



Iowa Dietetics in Health Care Communities

WINTER 2020

VOLUME 10, NUMBER 3



From the Chair...

By Deb Edwards, MS, RDN, LD
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I hope that you all enjoyed Thanksgiving and that you were able to get outside in the nice weather. Being able to meet people outside has made all the difference in this pandemic.

After nine months of feeling like my nursing facilities were going to be spared COVID, one of my nursing facilities had an outbreak recently and it hit home just how tragic it is to see residents one has known for months and years succumb so quickly to this disease. It's especially sad to have families lose loved ones at this time of year.

Even so, I am cheered by the holiday season and especially the Christmas lights that have appeared all over town brightening up the darkness. It's good to see people celebrating, despite the stresses of this year. I am always intrigued by how light is a symbol of hope in cultures and religions worldwide, not just in Christianity. I also love the generosity that comes out in us this time of year.

Our board continues to meet via Zoom, coordinated through IAND. Plans for the "How To Consult" workshop are being finalized, now scheduled for February. Instructions on how to register are enclosed in this issue. I think the live format will help us facilitate questions and answers and sharing of ideas. Zoom has been a godsend during this epidemic!

Recently a friend forwarded an article written as a blog from Katie Dodd, The "Geriatric Dietitian". While the blog is a little long for this newsletter, I have tried to condense her main points and to discuss how weight standards are changing in our elderly population.

In this issue we welcome another article from Martin Brothers RD Mary Sell discussing dining during COVID. We welcome articles for our newsletter - written by you! Please get in touch with Anne or me if you have ideas for topics that you would like to share. Always welcome are strategies you've used to help your residents through this time, either from a nutritional standpoint or psychologically. We could also use articles on meeting the needs of diverse populations, identifying and documenting malnutrition or focusing on the nutritional management of a specific disease in the elderly, e.g. diabetes. So many topics could be of interest to our readers.

We have just a few months until our spring meeting when we will elect our new chair. Next year would be a perfect year for you to take on this position. You will have several past chairs to help you, and our secretary, treasurer,

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Successful Menu Development in Senior Living During a Pandemic:

Non-communal dining

Great shortages of qualified nutrition services personnel

Increased focus on sanitation regulations communitywide

Tighter operational budgets

nominations chairs, conference chair and newsletter editor have been with us at least a year and are super helpful. Whether you are a young dietitian seeking to build your career or an older one (like me) that needs to sharpen your skills and wants to give back to the organization, we would welcome your leadership. Please call us if you want more information on time commitments and what the position entails.

Here's to a bright and happy holiday season to you all!

Successful Menu Development in Senior Living During a Pandemic

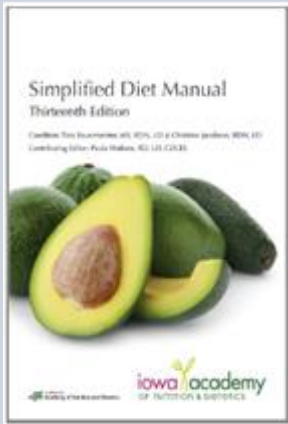
By Mary Sell, MPA, RDN, LD
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Dining is deeply personal and touches the lives of all customers and employees in senior living communities. At the heart of day to day operations, dining plays a key role in the long-term success of all senior living organizations. Food and Nutrition programs drive resident health and satisfaction, potentially impacting the community's reputation and ability to build and maintain census. In this new pandemic era, effective menu development in senior living communities has become so much more vital while also becoming more complicated. Communities face new and ongoing challenges such as:

- Restructuring to provide for non-communal dining
- Resident health issues including weight loss or weight gain, and dehydration complications related to the pandemic
- Great shortages of qualified nutrition services personnel
- Increased focus on sanitation regulations communitywide
- Tighter than ever operational budgets

Adjusting menus and product mix often to meet frequently changing goals and challenges has become part of the Food and Nutrition Services team's new reality. Many of us never imagined with all prior disaster planning that we would ever need to develop a menu easy enough for two nurses aids to prepare who had never worked with a steamer or commercial food processor. We could not have anticipated non-communal dining and the need to serve residents all meals in their own rooms for months on end. Identifying the types of foods that are easily served from a cart in the hallway that are nourishing, tasty, appropriate for the needed therapeutic diet and consistency, and cost effective has been a learning experience for even the most seasoned Food & Nutrition professionals. Disruption of the food supply chain and the impact on raw food cost are additional factors that have caused us to pivot frequently, adjust menus and find new creative solutions.

Having the right products, menu program tools, and services in place to drive the success of your organization's dining program is more important now than ever. Consult with one of Martin Bros. Registered Dietitians to simplify the menu development process while keeping the specific goals of your organization in mind. Use one of our many disaster menus planned during this pandemic era or create menus that meet your organization's unique goals.



**Simplified Diet Manual,
Thirteenth Edition
Coming Soon:**

Updated Guidelines for Diet
Planning

Revision of IDDSI

The new Addition

For more information on menu services, please contact Mary Sell, MPA, RDN, LD, Menu Services Manager at 800-842-2404 ext. 1151, or msell@martinbros.com.

Simplified Diet Manual, Thirteenth Edition Coming Soon

By Christine Jacobson, RD, LD

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The Simplified Diet Manual, Thirteenth Edition is in the works and is expected to be available next year (mid-2021). The Simplified Diet Manual is a long-standing publication of the Iowa Academy, dating back to 1958. It provides an evidenced-based guide for nutrition and therapeutic diets and is written and revised by Iowa registered dietitian nutrition (RDN) experts. With copies sold worldwide and in different languages, it is most commonly used in long term care facilities and small hospitals. Other uses include school food services, post-secondary education, prison systems, RDN reference and more. New editions are released every five years in accordance with regulatory requirements. The upcoming edition will continue to include a variety of diets and guidelines, tables, sample menus, lists of nutrient content of common foods, study guide questions and supplementary materials (e.g., ready-to-use educational handouts). Big changes planned for the Simplified Diet Manual, Thirteenth Edition follow;

- Updated Guidelines for Diet Planning based on the 2020–2025 Dietary Guidelines for Americans
- Revision of Modified Texture Diets chapter and addition of the International Dysphagia Diet Standardisation Initiative©
- Addition of School Nutrition Meal Patterns and Guidelines
- Addition of Nutrition Guidelines for Oral Health
- Addition of Nutrition Guidelines for Eating Disorders
- Revision of Weight Management chapter

BMI and the Elderly

By Deb Edwards, MS, RDN, LD

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In 2014 the American Journal of Clinical Nutrition (AJCN) presented the results of a meta-analysis that showed quite remarkable findings about BMI in the elderly and mortality. I first heard about this study in the 2014 Summer DHCC newsletter and ever since I have been wondering if guidelines for assessing weight in the elderly would change.

More recently Katie Dodd, "The Geriatric Dietitian" wrote a blog "BMI in the Elderly" which proposed just such guidelines. I encourage you to read this article <https://www.thegeriatricdietitian.com/bmi-in-the-elderly/>. (May 2020) In her blog Katie makes 5 main points:

- BMI guidelines are different for older adults
- Usual body weight is the best way to evaluate weight in the elderly
- Overall healthy is more important than BMI,
- Unintended weight loss should be the focus of our care

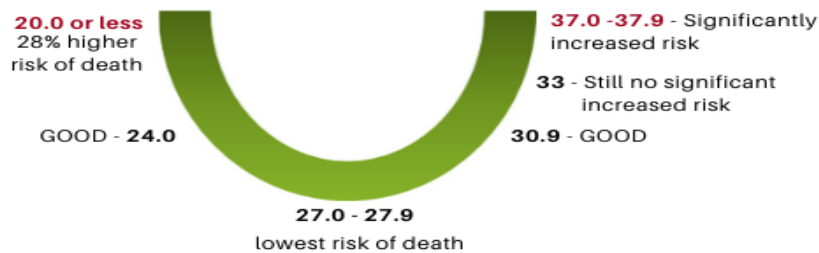
- Older adults who want to lose weight should be under the care of a dietitian.

BMI and All-Cause Mortality in Older Adults:

The 2014 AJCN study by Winter et al examined BMI and all-cause mortality in adults over age 65. As we know, a meta-analysis is a compilation of different studies which makes data strong and reliable. Researchers drew data from 32 different studies with 197,940 individuals with an average follow-up of 12 years. What they found was a u-shaped relationship between BMI and mortality, meaning that the rates of mortality were higher at both the lower and upper ends of the BMI spectrum. An illustration of their statistical findings can be found below:

BMI & Risk of Death in Adults Age 65 and Over

Winter, et al. BMI and All-Cause Mortality in Older Adults: A Meta-Analysis. 2014.



At the bottom of the curve was the lowest rate of mortality, BMI 27- 27.9. Researchers found that older adults were still at relatively lower risk at 30.9, and even at BMI of 33. Only when the BMI reached 37- 37.9 did a significantly high risk of death occur. On the left hand side of the curve, risk was low for persons with at a BMI of 24, but individuals with a BMI or 20 or less had a 28% greater risk of death. (You will recall that the Institute of Medicine guidelines consider a normal weight to be 18.5-24.8).

In conclusion, the researchers found that overweight was not associated with an increased risk of mortality, but there was an increased risk for those at the lower end of the recommended BMI range for adults and for those with a BMI over 33.

Katie then redefines weight categories for adults > 65 years as follows:

Category	BMI Range for Adults	BMI Range for > 65
Underweight	< 18.5	< 23
Normal	18.5 - 24.9	23-30
Overweight	25-29.9	> 31
Obese	30+	

Katie then discusses why a higher BMI might be associated with lower rates of mortality, citing research that found that older women with sarcopenia had an increased all-cause mortality, regardless of whether they were obese or not.

This research then suggested that it was the sarcopenia, the loss of muscle, not the obesity contributing to the increased mortality risk. So perhaps our interventions in older adults should focus on improving muscle mass, instead of focusing on fat mass.

Application To LTC Assessments:

The Academy of Nutrition and Dietetics Evidence Analysis Library concludes that



the evidence linking BMI levels with mortality is mixed: most studies report a U-shaped relationship with increased mortality at lower and higher BMI levels.

However, further research is needed on the effect of obesity on mortality. The DHCC practice group recently updated their publication "Nutrition Care of the Older Adults: A Handbook for Nutrition throughout the Continuum of Care". They cited guidelines from the **Center for Medicare and Medicaid Services: "According to CMS standard for universal weight screening, a weight falling within the range of greater than 23 to less than 30 kg/m² is acceptable for those 65 years and older. Those whose weights fall out of these normal should have a care plan identified to address the underweight or overweight"**.

The manual further states that weight maintenance with increased physical activity designed to improve strength, flexibility and the maintenance of muscle mass is the best recommendation regarding body weight in older adults that can be offered at this time.

As dietitians working in health care communities we often see residents who have a BMI < 23 and have been so their entire adult lives. Conversely we see residents or elderly living on their own with BMIs >30 who would benefit from weight loss to help control their diabetes.

Weight loss in the elderly is a tricky business as we don't want to promote loss of muscle mass, especially since older adults are naturally losing muscle mass each year. Perhaps this is why usual body weight (UBW) and promoting weight stability is still one of our best assessment standards. Stopping unintended weight loss in the elderly is a topic for another article. Please read Katie's blog for more discussion. I would be interested in your thoughts going forward.
References:

Katie Dodd, Ms, RDN, CSG, LD, FAND. 'BMI in the Elderly, What You Need to Know', (May 21, 2020,) The Geriatric Dietitian blog, Katie Dodd Nutrition LLC. Available at <https://www.thegeriatricdietitian.com/bmi-in-the-elderly/>

Nutrition Care of the Older Adult: A handbook for Nutrition throughout the Continuum of Care. Dietetics in Health Care Communities, DPG, Marla Carlson, Kathleen C. Niedert, PhD, RDN, CSG, LD, FADA.

Academy of Nutrition and Dietetics Evidence Analysis Library. "What Resources Are Available to Assist in Assessing Body Weight in the Elderly Populations.?" Accessed 11/1/20. <http://www.eatrightpro.org/news-center/nutrition-trends/weight-manage...valiable-to-assist-in-assessing-body-weight-in-the-elderly-population>.

Do you have a question for our state surveyor?

Sandra Frahm RD/LD is a healthy facility surveyor for the Iowa Department of Inspection and Appeals and has been a regular speaker at our annual conference. You can also ask questions about state regulations by emailing her at sandra.frahm@dia.iowa.gov. She asks that you specify the type of facility you practice, e.g long-term care, hospital, residential or assisted living as regulations vary by type of facility. She stated that it may take a few days for a response as she is often on the road. No questions will be answered if you are in the midst of a state survey.



Virtual Consulting 101:

How to register for the event

Networking and the Right Resources – a step towards being successful.

A Day in the Life of Consulting in LTC-Part1: MDS 3.0/RAI Manual

A A Day in the Life of Consulting in LTC-Part2: Significant Weight Changes, Pressure Injuries, I-Care Plans

Taking Steps to Help Prevent Being Involved in Litigation

Business Savvy, Contracts, LLC, and Billing

Survey Readiness/Sanitation

Consulting 101: How to Consult in Long-Term Care

Time & Location

February 19, 2021

8:00 AM – 3:00 PM CST

Online Learning Presented by IDHCC.

To register go <https://www.eatrightiowa.org> On the far left go to Eat Right Iowa tab, using the drop down menu select IDHCC. This will bring you to the link to register for the event.

Meeting Agenda

8am-8:15am – Welcome and Opening Remarks

Deb Edwards, MS, RD, LD – Chair, IDHCC

Andrea Maher, RD, LD – Event Coordinator

8:15am-9:15am – Networking and the Right Resources – a step towards being successful

Presenter: Kathleen Niedert, PhD, MBA, RD, CSG, LD, FADA

Learning Objectives:

1. Understand the importance and benefits of networking
2. Develop a library of both hard copy materials and online reference

Suggested Learning Needs Codes: 1010, 7100 – CEU 1

Performance Indicators: 2.1.8, 3.1.6

Level of the Lecture: Level 1

9:15am-10:15am – A Day in the Life of Consulting in LTC-Part 1: MDS 3.0/RAI Manual

Presenter: Andrea Maher, RD, LD

Learning Objectives:

1. Describe how to conduct an assessment of a resident's nutritional status
2. Code Section K correctly and accurately

Suggested Learning Needs Codes: 3020, 7100 – CEU 0.5

Performance Indicators: 10.1.1

Level of the Lecture: Level 1

9:45am-10:00am – Break

10:00-11:00 am – A Day in the Life of Consulting in LTC-Part 2: Significant Weight Changes, Pressure Injuries, I-Care Plans

Presenter: Amy Mooney-Geels, RDN, LD, CDM, CFPP

Learning Objectives:

1. Identify how to use the Nutrition Care Process to build a resident centered care plan.
2. Describe how to incorporate significant weight changes, enteral feeding, dialysis and skin impairment into resident centered care plan.

Suggested Learning Needs Codes: 4190, 5040, 5390 – CEU 1
Performance Indicators: 10.2.1, 10.2.12
Level of the Lecture: Level 1

10:30am-11:30am – Taking Steps to Help Prevent Being Involved in Litigation

Presenter: Kathleen Niedert, PhD, MBA, RD, CSG, LD, FADA

Learning Objectives:

1. Identify the more frequent documentation errors that might lead to litigation
2. Discuss keys to avoiding litigation
3. Understand that weight loss, malnutrition, dehydration and wounds are standard factors in law suits involving long term care facilities

Suggested Learning Needs Codes: 3010, 7110 – CEU 1
Performance Indicators: 10.5.2, 11.3.4
Level of the Lecture: Level 2

12:00pm-12:30pm – Lunch Break

12:30pm-1:30pm – Business Savvy: Contracts, LLC, Billing

Presenter: Jocelyn Evans, RD, LD and Stephanie Johnson, RDN, LD

Learning Objectives: 7040, 7070

1. Discuss the logistics of starting and maintaining a business
2. Learn about the pros and cons of self-employment in dietetics

Suggested Learning Needs Codes: 7040, 7070 – CEU 1
Performance Indicators: 11.3.6
Level of the Lecture: Level 1

1:30pm-2:30pm – Survey Readiness/Sanitation

Presenters: Stephanie Labenz, MS, RD, LD and Andrea Maher, RD, LD

Learning Objectives:

1. Conduct a sanitation inspection that meets safety and sanitation standards
2. Apply the CMS Kitchen and Dining Observations in your practice

Suggested Learning Needs Codes: 8040 – CEU 1
Performance Indicators: 13.1.1
Level of the Lecture: Level 1

2:30pm-3:00pm – Closing Remarks/Q&A

Deb Edwards – Chair and IDHCC Board & Council Members

COMING THIS SPRING on 29-30 April 2021
COMBINED MEETING
IDHCC/IOWA ANFP Spring Conference
At Hilton Garden Inn
In West Des Moines, IA



**ID-HCC Spring
Conference:**

29-30 April 2021

Hilton Garden Inn

Meet the Board and Council

Nominating Committee Sr.:

Morgan Pavon is a Clinical Dietitian at Broadlawns Medical Center. She graduated from Iowa State University where she received her BS/MS in Dietetics and Exercise. Morgan grew up in the Des Moines area and now resides here with her husband, their new baby girl Quinn, and black lab named Moose. In her free time she likes to teach indoor fitness classes, travel, and eat new foods. Morgan's favorite part about being a Dietitian is "going to work every day and it not feeling like work."

Nominating Committee Jr.:

Last year I decided to step out of my comfort zone and join the board of IDHCC. I am so happy I did! This year has posed its challenges and that includes finding other RDs who are ready to step into a board role. Without having our Spring meeting to network, I am trying to call upon others in a different way. If you are interested in stepping out of your comfort zone, please let me know!! The dietitians that are serving on the board have been so welcoming and wonderful to work with.

I am from Newman Grove, Nebraska, population 750. I completed my Bachelor's and Master's Degree in Dietetics from the University of Nebraska, Lincoln. My husband transferred us to Urbandale, IA in 2000 and we have been in Iowa ever since. We currently reside in Johnston with our three kids: Sabryn - freshman at UNI, Kyra - junior at Johnston, and Max - freshman at Johnston. We also have our English Bulldog-Ruby, cats- Olive and Mustache, and fish-Gregory.

I have consulted in long term care facilities since I graduated. I truly love working with older adults. I would have never thought this would be the path my life would take as nursing homes and wheelchairs scared me as a child! But I can say I love what I do. I tell people that I have gained extra grandmas and grandpas in my life. I am blessed.

Event Coordinator:

I am beginning my first of three years as Meeting Planner for IDHCC. I have enjoyed the networking opportunities as a member of this group and my favorite part of IDHCC has always been the annual spring meeting!

I grew up in Sioux City. I completed my Bachelor's Degree in Dietetics from Iowa State University in 1996. I currently live in Huxley with my husband Tom and my three daughters: Natalie, Caitlin and Alayna.

I have consulted in long term care facilities for the majority of my career. My passion is working with older adults. I was a clinical dietitian at the Iowa Veterans Home (IVH) at the beginning of my career and then returned as the Director of Food & Nutrition Services in 2017. Some of my favorite projects have been creating new menus, developing competencies for food service workers, identifying performance improvement projects for the department and working on IDDSI implementation. I just started a new position at IVH as Quality Management Director. I look forward to this new challenge!



Morgan Pavon, RD, LD



Stephanie Labenz, MS, RD, LD



Andrea Maher, RD, LD



IDHCC Zoom Board Meeting

November 8, 2020

Present: Deb Edwards, Kristen Simon-Frank, Andrea Maher, Anne Sposato, Stephanie Labenz, Sandy Goree, Morgan Pavon, Kathleen Niedert, Monica Lursen (Executive Dir of IAND)

Secretary's report: Correction made to previous meeting minutes; Deb will be working on article about BMI in elderly, not Sandy.

Treasurer's Report: \$10,341.58 in checking
\$12,665.94 in savings
Recent expenses include \$195.00 for Andrea's FNCE registration as Event Coordinator

Budget considerations for How to Consult Workshop –

- How many will register? Conservative estimate is \$25.00 with fees of \$25.00 for student and \$50.00 for RD
- Speaker honorarium – speaker spend about 10-12 hours in prep for each hour they present and honorarium should reflect this. Monica notes that IDHCC is a non-profit and we should spend down some of our bank balance. Sandy and Deb will discuss further.
- Cost of IT assist from Josh – registration, messaging ZOOM link.
- Publicity for workshop – IDHCC newsletter, IAND newsletter, Iowa State dietetic students. Limit to Iowa at this time; can consider offering to a wider audience in the future.

Andrea shared tentative agenda for workshop. Tentative date 19 February 2021, from 08:00 am to 2:30 pm. A wealth of information will be packed into this time frame. Discussed speakers and topics, will need to finalize learning objectives. Stephanie Labenz offered to present sanitation portion. Workshop will be a live ZOOM event, as this allows for better Q and A for attendees. ZOOM host will sign-in early to give people time to join the meeting. Attendees will be mute their home computers.

Goal is to have a PowerPoints handouts completed by January to allow Board to review and make suggestions. Josh will put slides/handouts on the website by 12 February 2021. Josh can also create the registration site, links for evaluation and CEU certificates. Monica will be the liaison between IDHCC and Josh.

Spring Event IDHCC combined with ANFP planned for 29-30 April 2021. It will very likely be a virtual event as the pandemic continues.

December Newsletter – Anne will contact members who are sharing their bios for the "get to know you" section. Deb is summarizing article on BMI in the elderly. Article from Mary Sell is ready to run. Promote the "How to Consult" workshop.

Other topics for issues to include: Diversity/Equity/Equality, Dysphagia and Coding in Sections K and I on the MDS, Simplified Diet Manual, How to Help Nursing Understand IDDSI Terminology.

Next ZOOM meeting will be Sunday, 6 December 2020 at 8:00 pm.

Minutes submitted by Kristen Simon-Frank, Secretary



IDHCC ZOOM Board Meeting

December 6, 2020

Present: Deb Edwards, Monica Lursen, Stephanie Labenz, Andrea Maher, Anne Sposato, Sandy Goree, Kathleen Niedert, Kristen Simon-Frank

Meeting opened with discussion regarding nominations for IDHCC Chair. Despite Stephanie's call, no-one interested in being Chair. Monica suggests calling every member of IDHCC.

December newsletter about 70% ready per Anne; already has article by Mary Sell and article on the Simplified Diet Manual. Deb is working on her article.

"How to Consult" Workshop:

Andrea sent agenda with competencies and learning need codes.

Total of 6 hours of continuing ed. Monica is confident that CPE will be approved. Monica needs a short resume for each speaker. Most speakers will be Level 1. Litigation session will be Level 2.

All speakers are finalized, but still need objectives/performance indicators for speakers and Q and A session.

Finalizing tech support. IDHCC is welcome to use the IAND ZOOM platform. Our group already pays \$100.00/quarter for Josh, so there will not be extra fees to use his expertise. Josh will: put registration on IAND website. Other publicity in IAND newsletter, IDHCC newsletter, email to members. Andrea will make contact with dietetic students. Josh will work with each speaker prior to the workshop to make sure everything is set up the tech.

Registration opens Monday, Jan 4, 2021. Registration closes Friday, February 12, 2021. An evaluation email be sent 1-2 days after the workshop. After completing the evaluation, an email will be sent with the link to the CPE credit. We need to decide if speakers' slides/note will be available prior to the workshop, or later.

April IDHCC/ANFP meeting:

Unsure if there will be a face-to-face meeting in April, but planning for that.

Sandy shared some info from past meeting: expenses were around \$15,000 with around \$6000 for speakers and around \$8000 for food, etc. We did have income to offset those expenses. ZOOM meetings can much more money-efficient as there is no food, travel, or hotel expenses.

Some speakers for April meeting have been finalized, including Brenda Richardson (celiac), Chris Jacobson (Simplified Diet Manual), CEO Joyce Gilbert (RD and CDMs working together.) Still working on speakers for topics on ethics, sanitation and kick-off speaker. Second day of meeting will include some education hours and also 2 hours of vendors.

Ideas for further education/newsletters: filling out a Mini Nutritional Assessment, performing Nutrition Focused Physical exam.

Following general Board meeting, Monica, Deb, Sandy, and Andrea continued discussion to plan budget. Next ZOOM call: January 17, 2021 at 8:00 p.m.

Minutes submitted by Kristen Simon-Frank, Secretary



Anne Sposato, MS, RD, LD, CCC
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Iowa Dietetics in Health Care Communities (ID-HCC) Executive Committee and Officers 2020-2021

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