

**Iowa Dietetic Association Board & Council Meeting
West Des Moines Marriott
October 7, 2010**

Call to order – Molly Pelzer called the meeting to order at 6:03 p.m.

Quorum Check - Jill Lange performed the quorum check and noted that there was a quorum, as all members of the board were present.

Members Present – Monica Lursen, Mary Jo Schechinger, Courtney Bloxham, Doris Montgomery, Kristine Wood, Karen Kline, Janice Fisher, Felicia Steger, Judy Fitzgibbons, Nadine Fisher, Jean Anderson, Bethany Morris, Jill Lange, Molly Pelzer, Anne Oldham, Doug Robertson, Cindy Eivins, Teresa Nece, Jennifer DeWall, Deb Ruebbelke, Kathy Buffington, Lois Stillman, Renee Greiner, Stephanie Beenken, and Teri Collins

Approval of Minutes – Jean Anderson made a motion to approve the August 27, 2010 meeting minutes as submitted. Jill Lange seconded the motion. All approved.

Reports

Treasurer's Report – Doug Robertson presented the attached treasurers report. Jan Fisher noted that there was an accounting error on her delegate's account. Jean Anderson made a motion to approve the treasurer's report with the correction of Jan's change. Jill Lange seconded the motion. All approved.

Delegate's Report – Jan Fisher presented her Delegate's report, which is also attached to the meeting minutes. Jan indicated that there was significant discussion centered on adding a new "associate membership" category. This would allow other healthcare professionals to become ADA members. Jan noted that there would have to be a change in ADA's bylaws for that to occur.

Wellmark – Monica Lursen presented a letter that IDA sent to Wellmark related to pediatric obesity prevention. She also shared Wellmark's response (attached). Monica indicated that Jennifer DeWall had a meeting with Wellmark, discussing Wellmark recognizing RD's as providers. Since that time, conversations have been more public. The hope is that RD's would be recognized as providers for both adult and pediatric patients. Wellmark is currently looking at BMI's in the pediatric population, with the intent on incentivizing providers for decreasing the BMI's of their patients. A concern that Wellmark has voiced relates to the lack of available RD's in rural areas. It looks like there is an opportunity for IDA to help identify those potential providers for Wellmark. It was suggested that there should be a two-pronged approach to looking at this. First, RD's need to become more visible by signing up for ADA's find a dietitian on eatright.org. Second, IDA needs to help align physicians with RD services in their areas.

Public and State Policy Report – Jennifer Dewall reported that the Public Policy Committee has decided to participate in legislative fund raising events. There are a couple of legislators who are up for reelection in tight races, and the committee wants to give them a boost. These are legislators who have been historically supportive of RD's.

There will be an event for Staci Appel, Nancy Boettger, Amanda Ragan, and Linda Miller at the desert factory in Winterset on October 14, 2010 at 6:00 p.m.

Legislative Monitor – Sue Roberts presented her Legislative Monitor's report, which is attached. Sue indicated that there needs to be an IDA member on the Medicaid advisory council. In order for this to happen, it needs to be written into legislation, which should be a strategy over the next year. Sue has initiated discussions with Senator Ragan from the Mason City area, who currently serves as the chair of Health and Human Services. She is supportive of including an RD, and is willing to sponsor legislation which would make that possible. IDA needs to find an RD from that area who can work with her.

Kris Wood asked if the Public Policy Committee could send out talking points to the membership so that they are readily available, should they have the opportunity to talk to any of their legislators.

Doris Montgomery inquired if there was a committee that could look at all of the proposed changes in reimbursement. Monica indicated that she would work on identifying the key players in Iowa to develop a game plan.

Medical Home White Paper - Anne Tabor is working on a paper to let the medical homes know who the RD's are and how to contact them. She indicated that the bottom line is that there is a lot of work to be done in the medical home arena.

Teresa Nece indicated that this would be a great time to reach out to RD's who are not IDA members as a way to promote membership, by offering the benefit of matching a dietitian with a physician in their area. It was suggested that IDA may want to consider hiring a paid position to help pull this together.

Silent Auction – Courtney Bloxham reported that IDA raised \$716.00 in the silent auction at annual meeting in 2009. She also reported that she sent ADA a Wii Fit and Balance Board, along with three games to go with it to FNCE for the silent auction this year.

Iowa Nutrition Network – Doris Montgomery reported on collaboration between the IDA and the Iowa Nutrition Network. She has been working on a campaign to develop material that can be picked up by media outlets throughout the state to get IDA's message out. This would also be a great student project. Attached is an example mockup that Doris has pulled together.

Kids Eat Right – Jill Lange reported that there will be a big launch of this campaign at FNCE. She also passed out slides that are attached to the meeting minutes. The next step for this initiative is member involvement. ADA wants campaign liaisons for public education components. These could be built around results from a parent survey that was conducted. Volunteers need to sign up to be a liaison. The Liaison's will receive weekly messages from Kids Eat Right. The Liaison's will then distribute these messages throughout the community. Each Liaison will be asked to set personal goals, and will receive tools to develop action steps and track progress. ADA also plans to include a video education series. Molly reported that the National Dairy Council has helped to fund the program, and has also asked if there would be CEU's available for the liaisons.

CPI Report – Judy Fitzgibbons' CPI report is attached to the minutes.

Announcements

Jan Fisher asked if we could get the 50+ year members who are attending FNCE a corsage this year. We potentially have four that are going. We can spend the money from the awards budget. Jill will coordinate this.

Chris Wood passed along a comment that she received from a meeting attendee who would have liked to have the evaluation forms available to fill out during sessions. She would have also liked to have a hard copy of the CPE sheet.


The next B&C meeting will be on Friday, February 25, 2011.


Molly passed around a form that Board and Council Members could fill out if they want a letter sent to their supervisor, thanking them for volunteering in leadership positions within IDA (form attached).

Molly also indicated that the leadership institute will be held in June. Typically IDA sends the president elect and another IDA member. This is a great opportunity, open to any IDA member. If interested, let Monica or Molly know.

Adjournment

At 7:50 p.m., Lois Stillman made a motion to adjourn. Jill Lange seconded the motion, and it passed unanimously.



Annual Meeting
Treasurers Report
October 7, 2010


Annual Comparison

	FY 2010	FY to Date
Checking	\$28,034.51	\$40,503.24
Investments/Savings	\$111,585.97	\$123,613.75


FY 2010 Budget Review

	FY 2010 Actual
Total Income	\$103,457.59
Total Expense	\$77,864.46
Net Income	\$25,593.13

		FY 2011 To Date	
<small>501(c)(3) Non-Profit Association</small>			
		FY 2010 Actual	
Total Income		\$35,288.62	
Total Expense		\$22,017.89	
Net Income		\$13,270.73	

**IOWA DIETETIC ASSOCIATION
REPORT OF DELEGATE
JANICE A. FISHER, PHD, RD, LD, CDE, BC-ADM, FAADE
October 7, 2010**

Goal 1. Enhance and Promote the Value of Membership

1. Activities of Delegate

Spoke at HADDA regarding issues in front of ADA HOD on September 21, 2010.

2. Attended Health Care Reform Webinar for ADA Leadership in preparation of discussing this topic at the fall HOD meeting.

3. Attended an ADA webinar regarding Mentoring. (I am mentoring Diane Douglas from LA, a former Iowa RD and past IDA president.)

4. Will be serving as a table facilitator at the Fall and Spring HOD meetings. Training is prior to the HOD meeting at Boston.

Attached to this report is my report from the last IDA Board Meeting. I wish to disseminate this information to a broader audience.

When I reviewed the legislation that ADA is monitoring, I learned that many of the HADDA attendees had not heard of the Patient Centered Medical Home. I explained that concept in greater detail. It is a new re-organization of staff members assisting the Core Medical Team of Provider, RN, LPN or NA, and clerk. Dietitians are in the second tier. Each provider has a set number of patients they are responsible for. In the VA, 1 panel (1500 patients) per 1 core team. Dietitians will have 5-6 panels per 1 outpatient dietitian. Also programs such as weight loss clinics, diabetes clinics/classes, etc. are in the second tier of health care professionals outside of the core team. Payment is made for the patient based upon an established rate, for team care, not pay for service.

Attached are a few references you may wish to read regarding this topic.

<http://www.pcpcc.net/>

<http://www.pcpcc.net/federal-and-state-government>

<http://www.pcpcc.net/content/payment-reform>

http://www.aspher.org/pliki/pdf/phr_shortell.pdf

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October 7, 2010**

Goal 1. Enhance and Promote the Value of Membership

Fall 2010 HOD Meeting

The Fall 2010 House of Delegates Meeting will be conducted November 4 and 5 at the Westin Boston Waterfront in Boston, Massachusetts. All registered members are welcome to join delegates in discussing two mega issues facing the profession: Health Reform — Next Steps and Multidisciplinary Membership Category.

A competitive analysis of the dietetic service market has determined that in order for dietitians to remain at the forefront of the provision of services, we must embrace new strategies. This includes working collaboratively with other practitioners, such as those who may have previously been perceived as a threat. The proposed Multidisciplinary Membership category would address this concept, with very specific criteria needed to become a non-voting, non-elected office member of this new ADA group.

Other professionals are accessing academic and professionally developed nutrition related information. ADA can capitalize on this opportunity to be that source for credible, science-based information by creating a membership category for these like minded collaborators.

Considerations

- Practice versus membership: Membership provides a forum for sharing ideas and should not be confused with the practice of a profession.
- Because of rapid technological advances, virtually no information is inaccessible. Whether practical or academic, no body of information—including dietetics knowledge—is beyond reach of the consumer and allied professionals.
- Benchmarking shows that a majority of our sister organizations offer some form of membership to their like-minded colleagues.

Some Potential Pros

- Opportunity for ADA members to influence food and nutrition markets and provide greater visibility with new consumer types (untapped markets).

- Increased demand and utilization of services provided by RDs and DTRs via enhanced awareness of our unique role in food, nutrition, and health.
- Enhanced support for ADA’s public policy efforts.
- Showcases expertise of ADA members.
- Increases diversity of perspective by having members from other disciplines.
- Embraces differences and supports finding common ground to accomplish shared goals.
- Assists in building bridges between ADA members and our like-minded collaborators.
- Increases research grants and participation in research projects.
- Enhances ADA member knowledge base and skills in niche and specialty practice areas.
- Builds goodwill with other organizations.



Some Potential Cons

- Risk is unknown.
- Potential for inconsistency in values.
- Shift in marketing of profession.
- Encroachment/perceived approval of practice.
- Dilution of resources.
- May alienate some of our current members.
- Dilutes our special niche.
- Some may use their ADA membership to inappropriately promote programs, products, and services.
- Setting the Multidisciplinary category educational qualification minimum at the Associate degree level may be seen as “diluting” ADA membership.

Criteria for Proposed Membership Category

- Minimum of an Associate degree granted by a U.S. regionally accredited college or university or foreign equivalent and the appropriate degree and/or training, certification, or license in one of the following professions:
 - Certified Health Education Specialist (CHES)
 - Certified Midwife (CM or CNM)
 - Certified Professional—Food Safety (CP-FS)
 - Dental Hygienist (BS-DH or RDH)
 - Dentist (DDS)
 - Pharmacist (RPh or PharmD)
 - Physical or Occupational Therapist (PT/OT)
 - Physician (MD or DO)
 - Physician Assistant (PA)
 - Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS)
 - Registered Nurse (RN)
 - School Nutrition Specialist (SNS)
 - Speech-Language Pathologist (CCC-SLP)

OR

A minimum of an Associate degree in Culinary Arts from a U.S. regionally accredited college or university or U.S. culinary association.

OR

Is a Certified Culinary Professional (certification from the American Culinary Foundation or the International Association of Culinary Professionals).

OR

Is a certified sports medicine practitioner (certification from the American College of Sports Medicine)

OR

Is a certified dietary manager, (certification from the Dietary Managers Association).

Discussion Activity – Talk with Your Delegate

Consider the following questions:

Quadrant 4: What are the advantages of keeping the membership categories as they are currently (<i>no change</i>)?	Quadrant 2: What are the advantages to adding a multidisciplinary membership category?
Quadrant 1: What are the disadvantages of not adding a multidisciplinary membership category (<i>no change</i>)?	Quadrant 3: What are the disadvantages to adding a multidisciplinary membership category?

Mega Issue Question and Expected Outcomes

What is the role of the RD and DTR in the implementation of health care reform on the state level?

Meeting participants will:

- Understand how health care reform impacts the public and themselves professionally.
- Identify the challenges and opportunities for RDs resulting from health care reform legislation.
- Identify what members must do to take advantage of these opportunities, and what must ADA do to ensure members have the necessary resources for success?
- The Affordable Care Act's inclusion of nutrition does not equate to the specific inclusion of RDs or DTRs, and it remains unclear at this time whether the provision of these services will be from RDs or from other health professionals;
- The Affordable Care Act merely authorizes the creation of the new programs and policies. The Affordable Care Act does not appropriate (*i.e.*, actually fund) the monies necessary to carry out most of the new programs; and
- Our competitors are engaged in aggressive advocacy efforts that—in the absence of a countervailing RD presence—may result in RDs being undervalued and omitted from state programs and delivery of services

Key Nutrition-Related Provisions in the Affordable Care Act

Health Aging. Preventive Services for adults 55-64

The Affordable Care Act establishes a grant program for state and local health departments and Indian tribes for: public health interventions, community preventive screenings, and referral and treatment for chronic diseases for individuals between 55 and 64 years old. Intervention activities include improving nutrition and increasing physical activity.

Wellness/Prevention for Employees

The Affordable Care Act allows the Department of Health and Human Services and the Department of Labor to set discounts up to 50 percent of insurance premiums if the wellness program is determined beneficial for the employee.

School-Based Health Clinics

The Affordable Care Act establishes grants to launch school-based clinics. Optional services include nutrition counseling, but providers are not specifically listed.

Prevention Task Forces, etc.

The Affordable Care Act established a Preventive Services Task Force and a Community Preventive Services Task Force. The Affordable Care Act establishes a Prevention and Public Health Investment Fund— funding is set at \$2.4 billion for 2010 and increases up to \$4.6 billion by 2019.

Medicare Preventive Services

The Affordable Care Act adjusts current law to allow the Centers for Medicare and Medicaid Services (CMS) to determine whether and how to expand existing and establish new preventive services. MNT beyond renal and diabetes is specifically included in the list of services that CMS may potentially expand. The Affordable Care Act eliminates cost-sharing (co-payments and deductibles) for preventive services, making preventive care free for Medicare recipients. The Affordable Care Act provides for an annual wellness visit that includes personalized prevention plan services with a health care assessment. Along with physicians and nurses, registered dietitians are listed as screening and counseling providers, and CMS must establish appropriate reimbursement policies and rules for referral. Specifically, CMS must determine when a referral is warranted and how many counseling sessions a patient can receive.

Medicaid

The Affordable Care Act establishes a five-year grant program to encourage Medicaid beneficiaries to adopt more healthy lifestyles, specifically related to weight reduction, cholesterol reduction, prevention of the onset of diabetes, and diabetes self-managements. CMS will set the parameters for awarding grants. The Affordable Care Act includes coverage for those preventive services recommended by the United States Preventive Services Task Force (USPSTF). Because USPSTF currently recommends “intensive nutrition behavioral counseling” for adults with hyperlipidemia and “other diet-related chronic diseases,” CMS must determine (1) what constitutes “diet-related chronic diseases” for purposes of coverage and (2) who may provide the intensive counseling. USPSTF recommends referral to an RD after physician treatment. Cost-sharing (co-payments and deductibles) for these preventive services are also eliminated.

Home Health

The statute provides for a demonstration program for direct, home-based patient care. CMS will set the parameters, and although RDs are listed as possible providers, this is merely a recommendation, not a requirement. Because the pilot program may later be

broadly adopted with potentially significant impact for the profession, ADA can assist *those working in home health* who want to show the benefits of having an RD provide nutrition services. Those interested should follow carefully the rules for the program and application procedures when they are proposed in the coming months for more details and to determine their eligibility for the program.

Medical Homes

MEDICAID: The Affordable Care Act allows for medical home waivers for state-coordinated programs focusing on (1) diabetes treatment and prevention and (2) treating cardiovascular disease and those considered overweight. Nutritionists are listed among providers, thus allowing for the inclusion of registered dietitians, although Congress did not identify them specifically. Instead, given their different licensing requirements and scope of practice, Congress deferred to individual states to decide whether RDs or others should be permitted to provide these services.

COMMUNITY SETTING

The Affordable Care Act establishes the medical home in public health programs and recommends the dietitian be included as a qualified provider and part of the medical home team, but CMS is given the authority to make the final determination.

Nutrition Labeling of Menu items at Chain Restaurants

The Affordable Care Act requires chain restaurants with at least 20 outlets to post calories on menus, menu boards (including drive-thrus), and food display tags, with additional information (fat, saturated fat, carbohydrates, sodium, protein and fiber) available in writing upon consumer request. The Affordable Care Act requires national uniformity so that there is consistency in information provided, and states and localities will not be able to require that chains provide additional nutrient information on menus. Calorie labeling must also be affixed to vending machines.

Child Obesity Demonstration Project

The Affordable Care Act fully funds \$25 million (until 2014) for a demonstration project aimed at reducing childhood obesity in community-based settings and schools through educational, counseling, and training activities.

Discussion Questions for Delegates

Delegates will be collecting data and reporting on the following questions.

- **For Affiliate Delegates:** What has been done to date (since Fall 2009 HOD Meeting) related to health reform in your state?
- **For all delegates and meeting participants:** Describe working relationships and interactions of delegates with the Public Policy Coordinators (PPC), State Regulatory Specialists (SRS), State Policy Representatives (SPR) and Affiliate Public Policy Panels (PPP). Is the delegate included in the PPP in your affiliate?



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web site: www.wellmark.com

September 17, 2010

Molly Pelzer, RD, LD, President
Iowa Dietetic Association
27924 Butler Center Road
Clarksville IA 50619-9253

Monica Lursen, RD, LD, Executive Director
Iowa Dietetic Association
27924 Butler Center Road
Clarksville IA 50619-9253

Dear Ms. Pelzer and Ms. Lursen:

I am in receipt of your August 20, 2010, letter asking that Wellmark recognize dietitians as approved providers.

Currently Wellmark reviews requests like yours on an annual basis by an internal provider eligibility committee. The committee considers current benefits, benefit trends, access to care and cost of coverage to members and to group purchasers when considering additions to Wellmark's eligible provider list. In 2009, dietitians were included in the review for 2010 consideration. The committee made the decision to not recognize any new provider types for Wellmark networks in 2010. However, the provider eligibility committee will meet again later this year and dietitians will be on the list for consideration.

As we prepare for the review, we will be in contact if additional information is needed. After the committee meets, I will notify you of any change in Wellmark eligibility for dietitians.

If you have any questions in the interim, please contact me at (515) 245-5134.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristine M. Frahm", followed by a horizontal line.

Kristine Frahm
Director
Network Administration

cc Susan Roberts, JD, MS, RD – Roberts Law Firm
Bill Jagiello, DO – Wellmark, Medical Director
Julie Enga, RD, LD – Wellmark

IOWA DIETETIC ASSOCIATION

LEGISLATIVE MONITOR REPORT

SUSAN ROBERTS

OCTOBER 2010

LEGISLATIVE MONITOR WORK IN RELATION TO IDA STRATEGIC PLAN

GOAL 2 IDA IMPROVES THE HEALTH OF IOWANS

Strategy 1 Impact food and nutrition policies

Advocate for reimbursement of nutrition therapy

Working with Reimbursement Chair and President in work with Wellmark

[Strategies work, letter editing, use of contacts, meeting with J Enga]

Working with Legislative Committee to try and place RDs with RD voice on Advisory Councils

[Medical Home, Prevention and Chronic Care, Health Information Exchange; White paper for Medical Home Advisory Council]

Strategy 2 Provide opportunities for members to participate in the legislative and regulatory processes at local, state, and federal levels

Increase knowledge, understanding, and membership engagement in public policy

Working to increase student understanding of policy

[Presentation to ISU dietetics students on policy and involvement with IDA]

Promote the RD connections with public policy makers

Working with Legislative Committee to have events for RDs to personally support Iowa

legislative candidates for office who are in positions to support IDA issues

[See memo]

To: IDA Legislative Committee

From: Susan Roberts

Date: September 8, 2010

Re: Iowa Races for 2010 election

Here are some races that IDA members should personally consider supporting.

Name	District	Contact information	Committees of importance	Comments
Senators				
Staci Appel (D)	37 Dallas, Warren, Madison		Education, Appropriations	#1 supporter of Healthy Kids Act; In a tight race against conservative Sorenson Elected 2006
Amanda Ragan (D)	7 Cerro Gordo, Floyd, Mitchell	20 Granite Ct. Mason City, IA 50401 641-424-0874	Human Resources (Chair) Appropriations	Supportive of IDA issues; ED Meals on Wheels; Elected 2002
Jack Hatch (D)	33 Polk	unopposed		
Becky Schmitz (D)	45 Jefferson, Johnson, Washington, etc	404 W Washington Fairfield, IA 52556 641-472-2341	Education (Chair) Human Resources (Vice Chair)	Two important committees; very tight race Elected 2006
Nancy Boettger (R)	29;Adair, Audubon, Cass; Guthrie, Shelby, Pott.	926 Ironwood Rd Harlan, IA 51537 712-744-3290	Appropriations Education (RM) Human Resources	Three important committees; Elected 1990
Jo Bolkcom	39 Johnson	unopposed		
Representatives				
Mark Smith (D)	43	816 Roberts Terrace Marshalltown, IA 50158 641-750-9278	Human Resources (Chair) Appropriations	Social Worker Elected 2000
Deborah Berry (D)	22	208 Greenbrier Rd Waterloo, IA 50703 319-233-9934	Human Resources (Vice Chair)	Children's Issues Elected 2002
Linda Miller (R)	82	6766 Ridges Court Bettendorf, IA 52722 563-650-9539	Human Resources (RM) Education Appropriations	Registered Nurse Consultant now Elected 2006
Jo Oldson (D)	61 Polk	4004 Grand #302 Des Moines, IA 50312 515-255-2805	Appropriations (Chair)	Former first deputy insurance commissioner Elected 2002
J Scott Raecker (R)	63 Polk	9011 Iltis Drive Urbandale, IA 50322 515-276-5987	Appropriations (RM) Education	Drake Institute for Character Development Elected 1998

What does the Iowa Nutrition Network do?

- Create behavior-focused, social marketing campaigns and nutrition education programs for low-income audiences – especially those who qualify for SNAP (Iowa Food Assistance).
 - Design campaigns for use across federal nutrition programs and in multiple venues.
 - Currently developing a low-fat milk campaign for moms.
- Strive to provide evidence-based interventions that are meaningful to the audiences we serve by appreciating the perspectives of the disparate populations we serve. We partner with community-based organization to deliver nutrition education programs (Extension, school districts, health departments, food banks, food pantries, congregate meal sites, etc.) RDs teach or have administrative roles in many of the community projects.
- Evaluate our nutrition education programs to ensure measurable outcomes. We are preparing for a USDA-funded research study in the 2011-2012 school year that will involve 33 schools in Council Bluffs, Des Moines, Waterloo and Davenport. Luckily, we are not going to run into conflict with RD Coaching and ADA Foundation study that will involve DSM Schools but it was a close call.
- Educate the public about nutrition programs and community food resources, particularly access to healthy, affordable food.
- Bring a variety of partners together for meetings and projects focused on nutrition education. RDs from the commodity organizations have been supportive, active partners for many years.

We are committed to making our education materials available to the public and sharing with private and public partners because they were developed with - in large part - federal, state and local tax dollars.

INN and the **Department of Education** have worked together to increase the number of BASICS schools that also participate in Team Nutrition, and provide Pick a **better** snack™ & ACT resources to schools participating in the Fresh Fruit and Vegetable Snack Program. This year INN and Team Nutrition will work together to develop a cafeteria promotion which will bring the Pick a **better** snack™ & ACT message to school cafeterias.

The focus on eating fruits and vegetables as snacks makes Pick a **better** snack™ a natural fit with the **Fresh Fruit and Vegetable Snack Program**.

- Schools participating in the FFVP during the 09-10 school year received training on how Pick a **better** snack™ & ACT materials can add an additional educational component to the experiential learning provided through FFVP.
- Schools beyond Iowa have caught on to the natural pairing of FFVP and Pick a **better** snack™. Schools in Illinois and North Dakota are using Iowa's campaign to reinforce eating more fruits and veggies.



Iowans Fit for Life is a CDC-funded obesity prevention initiative in the Department of Public Health that promotes increased opportunities for physical activity and healthy eating for Iowans of all ages. Iowans Fit for Life is able to extend the reach of messages that were previously targeted exclusively to low-income audiences. Current initiatives include:

- A nutrition and physical activity toolkit for schools and communities based on the Socio-Ecological Model and Pick a **better snack**™ & ACT.
- A project to better understand schools as worksites and how districts can improve health and wellness programming for faculty and staff.

Network contractors provide the “boots on the ground” energy and nutrition expertise. The Network plans to serve 28,000 kids in 132 school buildings and 2,600 older adults in 107 congregated meal sites in FY 2011.

Community contractors have reported:

- parents buying produce with confidence it won't go to waste due to picky children.
- families eating healthy meals together without fighting over which foods to eat.
- children leading their families in trying new fruits and vegetables.
- families grocery shopping together and children sharing which foods they enjoyed at school.
- children making smart snacking choices even when faced with the seemingly endless aisles of chips and candy.



Many States are choosing to use Pick a **better snack**™ & ACT. The low cost, flexibility and on-line availability of materials have made it easy to use. It is being used in West Virginia, New Jersey, Arkansas, South Dakota, Nebraska and Illinois to name a few. The campaign includes editable and ready-to-print materials. Pick a **better snack**™ & ACT allows agencies and institutions to implement a tested nutrition education initiative with minimal cost and hassle.

Contact Us

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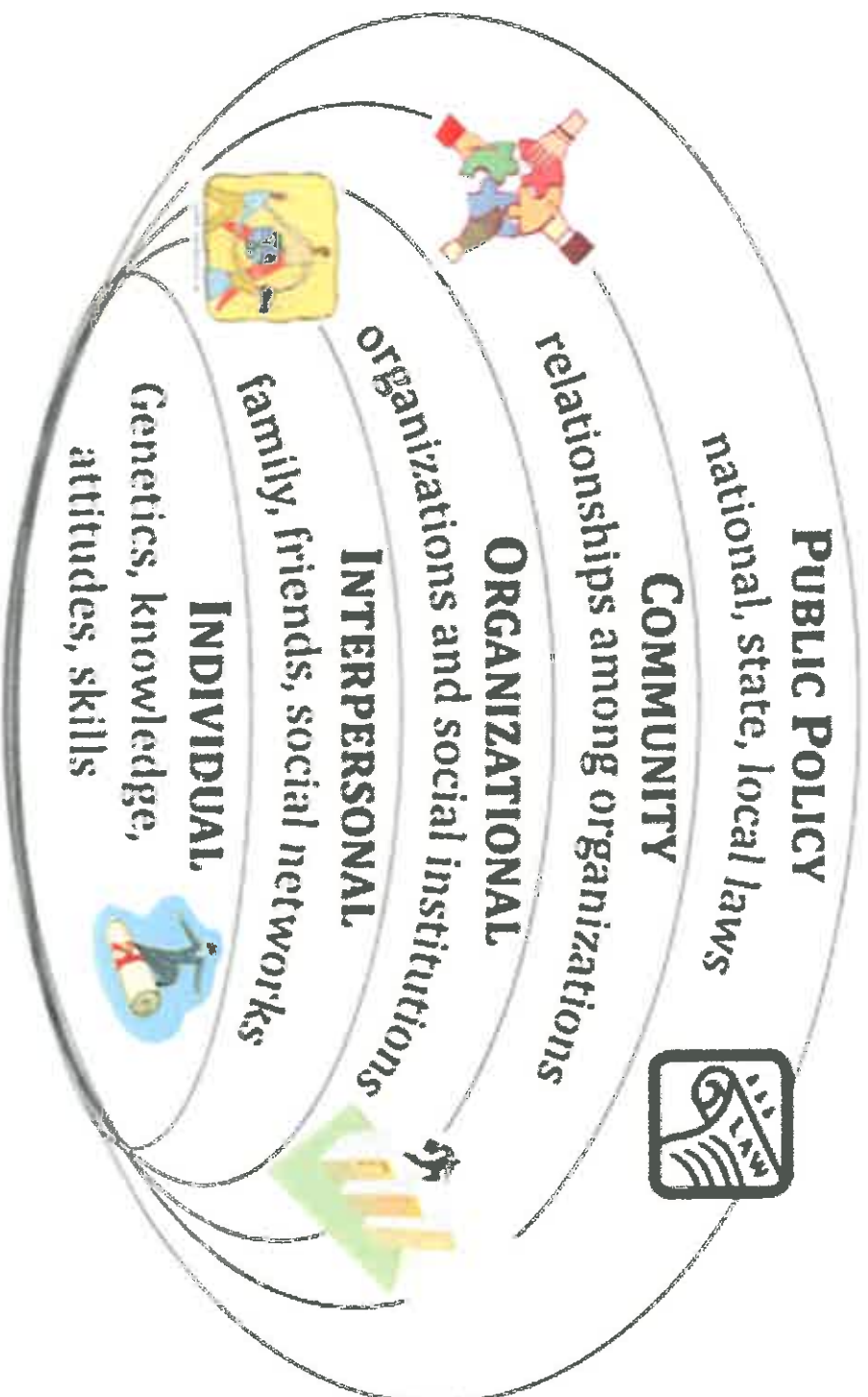
Kids Eat Right

The First Joint Initiative of ADA-ADAF A Platform For Ensuring Quality Nutrition and Healthy Weight

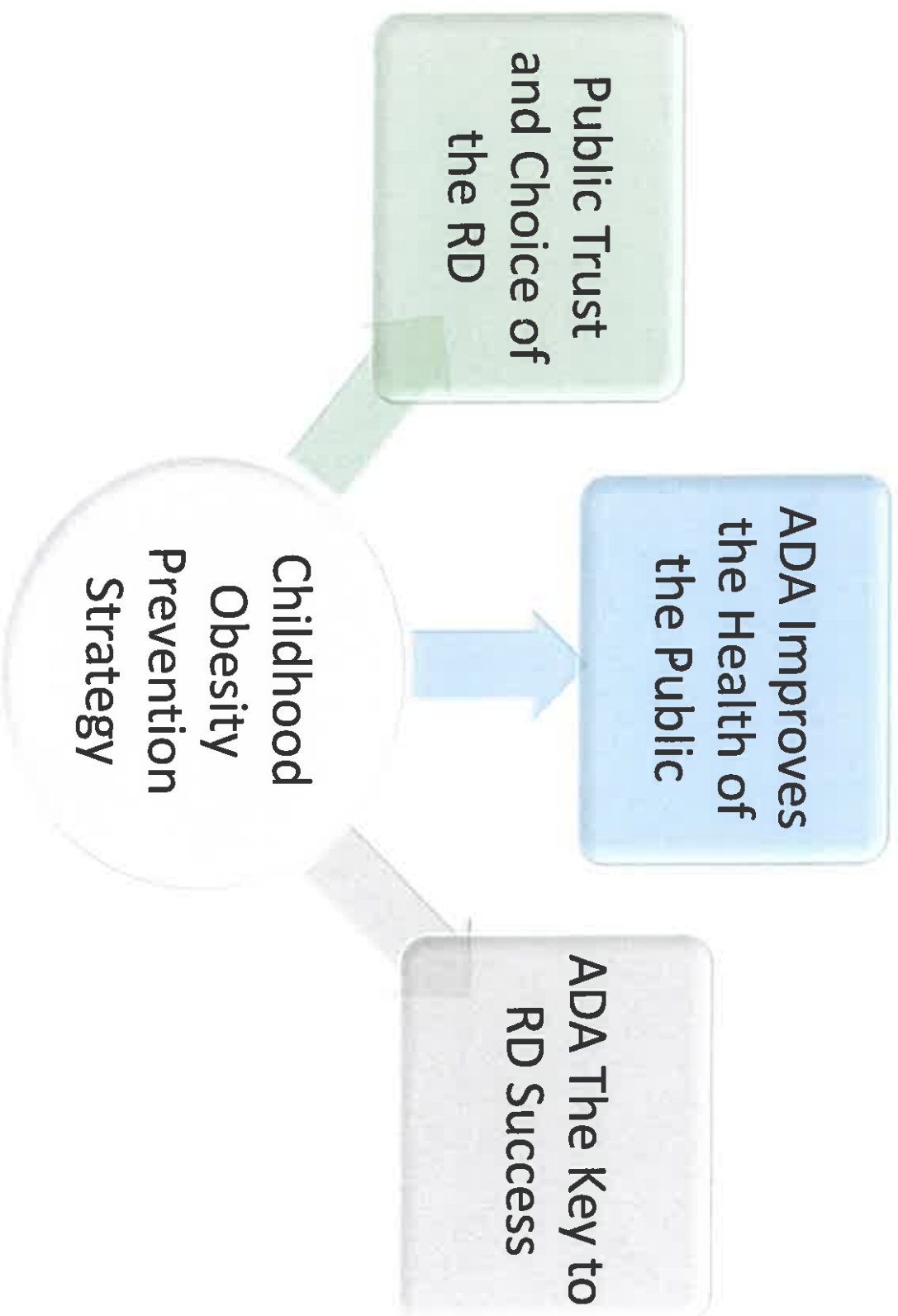
September, 2010

**Alicia Moag-Stahiberg, MS, RD Campaign Director, Kids Eat
Right's Public Outreach Campaign**

Framework for Sustainable Change Socio-Ecological Model



ADA Childhood Obesity Prevention Strategy



ADA Childhood Obesity Prevention Action Plan



American Dietetic Association

American Dietetic Association Foundation

ADA Childhood Obesity Prevention Action Plan



POLICY

Goals

Strategies

Resources

Goals

Strategies

Promotion

Goals

Strategies

Collaboration/Alliances

Goals

Strategies

Kids Eat Right Public Outreach Effort



GOALS

- Childhood obesity prevention efforts address the total nutrient needs of all youth (DGA2010).
- RDs/ADA members take actions supporting the White House Task Force for childhood obesity prevention to improve nutrition and physical activity in communities, schools and with families.
- RDs/ADA members are sought to provide evidence-based nutrition guidance supporting quality nutrition and healthy weights.

ADA

Engage members in development and execution of campaign; provide professional development resources; conduct public education and communications to improve quality of food and nutrition for kids.

ADAF

Provide solutions through research, education and public awareness efforts, including the *Family Nutrition and Physical Activity Survey*.

Quality Nutrition and Healthy Weight

Public Communications

Media Relations
Launch Kids Eat Right, Report on "State Family Nutrition PA"

Social Media
Weekly Message D
Shop, Cook, Eat Together

Nationwide RD Presentations
Professional Meetings

State and Local Decision Makers

Parents

Professionals

Communities & Schools

Member Resources

Campaign Liaison Program
Online enrollment, select actions
DPG Partners provide resources, CE, mentoring for Members Taking Action in Community, Schools, with Families

Online, free CE certificate course
Prevention in Schools

Campaign Materials, Ex summary, briefs, PowerPoint

Outreach Actions Supports the White House Task Force Recommendations

RD Opportunities

General Mills
Champion Grants
RDs

RD Nutrition Coach and Energy Balance Curriculum

FUTP 60 RD environmental changes at school

MetLife Grant RD-Parent Activation in Communities

Become Campaign Liaison

- Micro-site “headquarters” mid-October
- Enroll at EatRight.org member only area
- Create “my action plan”
 - Easy first step – distribute weekly “Shop-Cook-Eat” message (social media campaign)
 - Select actions that raise attention to kids’ total nutrient needs and healthy weight
 - Include work activities that fit
 - Track and include volunteer actions for affiliate
 - Volunteer an action that fits your schedule

EXAMPLE Campaign liaisons Strategy and Actions			SCHOOL	COMMUNITY
Parents and Families	Give presentation to local professional groups, organizations or coalition that are working with families	Make a presentation to local school districts Use Fuel Up to Play 60 as tool to work with students to improve food, activity	Work as an affiliate to implement NIH We Can parent curriculum with local We Can site, community based organizations	
Media	Brief assignment editor about KER, on-air segment, point parents to Shop-Cook-Eat Together	Send Kids Eat Right Report with brief and cover letter to editor or write an op-ed to submit	Use social media for weekly message dissemination; work as an affiliate to have a large communications effort with community	
Policy and Decision Makers	Write letter to state senator and federal leaders for your district; work with state affiliate to share information from KER	Meet with school leaders to present KER data and discuss quality school meals, importance of breakfast in classroom, nutrition education	Meet with community coalition and take on role as health professional to brief city and our county decision makers about nutrition and prevention, use KER	

**Iowa Dietetic Association
Fall Board & Council Meeting
Thursday, October 7, 2010
West Des Moines Marriott**

1250 Jordan Creek Parkway, West Des Moines

Time - to follow President's Reception at 6:00 p.m.

NAME: Judy Fitzgibbons OFFICE: Council on Professional Issues

 I will be able to attend the meeting. Expenses will be paid; use expense report in operational manual on web site. I have notified Monica of my attendance for meal.

 I have sent a written report and do not need agenda time.*

 I have sent a written report, but would also like agenda time of minutes.

(Attach pages as needed.)

 I am unable to attend, but am sending a report.*

*Reports will be part of the consent agenda for informational purposes.

Written Reports: Please identify how your work/report relates to the IDA Strategic Plan. Please check the current action plan and document progress toward our goals. Thank you!

Simplified Diet Manual, 11th edition update:

Andrea Maher is working hard to meet the October 15 review deadline for the Publications Committee. When it is ready, it will be sent electronically to publication committee members. A deadline for comments will likely be about 4 weeks after the document is sent. Chapters 1 and 2 will likely not be completed by October 15.

Completion of chapter 1 is waiting on publication of the *Dietary Guidelines for Americans 2010*. Completion of chapter 2 is waiting for decisions regarding two tables recommended by the reviewer. The source for one charges a \$225 fee. An alternative is being investigated.

While the manuscript is under review, Andrea will work on the references/resources and on securing endorsements. She is about half-way through formatting and editing the book.

Promotion of Simplified Diet Manual

I had a conference call with IDA marketing chair, Jill Lange, in September. As a result of that call, I have created a simple flier for distribution at the IDA meeting reminding members to include the SDM, 11th edition in their 2011 budgets. Other marketing strategies include:

Meeting with Wiley Blackwell on February 27, 2011 to discuss marketing, including support of a display at the 2011 FNCE members' showcase.

Post reminder to budget for SDM on the IDA webpage and in newsletter.

Promoting the SDM and taking orders at the 2011 IDA annual conference

Media releases to newspapers/local television news desks highlighting contributors from that area

Marketing the SDM to other state associations. Monica Lursen forwarded several requests from other states asking about publishing state manuals. Perhaps we can convince them to use the Iowa SDM.



an affiliate of the
American Dietetic Association

I would like Molly to send a letter to my supervisor to acknowledge my leadership with the Iowa Dietetic Association. The letter will acknowledge the significant time commitment I've made to the IDA and the skill sets I've demonstrated in my role within IDA.

Please complete and return to Molly no later than March 1, 2011.

My name:

My IDA role(s):

Supervisor Name:

Supervisor Title:

Employer/Organization/Business:

Street Address:

City/Zip code:

Skill sets to mention:

Molly Pelzer
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