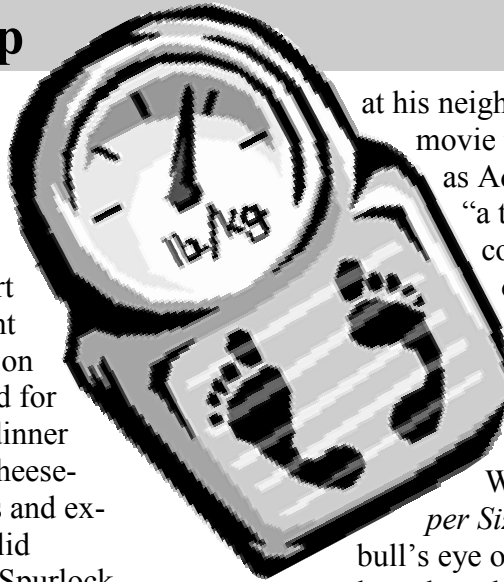


Obesity Roundup

One of the biggest hits at this year's Sundance Film Festival was *Super Size Me*. It follows Morgan Spurlock, the winner of the documentary directing award at Robert Redford's annual independent film showcase, as he existed on nothing but McDonald's food for 30 days -- breakfast, lunch, dinner and often snacks of double cheeseburgers with extra-large fries and extra-extra-large sodas for a solid month. The previously trim Spurlock gained 25 pounds, his cholesterol shot from 165 to 230, blood pressure went through the roof and the physicians who monitored him throughout began to worry about his liver.

Critics and audiences ate it up. They all found *Super Size Me* quirky, sassy and maybe even a heroic indictment of America's corporate cuisine in general and of the Golden Arches in particular.

Well, not quite all. Dave Addis, a columnist for The Norfolk Virginian-Pilot, astutely observed that director Spurlock likely would have gotten the same result eating 90-plus belt-busting meals in 30 days at just about any restaurant, such as the local crab shack or rib joint. Or, for that matter,



at his neighborhood movie theater with, as Addis put it, "a tub of popcorn the size of a wheelbarrow and a soft drink the size of a bathtub."

Whether *Super Size Me* hit the bull's eye or is a misdirected potshot, the fact that a film about a guy eating foolishly and gaining weight would pack 'em in at Sundance (and reportedly earned a theater and TV deal) indicates that obesity is hot. Here, then, is a quick roundup of recent news from the obesity front.

School snacks

The Maine Dietetic Association has joined with the Maine School Food Service Association to take a lead role in helping to reshape state policy on foods allowed in schools. This has become an important issue in many states and the immediate focus, appropriately, is on snacks.

In late December, Philadelphia schools announced a ban on soda sales. This quite a turnaround for a

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points of interest

- Obesity news
- Educational slicks
- MDA conference
- Activity and nutrition plan

A message from

Pam Stuppy, MS,RD,LD, President of the Maine Dietetic Association



As we battle the cold here in the north, we can dream of warm days ahead. Also ahead are some great opportunities for MDA members to expand their knowledge in the field of nutrition! We have two major events planned for you to network with colleagues, challenge your mind, expand your cache of resources, and gather continuing education credits for ADA and state licensure.

You have probably received the brochure about the joint meeting of MDA and the Maine Nutrition Council scheduled for March 25 at the Augusta Civic Center. The planning committee has secured a number of excellent speakers to address a very timely topic – nutrition myth busting. Because of the rampant misinformation available to the public, we need to be on top of accurate information as nutrition professionals.

On May 3 we will travel a little further north to the University of Maine at Orono for the second conference. This meeting will highlight three of the university faculty who will present exciting results of their research and a fourth who will share information about biotechnology. During lunch we will have our annual business meeting (open to all MDA members) to give you an idea about what we are doing as an association at the state and national level. There also will be presentations of awards for outstanding members and students.

With regards to the status of our joint position statement with the Maine School Food Service Association on foods allowed in schools (see our MDA website – www.eatrightmaine.org), it is now in the hands of the Commission appointed to assess the health status of Maine children and possibly to propose legislation as a response.

Representatives of the MDA board are headed off to both the ADA Leadership Conference in Arizona and the Public Policy Workshop in Washington, D.C

As a reminder, I would encourage all of you to be part of the ADA listserv. It is the only communication tool we have to reach members in a timely fashion.

As an association and as individuals, we should be proud of our professionalism, our desire to keep on top of a very complex topic area, the expanding diversity of careers within our chosen field, and the ongoing steps we take to establish dietitians and diet techs as experts in the field of nutrition.

See you at the upcoming meetings!

Pam Stuppy, MS,RD,LD

Obesity (cont.)

city that just two years ago was named America's most obese and that has been working hard to relinquish that dubious title. And, it's genuinely heroic – at a time when schools everywhere are strapped for cash, Philly scrapped a \$23-million vending-machine deal with Coke (you could say the city passed on the Real Thing in order to do the Right Thing). New York City schools now sell only fruit juice and water in their vending machines. California, Arkansas and Texas restrict soda sales in elementary and middle schools to special events.

Tennessee lawmakers are fighting the vending machine battle – a proposed legislative ban is gaining support, but good health is running into budgetary obstacles. The ban would cost one county school district, for example, \$500,000 in vending proceeds that is deparately needed for essential school needs. A recent editorial in the Chattanooga Times Free Press makes a couple of important points. First, the blame here falls not on school administrators who have just been trying to keep their schools going, but on the voters and politicians who took the easy way out by trying to fund education without taxes. Second, the method they chose – filling schools with junk food – is nothing less than an enormous hidden tax, one that is paid in poor health and soaring health-care costs. A similar fight is underway in Illinois – the governor wants to ban the machines, school officials want to know how they'll fill the budget gap. The counter-argument

that soda revenue is replaced by healthier juice and water revenue so far hasn't been supported: one suburban Chicago district replaced soda with juice and water at the beginning of the school year. So far, revenue is down by 36 percent.

Fitness

Across the country, obesity is becoming a state issue – credit for that goes in large part to a National Governors Association conference on obesity last year. Gather several hundred state officials in one place and tell them that the annual cost of obesity in the United States is \$75 billion, a tax of roughly \$250 on every man, woman and child, and they'll take notice. One of the most encouraging developments at the NGA conference was the emphasis placed on fitness.

It's an emphasis that's long overdue. For all the attention given to burgers, fries and soda in the obesity epidemic, little notice has been paid to the other side of the equation – the drastic decline during the last couple of decades in physical activity. At the same time schools have been filling their halls with vending machines to pay their bills, they've been cutting phys ed to reduce costs.

Illinois is the only state in the nation that requires daily phys ed for all students, grades K through 12. In most states, phys ed is sparse and intermittent by high school. In Colorado and South

Dakota, there is no phys ed requirement at any level – elementary, middle or high school.

A recent New York Times column tackled the issue of declining physical activity and its relationship to elitism in sports – the fact that kids define themselves as jocks or non-jocks at younger and younger ages. The writer, sports industry consultant Ken Reed, notes that not too long ago, this “cut” was made at the high-school level and intramural sports were readily available for those who didn't make the varsity. Today, Reed says, we're forcing kids to the sidelines by the end of grade school. If you don't believe it, ask the eight-year-old who didn't make the “travel team.”

The column quotes Tom McMillan, a former congressman and pro-basketball player who is active in the campaign to expand sports participation: “There is a disparity in sports ... We have very few resources at the bottom for our kids. We certainly have plenty of resources at the top. We can build megastadiums, pay megasalaries for athletes, but we're not doing enough at the bottom.”

The Maine Dietetic Association should be proud of the partnership it has formed with the Maine School Food Service Association to help bring healthier food choices to our schools. Maybe the next step should be to team up with coaches.

Dairy's Role in Weight Management

The National Dairy Council provides this list of recent research suggesting that milk, cheese and yogurt may play a role in weight management efforts when coupled with a balanced reduced-calorie diet. Additional research is being conducted in this exciting area of nutrition.

Adults

- This research review concluded that dietary calcium may play an important role in the regulation of energy metabolism and may result in a reduction of body fat and an acceleration of weight and fat loss during caloric restriction. This review also concluded that dairy sources of calcium demonstrate substantially greater effects than supplemental or fortified sources. (Zemel MB. Role of dietary calcium and dairy products in modulating adiposity. *Lipids*. 2003; 38(2):139-146.)
- Dietary calcium may play a role in regulating body weight, supporting the hypothesis that increasing dietary calcium or dairy intake may reduce future weight gain. (Parikh SJ, et al. Calcium intake and adiposity. *American Journal of Clinical Nutrition*. 2003; 77:281-287.)
- Obese adults who ate three servings of yogurt daily as part of a weight loss plan lost 22% more weight, 61% more body fat and 81% more trunkal (stomach) fat during a 12-week study compared to those who simply reduced calories. (Zemel, M.B. et al. Dairy (yogurt) augments fat loss and reduces central adiposity during energy restriction in obese subjects. *FASEB Journal*. 2003; 17(5): A1088.)
- A research review concluded that nutrients found in dairy, including calcium, may contribute to the reduction of body weight, body fat and insulin resistance syndrome. (Teegarden D, et al. Symposium: Dairy product components and weight regulation. *Journal of Nutrition*. 2003; 133: 243S-256S.)
- Data from over 550 women was reevaluated to assess the effects of calcium on weight gain. While calcium is only one factor that potentially affects obesity, findings from this reanalysis of data suggest that increasing calcium intakes to recommended levels may reduce the incidence of overweight and obesity by 60-80% in a population. This is an estimate and the conclusion is based on data projection. (Heaney RP, et al. Normalizing calcium intake: Projected population effects for body weight. *Journal of Nutrition*. 2003; 133:268S-270S.)
- Low daily calcium intake was associated with greater body fat and body weight, particularly in women. Jacqmain M, et al. Calcium intake, body composition, and lipoprotein-lipid concentrations in adults. (*American Journal of Clinical Nutrition*. 2003; 77:1448-1452.)
- In a study involving 35 non-obese, healthy adults, a higher dietary calcium intake over a 24-hour period was associated with burning significantly more body fat, even during sleep. (Melanson EL, et al. Relation between calcium intake and fat oxidation in adult humans. *International Journal of Obesity*. 2003; 27: 196-203.)
- Consuming a diet high in fruit, vegetables, reduced-fat dairy and whole grains, and low in red and processed meat, fast food and soda, was associated with smaller gains in body mass and waist circumference. (Newby PK, et al. Dietary patterns and changes in body mass index and waist circumference in adults. *American Journal of Clinical Nutrition*. 2003; 77:1417-1425.)
- Obese people who consumed three to four servings of milk, yogurt or cheese while on a balanced, reduced calorie diet, lost significantly more weight and fat than those who consumed equivalent amounts of calcium through supplements, or who consumed one or fewer servings of milk, yogurt or cheese per day. (Zemel MB, et al. Dietary calcium and dairy products accelerate weight and fat loss during energy restriction in obese adults. *American Journal of Clinical Nutrition*. 2002; 75(2S):342S. Abstract.)
- Among overweight young adults, increased dairy consumption may protect overweight individuals from

Dairy (cont.)

the development of obesity and insulin resistance syndrome and may reduce the risk of type-2 diabetes and cardiovascular disease. Obesity is one of the risk factors of insulin resistance syndrome. (Periera MA, et al. Dairy consumption, obesity, and the insulin resistance syndrome in young adults: The CARDIA Study. *Journal of the American Medical Association*. 2002; 287:2081-2089.)

- In a study of obese African-American adults who were otherwise healthy, those who consumed at least three servings of dairy foods a day had lower total body fat, more lean body mass and lower insulin and systolic blood pressure than those who consumed less than one serving of dairy foods a day. (Zemel MB, et al. Increasing dairy calcium intake reduces adiposity in obese African-American adults. *Circulation*. 2002; 106 (suppl 2) II-610. Abstract.)
- Women who consumed higher levels of calcium, the majority of which came from dairy products, had lower body weights than women who consumed less calcium. Results from this study indicated that women weighed an average of 17.6 pounds less for every 1,000 mg of calcium consumed. (Davies KM, et al. Calcium intake and body weight. *Journal of Clinical Endocrinology & Metabolism*. 2000; 85(12): 4635-4638.)
- In young adult women enrolled in a two-year exercise program, calcium from dairy foods was associated with lower body weight and body fat in women consuming fewer than 1900 calories per day. (Lin YC, et al. Dairy calcium is related to changes in body composition during a two-year exercise intervention in young women. *Journal of the American College of Nutrition*. 2000; 19(6):754-760.)
 - In men and women, increased calcium intake is associated with lower body fat, suggesting that increased dietary calcium may affect the rate of energy metabolism and reduce the risk of obesity. (Zemel MB, et al. Regulation of adiposity by dietary calcium. *FASEB Journal*. 2000; 14:1132-1138.)

Children and Adolescents

- In children ages 2-8, higher dietary calcium intake from calcium-rich foods like milk, cheese and yogurt was associated with a lower percentage of body fat. (Skinner JD, et al. Longitudinal calcium intake is negatively related to children's body fat indexes. *Journal of the American Dietetic Association*. 2003; 103 (12):1626-1631.)
- Children who consumed more ready-to-eat cereal with milk had lower body mass and were at lower risk for being overweight than children who ate less ready-to eat cereal. Children who ate more ready-to-eat cereal with milk also had better nutrient intake profiles including lower fat and cholesterol intake but greater intake of vitamins A, B-6, thiamin, riboflavin, niacin, folate, calcium, iron, and zinc. (Albertson AM, et al. Ready-to-eat cereal consumption: its relationship with BMI and nutrient intake of children aged 4 to 12 years. *Journal of the American Dietetic Association*. 2003; 103(12):1613-9.)
- Girls ages 9-14 who consumed diets rich in calcium weighed less and had less abdominal fat than girls who consumed less calcium. For every 300 milligrams of calcium consumed, girls were, on average, 1.9 pounds lighter. (Novotny R, et al. Higher dairy intake is associated with lower body fat during adolescence. *FASEB Journal*. 2003;17(4):A453.8. Abstract.)
- Dairy consumption in adolescent girls is not associated with a higher body mass index (BMI) or an increase in percentage of body fat. (Phillips SM, et al. Dairy food consumption and body weight and fitness studied longitudinally over the adolescent period. *International Journal of Obesity*. 2003; 27(9):1106-1113.)

(cont. Page 8)

Recommended Reading — by Judy Donnelly

“The truth about losing weight, being healthy, and feeling younger”? Perhaps, or is The Schwarzbein Principle just another in a long list of books written to help us lose weight and improve health? Written by Diana Schwarzbein, MD., this book takes the angle that hormonal responses to diet and lifestyle factors are directly related to weight and chronic illness and that they control “metabolic aging”.

The main theme of the book is that “metabolic aging”, which refers to the normal process of metabolic decline, can be controlled with proper diet and lifestyle habits. Dr. Schwarzbein explains that metabolic aging is genetically predetermined, controlled by hormone systems, and is something we can not change. However, she goes on to describe diet and lifestyle factors that may create imbalances in hormone systems that cause us to age more quickly, a scenario she refers to

as “accelerated metabolic aging.” These factors include: consumption of a poor diet, alcohol, caffeine, artificial sweeteners, and food additives, lack of exercise, chronic stress, tobacco, steroids, stimulants or other recreational drugs, and excessive or unnecessary thyroid replacement therapy.

Throughout the book, Dr. Schwarzbein discusses the negative impact these factors have on our hormone systems and how the imbalances created in those systems have an impact on one and other and ultimately on health.

Dr. Schwarzbein details a 5 step program for improving metabolism and body composition, reversing metabolic aging, and preventing or correcting chronic illness or disease conditions:

1. Nutrition:

Eating 5 small meals is better than 3 large meals.

Eat real food that you could, in theory, pick, gather, milk, hunt, or fish.

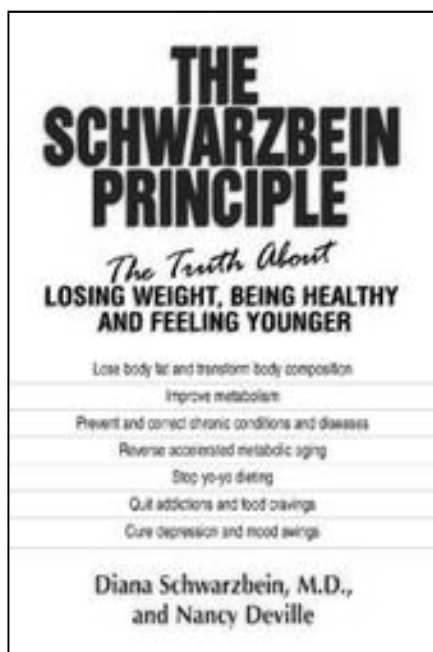
Choose from the four food groups at each meal.

2. Stress management
3. Exercise
4. Eliminate stimulants and other drugs
5. Hormone replacement therapy

Move over Food Guide Pyramid, hello “Schwarzbein Square”. The diet recommends eating a variety of foods from 4 groups that make up the square. The squares are: proteins, non-starchy vegetables, healthy fats, and carbohydrates. The protein group includes soy products, eggs, nuts, cheese, which has not been processed at a high temperature, and all types of meat, provided they are free of additives, hormones, nitrates and nitrites.

All types of natural fats are allowed, including saturated. “Damaged fats”, which include hydrogenated, partially hydrogenated, and natural fats, which have been heated to a high temperature, are excluded from the diet. The carbohydrate group includes all foods that contain carbohydrate. Whole milk products are encouraged over low and nonfat. Starchy vegetables are in this list. Grains that have been processed in any way, such as bread, are discouraged, but not omitted.

(cont. Page 8)



Educational Opportunities

State Physical Activity and Nutrition Plan meeting March 23 at the Augusta Civic Center (Cumberland Room) 9:30am-noon. Anyone involved in nutrition in Maine is welcome to attend and offer input. The objectives for the meeting is to review and comment on the draft plan and to network with colleagues (bring business cards). For any questions and to confirm attendance, contact Alice Schlosser at 626-5299 or alice.schlosser@maine.gov

MDA and Maine Nutrition Council Joint Conference, March 25— Don't Confuse Me With the Facts: Nutrition Myth Busting at the Augusta Civic Center. Presenters include Jeanne Goldberg, PhD, RD, and Susan Borra, RD. Jeanne will trace the history of the Food Guide Pyramid and discuss issues to be considered in developing the Dietary Guidelines for 2005. Susan, Executive Vice President of the International Food Information Council in Washington, DC, will present the hottest nutrition topics in the current media. The full day conference will provide 6 credit hours. For more information call Sarah Platt, RD 207-287-3621 or the MDA Website, eatrightmaine.org.

Maine Nutrition Support Network — to meet monthly during the school year. The goals of the monthly meetings are to share information on nutrition support practices and discuss evidenced based research. The first meeting will be on March 2 at the Maine Medical Center Dana Center (off Bramhall Street in Portland) in room # 4 from 6-7:15 pm. The objectives for this meeting will be to find a central location for the members to meet and plan future meeting topics. Topic: Enteral Formularies. Please bring a copy of your formula to share with the group. RSVP to Gretchen Arnold MS RD LD CNSD at grarnold@adelphia.net

PKU workshop, “Transitions— Looking Ahead to Adolescence and Adulthood.” Saturday April 3, 8:30 a.m. to 3 p.m. at the Culinary Arts Building, SMCC in South Portland. Presenters include Susan Waisbren, PhD, psychologist and Fran Rohr, R.D. from the Boston Children's Hospital PKU unit, who will discuss issues related to PKU and other aminoacidurias. Sarah Foster, an adult with PKU, will give a personal perspective. Dianne Sullivan, mother of two adults with PKU and a chef extraordinaire will demonstrate some new low protein recipes. While this is geared to affected individuals, this workshop should be of interest to professionals and other caregivers who want to become more familiar with the challenges and opportunities associated with these modified protein diets. As more conditions are identified earlier with expanded New Born Screening, community dietitians may be asked to play a larger role in their care. CEU's will be requested from ADA. The fee is \$15 for the whole day including lunch. For more information, call Barbara Hall 799-2136 or email bhall@gwi.net.

MDA Conference, May 3, at the University of Maine, Orono. Dr. Dick Cook will share his exciting research about a Maine favorite — blueberries. These pretty fruit pack a powerful punch of nutrients. Dr. Anne Hague will provide some insights relative to attitudes towards obesity in the elementary school setting. Dr. Denise Skonburg teaches a class on biotechnology and will update us on this expanding field. Dr. Susan Sullivan will discuss the findings of her research on the vitamin D status of adolescent girls. As we know, this could have important implications for bone health. During lunch, provided by the university, we will have our annual business meeting and awards presentations. This meeting gives all MDA members the opportunity to hear what MDA and ADA are doing at the state and national levels. Make this your opportunity to ask questions and provide feedback.

Dairy (cont.)

- In children ages 2-5, a diet rich in calcium and dairy foods was associated with lower body fat than diets with lower calcium and dairy food intakes. (Carruth BR, et al. The role of dietary calcium and other nutrients in moderating body fat in preschool children. *International Journal of Obesity*. 2001; 25:559-566.)
- Higher-protein Diets that Included Dairy: Diets with a higher protein to carbohydrate ratio, e.g. diets that include dairy foods, meats, eggs and nuts, allowed adult women to lose more fat and retain more muscle during weight loss compared to diets with a higher carbohydrate to protein ratio. (Layman D, et al. A reduced ratio of dietary carbohydrate to protein improves body composition and blood lipid profiles during weight loss in adult women. *Journal of Nutrition*. 2003; 133: 411-417.)

Additional resources include the www.healthyweightwithdairy.com Web site, the Dairy Council Digest titled "Weight Control: An Emerging Beneficial Role for Dairy" and the Healthy Weight Health Education Kit available at www.nationaldairycouncil.org. Call the National Dairy Council at (312) 240-2880 for more information.

Although there is no limit identified for number of grams to consume per day, common themes throughout the book are the importance of minimizing consumption of total carbohydrate, avoiding "processed" carbohydrate, and "eating carbohydrate according to ones own metabolic rate". She takes aim at the proliferation of low fat, high carbohydrate snack foods, emphasizing that they do not satisfy hunger, provide little nutritive value, cause elevated insulin levels, and ultimately have a negative impact on health and metabolic aging.

Dr. Schwarzbein provides extensive lists of the best carbohydrate foods and appropriate portions, based on 15 grams of carbohydrate per portion. In her menu plans, she gives examples of carbohydrate, protein, and fat

combinations and shows how to distribute foods throughout the day. While she emphasizes the importance of limiting carbohydrate, she boldly states that there is no limitation on the quantity of protein or fat, as long as the food consumed is in the Schwarzbein Square.

There are two issues to consider. First, there appears to be the potential to over consume calories. The laws of thermodynamics are ignored and calories appear to be taken out of the energy balance equation. The author suggests that individuals will naturally limit portions of fats and proteins by responding to innate satiety signals. Secondly, Dr. Schwarzbein challenges volumes of research that have linked consumption of saturated fat with an increased risk of heart disease, encouraging saturated fat in quan-

ties that exceed those recommended by the American Heart Association.

The author is a physician who specializes in diabetes, menopause, osteoporosis, endocrinology, and thyroid conditions. Throughout the book, she references credible research performed both by herself and others to support her theories about diet and lifestyle. The language used is ideal for the "non medical" reader, but provides limited detail for those who might desire more biochemical support for her theories. The diet provides balanced nutrition with an emphasis on wholesome foods. Individuals concerned about saturated fat consumption can certainly choose foods wisely and those trying to lose weight should pay attention to quantity of fat in the diet to avoid over consumption of calories. Overall, a very interesting and thought-provoking read.

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Hope to hear from you!

Have a question? An opinion? A comment? Even a disagreement?

This newsletter is your forum to discuss any subject of concern to our profession and our association. Brevity helps — use 200 words or less as a guideline.

MDA members also are invited to submit longer articles — book reviews, educational materials, anything in your area of practice — with 500 words a good rule of thumb. Plan on a May 1 deadline.

Please send your submissions to the eatrightmaine.mda editor at:

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Visit MDA Website (eatrightmaine.org) for:

- Updated educational opportunities
- Events
- Job Bank
- Find-a-Dietitian
- Join MDA Listserve

Register for MDA and Maine Nutrition Council Joint Conference

Topic: Don't Confuse Me With the Facts: Nutrition Myth Busting

Date: March 25 at the Augusta Civic Center

Obtain 6 credit hours

Call Sarah Platt (207) 287-3621 or visit the MDA Website (eatrightmaine.org)