

Welcome to the Maryland Academy of Nutrition and Dietetics (MAND):

# Chesapeake Lines

FALL EDITION 2016



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## 2016 FOOD AND NUTRITION CONFERENCE AND EXPO (FNCE) HIGHLIGHTS!

### MAKING MAND MEMORIES AT FNCE

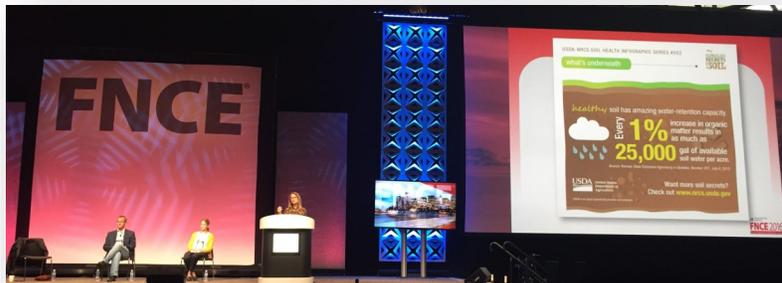
Members of MAND were invited to gather locally in Boston outside of the FNCE convention center to meet, mingle and get to know one another in a relaxed setting before FNCE. This positive networking event was very well received and allowed MAND members to share stories and ideas. Twenty-five MAND members attended, and several attendees expressed interest in volunteering for MAND events and helping throughout the year. A big thank you to all that participated.



**FROM TOP:**  
ALYCE NEWTON, MEG KHAN-KAREN,  
MEGHAN ADLER, CAITLIN KREKEL

### IMPORTANT SESSIONS AT FNCE Meghan Adler, MS, RD, MAND Nominating Committee

"I attended one of the sessions called, "State of the Climate: Global to Local Nutrition and Health Impacts." This was neat because it was the session I planned as part of the AND Committee for Lifelong Learning- the committee responsible for choosing all the educational sessions at FNCE."



To Left to Right: FNCE Opening Ceremony with AND President Lucille Beseler, MS, LDN, CDE, FAND Barbara Hoffstein, RD, LDN and Livleen Gill, MBA, RD, LDN in front of the FNCE sign



### A RECAP OF HER MOST MEMORABLE FNCE MOMENTS FROM ARNETTA FLETCHER, PHD, RDN, LDN, MAND STATE REGULATORY SPECIALIST:

"Livleen Gill, (MAND President), Barbara Hoffstein, (Public Policy Coordinator), and I got to cheer on and welcome the current AND President during the opening session. I had such a good time that I forgot to take pictures until the closing session" (See right). "Another great memory was attending the MAND meet up." (See pictures above). "It was a nice getaway from the conference setting and had the familiarity that comes with being amongst

professionals from the same state. It was a great chance to connect with members and discuss the reasons that brought us to FNCE. We also set plans to stay connected once we got back to Maryland. Overall, my best moment was being a part of a gathering of thousands of nutrition professionals, united for the cause of promoting public health in some aspect, recognizing familiar faces, and, of course, making new connections."



CLOSING CEREMONY

# THE NEW NUTRITION FACTS LABEL: WHAT WE NEED TO KNOW!

JULIA CARON, MELANIE HEAZEL, AND MARY WELKIE—JHBMC DIETETIC INTERNS

In July 2016, the Food and Drug Administration (FDA) finalized the new Nutrition Facts label. Food manufacturers will be mandated to comply with the new label rules by July 26, 2018. This is the first major amendment to the label in more than 20 years, reflecting the evolving evidence surrounding dietary factors and chronic disease risk. Listed are the major changes to expect as the new label comes to market:

**Added Sugars:** Perhaps the most significant of the changes is the addition of a new category for added sugars, with the first ever % DV for this category set at 10% of daily calories. This equates to a 50-gram added sugar limit based on a 2,000 calorie diet. Consumption of added sugars and sugar-sweetened beverages in the diet has been associated with weight gain, increased risk of type 2 diabetes, cardiovascular disease, and vitamin and mineral deficiencies.<sup>1</sup> Though sugar consumption is on the decline, the average American adult still consumes nearly 90 grams of sugar per day. The labeling of added sugar, like the success of trans fat labeling, is intended to foster increased awareness, behavior change, and curbed consumption. The new labeling requirements may also prove to be an incentive for

manufacturers to lower the added sugar content of their products. However, one unintended consequence of this label change could be an increased use of non-nutritive sweeteners. This may be cause for concern for consumers as there is a lack of long-term data on the health effects of these sweeteners.<sup>2</sup> As dietitians and nutrition professionals, it will be important to educate patients and monitor how the food industry and its consumers respond to these significant changes.

**Nutrients:** Vitamins A and C are out, while vitamin D and potassium are in. Deficiencies in vitamins A and C are rare, while the risk of deficiency for vitamin D and potassium is increasing.

Calcium and iron will remain on the label as nutrients of concern. This shift aligns more closely with current dietary guidelines and available scientific evidence. These four nutrients, vitamin D, potassium, calcium, and iron, will be expressed as % DV based on the Recommended Daily Allowances (RDAs).

Inclusion of these nutrients on the label has garnered support, though there have been calls to revisit and update the evidence for potassium and calcium RDAs in the future.<sup>2</sup>

**Servings:** Serving size will reflect what consumers are actually eating, rather than recommended portion sizes. These servings will be presented with a bolder and larger type font.<sup>1</sup> Most ready-to-eat foods' serving size will be determined by the FDA's [Reference Amount Customarily Consumed \(RACC\)](#). RACC values represent the amount of food usually consumed at one eating occasion. Manufacturers must use RACCs to determine the serving size for their products. Nutrition information "per serving" and "per package" will be included for items such as smaller bags of chips and pints of ice cream. All sizes of single-serve soda bottles will be labeled as one serving. The change in serving sizes is intended to be more realistic and

## Looking Ahead...

Although food manufacturers are required to comply by July, 2018, those companies with less than \$10 million in annual food sales will have an additional year to transition to the new label. With 61% of U.S. adults reporting that they use the Nutrition Facts label when making food purchases, the updated Nutrition Facts label is an important tool to further nutrition policy and education.<sup>3</sup> The updated label emphasizes calories and % DV while offering a simpler design for easier nutrition label education and shopping.<sup>1</sup> Registered Dietitians will play a crucial role in ensuring that the public understands and can make use of the new Nutrition Facts label.

consumer-friendly, but it remains to be seen if consumers will understand the intention behind these new serving sizes and how to use them.

**Calories:** Calorie content per serving will be expressed in larger font to reflect the updated serving sizes.<sup>1</sup>

**Fats:** Calories from fat will be removed from labeling, deemphasizing the role of total fat content in the diet.<sup>1</sup> Although the latest Dietary Guidelines for Americans does not set an upper limit for total fat intake, a 35% DV of daily calories will remain on the new Nutrition Facts label.

**Footnote:** The footnote text has been changed to better explain how to use % DV in conjunction with calorie counts. As noted on the new label, "The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice."<sup>1</sup>

Sources:

1. <http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm>
2. Malik VS, Willett WC, Hu FB. The revised nutrition facts label: A step forward and more room for improvement. *JAMA*. 2016.
3. Ollberding NJ, Wolf RL, Contento I. Food label use and its relation to dietary intake among US adults. *J Am Diet Assoc*. 2010;110(8):1233-1237.

## Old vs. New Label

Nutrition Facts	
Serving Size 2/3 cup (55g) Servings Per Container About 8	
Amount Per Serving	
Calories 230	Calories from Fat 72
% Daily Value*	
<b>Total Fat 8g</b>	<b>12%</b>
Saturated Fat 1g	5%
Trans Fat 0g	
<b>Cholesterol 0mg</b>	<b>0%</b>
<b>Sodium 160mg</b>	<b>7%</b>
<b>Total Carbohydrate 37g</b>	<b>12%</b>
Dietary Fiber 4g	16%
Sugars 1g	
<b>Protein 3g</b>	
Vitamin A	10%
Vitamin C	8%
Calcium	20%
Iron	45%
* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

Nutrition Facts	
8 servings per container	
Serving size <b>2/3 cup (55g)</b>	
Amount per serving	
<b>Calories</b>	<b>230</b>
% Daily Value*	
<b>Total Fat 8g</b>	<b>10%</b>
Saturated Fat 1g	5%
Trans Fat 0g	
<b>Cholesterol 0mg</b>	<b>0%</b>
<b>Sodium 160mg</b>	<b>7%</b>
<b>Total Carbohydrate 37g</b>	<b>13%</b>
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
<b>Protein 3g</b>	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

Image Source: <http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm#images>

## CLINICAL CORNER: REVIEW OF SMOFLIPID, A RECENTLY FDA-APPROVED TPN LIPID

MEREDITH CRILLY, MS, RD, LDN, CNSC, MAND MEMBER  
CLINICAL DIETITIAN, SHADY GROVE ADVENTIST HOSPITAL

Although soybean oil-based intravenous fat emulsions serve an important purpose for patients receiving central parenteral nutrition (CPN), their risks are well-known to clinicians. Due to their known risks, ASPEN recommends holding or limiting soy-bean oil IVFE during the first week of PN therapy.<sup>1</sup> Because intravenous fat emulsion (IVFE) plays an important role in delivering much needed calories, companies have developed multiple IVFE products classed as separate “generations.” Until recently, only first generation lipids were available in the United States although fourth generation products are available in Europe and other countries.<sup>1</sup>

### Fourth-Generation IVFE Approved for Use in the US

First released in 2004, SMOFlipid is a fourth-generation fatty acid combination product that contains soybean oil, medium-chain triglycerides, olive oil, and fish oil. The ratio of omega-6 to omega-3 is 2.5:1.<sup>1</sup> Any potential benefits of this product stem primarily from its anti-inflammatory profile which could lead to a reduction in mortality, ICI/general length of stay, and ventilator days. For long-term PN-dependent patients, SMOFlipid have been proposed to prevent or treat PN-associated liver disease.<sup>2</sup> However, while the composition of SMOFlipid holds promise for the CPN population, the true benefits are difficult to distinguish even with multiple research studies.

Risks of SMOFlipid include adverse reactions in patients with allergies or sensitivities to soybean oil, fish oil, and egg phospholipids. Additionally, the safe and effective use of SMOFlipid in pediatric patients, including pre-term infants has not been established.<sup>3</sup>

### Study Results

Although available since 2004, its proven benefits have been minor at best. One well

designed study used a randomized control trial in 73 patients with intestinal failure requiring CPN for a four week duration.<sup>4</sup> In the SMOFlipid group, clinicians saw a decrease in ALT, AST, and total bilirubin when compared to the soybean oil control group. Additionally, there were grade 4 adverse events in two of the intervention patients and eight events in the control group. This study concluded that SMOFlipid was both safe and well-tolerated. The strength of this study relies on the extended duration although suffers from a relatively small patient population.

One of the latest reviews published in 2016 included numerous high-patient volume studies.<sup>1</sup> The author’s analysis indicated that while some of the studies saw decreased infection risk, mechanical ventilation days, and ICU length of stay, there is not currently adequate evidence to recommend changing from current soybean oil IVFE to this new product.

### Final Thoughts

In the world of critical care and nutrition support, the conclusions of studies researching specific products always seems to be the same: further research is needed with large populations. While the same adage holds true for SMOFlipid, clinicians should consider that this new product offers mild benefits without demonstrating increased risks for patients. Considering SMOFlipid use should be a priority for clinicians who work in nutrition support.

#### Clinical Corner Sources:

1. Biesboer AN, Stoehr NA. A Product Review of Alternative Oil-Based Intravenous Fat Emulsions. *Nutrition in Clinical Practice*. 2016. doi:10.1177/0884533616661174.
2. Anez-Bustillos L, Dao DT, Baker MA, Fell GL, Puder M, Gura KM. Intravenous Fat Emulsion Formulations for the Adult and Pediatric Patient: Understanding the Differences. *Nutrition in Clinical Practice*. 2016. doi:10.1177/0884533616662996.
3. Korvick J. Drugs@FDA: FDA Approved Drug Products. Drugs@FDA: FDA Approved Drug Products. [https://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=search.label\\_approvalhistory#aphhist](https://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=search.label_approvalhistory#aphhist). Accessed September 6, 2016.
4. Klek S, Chambrier C, Singer P, et al. Four-week parenteral nutrition using a third generation lipid emulsion (SMOFlipid) – A double-blind, randomised, multicentre study in adults. *Clinical Nutrition*. 2013;32(2):224-231. doi:10.1016/j.clnu.2012.06.011.



**A UNIQUE INTERNSHIP EXPERIENCE: UMD WHITE HOUSE TOUR**  
PHYLLIS McSHANE, MS, RD, LDN, DIETETIC INTERNSHIP DIRECTOR AT UMD COLLEGE PARK AND MAND’S POLITICAL ACTION COMMITTEE OFFICER (MAND-PAC)

The University of Maryland College Park dietetic interns and alumni (19 total) recently had a unique, exciting opportunity to visit the White House, talk to chefs on staff about the first family’s preferences, and converse with the Let’s Move team! UMD College Park was thrilled to provide dietetic interns and alums with an experience to show a wider breadth of the nutrition and dietetics field. A big thank you to the UMD dietetic internship alum who is now “on loan” to the First Lady’s office for setting up this tour!

**Visit the UMD blogsite to read "White House Tour" to learn more about the UMD interns and intern grads' visit to the White House.**

## EDITORIAL : WE ARE NUTRITION PROFESSIONALS, BUT ARE WE NOT FOOD PROFESSIONALS TOO?

BY ELAINE PARDOE, MS, RD, MAND MEMBER

Thirty years ago, sitting in rounds on the inpatient stroke rehab unit where I was the full-time RD, I recommended that Mr. T not be placed on a standard “diabetes diet,” since he was an old man recovering from a stroke. One doctor turned to the doctor next to him and said, “What do you know, a realistic dietitian!” Is our profession still viewed that way?

Today, as I read mainstream articles by RDs touting how delicious a nutritious diet can be, with perhaps a lentil-quinoa main dish as an example, and a side salad of bok choy and arugula, I wonder whether we continue to be tilted toward the nutrition side of our profession and forget that real people eating real food are who we are hon- or-bound to help.

Today we benefit from an infusion into our culture of new-to-us ethnic foods, but if I thought I had to make a wholesale switch to foods I had never heard of, I would do what I suspect many of our would-be clients are doing: mutter “Being old and healthy isn’t worth it.” Much of our culture is still in the “meat and potatoes” segment, so why not help them see how they can prepare “real (i.e. unprocessed) food” without undue time and effort and with improved flavor?

When I worked at a Jewish hospital I was astounded that some of my fellow dietitians there did not know how to make chicken soup, which many of our patients regarded as the staff of life. How can one be a food professional (and if we’re nutrition professionals we’d better be food professionals) and not know how to make hot, nurturing soup, that so many of us turn to when we need healing or comfort?

For the majority of our most needy clients of all educational and economic levels, if we concentrate on getting them back to cooking “real food” and controlling their intake by carefully watching portion sizes, instead of making them think they have to eat food that

they wouldn’t want in any size portion, or a steady diet of baked chicken and broccoli, we might come to be seen as more useful/ realistic to patients and clients. From our own cooking experience we can give them practical advice that as nutrition professionals we know will help them improve their diets. For example:

- Find a “30-minute-meal” type cookbook or two to recommend, so we don’t immediately make our proposition about preparing fresh food sound impossible.
- Salt, sugar and fat do add to the pleasure of eating, but we get used to the amounts we use. By gradually decreasing those amounts we’ll allow our taste for them to become more sensitive so that we’re still able to enjoy the flavors they give our food.
- Eat more slowly and savor each bite – nothing new to us but in this hurried world a reminder may be pertinent. I think it helps here to emphasize that one should never feel guilty about eating; it’s OK to enjoy our food!
- Try fresh vegetables and fruits, one at a time so the change doesn’t seem so daunting. They may taste better to some than canned or frozen. Try other cooking methods such as grilled, baked or mashed. Nowadays supermarkets have them ready-cut, possibly resulting in less prep time.
- Serve yourself less than you think you’ll want; eat slowly, and take more only if you’re still hungry.

We know these tricks of the trade, and have many more, and one of them may just possibly ring the bell with our client and motivate them to start a new way of eating.

Maybe this, rather than recommending flashy “super foods,” will further help all RDs to play a bigger part in getting our obese or undernourished nation back on track.

## THE 6TH ANNUAL FIGHTING HUNGER IN MARYLAND CONFERENCE

SUBMITTED BY GLENDA L. LINDSEY, DR. PH, MS, RDN, LDN, STATE LEADER, HUNGER AND THE ENVIRONMENT (AND)

Maryland is one of the wealthiest states in this country, however, many Marylanders struggle with hunger.

- 1 in 8 households face a constant struggle with hunger in Maryland
- Approximately 21% of households with children are challenged every day to provide regular, healthy meals for their families
- Nearly 10 percent of Marylanders live below the poverty line.

Overall, long term implications of hunger and food hardships may last some populations a lifetime. Some of the impacts of hunger are obesity, poor academic achievement, long-term economic costs, dental problems, low birth weight, and mental health issues. There are programs in place such as federal nutrition programs. Programs like the Food Supplement Program, school meals, afterschool and summer meals, and WIC help provide struggling Marylanders with three meals a day.

In an effort to keep these issues on the forefront, The Maryland Food Solution hosts an annual conference, under the leadership of Mr. Michael J. Wilson and Food Research Action Center. This year, September 27th at the House in Annapolis, MD, the conference was well attended, including many agencies in Maryland. The Plenary Address was done by Adar Ayira, Associated Black Charities, spoke about developing a racial equality lens. The Key note speaker, Dr. Leana Wen, Baltimore City Health Commissioner, addressed how social determinants such as race, income, education and employment effect food insecurity. Some of the workshops focused on after school/summer meals programs, state level policies on poverty and food insecurity and senior hunger, to name a few.

It was a wonderful conference, and we were pleased that dietitians were there to be part of the conversation. Barbara Hoffstein, a fellow dietitian, along with other RDs, joined the conversation. We are the food experts and we need to be a part of the movement to reduce hunger in our state and nation.



FROM LEFT: GLENDA LINDSEY, MICHAEL J. WILSON, DIRECTOR, MARYLAND HUNGER SOLUTIONS, FOOD RESEARCH & ACTION-CENTER, AND BARBARA HOFFSTEIN

# PUBLIC POLICY & HOUSE OF DELEGATES UPDATES

The 2016 membership survey indicated that 51.2% of members want MAND to "advocate for their profession." See below for some of the great work that MAND is contributing to move our profession forward!

## Meet your State Policy Representative, Andrea Troutner, RD, LD, LDN, CDE:



MAND's state legislative efforts will now be led by Andrea Troutner, a RD, LD in the District of Columbia, LDN, CDE with over twenty years of professional experience as both a dietitian and diabetes educator in the DC, MD metropolitan area. Andrea has been awarded two distinguished awards acknowledging her passion in both nutrition and diabetes education: The 2013 Outstanding Dietitian of the Year by the AND and MAND, as well as the 2015 Mary Lou Maras Diabetes Educator of the Year by the Capitol ADE-DC Virginia local affiliation of the American Association of Diabetes Educations (AADE).

In this position, Andrea will perform the same role in Annapolis as the Public Policy Coordinator (PPC) does in Washington. In Annapolis, Andrea will build relationships with the 188 elected representatives (47 State Senators, 1 from each District) and 141 Delegates (3 from each District). Much of this networking is conducted during the State Legislative Interactive Workshop (SLIW) on State Legislative Interactive Workshop Day. The SLIW is an annual event held in February, coordinated by the SPR. SLIW is an opportunity to better understand how state policy issues effect RDs and the nutrition and health of Maryland citizens. Participants will learn about state bills and participate in meetings with select state legislators, educating them on the importance of the RD and DTR roles improve health and decrease healthcare costs. You can find district maps [HERE](#) and complete lists of local, state, and federal elected representatives [HERE](#).

If you have any questions on MAND's state public policy positions or would like to get more involved, please contact MAND's SPR, Andrea Troutner (troutners@aol.com) or check out MAND's [Public Policy FAQ page](#).

## Delegate Updates from Berit Dockter, MPP, RD, LD, MAND Delegate



The Academy's House of Delegates (HOD) fall meeting was held Oct. 14-15, 2016 in Boston, prior to FNCE. Day 1 included training on Appreciative Inquiry (AI) and day 2 was dialogue around the mega issue "Wellness and Prevention" and practicing AI in the discussion. THANK YOU for participating in the pre-meeting survey to provide your input on the Wellness and Prevention topic. Your MAND Delegate, Berit Dockter MPP, RD, LD, collected 73 survey responses (6.8% of MAND members). All 73 responses were shared on the HOD communication platform and common constituent themes were pulled into meeting discussion.

*~YOUR VOICE WAS HEARD!~*

### Next steps:

The Wellness and Prevention dialogue continues! Berit will be sending a request to MAND members to submit a "best of story" which will be submitted by Berit to HOD by **December 16, 2016**. The House Leadership Team will compile these stories into a deck to use for a "Design & Deploy" activity. Watch your eblast for information on submitting a story.

### Interested in joining a short-term focus group?

Prior to the HOD spring meeting in April 2017, a group of MAND members interested in opportunity areas within Wellness and Prevention will come together to brainstorm and explore innovative ideas to advance the profession. Watch your eblast for more information or email your Delegate, Berit Dockter, ([bmchrist@cord.edu](mailto:bmchrist@cord.edu)) to participate in this focus group!

## Ensuring Network Adequacy: A Message from MAND's Reimbursement Representative, Anna Bondy, MPH, RD, LDN:

In addition to my Reimbursement Representative role, I am also working on drafting testimony for the Maryland Insurance Administration on behalf of MAND. As part of House Bill 1318 / Senate Bill 929, "Health Benefit Plans—Network Access Standards and Provider Network Directories," the Maryland Insurance Administration has been holding monthly meetings to discuss how to ensure health insurance network adequacy. These meetings have focused on the need for provider-to-enrollee ratios, time and distance standards, the use of telehealth, and many other issues that pertain to dietitians. Because it is so important for dietitians in MD to voice their opinion on how current network standards effect their practice, I am working with our state's lobbyist and other members of MAND to draft testimony for the upcoming meeting in December/January. If you have any feedback about how insurance networks have impacted your practice please e-mail me at [anna.e.bondy@gmail.com](mailto:anna.e.bondy@gmail.com), or [fill out our brief survey](#).

## FEATURED FALL RECIPE: PUMPKIN CHOWDER

*A HEALTHIER FALL COMFORT FOOD*

**Servings:** 6  
**Prep Time:** 15 mins  
**Total Time:** 40 mins



### Ingredients:

1/2 tbsp oil, olive  
2 cups onions, fresh, chopped  
2 tbsp minced garlic cloves, fresh  
2 lb pumpkin, fresh, cubed  
4-1/2 cup water  
1-1/2 tsp ground cinnamon  
3/4 tsp ground allspice  
1/4 tsp cayenne pepper  
1/8 tsp ground black pepper  
1 tsp kosher salt  
1-1/2 tbsp light brown sugar  
1-1/2 tbsp cider vinegar  
2 tbsp cider vinegar

### Preparation

Drizzle olive oil into a hot pan and sauté the onions and garlic for about 3 minutes until softened and slightly brown. Add the pumpkin and toss.

Add water (just enough to submerge pumpkin) and bring to a boil. Lower the heat to simmer; cover with lid and cook for 20-30 minutes, until pumpkin is tender.

Transfer to a blender, add seasoning and spices and blend until smooth. Return to pot and add the cream and stir to incorporate and until hot.

**Nutrition:** 123 calories, 20g carbohydrates, 5g fat, 2.5g sat fat, 2.5g protein, 2g fiber, 620 mg potassium, 407mg sodium

Source: [balanceittakesyou.com](http://balanceittakesyou.com)

## FNCE Highlights continued from p.1



FROM LEFT TO RIGHT: EXPO FLOOR AND WALL OF ACADEMY HONORS AND AWARDS, SUBMITTED BY GLENDA LINDSEY, DR.PH, MS, RD, LDN



TO LEFT: DISPLAY FROM THE EXPO FLOOR: EVERY VARIETY OF RICE GROWN IN THE US

TO RIGHT: MEGHAN ADLER, MS, RD, IN FRONT OF FNCE SIGN WITH HUSBAND WHO JOINED HER



***SAVE THE DATE:***  
**WEDNESDAY, FEB. 8, 2017**  
**ANNAPOLIS, MD:**

**JOIN YOUR FELLOW MAND MEMBERS AT THE STATE LEGISLATIVE INTERACTIVE WORKSHOP DAY FOR A 4.0 CREDIT CEU WITH MAND. WATCH FOR MAND E-BLASTS FOR MORE INFORMATION!**

## *Get the MOST out of your MAND membership*

Being a MAND member has many benefits. Whether it is staying up to date with the most important current events and nutrition policy issues, or networking with the brightest nutrition professionals in Maryland, MAND is your go-to Academy affiliate.

Get the most out of your MAND membership by checking out the [MAND website](http://mand.org) for current events, past newsletters, and future meetings/events. Also be sure to “like” us on [Facebook](https://www.facebook.com/mand.org)!

Want to be a featured Chesapeake Lines writer? Contact Chesapeake Lines Editor, Jana Wolff, by [e-mail](mailto:jana@chesapeake-lines.com). Articles should be received no later than January 1, 2017. For complete information on advertising through Chesapeake Lines, click [HERE](#).

## *Chesapeake Lines*

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*The Maryland Academy of Nutrition and Dietetics’ (MAND) mission is to empower members to be Maryland’s food and nutrition leaders. Our vision is to optimize the health and well-being of Marylanders through food and nutrition.*