC Program Director at Betances Health Center (BHC), a Federally-Qualified Health Center (FQHC) on the lower east side of Manhattan. In her own words: "working with those families in that setting and facilitating some of the improvements that they made in their lives was some of the most rewarding work of my career." More recently, Jamillah has moved her career focus almost exclusively into the realm of diabetes, working primarily with adults with type 2 diabetes. She is part of an inter-disciplinary team at City Health Works, a non-profit health organization dedicated to supporting individuals and families struggling with chronic diseases in the Harlem community.*

**Tell us a little about your professional background, and your path to becoming both a Registered Dietitian and Certified Diabetes Educator.** I have been an RD since 2003 and a CDE since 2007. I gathered my hours to sit for the CDE exam while working as an outpatient dietitian and WIC Program Director at BHC. My CDE certification proved very helpful when I transitioned later to a position as a Medical Case Manager with The Family Center. Here I provided individual case management, group education, and medical nutrition therapy to clients at risk for diabetes and those living with diabetes as part of Brooklyn-Stay Well, Enjoy Life (B-SWEL), a comprehensive community-based health and wellness program located in Central Brooklyn. In this position, I was trained as a Lifestyle Coach for the National Diabetes Prevention Program and a Facilitator for the U.S. Diabetes *Conversation Map*® Program.

**You are currently the Clinical Care Manager at City Health Works. What led you to this organization, and what are the primary roles of your position?** City Health Works is a non-profit health organization that aims to transform patient care and advance population health by hiring, staffing and training community health workers (health coaches) from the neighborhoods we serve to bridge the gap between "health" and "healthcare." These health coaches support individuals in making the lifestyle changes necessary for improved health, and integrate with primary care clinics and community-based social services to address holistic patient needs. We view ourselves as not only improving health but also creating meaningful employment opportunities in the low-income communities where we operate.

I connected with the founder of City Health Works, Manmeet Kaur, via LinkedIn. Interestingly, this job as a Clinical Care Manager (CCM) was originally posted for a nurse; however, once I read the job description, I felt my skill set as an RD/CDE was a great match. I sent my CV and cover letter detailing why I thought the lifestyle and behavior management expertise of an RD/CDE would be ideal for this role. After an interview with key members of the leadership team, I was offered the position and have been there for almost a year. It's amazing, fulfilling and challenging work.

As CCM, I am the "coach of the coaches." I train, manage and provide clinical supervision to a staff of six health coaches who in turn provide self-management strategies/motivational coaching to adults living with diabetes in the East Harlem community. I helped develop an evidence-based, comprehensive coaching program that incorporates motivational interviewing principles. It is delivered by the health coaches in the homes of adults with HgA1C levels > 8. The intervention is designed to motivate our clients to achieve realistic health goals, such as limiting carbohydrate intake or increasing physical activity, and it aligns closely with the AADE7™ (American Association of Diabetes Educators) Self-Care Behaviors. I also serve as the liaison between the health coaches and the primary care team at our partnering clinics, working closely with physicians, pharmacists and other health professionals to coordinate clients' care across the continuum.

**Tell us more about how City Health Works utilizes social media and technology to help mentor new coaches and interact with clients.** City Health Works will complete an 18-month pilot program in East Harlem at the end of February 2015, having served over 300 patients. We are heavily dependent on technology to deliver the intervention, monitor outcomes and facilitate communication among the health coaches and myself. We utilize a HIPAA-compliant version of Google Docs to enter patient encounter notes on iPad tablets, which links to an Excel file that I use to monitor coach and client interactions. When the coaches need to get immediate input from me regarding urgent issues with their clients, they use a text message-based care coordination software called Cureatr, which is also HIPAA-compliant. In addition, we use Todoist – a fantastic task management app to communicate and monitor the progress of important tasks related to coaches and their clients. We are currently exploring other database management systems to further streamline our technological processes.

**What are your goals for the future of the program from a nutrition standpoint?** The program is growing rapidly. We are looking to expand our focus to include other chronic disease areas soon, and expand our reach into other communities within a few years. I hope to see other RD/CDEs hired as Clinical Care Managers to share their expertise and skill in these areas to help this model succeed. I would also like to have each client receive a personal nutrition profile and more culturally-tailored meal plans and recipes.

**What do you enjoy most about working with an organization that is so "connected?" What do you find most challenging?** I think that using technology in this way provides the opportunity for our program to be very flexible. It also allows us to quickly adapt to the needs of our growing client base. A major challenge is the issue of connectivity with broadband and Wi-Fi in some neighborhoods where coaches aren't able to get a good signal. Additionally, every device, app, and software has its limitations. It becomes necessary to use multiple types of technology to do all of the things we aim to do, presenting new challenges for training and integration. We find ourselves moving away from disparate technology solutions, and focusing on customized technology that can do everything from task management to communicating directly with EMR systems at our partnering clinics in a HIPAA-secure way.

## UPDATE FROM THE ACADEMY – Therapeutic Diet Orders: Who Can Order Diets?

Some articles have misstated that CMS' new rule on therapeutic diet orders has "leveled the playing field" between RDNs and other nutrition professionals. This is not actually the case. The rule does not define what qualifications are needed to independently order therapeutic diets. Rather the rule leaves it up to the hospital to make that decision (in accordance with state law, which defines the scope of and sets minimum standards for dietetics and nutrition practice).

This remains consistent with what has always taken place – hospitals have always been able to hire RDNs or other nutrition professionals. There was no federal law or regulation that granted RDNs the exclusive ability to provide nutrition services in hospitals. Similarly, CMS' new rule does not add or eliminate any perceived exclusivity, which the Academy has been aware of since the beginning.

However, hospitals consistently hire RDNs because of their qualifications, education and training. The Academy is confident that as hospitals implement the new regulation and privilege practitioners to order therapeutic diets, they will continue to carefully examine individuals' credentials and competencies, recognizing the totality of evidence showing that RDNs deliver effective, safe, cost-effective nutrition care.

The Academy will continue to work on behalf of its members. If you have any other questions regarding therapeutic diet orders, please visit our FAQs. Also feel free to email us at Govaffairs@eatright.org.

### PUBLIC POLICY ACTION ALERT

Please complete the action alert in support of a bill that will establish a National Diabetes Care Commission. This bill solves the problem of dispersed, uncoordinated federal entities working on diabetes issues and establishes a commission to make recommendations for better coordination to leverage federal programs for people with diabetes and pre-diabetes. The commission, which will include clinical dietitians and other expert practitioners, would also determine how the government could support clinicians in providing high quality care to people with diabetes. To find out additional information about H.R. 1074, click here.

According to the public policy update, the bill currently has 145 sponsors in the House. With a relatively high number of sponsors, this bill has a chance of getting passed, but our Reps need to hear from us to gain their support. The newest co-sponsors of the House of Representatives of the bill are:

**Rep. Betty McCollum (Minn.)**
**Rep. Scott Peters (Calif.)**
**Rep. Louise McIntosh Slaughter (N.Y.)**
**Rep. David Scott (Ga.)**

Please take less than two minutes and send a note to your member of Congress. *Take Action today!*

### MEMBER SPOTLIGHT Continued from page 8

**Do you have advice or tips for other dietetics professionals who want to begin incorporating technology and social media into their work?** LinkedIn is an amazing resource. I credit the site for connecting me with City Health Works and helping me get this job. Dietetics professionals using LinkedIn should ensure that their professional profiles are up to date and emphasize their skill sets, not just job titles. I also have a professional Twitter account (@nycrdcde), and believe it is another wonderful platform for making connections and communicating with the world about nutrition and health.

**If you had two or three things you want dietetics practitioners to learn from your professional experience(s), what would they be?** Think outside the box. Be ready to pursue non-traditional roles that help you develop new skills. Dietetics professionals have such a wide array of amazing talents that we develop through working with people to achieve lifestyle change. We are excellent clinicians, managers, trainers, educators and business professionals. We have to look at possible employment opportunities and think about whether we can do the work, not whether it's listed as being for a dietitian. I have been fortunate to have held jobs that I have loved, and I try to only accept work that I know will be rewarding and will grow my skill set over time.

### CALL FOR VOLUNTEERS

The Women's Health DPG is looking for volunteers to fill the following positions for the 2014-2015 membership year:

*Newsletter Editor*
*Member Spotlight Author*

If you are interested in volunteering or would like to learn more about any of these positions, please send an email to info@womenshealthdpg.org.

**Jan Patenaude**, RD, CLT, *has spent the last 14 years of her career as a dietitian focusing on food sensitivity, inflammation, migraines, IBS and anti-aging nutrition. She is a Certified LEAP Therapist (CLT), and the current Director of Medical Nutrition for the medical reference laboratory, Oxford Biomedical Technologies, Inc. A proud member of the WH DPG, Jan is also a member of the Nutrition Entrepreneurs, Nutrition Education for the Public, Dietitians in Integrative and Functional Medicine, and the Medical Nutrition Practice Group DPGs. She is past Public Relations Chair of the national board of Dietitians in Private Practice, now known as the Nutrition Entrepreneurs DPG.*

*You can hear Jan speak at FNCE® 2014 the morning of Sunday 19 October. Her session is titled: "A Big MNT Headache: Identifying Dietary Migraine Triggers and Integrative Treatments."*

**Tell us a little about your professional background and your career path.** A nutritionist since 1977 and RD since 1982, my work has varied from hospitals and LTC to home health care and subcontracting RD services. In 1998 I "found" my husband on AOL and we set up a homestead at our dream location in the Colorado Rockies -- 30 miles from the nearest town, grocery and gas station. It was at this time I started to pursue RD work that could be done from a home office. In 2001 I met the then-VP of Oxford Biomedical on the health-related message board for which I was writing 10 brief postings a month. A year later I became the first Certified LEAP Therapist and was officially hired by Oxford as a consultant RD to counsel individuals on their LEAP Diet – an elimination diet based on Mediator Release Test (MRT) results. Clients were referred by physician order, with lab results, chart notes, and client paperwork sent directly to me via fax/e-fax. I would "meet" with my clients over the phone, and then fax my consultation notes back over to the ordering physician.

After a few years of phone counseling I was asked to "distance" train other RDs in LEAP therapy, and co-authored the LEAP Therapist Training Course. As a LEAP Mentor I've worked with nearly 1,000 RDs by phone (landline, forwarding, cells, texting) and internet (email, websites, referral sites, EMLs, e-faxing, document sharing, web surveys, webinars, seminars, conference calls, social media). I currently also mentor RDs using these technologies to grow their businesses, and/or to help support their own tech-savvy clients. At this time I continue to mainly work from home, unless speaking or hosting meetings with LEAP colleagues.

**You "commute" to work at the Florida-based Oxford Biomedical from your home in Colorado, or wherever you may find yourself that day. What is a typical day like?** A typical day starts calmly with coffee, planning and prioritizing, unless the phone rings and I see it's an important call. At least half of my time is spent standing at a laptop table (a desk/type treadmill is on the wish list!) to moderate each of the five EMLs I started for different client/colleague groups, answering questions on DPG listservs and social media, and addressing emails from the corporate CEO/department managers at Oxford, my out-of-state virtual assistant (VA), fellow LEAP Mentors and colleagues (e.g., RDs, physicians, RNs, MAs, NPs), as well as current and potential LEAP patients/clients.

Emails often generate the need for follow-up calls – by phone or a virtual platform like Skype or Zoom.us. Other tasks throughout a typical day range from recording conference calls for future sharing, planning for upcoming conferences, discussing planned educational webinars and presentations, and/or creating online surveys for a physician's office, business, or other practice.

I also may spend time reviewing LEAP patients' Food/Symptom Diaries. There are several routes I may take, depending on patient preference. Google Drive allows us to work together "in the cloud." We're both logged into a shared spreadsheet, and can discuss the issues through the program's chat function or by phone. The Food/Symptom Diary may also be received via fax as a password-protected PDF document. Other LEAP colleagues have said good things about the mySymptoms phone/tablet app; however, I'm not currently using this with my patients.

**What do you enjoy most about telecommuting and relying so heavily on technology for your work? What do you find most challenging?** For me, I enjoy the opportunity for a wide variety of work, "seeing" clients from all around the country, and not being tied to a "9 to 5" job (even if I work many 6 am to 10 pm days). I have family and friends that say, "I couldn't STAND your job, being on the computer all day." But, it works for me. My response: "I'm passionate about what I do – have laptop and phone, can travel, will work!"

Telecommuting offers so much flexibility. I'm able to work from wherever I happen to be, wearing a sundress and flip-flops. If time allows, I can take a bit of time off mid-day for gardening or exercise, and then work well into the night. I enjoy the opportunity to travel, work from anywhere, and to accompany my husband on his business trips. Savings is another huge benefit. I don't have to "put on my face," put on professional attire, or drive to work. This can truly save a lot of time and money; not to mention it limits my exposure to chemicals found in make-up, hairspray and the like.

The biggest challenge is staying in touch when traveling in areas with no cell phone towers or internet signals. Since much of my time/travel is in rural areas, I've learned to use websites/email servers that work well offline. Working "in the cloud" is often not an option, so as high-tech as this world is, a basic landline is a necessity for me. Power outages that last 2-3 days are occasionally an issue out here; however, I can typically work around them thanks to our solar panel technology. Another challenge is achieving a personal, one-to-one touch with clients when so many are seen virtually. It's tough for a "hugger" to give good hugs long-distance.

**Do you have advice or tips for other dietetics professionals who may consider a telecommuting position, or simply would like to incorporate more technology and social media utilization into their work?** There are several hardware and software items I would highly recommend to dietitians who telecommute and/or would like to increase tech in their practices. First and foremost is a good quality laptop that won't crash on bumpy roads or suffer from frequent use outdoors. My laptop goes everywhere, and it takes a beating. I've also found cables that can lock my computer to my car, secure it in a hotel room, or to a table while exhibiting are essential for personal security in public places. To keep the laptop, my phone and WiFi connectors charged, I keep an inverter in the car for long drives, and a low-tech three-outlet electric plug for airports or to charge multiple items overnight in a hotel room. (The inverter even came in handy once when construction made me late to a speaking engagement, powering my curling iron!)

Other hardware I recommend is a headset and/or Bluetooth to give my hand/arm/ear a rest, a GPS and cell phone with MiFi (a mobile "hotspot") connectivity for travel, and digital reading devices.

## PUBLIC POLICY ACTION ALERTS: Importance and Impact   By Dawn Ballosingh, MPA, RD, LMNT

You've seen them arrive in your overflowing email inbox – the Academy's Public Policy Action Alerts. Barely perusing the title you may think: "I don't have time for this," or "This isn't relevant to what I do." With the click of a button you deposit it in the virtual trash bin without a second thought.

A few months down the road you hit the wall with a supervisor/medical provider who can't seem to define your relevance, and/or decides you are not a significant enough revenue-producing unit.

*How are these two events related?*
The Public Policy Action Alerts are part of a strategic approach to help define the worth of the RDN in all work settings. They are carefully crafted to help decision-makers at both Federal and State levels to objectively learn about what we do and how we can improve the health and well-being of our nation through specific pieces of legislation. This ultimately helps define our worth.

The Academy's Benefits and Compensation Survey clearly shows how RDN salaries compare to that of other allied health professions with similar levels of training. It can be disheartening to see where we lie on the spectrum.  For example: In the state of Nebraska an RDN is expected to earn an average salary of $48,000, whereas a Registered and Licensed Nurse can expect $60,000.

Another unfortunate fact is that many insurance companies choose not to cover or limit coverage of nutrition counseling services, and pigeon-hole it to specific settings, because the function of the RDN was too ambiguously defined. One such example is the use of the words "Intensive Behavioral Therapy" for treating obesity.  Who else can carefully integrate behavioral counseling for feeding or eating behaviors with the myriad socio-economic and psychological variables, as well as the science of nutrition, to achieve a patient acceptance and behavior change? The Registered Dietitian Nutritionist!

*What can you do?*
Commit yourself to following through on each of these most important Action Alerts. Your support may just be the tipping point that moves a piece of legislation further along its journey, helps define our role as RDNs, and moves another notch upward in defining the worth of our profession.

Be the master of your professional destiny, and become involved in advocating for RDNs in all aspects of the work that we do. It begins with the click of a mouse, sending a pre-written email directly to our legislative representatives. The result: a united voice that translates into recognition of the profession, quality services to patients, and true stewardship of public trust and resources.

To get involved, log on to eatright.org and select Public Policy under the Member tab (or link to it from the WH DPG website). Here you will learn about the legislative and public policy priorities, discover current issues affecting our profession, and access talking points and letters that can be used for your representatives. You can most certainly impact policy-making by doing your part with the Action Alerts.

So, as always, I leave you with this: *If Dietetics is your profession* (and it is important to you), *then policy should be your passion!*

### FNCE® DPG/MIG SHOWCASE

If you plan to attend FNCE® in Atlanta, visit the Women's Health DPG Showcase booth on Monday 20 October from 9:30am-12:30pm in the Georgia World Congress Center Expo Hall. *We'd love to see you!*

## MEMBER SPOTLIGHT Continued from page 10

In terms of software and web apps, I recommend Innoport for HIPAA-compliant electronic/virtual fax, voice message service, and more. I frequently use Google Drive to store and share documents, Free Alarm Clock and Grindstone to keep me on schedule and on task, Zoom.us for HIPAA-compliant video calls with a recording capability, Survey Monkey for web-distributed survey creation and data collection, Square credit card processing, and Health Profs for marketing. For light users, there are some free services available such as Efax, and Dropbox for document storage and sharing (however, the latter isn't HIPAA-compliant).

Last but most certainly not least – a virtual assistant! Despite living in different states, we're able to keep in touch and on the same page with phone and virtual calls, email, and our various "shared documents" and "to-do" lists using Google Drive and Dropbox. She is invaluable.

**Tell us your prediction of what nutrition practice will look like in the next few years.** Expect future patients/clients to keep up with technology, and to expect us to do the same. Why get in a car, burn gas, and fight traffic to meet for a brief appointment when a 15-minute phone or Skype

call, or online document review can be just as efficient? Patients/clients may be hurting or sick, a working mom with four children, or just incredibly busy. It's truly a service to be able to help them from the comfort of their homes or offices – no need to find transportation or a sitter, or miss work. At the same time, I don't have to charge them for my drive time. If you can work with a doctor online, why not an RD? So, I let patients/clients come to me via technology. I like "options" and so do they.

**If you had two or three things you want dietetics practitioners to learn from your professional experience(s), what would they be?**  Leave your options open, and always learn, learn, learn. There are many expert RD colleagues who offer online webinars to introduce you to marketing, rapidly changing social media and technology, Electronic Medical Records, online patient billing, and more. There are also many great listservs and EMLs available to you, and colleagues share freely and willingly.

Our profession is wonderful in that it affords us many choices in where, how, and who we work with, and provides the reward of helping others maximize their own potential and health.
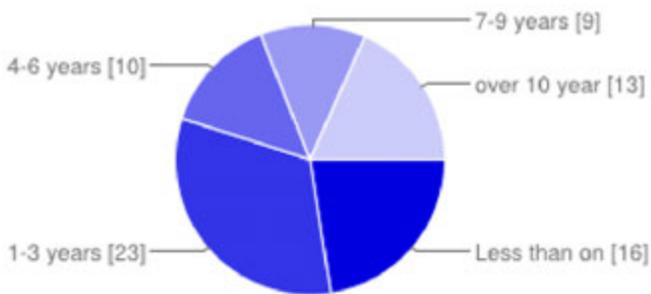
As part of continual efforts to improve member services, the WH Executive Board conducts a member survey every two years. The 2014 edition of the survey is available at http://bit.ly/WHDPG2014, so take some time to provide your feedback if you haven't already. New members to the DPG are welcome, and encouraged, to participate as well!
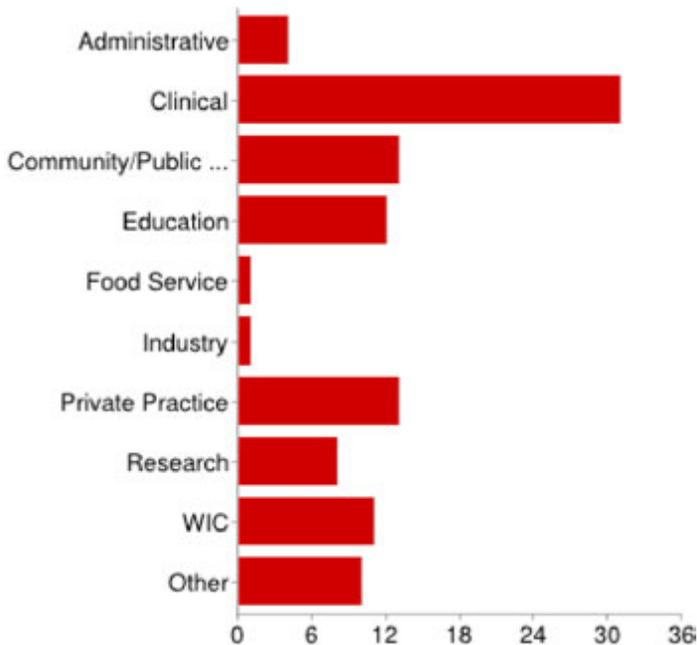
This year's survey not only addresses member services and benefits, but also asks about member interests and areas of expertise. There is also an opportunity to indicate if you would like to be a mentor/mentee in a specific area of practice. Below are some highlights from the survey so far.

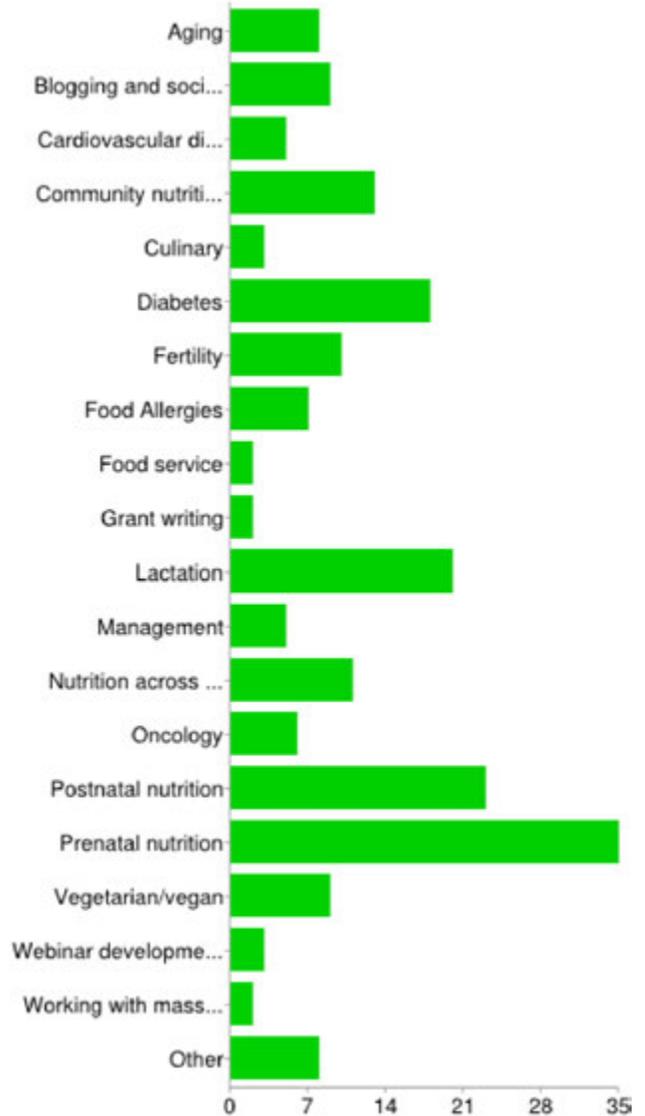***The survey will close at the end of August – we hope to hear from you!***

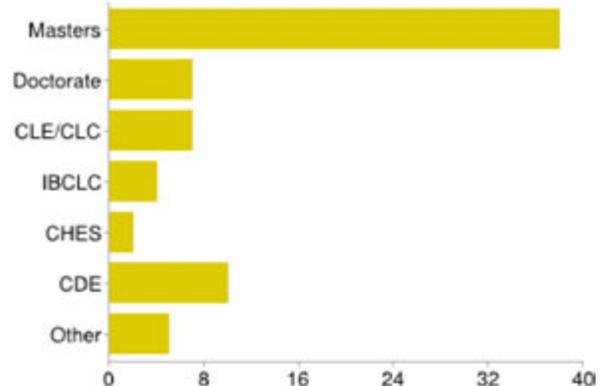*How long have you been a member of the WH DPG?*

7-9 years [9]
4-6 years [10]
over 10 year [13]
1-3 years [23]
Less than on [16]

*What is your primary area of work?*

Administrative
Clinical
Community/Public ...
Education
Food Service
Industry
Private Practice
Research
WIC
Other

*We are looking to gather information on members' areas of expertise to compile a list of experts for mentoring opportunities and assistance on projects. Please indicate your area(s) of expertise.*

Aging
Blogging and soci...
Cardiovascular di...
Community nutriti...
Culinary
Diabetes
Fertility
Food Allergies
Food service
Grant writing
Lactation
Management
Nutrition across ...
Oncology
Postnatal nutrition
Prenatal nutrition
Vegetarian/vegan
Webinar developme...
Working with mass...
Other

*Please indicate any advanced degrees/specialty certifications that you have.*

Masters
Doctorate
CLE/CLC
IBCLC
CHES
CDE
Other

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*Please send any questions or comments to info@womenshealthdpg.org*

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*If dietetics is your profession, policy should be your passion!*