Iowa Dietetics in Health Care Communities

JUNE 2020 VOLUME 10, NUMBER 1

In This Issue:

From the Chair…

By Deb Edwards, MS, RDN, LD
dledwards702@gmail.com

Little did I know when I volunteered to take on the leadership of IDHCC in April 2019, that we would be in the midst of the worst pandemic in over 100 years. But here we are and I'm going to do my best to move us forward as dietitians through this crisis.

I know that many of us have had our hours reduced or in some cases been furloughed. We've lost access to our facilities, our residents, our lab data and feel a little lost sometimes trying to make recommendations for nutritional care. On the other hand, for those of us who are fortunate enough to be healthy, we may have found respite in less travel, time to make healthy meals at home, exercise, more time with family. Living 600 miles away from my extended family I've connected through on-line meetings that never happened until the pandemic.

Maybe it's time for more reflection on how we can care for ourselves and those around us. I hope that you've taken time to spend time in nature for this spectacular spring with its flowering trees, wildflowers and birdsong. It's certainly a time for me to forget about COVID for a little while.

That said, this issue of IDDHC is dedicated to how we as dietitians can better help make sure that our facilities are safe and how to care for our vulnerable residents and all our patients. I'm sorry that we had to cancel our spring meeting that Char Kooima and her counterpart in ANFP worked so hard to organize. But we can still connect and look forward to the time when we can meet again. Thank you Jocelyn, you have done a wonderful job in leading us this past year and I'm inspired by how you managed to do so with small children and your own professional obligations.

I was asked to say a little about myself. I'm a "senior" RD as evidenced by this photo. I went to school at Ohio State and Cornell University. I live in Decorah with my husband who recently retired from Luther College, and have two grown daughters. I am a consultant at two area nursing facilities and work part-time for WIC. It has been a joy holding a newborn infant one day at work and talking to a 94 year old resident the next. I enjoy hiking, biking and other outdoor activities, traveling, reading, attending events at Luther College, connecting with my church community and taking advantage of all that NE Iowa has to offer.

Please let us know how we can best serve you, articles that you want to see, resources you wish you had. Please complete this survey. The first 25 people to complete the survey will placed in a drawing for gift card to a restaurant of their choice. I encourage you all to renew your membership to IDHCC and the national Dietitians in Health Care Communities when you renew your AND membership. Stay safe, stay well.

Deb Edwards, MS, RDN, LD

PLEASE TAKE THIS SURVEY NOW

https://www.surveymonkey.com/r/BKD887T

Resources on Nutrition and COVID-19

In spite of how quickly COVID virus has spread around the globe a number of resources have already been developed on caring for patients during this pandemic. A partial listing is below:

Academy of Nutrition and Dietetics
eatrightpro.org - Coronavirus (COVID-19) Professional Resource Hub. You can also see IAND website for this link.

Abbott Nutrition - abbottnutrition.com - Education Section
Nutritional Care of the COVID-19 Patients: Strategies for Clinicians to Optimize Recovery.

Becky Donner - www.beckydorner.com

Martin Brothers -martinbros.com-materials for foodservice education - e.g. Sanitizing and Disinfecting

American Society for Parenteral and Enteral Nutrition -
Guidelines and Clinical Resources- nutritioncare.org.

Vitamin D Dosage for COVID-19 Residents:

Recommendations for Vitamin D people with COVID-19

Vitamin D and COVID-19

Even in the absence of randomized controlled trials, government health agencies of Great Britain have recommended that people take Vit D supplements through the summer and fall during this pandemic.

An editorial in a recent Lancet(5/20/20) describes how investigators are studying diet and lifestyle influences on transmission of the SARS-CoV-2 and severity of COVID - 19 symptoms, but state there is circumstantial evidence that supplementation may be beneficial. As we know that many of our nursing home residents are at risk of vitamin D deficiency and that older adults and minorities are at high risk of poor outcome from COVID-19, we may want to advocate for testing of Vitamin D status and supplementation as indicated.

Checklist of what inspectors are looking for when they enter into the facility

COVID-19 CMS Survey – Documentation Checklist

1. Facility Floorplan.

2. List of all current residents/room numbers.

3. List of all employees, titles, and contact information.

4. List of residents who have been tested for COVID-19, dates they were tested and dates results were obtained. Please provide copies of all tests.

5. List of resident deaths related to COVID-19, date of death.

6. All screening sheets from initiation to present.

7. All documentation of education provided to staff related to Infection Control and COVID-19.

8. Interventions put in place upon identification of COVID-19 in facility.

9. List of all staff who have been tested for COVID-19, date of test and date of notification of results. Please provide copy of tests.

10. Name and contact number for Medical Director.

11. Name and contact numbers for all physicians who provide services in the facility.

12. Copies of infection control logs since January 1, 2020.

13. List of all admission/discharges/re-admissions since March 1, 2020.

14. Documentation of attempts to locate PPE for facility and what the facility has received since March 1, 2020.

15. Copes of invoices for PPE ordered since February 1, 2020.

16. Transfers and discharge summaries for all residents, discharged and returned from the hospital.

17. Copy of facility assessment.

18. Copy of Surveillance plan for COVID-19.

19. Copy of Emergency Preparedness staffing plan.

20. Date and time of notification to Health Department/State for first positive COVID-19 case.

21. Current practice in facility to prevent the spread of COVID-19.

22. Copy of Infection Control Program and Procedures.

Soft speech, clean heart, peaceful eyes, strong beliefs, focused minds and determined decisions always make you a winner.

The RD's Role in COVID-19 Acute Care:

Assessing Nutrition Status

Enteral Feeding

Diuresis

Hemodynamic Stability/Vasopressors

Glycemic Control

Sedation

Prone Positioning

Extracorporeal Membrane Oxygenation

The RD's Role in COVID-19 Acute Care

By Laurie Block, MS, RD, CDE

With thousands of patients across the country hospitalized due to COVID-19, the RD's role in acute care—from assessing patients' nutrition status to preventing malnutrition—is more important than ever.
While COVID-19 can lead to death even among otherwise healthy patients, the Centers for Disease Control and Prevention reports that it's more prevalent in those with underlying health conditions, many of which have a nutrition component; early data estimate that 90% of patients hospitalized with COVID-19 also have obesity, hypertension, diabetes, or CVD.
Furthermore, there's evidence that nutrition therapy results in better outcomes for many COVID-19 patients, improving and preserving nutrition status. This blog summarizes the numerous complex factors RDs working in acute care must take into account when assessing and treating patients with COVID-19, focusing on treating malnutrition through enteral nutrition.

Assessing Nutrition Status
For COVID-19 care, dietitians should follow nutrition assessment guidelines from the Academy of Nutrition and Dietetics and The American Society for Parenteral and Enteral Nutrition. COVID-19 patients who require hospitalization may experience loss of taste and smell and gastrointestinal issues resulting from the virus, possibly resulting a loss of appetite and/or poor tolerance of solid foods. Some are acutely malnourished upon hospital admission. In addition, COVID-19 can result in acute respiratory distress syndrome, which leads to an inflammatory response associated with muscle breakdown and widespread inflammation.

As a result, muscles weaken and breathing ability is decreased; these patients often require mechanical ventilation. When ventilated, nutrition support is initiated to prevent the loss of lean body mass and deterioration of respiratory muscle strength, mitigate already present nutrition deficits, and prevent malnutrition.

Colleen Topper, MS, RDN, a clinical dietitian at Montefiore Medical Center in The Bronx, New York, explains that she assesses "not only calorie, protein, electrolyte, and fluid needs, but also when alternate means of nutrition, such as enteral or parenteral nutrition, might be necessary" in COVID-19 patients. While this blog focuses on enteral feeding, note that parenteral nutrition, either peripheral or total, may be used to treat COVID-19 patients who can't meet their nutrient needs via oral or enteral feeding.

Enteral Feeding
Enteral feeding is indicated when a patient can't eat by mouth or their solid food intake is unlikely to meet increased nutrient needs. Often, when COVID-19 patients are too weak or are experiencing respiratory distress, enteral nutrition to provide supplemental or all nutrition, is appropriate.
Rachel Gilwit, RD, CNSC, CDE, is a critical care dietitian at UC San Diego Medical Center who manages patients in the ICU and knows firsthand the importance of enteral feedings. In some COVID-19 patients, "I advocate for early placement of an NGT (nasogastric tube), even while they are on a diet, and especially reinforce keeping it in place after they are removed from the ventilator because of factors which limit their food intake," she says.
However, RDs must consider several variables, including the following, when determining whether enteral nutrition is the best feeding approach for a patient:

Diuresis: If a patient has a history of congestive heart failure or is experiencing pneumonia secondary to COVID-19, often a diuretic is used to ensure that fluid doesn't build up around the heart, lungs, and between cells. This may require the use of a fluid-restricted tube feeding or calorically dense oral supplements.

Hemodynamic stability/vasopressors: If blood pressure is critically low, a patient may be too unstable for enteral nutrition. Insufficient blood flow to organs can result in gut ischemia when feeding is introduced, although this is rare. "We typically look at a patient's mean arterial pressure to assess [hemodynamic stability]," Topper says. "Medications called vasopressors are then used to increase blood pressure." ASPEN guidelines state that enteral nutrition is safe to administer in the presence of consistent, stable, and low doses of vasopressors, and when mean arterial pressure is >50 mm Hg. For most patients in the ICU setting, a standard polymeric isotonic or near-isotonic 1- to 1.5-kcal/mL formula is appropriate and will be well tolerated.

Glycemic control: Keeping blood glucose under control is key for the COVID-19 population, as stress-induced hyperglycemia may be present in patients with non–insulin-dependent diabetes, possibly requiring treatment with insulin during the illness. When patients are first admitted, maintaining glycemic control is more important than using a specialized formula. Once patients are more stable, a low-carbohydrate formula may aid in blood glucose management.

Sedation: In patients on ventilators receiving enteral nutrition, the commonly used sedative propofol is administered as part of a lipid emulsion that provides 1.1 kcal/mL from fat. At high rates, it may provide significant calories, so the tube feeding rate must be reduced to prevent overfeeding. In this case, a low dose of a low-calorie, high-protein formula needs to be used in addition to modular protein supplements and other additives to make up for their macronutrient needs.

Prone positioning: Placing a patient in the prone position (ie, on the stomach) while on a ventilator is used to improve ventilation and oxygen exchange. COVID-19 patients require prone positioning due to acute respiratory syndrome as a result of bilateral lung pneumonia. "We are finding there is a misconception that enteral feeding needs to be [withdrawn] while patients are undergoing proning," Gilwit says, "partially due to the belief that, while on the stomach undergoing paralysis, enteral feeding may not be best tolerated. Yet, in spite of paralysis, the gut is still undergoing peristalsis, and the gastrointestinal tract is still capable of moving and absorbing nutrients." Furthermore, research shows that gastric feeding in this position—including full-volume tube feeds—is safe and isn't associated with increased aspiration risk; in addition, small bowel or post pyloric feeding tube placement isn't necessarily indicated.

Extracorporeal membrane oxygenations: In this therapy, also referred to as ECMO, a machine takes over the work of the heart and lungs to add oxygen to a patient's blood. This is especially important for COVID-19 patients with severe acute respiratory distress syndrome. Enteral nutrition can be safely administered within 24 hours of initiating ECMO, with slow advancement to the goal rate within the first week of critical illness.

This blog is an attempt to not only provide a small window into what clinical RDs do each day during the COVID-19 pandemic but also to celebrate their difficult and complex roles in ensuring patients have the best outcomes possible.

I'm so proud of my colleagues who advocate for these vulnerable patients. In short: Your work matters. You are health care heroes!

Additional COVID-19 Resources for RDs

· **National Institutes of Health:**
www.nih.gov/healthinformation/coronavirus

· **Academy of Nutrition and Dietetics:**
www.eatrightpro.org/coronavirus-resources; www.eatrightpro.org/news-center/member-updates/coronavirus-updates/during-covid19-emergency-cms-gives-green-light-to-mnt-via-telehealth-for-medicare-beneficiaries

· **Centers for Disease Control and Prevention:**
www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

· **American Society for Parenteral and Enteral Nutrition:**
www.nutritioncare.org/Covid19Resources;
www.youtube.com/watch?v=dNmMW3ybXdY

· **Society of Critical Care Medicine:**
www.sccm.org/COVID19RapidResources/Resources/Nutrition-Therapy-in-the-Patient-with-COVID-19-Dis

Nutrition Care for COVID-19

Kim Fremont, MSEd, RD, LD
kfremont@diningrd.com

Source: ESPEN (European Society for Parenteral and Enteral Nutrition) published in Clinical Nutrition 3/23/2020.

Clinical Considerations for COVID + Patients:
Screen/Assess for malnutrition

In Critical Care-
Early Lower BEE (first 7 days of acute illness)
Later Hyperbolic (after in illness > 4 to 7 days)
Supplement with MVI trace minerals
Using Vit C, A, D, E, Zinc, B12
Kcal early 15-18 kcal/kg (70% of EEN in ventilated patients)
Kcal later >28 kcal/kg
Protein 1.3 gm/kg
Fluids -conservative due vent/active pneumonia
Difficult to Tube feed-Prone positioning but it is possible
Some practitioners using PPN TPN in ventilated patients
May require combination of nutritional supplement, TPN/PPN and /or tube feeding.

After Critical Care-
Nutritional depletion -replete after acute phase and ongoing during rehab
Loss of muscle mass seen if ventilated or prolonged hospital stay
Higher incidence of dysphagia if on a ventilator
Elderly: 30 calorie/kg of body weight (source ESPEN) for older residents or underweight
Polymorbid: 27 kcal/kg body weight
Pro: >1 gm/kg/body weight and suggested up to 1.5 gm/kg and if malnourished up to 2 gm/kg/body weight (source ESPEN)
Most need supplements to achieve kcal needs along with oral diet. Weight loss associated with increased morbidity and mortality(ESPEN)

Post-Acute period (e.g. LTC)
MVI, Zinc, Vit C, Vit D
Kcal 28 or >/kg
Pro 1.0 or >/kg

Nutrition Care for COVID-19 Residents:

Critical Care

After Critical Care

Post-Acute

Skin

Recipes for high calorie/high protein foods

Elderly: 30 calorie/kg of body weight (source ESPEN)
Pro: >1 gm/kg/body weight and suggested up to 1.5 gm/kg and if malnourished up to 2 gm/kg/body weight (source ESPEN)
Fluids-check edema 1ml/kcal
May need to alter temperature or texture of foods and offer supplementation if poor appetite persists (loss of taste or smell) and or high calorie/protein menu Barazzone R Et Al., ESPEN expert statements and practical guidance for nutritional management of individuals with SARS-CoV-2 infection. Clinical Nutrition, https://doi.org/10.1016/j.clnu.2020.03.022

From the National Pressure Ulcer Advisory Board:
Skin Changes may not be pressure ulcers.
The purpuric or non-blanchable purple skin lesions seen with COVID-19 are not consistent with DTPI, because they lack pressure induced injury to underlying soft tissue cells and the skin changes likely represent tissue ischemia due to clotting. High risk patients who have been immobile, hypotensive, and hypoxic are at high risk for developing deep tissue pressure injury, however. Insure interventions are in place for good skin integrity.

Nutrition consult hours should be at normal levels to allow for adequate time for surveillance and helping facilities find and use high kcal/high pro foods/recipes to halt unintentional weight loss.

I cannot stress enough the importance of having dialogue with dietary managers in your long term care communities. Observations from dietitians in the field report a high level of weight loss and is suspected to be associated with non-communal dining required to prevent COVID19 spread. Weight loss in individuals ill with COVID 19 is also documented in the literature. We must be proactive in requesting timely weights.

Actively engage your dining managers in high calorie/high protein food options. Use ones already in your nursing facility if possible.

Kim also sent a recipe to help add calories and protein and to prevent taste fatigue from commercial supplements.

Protein Gelatin:

Prep time: 5 mins
Total time: 2 hours, 5 mins
Yield: 4 servings

Ingredients:

- 1 cup Greek yogurt
- 4 scoops unflavored whey protein or ¼ cup NFDM granules
- 1 3oz packet of a flavored gelatin dessert
- 1 cup boiling water
- 1 cup pureed fruit

Instructions:

Mix the yogurt and whey protein or NFDM until smooth. Set aside.
Dissolve the Gelatin in the boiling water by whisking. Once you don't see any more powdered gelatin, whisk in the whey or NFDM granules yogurt mixture and stir until combined.

Add pureed fruit and mix well.
Place the containers in the fridge for at least 2 hours or overnight to set.

Nutrition Facts:
Serving Size 1/4 of the recipe or ~3/4 cup

Amount Per Serving	
Calories 195	
	% Daily Value
Total Fat 1 g	2%
Total Carbohydrates 26 g	9%
Dietary Fiber 1 g	4%
Sugars 24 g	
Protein 20 g	40%

Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Time for Renewal:

Can renew online with the link provided.

Late fee will be imposed if paid after 30 June 2020

Eligibility to be a member of IDHCC

Membership Renewal Update

Sandy Goree, MS, RD, LD
jsgoree@centurylink.net.

Membership renewal this upcoming year is online. Just a reminder to renew your IDHCC Membership! Our new year will start June 1st. See below for link to renew easily on Eventbrite. If you decided to send a check, you will need to still register on Eventbrite. You can send a check to Sandy Goree at the following address:
Sandy Goree
33788 Bouska Rd.
Prairie du Chien, WI 53821-8504

https://www.eventbrite.com/e/100673987607

This means that you should renew your membership to ID-HCC by June 30 of each year, which is the same deadline to renew your membership in the Academy of Nutrition and Dietetics. If you renew by June 30, the membership fee will continue to be the same $25. If you renew your membership or become a member of ID-HCC after June 30, the additional late fee of $15 will be due in addition to the $25 membership fee.

Who is eligible to be a member of ID-HCC?

1. You must be a member of the Academy of Nutrition and Dietetics to join ID-HCC.
2. Membership in ID-HCC is a separate membership from the national DHCC

IDHCC Board Conference Call Summary

March 22, 2020

Char Kooima, Event Coordinator, reviewed the status of the Spring Conference.

Hotel availability: first available dates were June 4-5, 2020. There was no charge to us to change the date. Speakers: most speakers were able to re-schedule to new dates.

Vendors: most vendors also able to re-schedule to new dates.

Refunds: a few refunds have been sent to registrants and one vendor who could not come in June. One speaker had difficulty with airline refund.

CEUs: it is anticipated that CEU deadlines will be relaxed, for members counting on getting CEUs before the end of May.

Financial liability: IDHCC and ANFP continue to share the responsibility equally if we are forced to cancel by the government.

Considerable discussion about possibility of an on-line option for the Spring Conference. It was pointed out that web platforms are heavily loaded at this time with Zoom meetings, Google hangout and webinars. It may not be possible to get an internet platform. Even setting up a recorded session (not live) would require significant time and effort. This is a possibility we can explore in the future.

If Spring Conference cannot be held June 4-5, 2020 then consensus is to cancel it. We can invite all the same speakers for Conference in 2021. ANFP has another meeting in the fall and it would not make sense to push the date out any farther. We anticipate many last-minute registrations and no late fees will be charged to attend the Conference. Members can renew their membership beginning April 1 2020 on Eventbrite or at the Conference.

Spring newsletter will be updated and then sent out to members. Awards/Grants link to be added to IAND website.

Summary submitted by Kristen Simon-Frank, IDHCC Secretary

IDHCC Google Meet

May 18, 2020

Present: Jocelyn Evans, Char Kooima, Stephanie Johnson, Deb Edwards, Kristen Simon-Frank

Char provided an update regarding the cancelled IDHCC Spring Conference.

Eventbrite: all credit charges will be refunded through Eventbrite, then Char will close out the 2020 conference event. Sandy Goree has already refunded people who paid by check; their checks were returned or destroyed.

ANFP is responsible for vendor refunds and IDHCC is responsible for attendee refunds.

Brenda Richardson was not able to get another change for her airline ticket so she has offered to credit the $200 if we have her as a speaker next year.

ANFP has already decided to have a 2 day meeting in the fall and utilize all the same vendors and the same speakers as were scheduled for the joint Spring Conference.

Discussion on advisability of IDHCC having a joint meeting with ANFP in the future. It is harder to plan speakers that meet the needs of both RDs and CDMs, especially with clinical topics. A joint meeting with ANFP might be considered sometime in the future, but consensus is to keep the 2021 Spring Conference for IDHCC only.

Opening for IDHCC Event Planner: Discussion about position responsibilities. Having Char train in the new person would assure a smoother transition. Or, the position could be shared between two people, one person in charge of the Eventbrite process, and one person handling more of the speakers and vendors. Char can call Andrea Mahar and see what her thoughts are.

Reviewed some email and Eventbrite details.

Incoming President Deb Edwards will write an article for the June newsletter.

Zoom transition meeting will be Saturday June 6th, 2020 from 8:30-11:30 a.m.

Summary submitted by Kristen Simon-Frank, secretary

IDHCC 2020-2021 Virtual Transition Meeting

June 6, 2020
8:30 a.m.

Meeting called to order and brief introductions from those present:
Deb Edwards (in-coming president), Jocelyn Evans (out-going president), Kristen Simon-Frank (continuing secretary), Stephanie Johnson (out-going senior nominations), Stephanie Labenz(new junior nominations), Andrea Maher (new event coordinator), Sandy Goree (continuing treasurer), Anne Sposato (continuing newsletter editor)

Update from recent IAND meeting:
The annual IAND meeting will be a virtual meeting on Wednesday November 4, 2020. Majority of speakers have been secured. IAND hopes to return to a live meeting in 2021. It was noted that the location of the meeting is held in a place most convenient to the meeting planners. The IAND budget was reviewed. On-going committee working on Regions versus Districts.

Treasurer's Report:
Currently 32 members have joined through Eventbrite, bringing in around $800 in membership dues. Last year we had 72 members. The budget projections were based on having 70-100 members, anticipating many people joining at the Spring Conference. Both our expenses and our membership income are down from last year and the proposed budget is no longer feasible. We did have increased postage expenses mailing t-shirts last spring and sending postcards this March. Sandy is using an updated version of Quicken banking software and reports it is much easier to work with.
Current balance: $10,992.13 in checking
$12,642.00 in savings

Boosting membership: Jocelyn has been sending weekly email reminders to former members. A few have been renewing each week, so will continue this action. Deb will assist. Also, add the link to Eventbrite membership in the newsletter again. A brief note could be included in the IAND newsletter highlighting our group.

Every June, the treasurer updates IDHCC's non-profit status and Sandy is on top of this. Discussed it is essential for any new treasurer to be aware of this government requirement. No fees when updated correctly, but a big expense to re-apply if yearly update is not done.

Nominations Update:
Andrea Maher has accepted the position of event coordinator. Morgan Pavon will be senior nominations, Stephanie Labenz will be junior nominations. Current secretary and treasurer continue.
Potential for chair-elect will be calling Stephanie J. today. More difficult to get candidates for all positions this year when we could not talk face to face.

Email addresses:
General agreement that IDHCC email addresses are rarely used, primarily for access to google drive. Will keep them for now. Passwords need to be updated annually and the secretary needs the current passwords on file.
Jocelyn will make a contact list for board and council members with their preferred phone and email addresses. Most are using their personal emails to get faster response.

Jocelyn led a brief tutorial on how to use Eventbrite to send emails. Noted that member list includes email addresses but not phone numbers. Will check into making phone number a required field. Jocelyn will also forward a link to get to IDHCC google drive faster. Eventbrite instructions can be found there.

Review of Strategic Plan:
Goals met: display at IAND meeting in November, direct postcards mailed, newsletter sent quarterly, website updated with newsletters and minutes.

Other opportunities to expand our presence: Dept on Aging would like to expand nutrition counseling for older adults; we could share a member contact list for those who would be interested.

We anticipate a face to face Spring Conference in 2021.

Idea for How To Consult workshop: potential to partner with Martin Brothers. They would cover technical logistics and IDHCC would provide speakers and content. Katie Wulkow a possible connection.

Possibility for IAND: a panel discussion on variety of job opportunities for Consultant Dietitians, how to start a business, working with hospice, etc.

Newsletter Position:
Discussion that having newsletter topics and champions chosen in advance was helpful, but topics were not done on initial target dates.
Topics: June - CoVid resources
Topics for September 2020, December 2020 and March 2021 were not determined at this time. Deb and Jocelyn will send a poll asking members what topics they are interested in.
Results of Newsletter survey: desire for a bigger presence on social media/facebook page, with a minimum of 2-3 posts monthly to be "active." Jocelyn is current administrator and can add other board members if they desire. Newsletter editor reports she is not a frequent user of facebook. Stephanie J. volunteered to be a facebook admin and add regular posts.

IDHCC full board will meet quarterly; next virtual meeting in September. Deb and Jocelyn will meet more often initially during the transition phase. IAND has been paying the cost of Zoom meetings. Some dietitians have been using Zoom or telehealth to do resident assessments while working remotely.

Meeting adjourned 10:50 a.m.

Minutes submitted by Kristen Simon-Frank, Secretary

Anne Sposato, MS, RD, LD, CCC
940 Black Bear Bend
North Liberty, IA 52317

Iowa Dietetics in Health Care Communities (ID-HCC) Executive Committee and Officers 2020-2021

Chair
Deb Edwards, MS, RDN, LD
dledwards702@gmail.com

Chair-Elect

idhcc.chairelect@gmail.com

Past Chair
Jocelyn Evans, RDN, LD,
jocelynpohl28@gmail.com

Nominations Chair
Mogan Pavon, RD, LD
morganpavon018@gmail.com

Nominating Chair-Elect
Stephanie Labenz
labenzdiet@gmail.com

Past Nominating Chair
Stephanie Johnson, RDN, LD
stephanie@sunsetconsultingrd.com

Secretary
Kristen Simon-Frank, RDN, LD
kdsimon-frank@hotmail.com

Sandy Gore, MS, RD, LD
Treasurer
sandy.goree410@gmail.com

Newsletter Editor
Anne Sposato, MS, RD, LD, CCC
jabs9@msn.com

Meeting Planning
Andrea Maher, RD, LD
andrea.maher@ivh.state.ia.is

Legislative
Kathleen Niedert, PhD, RD, CSG, LD
kniedert@aol.com