

President's Farewell — Pam Stuppy, MS,RD,LD

It has been a privilege and a great learning experience to serve as the MDA president during the past year. The board developed a number of goals last summer as part of our Strategic Plan and many activities have contributed to some of these goals being met.

As part of our goal to increase outreach to students, we reinstated a scholarship to a deserving student. This year's recipient was University of Maine graduate, Claire Poliquin.

We also held the May 3 meeting at the University campus to make it easier for students to attend and to honor the hard work of the researchers in our field. We appreciate the time the speakers took from their busy schedules to provide us with cutting edge information. Many thanks, also, to Adrienne White for all her efforts in coordinating the May meeting!

Another goal was to increase MDA visibility in the state. Our reimbursement chairs - Sue Quimby and Judy Donnelly - updated the MNT Directory. Sue also contacted

Anthem about including dietitians in the full spectrum of insurance plans. Additionally, she made contact with those working on the Dirigo Health Plan so that dietitians would be included from the initial stages.



Many of our members were involved in the development of the joint position statement about foods allowed in schools which was created in con-

junction with the Maine School Food Association. It is now in the hands of the Commission charged with addressing the obesity issue in Maine.

In addition to being a community service, the position statement was a wonderful opportunity to partner with another state organization that attempts to improve health outcomes through food.

In striving for our goal of increasing communication with MDA members, Marcy Kyle can be congratulated for producing an informative and high quality MDA Newsletter.

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A message from:

Susanne D'Angelo, MS, RD, LD, President of the Maine Dietetic Association



Hello Everyone!

It is an honor to represent such a fine group of professionals, and I am looking forward to our upcoming year.

We are coming off of a great year full of growth and excitement. Last year's board worked hard to create a sense of pride in our profession. At a time when many dietitians elsewhere are canceling their ADA memberships, we in Maine are creating what we feel is a reason to be a part of this well respected organization.

It is my goal to continue this energy and growth. Our board is always open to your thoughts and ideas and we hope you will offer them. They are a stellar group of volunteers who take time from their busy lives to create a better climate for all dietetic professionals in the State of Maine. That is why I am pleased to announce that many of our board members are continuing on with their efforts. I welcome the stability and experience they bring in nurturing all of our ongoing strategies, and I have no doubt that our incoming board members will help create continued growth and diversity. I look forward to working with all of these dedicated individuals, especially our new President-elect Katherine Musgrave.

We are currently seeking individuals or groups of individuals interested in working on the fundraising committee. Increased funds would allow us to establish beneficial programs and scholarships for our upcoming nutrition professionals. If you are interested in helping out with this important project, please contact me or any board member.

MDA is what we make of it. It is my hope that within the next five years all dietetic professional will be able to say they have offered at least one hour of their time to MDA.

Please join us!

Susanne

Farewell (cont.)

We also connected to the ADA Data Management System that keeps us up-to-date on our membership – thanks to Liz Bagonzi for her efforts in bringing this system on board. Karen Stewart has been very efficient at emailing us about current job opportunities.

To improve our communication with non-members, we expanded our mailing list for the March meeting to more than 2,500 names. Thanks to all who helped with the joint meeting with the Maine Nutrition Council – it was a great success!

Consistent with our goal to increase services to our members were the Job Bank and MNT Directory. We also were pleased to sup-

port several of our members at national events – the FNCE meeting in San Antonio, the Leadership Conference in Arizona, and the Public Policy Workshop in Washington, DC.

A great accomplishment was the reduction in the Licensure fee to \$70 per year – thanks to Mary McHugh, our Licensure Liaison, and to Joan Herzog, who was on the Licensure Board.

At the national level, we were well-represented by Delegate Anne Marie Davee. Suzanne Bazinet is in the process of updating all of our board job descriptions.

Thanks to all the board members who have devoted their time and expertise during the past year.

I would also like to welcome the new board and thank them for accepting their positions. We all look forward to the energy and talents they will bring to our association: “Many hands make light work.”

We also encourage other MDA members to get involved. Your time and effort are appreciated. Think about what you could contribute and contact any board member.

Also, make sure you are part of the MDA listserv – it is our only tool for communicating with you in a timely fashion.

Finally, welcome to our new president, Susanne D’Angelo!

Diet Tech News — Shirley Wallace, DTR

The American Dietetic Association is taking seriously the concerns of the Dietetic Technician. Some of the issues currently being addressed are: exclusion of DTRs by RDs and ADA; the need to promote the DTR credential to consumers and employers; recognition of the DTR as part of the nutrition care team; employment of non-credentialed Diet Techs; and shortages of DTRs.

These topics were part of the House of Delegates Fall meeting agenda in 2003. The DTR has now been included in all ADA position papers and literature.

The number of Diet Techs who renewed their ADA membership is 1,974, while there are 2,527 who are not members. Enrollment in DT programs is down 36 percent from 1992 and the number of graduates is down 28 percent. At the same time, membership in the Dietetic Technicians in Practice DPG has grown by 23 percent, according to the DPG Chair, Denise Elmore. She credits the organization's growth to last year's Chair, Debbie Redditt, and her campaign to “recruit another DTR.” The DTPG is a way for techs to network and stay abreast of current issues.

Only two states recognize the DTR: Maine has licensure; and California has registration. DTRs in general are not eligible for Medicare MNT reimbursement. However, Maine DTRs licensed before Jan, 1, 2001, may qualify as providers of Medicare MNT.

Thirty-seven percent of DTRs work in clinical settings, 32 percent in extended-care settings, 9 percent in community and public health settings and the remaining 22 percent in other settings. DTRs with five to nine years experience make a mean hourly wage of \$14.64.

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ADA Public Policy Workshop — Betty J. Bartlett, PhD., RD, LD

The workshop, “Food and Nutrition Matters,” opened with a keynote address by Dr. Robert Heaney, a Professor of Medicine at Creighton University in Omaha, Nebraska. Dr. Heaney summarized his research regarding calcium and dairy intake and disease prevention: in addition to hypertension and osteoporosis, small but significant reductions were observed in coronary artery disease, obesity, Type 2 diabetes, nephrolithiasis, and colorectal cancer. He noted potential medical cost savings, especially in prevention of these chronic diseases, thus nicely demonstrating that “nutrition matters.” (For more information read: McCarron, David A. and Heaney, Robert P.: Estimated healthcare savings associated with adequate dairy food intake. *Amer. J. Hypertension*: 2004; 17:88-97)

Next, a pragmatic view of the process of influencing public policy was presented by Mike Dunn, a Washington lobbyist. The view at the state level was presented by Pat McKnight, M.S., R.D. L.D., who has been working on state issues in Ohio for 17 years. During the remainder of the workshop the current status of specific federal issues on ADA's agenda were presented and attendees were prepared for their visits to their legislators.

ADA's top priorities this year are aging, child nutrition, nutrition monitoring, nutrition research, Medical Nutrition Therapy and obesity. For more information on any of these go to www.eatright.org and click on Public Policy.

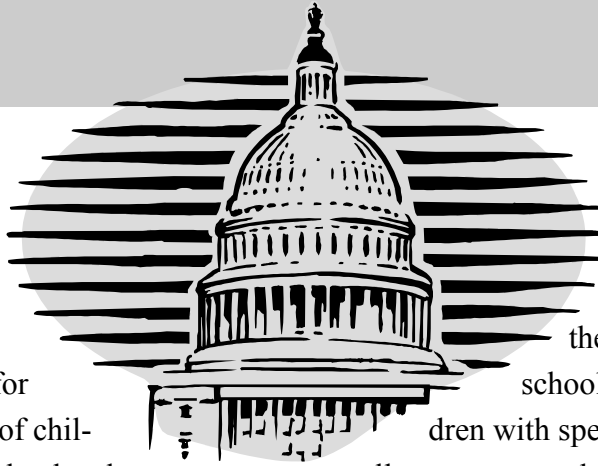
Expansion of Medicare Medical Nutrition Therapy

The recently passed Medicare legislation (Medicare Prescription Drug, Improvement and Modernization Act of 2003) includes a physical examination for all new Medicare beneficiaries and referral for MNT for discovered medical conditions. Centers for Medicare and Medicaid Services (CMS) of HHS is currently writing implementing regulations, and they intend to limit reimbursement only to those conditions already covered by Medicare (diabetes and kidney disease). ADA's position is that this was not the congressional intent, and is urging all legislators to write to HHS supporting the broader interpretation. .

News from FDA

FDA Acting Commissioner, Lester Crawford, DVM, outlined current issues in the FDA. He said the emphasis on food safety during the ‘90s is being replaced by an emphasis on nutrition. Initiatives under way include the appointment of a "Nutrition Czar" (to be announced soon), cleaning up the supplement industry (he called it "a mess"), expanding nutrition education in the schools with special emphasis on obesity, more enforcement of labeling laws, and changes in those laws. Some coming labeling changes include printing total calories in a container as well as calories per serving, and using larger print for calories. He responded to a question about obesity being classified as a disease by noting that obesity needs a “cover” to raise it to the level of a “disease.” It needs to be something more than a collection of co-morbidities, it needs a scientific basis, especially from physicians. FDA and HHS currently are taking comments on what we should do.

Workshop (cont.)



Child Nutrition Programs

Reauthorization currently is in the House. ADA's position on School Food Programs include: require the Director of the School Nutrition Program be certified and involved in all decisions regarding foods available in the school; USDA should implement guidelines on time frames for school meals; RDs should make decisions on how to meet needs of children with special health-care needs; continue the milk requirement; establish a local wellness group to develop, advise, and implement local nutrition policies in each school district; and strengthen nutrition education infrastructure and program evaluation at state and local levels. ADA generally approves of the current bill, and much of the above is included in the Reauthorization.

Also included are the following changes in WIC: certification of moms breastfeeding for one year; providing as much formula as needed; and keeping the WIC package up to date.

Dietary Guidelines and USDA Food Guide Pyramid

An update was presented by Rachel Johnson, Ph.D., R.D., University of Vermont, and Eric Hentges, Ph.D., Executive Director, Center for Nutrition Policy and Promotion, USDA. The committee to revise the Guidelines currently is meeting. The emphasis is on examining the supporting evidence for changes; translating the changes into consumer-friendly language comes later.

It's an open process: tapes and transcripts of the meetings are available from the Center at USDA. Proposed revisions were published in September 2003, and USDA received 255 letters — 62 from health and nutrition professionals, 116 from the general public, and the rest from health associations, food and trade associations, and government officials (Your comments do count!) Revisions will be announced early in 2005.

Some issues the committee is dealing with are: what energy levels to use as reference? (should strongly communicate need for activity); do the guidelines represent appropriate nutrition goals for Americans?; are the guidelines appropriate for educating Americans? (foods used as examples need to be widely recognized, the guidelines need to be doable, and have broad support); should expression of the amount to eat be in servings or household units? (the former was chosen); and for how many subsets should the guidelines be constructed? (currently there are 12, which is too many.)

Grassroots Networking

Throughout the workshop the importance of getting to know your legislators, on both the state and federal level, was stressed. Support of the ADA-PAC was emphasized, and many examples of successful influencing of legislation were reported. Some states have state PACs for influencing local issues.

Workshop (cont.)

Visiting Maine Legislators

ADA's top priority for a representative from Maine was to visit the office of Senator Susan Collins, Chairman of the Senate Committee on Governmental Affairs. Senator Collins is co-sponsoring a bill with Sen. Lieberman of Connecticut to renew nutrition monitoring through the National Health and Nutrition Tracking Act which will be introduced this spring. Legislative Assistant Priscilla Hanley assured me Sen. Collins was "on board" for this legislation. I was able to relate how important NHANES (National Health and Human Nutrition Examination Survey) data have been in setting food and nutrition priorities, in health policy formulation, as well as to nutrition researchers, the food industry and food industry regulators.

At Congressman Tom Allen's office, I discussed the Medical Nutrition Therapy issue in the new Medicare revisions with Susan Lexer, a Senior Legislative Assistant, who expressed strong support for ADA's position. She indicated they would work to have MNT reimbursed by Medicare for new enrollees referred by a physician for a medical diagnosis appropriate for nutrition counseling. Congressman Allen is a member of the House Energy and Commerce Committee which is responsible for Medicare legislation.

In Senator Olympia Snow's office, I visited with Bill Pawner, Ph.D., MPH, a Legislative Fellow. Dr. Pawner was supportive of nutrition issues, and I left the ADA packet with him. I also visited Congressman Michael Michaud's office and left an ADA packet there with an aide.

All the Congressional offices were receptive and gracious. Many dietitians and staffers at the conference, mentioned to me how respectful they were of Maine's Congressional delegation. They praised their statecraft, their reasonable approach to vital issues, and their ability to work in and nurture a non-partisan environment. Mainers can be proud of their legislators in Washington.

Techs (cont.)

The Fall HOD Dialogue Session recommends the following guiding principles:

- DTRs are active members of the Association
- DTRs are key partners in providing food & nutrition services
- More effort is needed to integrate the DTR into Association activities.

According to the 2003 Special Fall Issue of the Dietetic Technicians in Practice Newsletter, "The 2003 HOD... identified that the recommendations implemented by the 1993 and 1999 task forces have worked to support DTRs, but have not solved the problems of decreasing DT membership in ADA and credentialed DTRs, the degree to which the RD is competitive with the DTR, how DTRs fit into the

profession, and are valued and recognized as members of the healthcare team."

Will these new efforts by the ADA succeed where past efforts have failed?

Thanks to Suzanne Bertocchi, DTR, Newsletter Editor of the Dietetic Technicians in Practice, for providing valuable information for this article.

Obesity Attitudes — Anne L. Hague, PhD, RD, RDH and Adrienne White, PhD, RD

The following is an abstract derived from Anne Hague's University of Maine dissertation titled, "Evaluating Attitudes of Obesity and Processes of Change Among Student Teachers and Schoolteachers on the World Wide Web."

Teachers have an active role in helping to prevent and deter stigmatizing acts toward children labeled as "fat." The objective of this study was to examine attitudes of obesity and their change processes among student teachers and schoolteachers, when exposed to a Web-based educational module promoting size acceptance, using the Elaboration-Likelihood Model (ELM). The credibility and appearance of the module presenter and the effect of subject BMI on attitude change were also evaluated.

The ELM, a theoretical approach to message-based persuasion, was used to explain the impact of the module, high nutrition credibility, and appearance of the module presenter on attitude change. The module content included etiological factors of obesity, implications of weight loss efforts, and emotional/psychosocial effects of obesity. A credible presenter was digitally altered to appear either "fat" or "nonfat." The sample included undergraduate and graduate students from the University of Maine System as well as schoolteachers from the New England region. Subjects ($n=258$; mean age= 26.8 ± 10.2) were randomly assigned to one of five groups (control/four treatment groups). The treatment groups evaluated the effect of the module (control versus module only), credibility (module versus credible source without image), credible "non-fat" source (credible source without image versus credible "non-fat" source), and credible "fat" source (credible source without image versus credible "fat" source) on attitude change.

Attitude change was assessed on-line at pretest, posttest, and six-week follow-up using the Anti-Fat Attitudes Test (AFAT). AFAT is a Likert scale ranging from 1 = strongly disagree with negative attitude to 5 = strongly agree with negative attitude toward obesity. Subjects also completed the Knowledge of Obesity Scale (a measure of ability for the ELM), the Need for Cognition Scale (a measure of motivation for the ELM), and Counselor Rating Form (a measure to evaluate the effect of the presenter) on-line to evaluate support for the ELM. Negative attitudes decreased in treatment groups between pretest (mean scores \pm standard error ranged from 1.912 ± 0.062 to 1.995 ± 0.067) to posttest (1.724 ± 0.262 to 1.815 ± 0.074) and pretest to follow-up (mean scores ranged from 1.721 ± 0.070 to 1.871 ± 0.078). Unlike the credible "non-fat" presenter, exposure to the credible "fat" presenter positively influenced attitude change (pretest to posttest and pretest to follow-up) ($p\leq 0.003$). Attitude change (pretest to posttest) was also favorably associated with high nutrition credibility (credible source without image) ($p=0.018$) but not with subject BMI. Communicating the size acceptance paradigm on-line appears to reduce negative attitudes of obesity regardless of subject BMI. Findings support moderate elaboration based on the ELM and suggests that the presence of the credible "fat" source may have increased attention to the size acceptance message.

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Next Board meetings:

Conference Call
Jan. 13, 4-6 p.m.

Save the Date: April 6, 2005

Augusta Civic Center

MDA Spring Conference

WOW –Wellness Options for Women

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 an Aug. 1 deadline. Please send your submissions to the eatrightmaine.mda editor at:

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