Positive Communication

Infectious Diseases Nutrition
a dietetic practice group of the
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Obesity and HIV: Adopting a Holistic Approach to Weight Management

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With a growing body of evidence supporting that people living with HIV/AIDS (PLWHA) are at increased risk for myocardial infarction and stroke (1,2), nutrition interventions aimed at reducing risk are an important part of HIV care. Although HIV/AIDS has been known as a wasting disease, both before and after the introduction of Highly Active Anti-Retroviral Therapy (HAART), obesity rates among those infected have nearly doubled in the last 15 years (3). These rates reflect the trend in the general population and the now chronic nature of HIV/AIDS. In addition, there are risk factors for cardiovascular disease specific to PLWHA, among which are the metabolic side effects of antiretroviral medication, the inflammatory nature of HIV/AIDS itself, and psychosocial barriers to the maintenance of healthy lifestyles. Furthermore, obesity, particularly abdominal obesity, has implications beyond cardiovascular disease risk for this population. Holistic diet interventions that address both the biomedical and psychosocial aspects of obesity and HIV/AIDS have the potential for far-reaching impact on the health and overall well-being of PLWHA (4,5).

While HAART has extended life expectancy and decreased morbidity and mortality among PLWHA, there are concerns about its metabolic side effects, especially as the HIV population ages. Lipodystrophy is a metabolic side effect characterized by insulin resistance, dyslipidemia, and fat redistribution, including facial atrophy and central fat accumulation. Research suggests that among PLWHA, fat redistribution represents a physical/clinical manifestation of the disease and thus adds to the stigmatization of this already isolated group (6). In fact, one study showed that some would be willing to accept a decrease in life expectancy in exchange for avoiding HAART-related body shape changes (7). HIV-related body shape changes, whether wasting or fat redistribution, can be a significant source of stress in the lives of PLWHA, beyond heart disease risk, by impacting body image, self-esteem, and perhaps treatment adherence.

"Fat redistribution represents a physical/clinical manifestation of the disease and thus adds to the stigmatization of this already isolated group."

Fear of central fat accumulation has been shown to be a barrier to weight gain among HIV positive adults with wasting (8). Dietetic practitioners may also encounter patients who are resistant to weight loss for fear that they will appear to have HIV-related wasting. In behavior change theory, ambivalence, the simultaneous holding of contradictory feelings or attitudes (knowing that weight loss is good for health but fearing that weight loss will lead to or look like wasting) represents a significant barrier

In this issue...

to behavior change (9). Dietetic practitioners can respond with rational arguments for behavior change and/or respond by exploring any ambivalence and elicit the patient's own motivation for change. The latter represents an effort to provide psychosocial support, in this case, around the issue of self-esteem and body changes, which can not only affect nutrition behavior change, but impact general well-being. In fact, increased psychosocial support from health care professionals has been identified as a need among PLWHA experiencing HAART-related body changes (10).

In 2003 an intensive nutrition counseling intervention for HIV-related wasting was described (8). Since patients were consuming diets that were high in fat, and low in fruits, vegetables, and fiber, it addressed barriers to healthy eating that are common among PLWHA, not just persons with wasting. Among the barriers identified were health and psychosocial crises in which food choice and preparation become secondary. These crises are common in this population and may be related to illness, acute medication side effects, substance use, financial hardships, or inter-personal relationships. The counseling process was described; clients were actively engaged in contingency planning for such bad days in order that healthy dietary practices could be maintained. One of the strategies included stocking an "emergency shelf" with nutrient dense items requiring minimal preparation. Another was to identify triggers of gastrointestinal distress, both food and emotional, to avoid interruptions in intake. These strategies helped participants to maintain not only adequate, but healthy food intake and certainly have resonance beyond interventions for patients with HIV-related wasting.

In cohort studies of HIV positive men and women, stress, depression, substance use, and poverty have been associated with negative health behaviors (11,12). Given some of the challenges that PLWHA face, recommendations to adopt health promoting behaviors should be tempered by an appreciation of the difficulty of making such changes (12). As part of the treatment team, dietetics professionals are in a unique position to help patients identify barriers to healthy lifestyles and promote behaviors that seem to promote healthy eating, among them, coping skills and involvement in decision making around medical care (11). In particular, actively engaging patients in problem-solving can help increase locus of control, an important component of quality of life (12).

Research from disciplines such as dietetics, nursing, and psychology highlights the importance of both the biomedical and psychosocial aspects of living with HIV/AIDS for promoting healthy behaviors. Indeed, diet interventions that work with, rather than ignore, psychosocial barriers to change among PLWHA have the potential to impact overall quality of life. For example, tackling emotional eating can help promote coping skills. Teaching people to prepare more foods at home and shop smarter might help them stretch their food budgets. Even small changes in body weight, body composition, physical abilities, or metabolic parameters can improve self-esteem, increase locus of control, and perhaps treatment adherence. In short, while all of these interventions may potentially aid in weight loss and risk reduction, they can also have much wider implications in the lives of PLWHA.

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IDN DPG Student Membership Rate Now Available!

The Infectious Diseases Nutrition (IDN) DPG has recently introduced a reduced membership rate for American Dietetic Association (ADA) student members. Students can now join the IDN DPG for a discounted rate of $10, a savings of $15 off the current regular student DPG membership rate. A reduced rate does not equal reduced benefits. Student members of the IDN DPG are entitled to the same benefits as regular members!

Please share the good news with any ADA student members!

The student member application is available on the IDN DPG Web site: www.idndpg.org, or students can join online through the ADA Web site at http://www.eatright.org/joinada.

Thank you!

OUR MISSION

The Infectious Diseases Nutrition DPG is the advocate of the dietetics profession serving the public through the promotion of optimal nutrition, health and well being. The Infectious Diseases Nutrition DPG enables members of the American Dietetic Association (ADA) to network and share information, collaborate, and advocate in order to positively impact people affected by HIV/AIDS, hepatitis, TB, flu, and other infectious diseases.

OUR VISION

Optimize the health of those living with infectious diseases through food and nutrition.

(Obesity, references, continued)

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Spring 2011 IDN DPG Chair Message

It is hard to believe that my year as chair is almost over. The DPG has accomplished quite a bit this year. Let's highlight some of what has happened during 2010-2011 as well peek into the future.

"Our new website went live on November 30, 2010."

Our new website (www.idndpg.org) went live on November 30, 2010. Getting the new site launched was a labor of love. I hope you will visit the site regularly as a resource for new and archived information. If you see something that can be improved upon on our website, please bring it to our attention and we will do our best to improve it. The website software we chose allows designated volunteers on the Executive Committee to update information in real time, without needing to consult professional help each time.

Our newsletter continues to be a stellar publication and one of our major DPG member benefits with the help of June Pierre-Louis, PhD, MPH, CDN and Alison Mittelsteadt, MS, RD, LD, and we have been very fortunate to have them volunteer for us these last two years. They will both be moving on and they will be transitioning their positions to new editors with the Summer 2011 issue.

Thank you to everyone else on the Executive Committee for making a difference in the DPG and the nutrition profession: thanks to Jeffrey Whitridge, RD, LDN, CSO, for undertaking the enormous task of bringing the secretary archives into the digital age with the conversion of all archived paper records and minutes to an electronic format; much appreciation to Shelley Scott, RD, LDN, for making sure new and existing members get access to their member benefits in a timely way; thank you to Heather Southwell, MS, RD, for continuing to manage the IDN DPG electronic mailing list; to Deane Edelman, MBA, and Karen Bellesky, RD, LDN, for their uncanny ability to translate public policy messages and action points into plain English; and to Keiy Murofushi, MS, RD, for his contribution to original patient education materials for the newsletter and the website. Jennifer Eliasi, MS, RD, CDN, has worked tirelessly for the DPG and has been instrumental in spearheading the development of a strategic plan that we will share with you in the near future. The ADA is an extraordinary professional organization and our own DPG is an extension of its high professional and ethical standards.

FNCE 2011 will be in San Diego this year from September 24 - 27, 2011 and our very own Marcy Fenton, MS, RD, CDN and Saroj Bahl, PhD, RD, LD, will have an education session on the "ADA HIV/AIDS Evidence Based Nutrition Practice Guidelines." Janelle L'Heureux, MS, RD, will be moderating the session. The session will explain the process for developing evidence-based guidelines for people living with HIV disease. The session will also review the major algorithms and recommendations in the guidelines and provide innovative ways for integrating them into clinical practice. More details about IDN DPG events for FNCE 2011 will follow as the date approaches.

For the 2011-2012 year, the executive committee approved a new Student Membership rate of $10 for members of the ADA who have student membership status. We are actively engaging potential student members to join the DPG through an e-blast and an advertisement in the "Student Scoop" newsletter through ADA. Student members of the IDN DPG are entitled to the same benefits as regular members. Please share the good news with any ADA student members!

The election results for the 2011-2012 ballot are in! Thank you, Lisa Zullig, MS, RD, CDN. Our incoming Chair Elect is Linnea Matulat, MS, RD, CDN. Linnea is our outgoing treasurer and she is ready to help our incoming Chair, Jenny Torino, MS, RD, move the DPG forward. Jenny possesses great leadership skills and I ask that you support her in her vision and efforts. Our incoming Treasurer is Sarah Robertson, RD, CDN; she currently works full-time at Gay Men's Health Crisis in New York City. Our incoming Nominating Committee will have the talents of Keiy Murofushi, MS, RD, CDN from Los Angeles, CA; Marjorie Morgan, MS, RD, CD, from Madison, WI; and Jennifer Eliasi, MS, RD, CDN from New York, NY to help recruit the future leaders of the DPG. As past Chair, I will act as an advisor to the Nominating Committee. I will also still be around as one of the key people to help with the website and serve as the webmaster in 2012. Be active! Get involved! Now is the time.

Alan Lee, RD, CDE, CDN, CFT
2010-2011 IDN DPG Chair

An Update on Vitamin D Recommendations

Lillian Pinault, MS, RD, Outpatient Dietitian at the Baltimore VA Medical Center, Baltimore, Maryland

Vitamin D has long been known to play a crucial role in bone health. In recent years it has increasingly been examined with respect to a variety of other potential health outcomes, and the adequacy of both average and recommended intake levels has been questioned. An Institute of Medicine (IOM) committee was established to review the available evidence and update the 1997 Dietary Reference Intakes for vitamin D and calcium. Their report was released to the public on November 30, 2010.

The committee sought to answer three main questions about vitamin D: which health outcomes are affected by vitamin D intake, the quantity of vitamin D necessary to improve these outcomes, and what level of vitamin D intake is associated with potential adverse effects. Some of the health outcomes reviewed were bone health, cancer, cardiovascular disease, hypertension, diabetes, metabolic syndrome and infectious diseases. The committee was also tasked with assessing the adequacy of current average intakes in the United States and Canada.

After reviewing the available scientific data, the committee identified bone health as the only health outcome with sufficient evidence upon which to base population level recommendations for vitamin D intake. Other outcomes were excluded because supporting evidence was deemed inconclusive and/or insufficient to show causality.

In considering the available data relating bone health outcomes to serum 25-hydroxyvitamin D levels, it was concluded that levels of at least 20 ng/mL meet the needs of 97.5% of the population, and that levels above 50 ng/mL may increase risk of adverse events.

The 1997 and 2011 Dietary Reference Intakes (DRIs) for vitamin D are shown in Tables 1 and 2. The 1997 IOM report included Adequate Intakes (AIs) for each lifestage; additional data accumulated during the intervening years allowed for the determination of Estimated Average Requirements (EARs) and Recommended Dietary Allowances (RDAs) for most lifestages in the 2011 DRIs. The AIs and RDAs are not directly comparable as they represent different calculations. The Tolerable Upper Limit (UL) was increased for most age groups and doubled for adults in 2011.

"The committee identified bone health as the only health outcome with sufficient evidence upon which to base population level recommendations for vitamin D intake."

While the newly released DRIs for vitamin D represent the evaluation of new data not available during the development of the previous recommendations, additional research is warranted to clarify a number of remaining uncertainties. Large-scale clinical trials studying the effect of vitamin D intake and status on nonskeletal health outcomes will help clarify its other roles, as well as the potential adverse effects of excess intake.

Standardized definitions for deficiency and sufficiency are also urgently needed. The use of varying reference ranges by different laboratories prevents uniform assessment of vitamin D status, and can lead to both under- and over-treatment.

Reference:

Ross A, Manson J, Abrams S et al. The 2011 report on dietary reference intakes for calcium and vitamin D from the Institute of Medicine: what clinicians need to know. J Clin Endocrinol Metab 2011; 96(1):53-58.

Table 1. 1997 Dietary Reference Intakes for Vitamin D

Age	Adequate Intake (IUs/d)	Tolerable Upper Intake Level (IUs/d)
0-12 months	200	1000
1-50 years	200	2000
50-70 years	400	2000
>70 years	600	2000
Pregnancy	200	2000

Table 2. 2011 Dietary Reference Intakes for Vitamin D

Age	Adequate Intake (IUs/d)	Recommended Dietary Allowance (IUs/d)	Tolerable Upper Intake Level (IUs/d)
0-6 months	400		1000
6-12 months	400		1500
1-3 years		600	2500
4-8 years		600	3000
9-70 years		600	4000
> 70 years		800	4000
Pregnancy/lactation		600	4000

Source: Institute of Medicine's Dietary Reference Intakes.

Member Spotlight: Josh Dale, MBA, RD, LD

Food Outreach, 3117 Olive St, St. Louis, Missouri 63103

How did you become interested in the field of dietetics?

I was a serious high school football player and as any player can tell you, weight is a major advantage on the field. As my senior year came to a close, however, it became evident that I wasn't going to get a full college scholarship. I wasn't interested in playing for anything less, so with college football no longer in the picture, I didn't need to be big and bulky and I started working on achieving a lower level of body fat. I started doing cardio and circuit training 5 to 6 days per week but the weight just wasn't coming off. A trainer at the local gym told me I should consider looking at my diet. I was amazed to find out that drinks like lemonade and Gatorade had calories. I improved my diet, the weight flew off and I achieved my oh-so-noble goal of becoming "ripped" for the girls. More importantly, I saw first-hand the power of nutrition and decided right there that this was my passion.

Where did you go to school and where do you now work?

I did my undergraduate work at Southwest Missouri State University, which is now known as Missouri State University. I have worked at Food Outreach in St. Louis for the past three years and I absolutely love it! Due to my high level of job satisfaction, it is as if I do not work anymore. I do not dread Mondays nor do I look forward to Fridays. I also have an MBA from Maryville University (St. Louis, MO), which provides me with a business perspective.

What does your work day look like?

I have three basic types of appointments at Food Outreach. The first is an intake appointment. This is the client's first contact with Food Outreach. I assist the client in filling out the administrative paperwork, perform a nutrition assessment and bioelectrical impedance analysis (BIA), create a nutrition care plan, and assist the client in making selections from our grocery center. The second type of appointment is a BIA appointment to determine eligibility for nutritional supplements. Clients who receive a supplement must have a BIA done every three months to maintain eligibility for nutritional supplements. The third type of appointment is nutrition counseling. Many of our clients have one to all of the criterion for metabolic syndrome which keeps me busy with nutrition counseling referrals. Between seeing patients, I'm involved in planning our menus and teaching various nutrition education classes. I also sit on the St. Louis Metropolitan HIV Planning Council and do a great deal of public speaking for various HIV and cancer support groups.

What about your job challenges you the most?

One of the most challenging parts of my job is convincing the clients that HIV is not the death sentence that it once was and that they need to be concerned about heart disease, diabetes, and obesity, not so much wasting anymore. I still get obese patients that come into my office wanting Ensure because they've been told that they need to keep their weight up. Our fastest growing population here is females, many of whom have a very different idea of what a healthy body weight is versus the medical community's stance. As a male, I find convincing a female that she needs to lose weight, not gain more, to be a very tough sell. While I fully recognize and appreciate the cultural differences in what an attractive body image is, insulin resistance and hypertension are real risks for these women.

What do you think is the greatest obstacle facing dietetics today?

One of the greatest obstacles facing dietetics today is the lack of respect for our profession. This manifests itself in a number of ways, both among professionals and the public alike. On the professional side, compared to a nurse, we provide a paltry amount of billable services for our employers and then we wonder why our salaries are so low. This low level of reimbursement speaks volumes about our perceived value. With respect to the public, how many different celebrities write diet books or dispense nutrition advice as if dietetics were just some hobby that everyone can dabble in? We have to do a better job of positioning ourselves as the experts on nutrition practice. Right now, we do not fully occupy that position.

What advice would you give future dietetic practitioners?

I would advise future dietitians, specifically those that are currently doing their internship, to start working on your resume NOW! I'm amazed at how many resumes read like a job duties list. You must have measurable and preferably dollarized accomplishments on your resume. This will show your prospective employer that once on board, that you're going to start adding value and creating positive nutrition outcomes. You can get those measurable accomplishments from taking on extra projects during your internship. Think of the bullet points you want on your resume and start designing projects to make them reality. If you just do enough to get by, then you will be in the same rat race as everybody else come the end of your internship. However, if you put the extra effort, you will be able to hit the job market running and jump ahead of your competitors.

What is the favorite aspect of your job?

I went into dietetics because I was amazed at the power of nutrition and because I wanted to empower others. Passion is not enough though as there are various barriers to success in both the inpatient and outpatient settings. The favorite aspect of my job is the fact that Food Outreach has created the perfect environment for an RD to make a difference. We provide free, unlimited nutrition counseling as well as a free, specialized grocery center where our clients can go and immediately implement the recommendations discussed in the

sessions. When you have clients that depend on your organization for food, the food is created by a chef and dietitian working together, and you provide nutrition education at no cost to the client, good things are going to happen.

What do you enjoy outside of dietetics?
I live and breathe dietetics. It is what I'm reading about on the bike at the gym, it is the subject of the debates I get into on the Internet, and as my wife can attest to, it is the topic of many a high-spirited conversation in the Dale household. When I'm not fighting the good fight against the nutrition charlatans of the world or chasing my four-year-old daughter around, I arm wrestle professionally in the 90-kg class. My goal is to win a United States Arm Wrestling Federation (USAF) national title in that weight class by 2013.

Thank you to Abbott Nutrition for your support of the IDN DPG Reception at FNCE in Boston in 2010!

Abbott Nutrition

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New! HIV/AIDS Evidence-Based Nutrition Practice Guideline

This new guideline contains systematically developed recommendations, based on scientific evidence, and is designed to assist practitioners on the appropriate nutrition care for individuals with HIV/AIDS. Among the guideline's 19 recommendations, are Caloric Needs, Macronutrient Composition, Vitamin and Mineral Supplementation, Treatment of Diarrhea/Malabsorption, and Education on Food and Water Safety.

To view the guideline, visit **www.eatright.org** and under For Members tab, click on **Evidence Analysis Library** on left and select the "**Guidelines**" tab and click on **"Nutrition Guideline List"** .

Clostridium difficile

by Keiy Murofushi, MS, RD

Infectious Diseases Nutrition
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Microbiology:

- Spore-forming, anaerobic, gram-positive bacterium.
- Produces toxins A & B, which bind to specific receptors in colon. Toxins attack Rho proteins, disrupting actin formation and causing cell death.
- Recent animal studies suggest that toxin B, not toxin A, is essential for virulence.
- Spores contaminate hands and hospital environment. Alcohol and other antiseptic hand rubs may be ineffective in killing spores. Hand-washing physically removes spores.
- New hypervirulent strain (REA group B1/PFGE type NAP1) produces higher levels of toxins A and B and is associated with fluoroquinolone resistance, more severe disease, and higher mortality.

Sites of Infection:

- Colon: most common involved site
- Small intestine: rarely involved
- Extraintestinal disease: very rare (cellulitis, soft tissue infection, pericarditis, reactive arthritis)

Treatment:

Initial:

- Metronidazole or Vancomycin
- Maintain normal volume status and electrolytes.
- Antimotility drugs (loperamide, diphenoxylate) contraindicated (increased risk of toxic megacolon).
- Monitor closely for complications: toxic megacolon, perforation, ileus. Danger signs: increasing WBC, elevated creatinine, elevated lactic acid.
- Colectomy (total) may be life-saving for fulminant colitis and is considered before WBC >50,000 or lactate >5.
- Fecal transplants are a last resort.

Relapse:

- 10-30% of pts relapse, usually within 2 wks of stopping metronidazole or vancomycin.
- May be due to spores in gut or to reinfection.
- Not associated with antibiotic resistance. First relapse: retreat w/ metronidazole or vancomycin (equally effective).

Complications:

- If severe diarrhea, fever, leukocytosis or abdominal distension persist, evaluate for toxic megacolon. Toxic megacolon can occur without diarrhea (pooling of stool in atonic bowel, isolated right sided colitis). Signs of an acute abdomen (decreased bowel sounds, tenderness, rebound, guarding) suggest perforation.
- Persistent diarrhea can cause protein-losing enteropathy w/ hypoalbuminemia, ascites and peripheral edema.

Nutritional goals

- Nutritional goals to reduce iron deficiency anemia and initiate parenteral nutrition to reduce gut function if colonic infection, toxic megacolon, or perforation exists.
- Electrolyte replenishment is critical, avoid use of IV KCl.

Reference: John's Hopkins POC-IT; http://hopkins-abxguide.org/pathogens/bacteria/anaerobic_gram-pos._bacilli/clostridium_difficile.html?contentInstanceId=255928

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Bioelectrical Impedance Analysis:
What is it, and what do the results mean?

Bioelectrical impedance analysis (BIA) is a tool used by healthcare professionals to estimate your body composition, or how much body fat and muscle you have. HIV disease can cause the amount of fat in the body to increase, and the amount of muscle to decrease. Measuring these changes helps your healthcare team keep track of your overall health.

The BIA machine is set up by attaching electrodes to your hand and foot. A tiny electrical current is sent through your body. Different body tissues (like muscle and fat) react differently to this current. A computer uses your height, weight, gender and other information to calculate body composition values.

Results are most accurate if you have not exercised for at least 8 hours. You should not have BIA done if you have a pacemaker or an AICD (automatic implantable cardiac defibrillator).

Usually a first (baseline) BIA measurement is done, and then repeat measurements are taken about every 6 months.

Your Results:

% Body Fat _____ % Fat Free Body Mass_____

% body fat shows how much of your body weight is fat, and % fat free body mass shows how much muscle mass and lean tissue. Having too much fat or too little muscle is not good for your health.

Phase Angle _____

Phase angle is used as a measurement of overall health. It measures the strength of the body's cell membranes. Some examples of conditions that can decrease phase angle are malnutrition, chronic disease, and infection.

Ask your dietetic practitioner to review your BIA results with you and help you make any recommended healthy changes to your lifestyle and eating habits.

Why ADA is Right for You: 2011 ADA Member Benefits Update

With over 71,000 members—and more joining every day—the American Dietetic Association comprises members whose needs, interests, skills, and backgrounds span the entirety of the dietetics profession. To meet the needs of a diverse and growing membership, ADA offers an ever-expanding array of member benefits designed to help you develop your skills, advance your career, and achieve your professional goals. As a member of the nation's largest organization of food and nutrition practitioners, you have access to a wide variety of benefits, including professional publications, networking opportunities, and professional development resources, to name just a few (Figure). With all of the benefits available to you, plus a steady stream of new and improved offerings on the way throughout each year, it can be hard to keep up with the full spectrum of career-enhancing benefits your membership allows you to enjoy.

Of course, ADA wants you to take full advantage of all the opportunities available to you, so this article provides a listing of some of the newer and most important resources ADA provides, accompanied by brief descriptions of their function. Please feel free to share this list with your colleagues, or direct it to someone you think may qualify for membership—we've made this article open access so non-members can see what they're missing!

NETWORKING & PROMOTION RESOURCES

E-Mentoring: Debuting this summer, ADA's new national online system will enable optimal matches between ADA member mentors and mentees based on a variety of qualifications such as geographic location, years of experience and practice area. The system also provides comprehensive e-mentoring tools to enhance online communication between both parties. ADA invites you to share the knowledge and expertise you've developed through the years by being a role model and helping to ensure a solid foundation for the future of the dietetics profession. Members can find additional mentoring tips and tools on the Mentoring Resources page in the Career Center at www.eatright.org.

Member Interest Groups (MIGs): Member Interest Groups are groups of ADA members who have a common interest. Unlike dietetic practice groups or affiliates, member interest groups focus on areas other than the practice of dietetics or geographic location. As divisions of the national organization, MIGs reflect the many characteristics of ADA's membership and the public it serves. Current MIGs include the National Organization of Men in Nutrition (NOMIN), Chinese Americans in Dietetics and Nutrition (CADN), Latinos and Hispanics in Dietetics and Nutrition (LAHIDAN), the National Organization of Blacks in Dietetics and Nutrition (NOBIDAN), Fifty-Plus in Nutrition and Dietetics (FPIND), Filipino Americans in Dietetics and Nutrition (FADN), and Muslims in Dietetics and Nutrition (MIDAN).

National Nutrition Month Materials: National Nutrition Month (NNM), celebrated every March, is an annual nutrition education and information campaign created by ADA that's designed to focus attention on the importance of making informed food choices and developing sound eating and physical activity habits. ADA provides food and nutrition professionals with access to a wide variety of supporting materials to help convey this important message, including fact sheets, flyers, classroom guides and games, recipes, press releases, and event ideas.

Registered Dietitian Day: March 9, 2011 was the fourth annual Registered Dietitian Day. This special occasion was created by the American Dietetic Association to increase the awareness of registered dietitians as the indispensable providers of food and nutrition services and to recognize RDs for their commitment to helping people enjoy healthy lives. Registered Dietitian Day promotes ADA and RDs to the public and the media as the most valuable and credible source of timely, scientifically-based food and nutrition information.

Find a Registered Dietitian Online Referral Service: ADA's Find a Registered Dietitian online referral service is free to Active category members representing their own private practice, group practice or employer. Consumers and businesses search this Web-based site to connect with members who provide nutrition consulting service expertise.

Me, Inc., Online Branding Toolkit: ADA has developed this online branding toolkit to provide you with the resources needed to improve your brand, including communication tips, downloadable promotional flyers, developing your online presence and much more.

Public Relations: ADA's public relations activities promote registered dietitians to the public, professional peers, and legislators. The goal is to inform all audiences who the food and nutrition experts are and how to contact them. Public education campaigns and ADA spokespeople also inform consumers and other health professionals about nutrition and the important role of the registered dietitian.

INFORMATION RESOURCES

www.eatright.org: ADA's Web site, redesigned in 2010, is faster, more user-friendly, offers a more powerful search function, and can be personalized to meet your needs. Eatright.org features five sections specifically targeted to members, students, the public, the media, and other health professionals, making it easier for all visitors to access the content they want. Build your MyADA profile and get involved with quick links to blogs, forums, surveys, and online communities—and get connected by easily subscribing to and sharing e-newsletters, RSS feeds, podcasts, and videos. And as always, eatright.org keeps you informed with 24/7 access to scientific and professional resources, and links that are essential for any food and nutrition practitioner. The secure, member-only site can be accessed using your

member ID and password, and provides a wealth of information and programs in a location that guards your privacy.

Eat Right Weekly: This weekly e-newsletter provides members with access to career resources, research briefs, continuing education opportunities, ADA updates, policy and advocacy issues, and a variety of other news.

Daily News: Opt in to receive this key resource for keeping abreast of the top news stories concerning dietetics and the profession. Delivered to your e-mail inbox every weekday morning, ADA's Daily News is a quick review of the nation's leading food, nutrition, and health headlines, with links directly to the articles.

CAREER RESOURCES

ADACareerLink: ADA's online job service allows you to post résumés, target searches by specialty and geographic location, respond directly to job listings, and receive e-mail alerts about new positions. For a fee, you can also recruit professionals for your organization. Access this indispensable service under the Career Center in the Member section of eatright.org.

Compensation and Benefits Survey of the Dietetics Profession: This comprehensive report details compensation for dozens of core RD and DTR jobs, broken down by region, education, experience, supervisory and budget responsibility, and several other factors. You can also use this information to determine fair market value for your services by accessing the interactive salary calculation worksheet available at eatright.org, which is based on a statistical model developed with data from the survey. The worksheet offers a rough idea of what professionals with similar characteristics and in similar situations earn, on average, and provides a sense of the relative importance of each factor in predicting salaries. Members enjoy significantly reduced pricing for this downloadable report.

Center for Career Opportunities: The Center for Career Opportunities is a 1-day exhibit opportunity for FNCE exhibitors and other employers to meet face-to-face with qualified nutrition professionals who are interested in employment opportunities. Attendees are encouraged to bring their résumés in order to participate fully and get the most from the experience. Employers who have participated in the event have commented on the high caliber of potential recruits, and with attendees coming from across the country, you could find your next dietetics employee or employer at this event no matter where you are located.

PRACTICE RESOURCES

MNT Practice Resources: There is a wealth of information on ADA's Medical Nutrition Therapy (MNT) Web page to help members understand the business of dietetics. Consider it your one-stop shop for practice management education. Learn about codes for nutrition services, how to become a Medicare provider, private insurance reimbursement, tips to expand MNT coverage, telehealth, and more. Popular advocacy materials available for download include the MNT Works marketing toolkit, ADA's payer brochure for increasing MNT coverage, and a step-by-step billing presentation called "Cracking the Code: Billing Potential beyond Medical Nutrition Therapy." Access these resources at www.eatright.org/mnt.

Eat Right Messages: The Eat Right Messages Program is an online and print nutrition education program that is available on ADA's Web site as print-ready, two-page handouts in PDF format. Content includes a statement promoting registered dietitians and a special section where members can include personalized contact information.

Evidence-Based Nutrition Practice Guidelines and Toolkits: Located in the Evidence Analysis Library, these guidelines provide disease-specific nutrition recommendations using a systematic approach that assures nutrition care is based on scientific evidence. Toolkits accompany the guidelines and provide Medical Nutrition Therapy tools used for documenting patient encounters and collecting outcomes.

EDUCATIONAL RESOURCES

Center for Professional Development: The premier choice for lifelong learning, the Center for Professional Development offers conferences, workshops, meetings, lectures, live phone teleseminars and webinars, e-learning, CD-ROM and online courses, and audiotapes. ADA's professional development opportunities are easily accessed through the Center under the Professional Development tab on the Member section of eatright.org.

Leadership Institute: ADA's Leadership Institute is an integrated, intensive, multi-format training program in the theory and practice of leadership in dietetics. The purpose of the program is to enhance the leadership competencies of ADA members both conceptually and interpersonally, through a combination of information, skill development, and practice-based educational experiences.

Free Online Journal Continuing Professional Education (CPE): Since January 2008, ADA members have been able to easily complete their Journal CPE quizzes online at www.eatright.org. See which quizzes you've already completed and take one that's still available to complete for credit. Quizzes are scored automatically online, and once all questions are answered correctly, CPE credit for completed quizzes may be added directly to your Professional Development Portfolio.

For a more extensive list of benefits, visit the members-only section of ADA's Web site at www.eatright.org or call the Member Service Center at 800/877-1500, ext 5000, Monday through Friday, 8:00 AM to 5:00 PM Central Standard Time.