The activities completed in 2011-2012 were designed to move WH DPG toward meeting our strategic goals including:

**GOAL 1:** Build an aligned, engaged and diverse membership

**GOAL 2:** Proactively focus on emerging areas of women’s health nutrition across the lifespan

**GOAL 3:** Ensure women’s health issues are part of public policy and legislative agendas

This year brought many changes. We re-worked our organizational chart and eliminated the Secretary position, as the Executive Committee realized that most of the duties were obsolete and easily picked up by other leaders. We tried and succeeded with a new type of membership reception at FNCE. We presented our first “Excellence in Practice” award. We had four electronic newsletters for the first year, and we offered webinars for the first time, improving upon the previous teleconference format. In addition we offered a student discount for the first time, as we realized we valued our student members greatly; the fee will always be half of the regular membership fee.

**Membership**
- Membership as of May 31, 2012 was 1035, up 25%.

**Administration**
- WH DPG was represented by elected and/or appointed officers at the following meetings:
  - The Academy’s Food & Nutrition Conference & Expo (FNCE) September 24-27 in San Diego, CA
  - The Academy’s Public Policy Workshop, April 15-17, 2012 in Washington, DC

**FNCE Activities**
- WH hosted an evening member reception/net-working event with the Nutrition Education for the Public and Pediatric Nutrition DPGs with sponsorship from SunSweet, Latino Infant Nutrition Initiative (LINI) project, California Date Commission and the California Walnut Commission.
  - WH collaborated with the Public Health and Community Nutrition DPG to staff the Mother’s Room at FNCE.
  - The Chair and Chair-Elect participated in the Academy-hosted “Town Hall Meeting.”
  - The Executive Committee participated in the DPG Showcase.
  - WH provided two student FNCE stipends in the amount of $100.00 each.

**Leadership**
Officers for 2011-2012 year:
- **Chair:** Maria Pari-Keener, MS, RD, CDN
- **Chair-elect:** Barbara Millen, DrPH, RD, FADA
- **Treasurer:** Becky Gerl, RD
- **Past Chair:** Stephanie Bess, MS, RD, LDN, CLC
- **Nominating Committee Chair:** Elisa Zied, MS, RD, CDN

**Financial Outcomes**
- Total Revenue: $27,657
- Total Expenses: $21,974

**Member Services**
- The newsletters were all electronic this year, for the first time.
- A Facebook page was created for Women’s Health last year and currently has 145 followers.

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FROM THE EDITOR  Jamie Mok, MS, RD

Hello all, and welcome back members old and new! I hope everyone had a restful summer and is charged up for fall. Typically the fall season is an introspective time for me. I revisit my ever-growing “to do” list to see what I have [and have not] checked off thus far, and then refocus my goals and revise my plan of action (or should I say attack!) As my energy picks up, so does my anticipation for FNCE. FNCE is an outlet to share fresh ideas and information, which, in turn, fuels the growth of new personal goals and professional relationships.

Our WH DPG leaders had a lot of exciting FNCE events planned. On Monday October 8th our DPG Chair, Barbara Millen, led the DPG Spotlight Session on a very “hot off the presses” topic, and announced this year’s Excellence in Practice Award winner, Miriam Erick. Afterwards, we invited members to visit the WH booth at the DPG Showcase and to attend the fabulous members’ reception held later that evening. If you weren’t able to attend FNCE, I strongly encourage you to consider joining us next year, as our DPG events offer unique opportunities to meet and mingle with colleagues who share similar interests. Putting a face to a name will make your membership experience that much more personal. I promise you that!

In this issue we present our DPG annual report and results from our member’s survey. Your HOD representative, Denise Andersen, shares with us a recap of her experience at the PPW this past April. Year after year, the WH DPG continues to blossom. Be sure to take note of the fresh new faces on the leadership committee, as we welcome them warmly into the group.

With this issue, I transition out of the Editor position. I cannot believe how fast this year has flown by. I have learned much more than I anticipated when I first jumped on board. My involvement on the editorial board over the past three years has not only enhanced my editorial experience, but has also developed my professional persona simply by giving me the chance to work alongside some of the sharpest, well-respected dietitians and writers in the field. I thank you all -- DPG leaders and fellow members alike -- for all of your support and encouragement. It has been a pleasure.
More than 350 individuals from all over the United States attended the Academy of Nutrition and Dietetics’ Public Policy Workshop (PPW) in Arlington, Virginia from April 15 to 17, 2012. The final day was spent visiting Congressmen and Senators on Capitol Hill in Washington, DC. The goal of the PPW is to provide dietitians with policy and advocacy training, so that they can become what the Academy calls “the voice of nutrition that Congress trusts.” Ultimately, this helps the Academy to promote legislative priority issues on both grassroots and national levels.

The Academy of Nutrition and Dietetics Political Action Committee (ANDPAC) provided attendees with tools and materials to facilitate professional relationships with key pro-nutrition legislators of the 112th Congress. ANDPAC provided valuable information for the addition of nutrition provisions in health care regulations. Attendees visited their legislators on Capitol Hill and urged them to consider the Academy’s legislative priorities regarding dietetic practitioners, and to fund key health and nutrition programs. Talking points for discussion highlighted the importance of the RD in disease prevention, health promotion and cost savings associated with medical nutrition therapy. U.S. Secretary of Agriculture Tom Vilsack echoed these sentiments when he spoke on the role of the Registered Dietitian (RD) in cooperation with the USDA to ensure that consumers – particularly those at high-nutritional risk – have access to affordable, nutritious food. The Academy’s Washington, DC staff Mary Pat Raimondi, MS, RD, Jeanne Blankenship, MS, RD, and Juliana Smith, MEd were among the speakers who provided valuable information to the attendees.

This year the Academy approved two new priorities, Consumer and Community Issues and Professional Issues, to enhance policy decision makers’ understanding of the benefits associated with services provided by the RD. Consumer and Community Issues focuses on the key role of the RD in improving health care for all. This priority highlights the expertise of the RD in prevention and therapy for chronic disease management, nutrition care throughout the lifecycle, public access to nutritious food, and education to promote healthful food choices. The RD has the knowledge and skill sets to monitor and conduct research within these priorities. Professional Issues addresses the need for state licensure for the protection of the public. The public has the right to nutrition services provided by qualified professionals who are capable of delivering evidence-based research outcomes to policymakers.

The two main purposes of the congressional visits were the reauthorization of the Older Americans Act and the Farm Bill.

The Older Americans Act (OAA)
The OAA was passed in 1965 to address inadequate community social services for older persons. Two early emphases were on nutrition and preventive care. In 1972, two programs, congregate dining and home delivered meals, were created to provide older Americans access to healthy food options. PPW attendees were provided state-specific documents with details on the older adult population including the number receiving OAA services, service expenditures, and how the dollars to the states can be saved by providing either home-based meals and/or congregate dining for a year.

Examples of talking points prepared by the Academy and Legislative and Public Policy Committee include:

- Adequate nutrition is essential to balanced health and improves the quality of life of older adults. Registered Dietitians are key professional resources whose services have established benefits on health and disease prevention.
- OAA nutrition programs serve a population with a wide variety of health care needs, and can provide positive health outcomes.
- With MNT in place as a component of chronic disease management, disease progression may slow.
- Older adults who eat nutritious foods and drink adequate amounts of fluids are less likely to experience problems from chronic diseases, and have fewer hospitalizations, nursing home admissions or other facility placements.
- The cost of a one-day hospital stay roughly equals the cost of one year of OAA Nutrition program meals.
- Cost-effective nutrition services need qualified staff to maximize cost savings and to assure a better quality of life for older adults. The RD provides nutrition education, screening, assessment, MNT, and evidence-based interventions. RD services will help promote healthy aging, and facilitate independence and well-being in older adults.

Agriculture Reform, Food and Jobs Act of 2012 (also known as the Farm Bill and the Jobs Bill)

Every five years, Congress passes this legislation that sets national agriculture, nutrition, conservation, and forestry policy. The Supplemental Nutrition Assistance Program (SNAP) is part of this legislative package. Additional information on the Farm Bill can be found at http://www.ag.senate.gov/issues/farm-bill.

Examples of talking points prepared by the Academy and Legislative and Public Policy Committee:

• In addition to the labor of growing and producing crops, jobs are created by transporting grown crops to the elevators for processing, shipping of food to grocery stores, and selling products to consumers.
• Importance of supporting the Farm Bill for each state.
• Provide SNAP Ed encouraging all enrolled in the program to make good food choices.

Each year at the Public Policy Workshop awards are presented to those who advocate and promote nutrition policies and programs that support nutrition for the public. This year Senator Al Franken, (D-MN) was one recipient of ADA’s Public Policy Leadership Award. He has been an avid supporter of nutrition and food legislation throughout his career. It was exciting to have his support for our public policy efforts. His work provided congressional support for ADA’s efforts toward the expansion of nutrition in Medicare reimbursement, as well as implementing community health clinics with the goal of reducing obesity and health disparities in underserved populations in my home state of Minnesota. U.S. Rep Rosa DeLauro (D-CT), and Senator Debbie Stabenow (D-MI) were also recipients of the Public Policy Leadership Award.

It was an honor to represent the Women’s Health DPG at 2012 PPW. I was impressed with both the professional and educational opportunities provided to members for the advancement and ongoing representation of the Academy’s Public Policy mission. Being on Capitol Hill was invigorating, and inspired me to work proactively for the Legislative and Public Policy committee (LPPC).
"Knowing is not enough; we must apply. Willing is not enough; we must do." Goethe

The Patient Protection and Affordable Care Act signed into law in 2010 promises to change the health-care-delivery systems in the United States, partly by shifting focus from disease treatment to disease prevention. Nutrition’s vital role in preventing diseases and conditions could translate to additional opportunities for registered dietitians as a result of provisions in the law. Specific dietetics-related areas targeted by the law include medical nutrition therapy for chronic conditions and employee-wellness-incentive programs (1).

In November 2011, Sylvia Escott-Stump, Academy of Nutrition and Dietetics (Academy) president, appointed a task force to provide the Academy with direction related to public health nutrition. The purpose of the task force was to address a strategic priority in the Board of Director’s Strategic Plan 2011–2012, which calls for enhancing the relevance of public health nutrition within the Academy and increasing the Academy’s visibility in the public health community. The task force’s charge included developing an action plan focusing on enhancing the Academy’s role in public health nutrition (2). One of the items in the action plan was to submit a mega issue on public health nutrition for a future HOD meeting dialogue session.

**Mega Issue Question**

In an evolving health services environment, how can our members seize opportunities and provide leadership in public health nutrition and community nutrition?

**Expected Outcome**

Academy members will:

1. **Recognize, prepare for, and seize opportunities in public health nutrition and community nutrition.**
2. **Be leaders in public health nutrition and community nutrition by actively working in policy development, assessment, assurance, advocacy, environmental change, education, and programs and services.**
3. **Provide input on how to prepare members to meet public health nutrition and community nutrition needs.**

**Defining Public Health Nutrition and Community Nutrition**

One of the task force’s first steps was to come to consensus on definitions of public health nutrition and community nutrition, terms that are often used interchangeably, although their meanings differ. In 2003, Roger Hughes wrote that “there have been various attempts in the international literature to define the field of public health nutrition distinct from the well-established field of clinical nutrition and dietetics” (3). More recently, Roger Hughes and Barrie Margetts wrote, “a public health approach is traditionally defined by its focus on prevention rather than treatment, populations rather than individuals, and interventions that address the determinants of health rather than the treatment of disease” (4). The task force also identified main functions and examples of typical tasks performed by public health nutritionists and community nutritionists, which are listed below:

**The main functions of public health nutritionists include:**

- Taking a leadership role in identifying communities’ nutrition-related needs.
- Planning, directing, and evaluating health-promotion and disease-prevention efforts.
- Administering and managing programs, including supervising personnel.
- Developing and/or assisting in the preparation of a budget.
- Identifying and seeking resources (e.g., grants, contracts) to support programs and services.
- Providing therapeutic and rehabilitation nutrition services, when these needs are not adequately met by other parts of the health care system.
- Providing technical assistance/consultation to policymakers, administrators, and other health agency personnel.
- Collaborating with others to promote environmental and systems changes.
- Ensuring access to healthy and affordable food and nutrition-related care.
- Advocating for and participating in policy development and evaluation of impacts and outcomes.
- Participating in research, demonstration, and evaluation projects.

**Examples**

- Collaborating with city planners to change environments to increase access, availability, and affordability of healthy food options, such as providing tax incentives to full-service grocery stores to locate in rural areas.
- Developing and utilizing surveillance systems to monitor the nutritional state of a population group.
- Developing policies to impact healthy eating and physical activity, such as working with transportation departments to promote access to safe, affordable, and healthy food venues.
- Developing and implementing policies and procedures to promote and support breastfeeding in the workplace.

**The main functions of community nutritionists include:**

- Conducting and evaluating nutrition education and counseling for small groups and individuals.
- Planning, implementing, and evaluating primary and secondary prevention interventions.
- Providing therapeutic and rehabilitation nutrition services.
- Administering programs.
- Participating in care coordination or providing case management.

**Examples**

- Conducting food demonstrations/classes for individuals
enrolled in the Supplemental Nutrition Assistance Program (SNAP).

- Training peer counselors or promotoras to promote breastfeeding.
- Conducting in-service education for school foodservice personnel.
- Developing nutrition-education activities for the school classroom.
- Providing technical assistance/consultation to health providers on case management for nutrition- and dietetics-related issues.
- Participating in interdisciplinary teams conducting home visits.

Summary
As health care continues to change, it is important that Academy members recognize the long history of public health nutrition and community nutrition and look ahead toward ensuring that these fields play a vital role in the future of the dietetics profession.

Over the next few years, the Academy's Public Health Action Plan will be implemented to help members build their knowledge about and interest in this area of practice. The Academy will work to integrate public health and community nutrition philosophies, serving communities, including vulnerable and underserved populations, and activities throughout all the Academy's organizational units.

What HOD Needs from You
Talk with your delegate(s) about this issue in advance of the Fall 2012 HOD Meeting (October 5–6, 2012). Delegate contact information is available at www.eatright.org/leaderdirectory. The backgrounder is available at www.eatright.org/hod > Fall HOD Meeting Materials.

WH DPG Contact: Denise Andersen dandersster@gmail.com

References

EDUCATION AT YOUR FINGERTIPS – WH DPG WEBINAR SERIES By Kathleen Pellechia, RD

During the 2011-2012 membership year, the WH DPG offered for the first time a series of webinars for its members. Over 150 members took part in four different webinars held throughout winter and spring. Each one-hour webinar was approved for continuing education credit by the Academy of Nutrition and Dietetics, and included an interactive question-and-answer period.

January
Nutritional Recommendations in Twin–to-Twin Transfusion Syndrome (TTTS): Help or Hype?, presented by Miriam Erick, MS, RD, CDE, LD. This webinar covered the anatomy of twin-to-twin transfusion syndrome, research-based recommendations for nutritional supplementation, nutritional compromise in twin gestations, and the need for standardized criteria for gestational malnutrition in singleton and twin pregnancies.

February
Dietary Supplement Use in Women, presented by Regan Lucas Bailey, PhD, RD, covered current research on dietary supplement use in women, implications for practice in clinical or community settings, and resources to assist dietitians in practice.

March
USDA SuperTracker, presented by Angela Leone, MS, RD, covered the transition from MyPyramid to MyPlate, the process of developing SuperTracker.gov, and how to integrate SuperTracker into professional practice.

April
Baby-Friendly Hospital Initiative, presented by Trish MacEnroe, covered an overview of the Baby-Friendly Hospital Program, advantages of birthing facilities achieving the designation, and the pathway for becoming “Baby-Friendly.”

Missed out on any of these great topics? Watch and listen to the archived versions in the members’ section of our website at www.womenshealthdpg.org. Please note however that continuing education credits are only available for the live webinars.

Planning is underway for the webinar series for 2012-2013. If you have ideas for topics, suggestions for speakers, or if you have research or projects of your own that you want to share, please contact Maria Bournas, Membership Chair at whdpgmembership@gmail.com.

Got Case Studies?
The Women’s Health Report is looking for contributing authors to share case studies for our future publications.
In partnership with the Nutrition Education of the Public DPG, we invited members to attend this year’s **FNCE Spotlight Session** Diet and Lifestyle Innovations for CVD Prevention presented by Robert H. Eckel, MD and WH DPG Chair, Barbara E. Millen, DrPH, RD, FADA. We’ll be covering the information presented at the session in greater detail in a future issue of the WH Report, so stay tuned!

In 2012-2013, the National Heart, Lung, and Blood Institute (NHLBI), of the National Institutes of Health, expects to release five expert panel reports on CVD risk reduction in adults. The topics are: high blood cholesterol, high blood pressure, obesity, risk assessment, and lifestyle. This session showcased the process for reviewing the evidence and developing expert recommendations for the Lifestyle Work Group report, which includes diet and physical activity. In addition, strategies for educating the public and providing customized preventive clinical care for adults were presented.
As part of continual efforts to improve member services, the WH DPG Executive Board conducts a member survey every two years. The 2012 edition of the survey is available on the DPG Web site at http://womenshealthdpg.org/members_survey.html so take some time to give your feedback if you haven’t already.

Below are some highlights from the survey so far. Data reported is number of responses (n=60).

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

<table>
<thead>
<tr>
<th>Duration</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>12</td>
</tr>
<tr>
<td>1-3 years</td>
<td>19</td>
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<tr>
<td>4-6 years</td>
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<tr>
<td>7-9 years</td>
<td>7</td>
</tr>
<tr>
<td>over 10 years</td>
<td>9</td>
</tr>
</tbody>
</table>

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

- Administrative: 15
- Clinical: 35
- Community/Public Health: 12
- WIC: 6
- Research: 3
- Education: 2
- Private Practice: 3
- Industry: 2
- Food Service: 1
- Other: 2

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

- Yes: 35
- No: 25

One of the featured questions is related to the women’s health/nutrition practice area:

WH is assessing its members’ interest in an ob/gyn specialty certification. Would you be interested in obtaining a board-certified specialty in obstetrics/gynecology, a certification for Registered Dietitians who work directly with women from preconception through menopause?

Feedback from members is crucial to possibly moving forward this proposed certification. Feedback on this question can also be sent to info@womenshealthdpg.org.
New Name, New Benefit

In addition to expanding your professional network, you can now earn FREE CPE by participating in the new eMentoring program.

The Academy’s new name underscores the educational values our organization is committed to, and now we’re proving it.

CPE is available for both mentees and mentors!

Academy eMentoring—where experience and enthusiasm merge.

Take advantage of this benefit by visiting the Mentoring Resources page at www.eatright.org