

# NEWS for the Licensed Dietitian



A newsletter published by the Oregon Board of Examiners of Licensed Dietitians

## SPECIAL POINTS OF INTEREST:

- *Message from the Chair*
- *Oregon Country*
- *Congratulations to New Licensees*
- *Answering Your Questions*
- *Interested in Consumer Topics?*

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## MESSAGE FROM THE CHAIR

As we end 2006 and look to 2007, the Board is in the process of revamping the brochure of the Licensed Dietitians. The information and format of the brochure have not been updated since June of 1997 and are in need of revision at this time. We are using an eighth-grade readability standard as advised by the State. We are adding colorful graphics as well as sufficient space for licensees to stamp in their own identifying information. Our goal is to make the brochure less wordy, more direct and consumer-friendly. You may look forward to this brochure's being available in the first half of 2007.

In addition, I want to remind you that National Nutrition Month (March

2007) is right around the corner. The American Dietetic Association sponsors this nutrition education campaign annually. The month-long program focuses on the importance of developing informed food choices and beneficial physical activity habits. If you need more information or ideas on conveying the message of this event, refer to "Consumer Topics" below or the ADA link on the Board of Licensed Dietitians' website.

The Board always wishes to address any issues that you may have. Please contact the Board office if you have any questions or concerns.

Sincerely,

Linda Graybeal, Chair

## Oregon Country

A land of plenty; just not a lot of iodine.

Pioneers traveling to Oregon country in the mid-1800s brought many essential items, including iodine. Iodine was used to disinfect wounds and thought to cure many other maladies. What wasn't appreciated until nearly 100 years later was that

iodine supplementation could prevent the development of goiters and cretinism.

The identification of iodine as a means to prevent goiter development was important for Oregonians. Like many other states in the mountainous West, Oregon has little natural available

(continued on page 2)

## Congratulations To New Licensees



The Board would like to welcome the following newly Licensed Dietitians:

**ALBUQUERQUE NM**  
DAWN TRAVELSTEAD

**APPLEGATE**  
DIANE SEEHAWER

**BEAVERTON**  
LEIGH BAUMAN  
LEAH GROSS

**BOISE ID**  
DARA JEZIERNY

**CORVALLIS**  
SARA BORN

**HAPPY VALLEY**  
CHRISTINA DOHERTY

**HILLSBORO**  
LEAH KRIEWALL

**LAKE OSWEGO**  
MARLIESE WHITE

**MEDFORD**  
LINDSEY JONES

**NAMPA ID**  
TIFFANY SCOTT

**NEOTSU**  
GRETA OLSON

**OREGON CITY**  
MELANIE JESKE

**PASSAIC NJ**  
JOSEPH NIEVES

**PINELLAS PARK FL**  
ANNE JACKISCH

**PORTLAND**  
AUTUMN ARON  
EECOLE COPEN  
SHERYL DAVIS  
TRACY FENN  
JORDANN  
HENKELMAN  
KJERSTI JOHNSON  
ELIZABETH LEGG  
MOLLY SIEMENS  
DANA STURTEVANT  
LINDA YEHL

**REDMOND**  
ELAINE BLYLER

**REEDSPORT**  
SUSAN GARCIA

**ROSEBURG**  
ANGELINA NAGEL

**SALEM**  
LESLIE BALL

**SUBLIMITY**  
DONNA GORMLEY

**TIGARD**  
WEEDOR GORLORWULU  
KRISTIE GORMAN

**WEST LINN**  
REBECCA BRODY

### Oregon Country (continued from page 1)

iodine in the soil. Thus, until iodine supplementation was available in the mid 1940s, iodine intake was frequently inadequate. The low iodine intake resulted in goiter development. Portland and other major cities of the West

became training centers for goiter surgeons. With the iodization of salt in the mid 1940s goiter development waned as did the need for goiter surgeons. A recent resurgence in low iodine intake has been seen with the decreased

use of iodized salt. To prevent the resurgence of goiter development and other iodine-deficiency conditions, iodine intake should be 150 mcg in all non-pregnant Oregonians.

Linda Lester, M.D.

## Interested In Consumer Topics?

The following may be of interest to LD's who follow consumer food safety, nutrition, dietetics and nutrition-fraud topics. They are excerpted from the sites listed.

### ***The White House Conference on Aging***

The White House Conference on Aging occurs once a decade to make aging policy recommendations to the President and Congress, and to assist the public and private sectors in promoting dignity, health, independence and economic security of current and future generations of older persons.

The 2005 White House Conference on Aging occurred as the first wave of the baby boom generation prepared for retirement, creating an important opportunity to creatively assess aging in America and improve the lives of older Americans. The entire report is available for downloading.

<http://www.whcoa.gov/about/about.asp#report>

Accessed September 22, 2006

### ***NIH releases bibliography of dietary supplement research***

The Office of Dietary Supplements (ODS) at the NIH released the 2005 issue of the Annual Bibliography of Significant Advances in Dietary Supplement Research at ADA's Food & Nutrition Conference & Expo. The bibliography includes abstracts of 25 noteworthy dietary supplement research papers published in 2005, as judged by an international team of reviewers.

Compared with previous issues of the Bibliography, this

seventh issue has more papers testing the efficacy of commercially available products against their marketed claims. The 2005 Bibliography also includes papers on the efficacy of botanicals, effects of B-vitamins, calcium, and vitamin D on fractures, interaction of mineral supplementation on mineral status, and the effects of vitamin E on cardiovascular disease. Each of the 25 papers reports a study result that is of importance to the field of supplement research, as it describes mechanisms by which supplements act to create a health effect or provides a better understanding of the health effects in individuals. The 25 papers were selected from more than one thousand papers from 58 peer-reviewed journals.

Copies of the Annual Bibliography of Significant Advances in Dietary Supplement Research 2005 may be downloaded from the ODS website at [http://ods.od.nih.gov/Research/Annual\\_Bibliographies.aspx](http://ods.od.nih.gov/Research/Annual_Bibliographies.aspx)

Accessed September 22, 2006

### ***2006 Food Safety Education Conference Report***

Presentations are available online from the 2006 Food Safety Education Conference held September 27-29, 2006 in Denver, Colorado. Program themes included: Foodborne illness surveillance and epidemiological

insights; Food safety behavioral and attitudinal research; Social marketing, education and program research; new technologies and other topics.

[http://www.fsis.usda.gov/News\\_Events/2006\\_FSE\\_Conference\\_Presentations/index.asp](http://www.fsis.usda.gov/News_Events/2006_FSE_Conference_Presentations/index.asp)

Accessed November 15, 2006

### ***USDA Database for the Flavonoid Content of Selected Foods***

The USDA Database for the Flavonoid Content of Selected Foods, Release 2 (2006), is available to download from the USDA Agricultural Research Service. The document title is *Development of USDA's Databases for Bioactive Compounds*.

The database contains values for 392 food items for five subclasses of flavonoids.

The Nutrient Data Laboratory (NDL), Agricultural Research Service (ARS), U.S. Department of Agriculture (USDA) is responsible for developing and maintaining composition databases for foods and supplements. Recent hypotheses concerning the possible roles of new bioactive dietary compounds in managing health status have provided the impetus to develop Special Interest Databases for compounds such as individual flavonoids and proanthocyanidins

<http://www.ars.usda.gov/Services/docs.htm?docid=6231>

Accessed November 15, 2006



## Consumer Topics (continued)

### **Make Your Calories Count**

A new interactive learning program, *Make Your Calories Count: Use the Nutrition Facts Label for Healthy Weight Management*, has been released for consumers for use or downloading. *Make Your Calories Count* is an interactive learning program that provides consumers with information to help plan a healthful diet while managing calorie intake. The exercises will help consumers use the food label to make decisions about which food choice is right for them. For simplicity, the program presents two nutrients that should be limited (saturated fat and sodium) and two nutrients that should be consumed in adequate amounts (fiber and calcium). The program is available as an interactive Training Module for download. PDFs and transcripts for printing and accessibility are also available.

<http://www.cfsan.fda.gov/~ear/hwm/labelman.html>  
Accessed November 15, 2006

### **Herbs at a Glance**

*Herbs at a Glance* is a series of fact sheets that provides basic information about specific herbs or botanicals—common names, uses, potential side effects, and resources for more information. The National Center for Complementary and Alternative Medicine, part of the National Institutes of Health, sponsors the information. <http://nccam.nih.gov/health/herbsataglance.htm>  
Accessed November 15, 2006

### **America On the Move**

*America On the Move* is a national movement that encourages everyone to take steps towards a healthier way of life. The group message is “keep it simple” by making small, simple changes to daily eating and activity patterns to positively affect weight and health.

*America On the Move* offers free, personalized online resources, interactive tools, community support, and fun events. *America On the Move* Foundation (AOM) is a national non-profit organization. Its mission is to improve health and quality of life by promoting healthful eating and active living among individuals, families, communities and society. <http://aom.americaonthe-move.org/site/c.krLXJ3PJKuG/b.1524889/k.BFFA/Home.htm>  
Accessed November 15, 2006

### **Better Business Bureau: Children's Food and Beverage Advertising Initiative**

The Council of Better Business Bureaus (CBBB) and the National Advertising Review Council (NARC) have announced two significant developments in the self-regulation of advertising directed to children under 12:

1. The Children's Food and Beverage Advertising Initiative is a voluntary self-regulation program with 10 of the largest food and beverage companies as charter participants. The Initiative is designed to shift the mix of advertising messaging to

children to encourage healthier dietary choices and healthy lifestyles.

The Initiative includes significant revisions to the...

2. Self-Regulatory Guidelines for Children's Advertising. The revised Guidelines strengthen the ability of the CBBB's Children's Advertising Review Unit (CARU), which monitors all advertising directed to children under 12, to provide guidance and oversight to all industry sectors.

Both the Initiative and the revisions to the Guidelines evolved from the in-depth review of the Guidelines undertaken by NARC and led by Joan Z. (Jodie) Bernstein, a former director of the Federal Trade Commission's Bureau of Consumer Protection.

Under the terms of the Initiative, participating companies commit to:

- Devote at least half their advertising directed to children on television, radio, print and Internet to promote healthier dietary choices and/or to messages that encourage good nutrition or healthy lifestyles.
- Limit products shown in interactive games to healthier dietary choices, or incorporate healthy lifestyle messages into the games.
- Not advertise food or beverage products in elementary schools.
- Not engage in food and beverage product place-

## Consumer Topics (continued)

ment in editorial and entertainment content.

- Reduce the use of third-party licensed characters in advertising that does not meet the Initiative's product or messaging criteria.

<http://www.bbb.org/alerts/article.asp?ID=728>

Accessed November 15, 2006

### National Nutrition Month®-March 2007

The American Dietetic Association has announced the theme, and made materials available for the 2007 National Nutrition Month®. National Nutrition Month® is a nutrition education and information campaign sponsored annually by the American Dietetic Association. The campaign is designed to focus attention on the importance of making informed food choices and developing sound eating and physical activity habits. NNM also promotes ADA and its members to the public and the media as the most valuable and credible source of timely, scientifically based food and nutrition information. To obtain more information and order materials, <http://www.eatright.org>

Accessed November 15, 2006

### Nutrition Diagnosis and Intervention

*Nutrition Diagnosis and Intervention: Standardized Language for the Nutrition Care Process* is available from the American Dietetic Association. Members can view an online copy when they logon to the ADA website, <http://www.eatright.org>.

This edition further clarifies and explains the nutrition care process and language.

### Oregon Dietetic Association Annual Meeting 2007

The Oregon Dietetic Association has announced the dates of its 2007 Annual Meeting to be held at the Embassy Suites in Portland. The dates are May 3-4, 2007. For more information or interest in sponsorship, call ODA: at 1-877-209-3335 or visit the ODA Website at <http://www.eatrightoregon.org>

### Obesity Surgery Reported to have High Complication Rates

The HHS Agency for Healthcare Research and Quality (AHRQ) study has found that about 40% of 2,522 patients who had obesity surgery at 308 hospitals developed a significant complication during the six months after they left the hospital. [Encinosa WE and others. Healthcare utilization and outcomes after bariatric surgery. Medical care 44:706-712, 2006], [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list\\_uids=16862031](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=16862031).

The researchers reported:

- \*\* The overall complication rate increased from 21.9% during hospitalization to 39.6% by the end of the study period.
- \*\* The five most common complications were dumping syndrome, which includes vomiting, reflux, and diarrhea (nearly 20%);

leaks or strictures resulting from the joining of the intestine and stomach (12%); abdominal hernias (7%); infections (6%); and pneumonia (4%).

- \*\* The overall death rate was only 0.2 percent, but 7.2% required hospital readmission.

The study, which followed non-elderly patients with private insurance, is the most extensive to date on postsurgical complications from obesity operations based on insurance claims data. Most studies have been limited to complications that occur before hospital discharge or up to 30 days post-discharge. Bariatric surgery produces weight loss by mechanically restricting the size of the stomach, which limits the amount of food that can be consumed in a single meal. It is intended for people who are morbidly obese (about 100 pounds over desirable weight) and in danger of dying as a result. This study illustrates how important it is to consider potential complications when deciding whether to undergo a bariatric surgical procedure. Another AHRQ study found that the number of Americans having obesity surgery rose from 13,386 in 1998 to 71,733 in 2002. Consumer Health Digest #06-30 July 25, 2006  
Accessed November 15, 2006



## Consumer Topics (continued)

### *ACSH artificial sweetener report updated*

The American Council on Science and Health has revised its report on acesulfame-K, aspartame, neotame, saccharin, sucralose, and three other artificial sweeteners that are approved for use in other countries. The report states that these products may enable people to improve their diet by getting calories from more nutritious foods rather than from sugar in soft drinks. It notes, however, that whether sugar substitutes help people lose weight is not scientifically settled. Sugar alcohols are also discussed. The report, *Sugar Substitutes and Your Health*, can be ordered in booklet form for \$5 or can be read online at [http://www.acsh.org/publications/pubid.1316/pub\\_detail.asp](http://www.acsh.org/publications/pubid.1316/pub_detail.asp)

Consumer Health Digest #06-30 July 25, 2006  
Accessed November 15, 2006

### *Many garlic supplements flunk quality tests*

ConsumerLab.com has reported that only 6 of the 14 garlic supplements selected for testing contained the potency suggested by their labels. Lead contamination and poor labeling were also a problem. The tests measured by the amount of allicin each could produce. (Allicin is released when garlic is crushed or chewed and is associated with the efficacy of fresh garlic.) In the tested products, the amounts of allicin ranged from none to over 6,000 micrograms. Most products that passed the test provided 4,000 to 6,000 micrograms of allicin per day, the expected amount

from a small clove of garlic and in line with typical dosage recommendations. Access to the report requires a subscription or payment of a one-time fee. <http://www.consumerlab.com/index.asp?claffid=101024>.

Garlic is commonly promoted as useful in lowering abnormal cholesterol levels. However, Dr. Stephen Barrett cautions that even if the labeled amount is present, garlic (a) is unlikely to be as effective as prescribed medications and (b) might not be safe because its anticoagulant effect might promote abnormal bleeding when combined with other common products (aspirin, ginkgo, vitamin E, fish oils) that have anticoagulant properties. Consumer Health Digest #06-26 June 27, 2006  
Accessed November 15, 2006

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## AHRQ Launches Electronic Preventive Services Selector (ePSS) Tool for Primary Care Clinicians

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The ePSS tool for primary care clinicians to use when recommending preventive services for their patients was launched at the National Prevention Summit in Washington, DC on October 26.

“This Electronic Preventive Services Selector will assist physicians in selecting the right preventive service for the right patient in real time,” said HHS Secretary Mike Leavitt in announcing the tool. “It will help us create a culture of wellness; a society that thinks of staying healthy

rather than simply being treated after we’re sick.”

The interactive tool is designed for use on a personal digital assistant (PDA) or desktop computer to allow access to the latest recommendations from the Agency for Healthcare Research and Quality (AHRQ)-sponsored U.S. Preventive Services Task Force. The ePSS is designed to serve as an aid to clinical decision-making at the point of care and contains 110 recommendations for specific

populations covering 59 separate preventive services topics.

Clinicians will be able to input a patient’s age, gender, and selected behavioral risk factors, and then the software cross-references the patient characteristics entered with the applicable of 110 Task Force recommendations (covering 59 separate preventive services topics including diet) and generates a report specifically tailored for that patient.

View the tool at <http://epss.ahrq.gov/PDA/index.jsp>.

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## Q&A Answering Your Questions

**Q** *What happens if a consumer files a complaint against me, the LD?*

**A** (In the 18 years that Oregon has had dietitian licensing, one complaint has been filed against a licensee.) Oregon has specific rules as to the complaint process, both to protect the person filing the complaint and the LD. These rules are the same for all complaints filed for all Oregon Licensure Boards and can be found on the BLD Website at <http://www.bld.state.or.us/>

**Q** *Does the complainant have to sign a release for the Board to talk to those involved, including the LD?*

**A** Yes, the person filing the complaint signs a specific release form, but it is confidential so that they are not at risk. Under Oregon Law, 1999, Chapter 676.170, "Any person who reports or supplies information in good faith to a health professional regulatory board or to a committee reporting to a health professional regulatory board shall be immune from an action for civil damages as a result thereof."

**Q** *During the period while the Board is investigating, it would be very stressful for the LD who has been falsely accused. So then, what protects the LD from someone who might file a malicious accusation?*

**A** Be assured that the Board begins the investigation process promptly and expends significant time and energy in considering each case. The concerns and issues of both parties are taken very seriously. The Board has ready access to other State agencies and their resources and seeks advice appropriately. In this way, the Board protects the rights of all parties under the law.

**Q** *What can I do to protect myself as an LD from having a complaint filed against me?*

**A** There are many things that can be done:

- Assure quality business and operational practices.
- Maintain clear communication with clients and business partners.
- Document current and clear policies and procedures.

- Maintain continuing education in your specialty to remain current.
- Record and retain client interaction records.
- Make client referrals to other professionals if you find you are out of the scope of your practice.
- Document treatment sessions clearly and timely.
- Provide clients with clear records of appropriate operating and business practices before, during and after treatment.
- Make sure clients know that they can contact you if they have any concerns.
- Maintain all professional credential requirements.
- Follow your employer's operating practices and policies.
- Contact the Board or other professional groups for answers to questions.

When all this is done as a routine part of your practice, if a complaint is filed, the LD will be able to clarify the situation to the Board, and the Board will have all of the information to make a fair evaluation for all parties.



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## **Questions About Licensure?**

If you have questions about the history, purpose and meaning of dietitian licensure in Oregon, past issues of *News for the Licensed Dietitian* are posted and printable on the Board of Examiners internet site. As always, feel free to contact the Board office if you have additional questions.

**WE'RE ON THE WEB!**  
<http://www.bld.state.or.us>

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*The mission of the Oregon State Board of Examiners of  
Licensed Dietitians is to protect the public's health, safety  
and well being by regulating licensed dietetic practice.*