

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*
- *Newly-licensed Dietitians*
- *Nutritional Therapy*
- *Anti-Licensure Groups.*

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MESSAGE FROM THE CHAIR

There have never been so many opportunities for Licensed Dietitians as there are today. Nutrition for wellness and for treatment of disease is highlighted daily in the news. Health care reform is seriously being debated in Washington and throughout the country. Health care professionals who are able to provide high quality and evidenced-based treatment will be positioned to support the new direction of health care in the future. Licensed Dietitians in the State of Oregon are the professionals who must continue to take the nutrition care leadership.

In this context, the Board of Examiners of Licensed Dietitians (BLD) is actively looking at ways to strengthen scope of practice definitions in the current Oregon Dietetic Practice Act. In addition, we continue to see Nutrition Therapist “degrees” through local community colleges that claim graduates are qualified and able to provide nutrition counseling. These programs do not qualify individuals to provide medical nutrition therapy (MNT) or receive Centers for Medicare and Medicaid (CMS) reimbursement for their work. While the Board has worked to educate leaders of the community colleges about the value of these programs, the coursework continues to be offered. Nadine Hayden, LD, has been very active on this issue and has written some comments for this newsletter.

are now more than 550 LDs in Oregon as health care organizations are recognizing the value of including licensure in minimum job requirements. Please see the list of new Licensed Dietitians in this newsletter. LDs are able to be reimbursed for some nutrition services from CMS. Non-licensed dietitians cannot be reimbursed.

In order for dietitians to continue to be seen as the nutrition experts in Oregon, it will be important for all LDs to read and understand the updated version of the American Dietetic Association’s (ADA’s) Code of Ethics. The updated version has a planned release date of August 2009. Please be sure to review as ADA communicates it out to membership.

The Board wants LDs to know that copies of the licensure brochure are available for your use. These are excellent tools to help tell the story and value of a licensed dietitian. They have been used in patient waiting rooms, will be mailed to physicians, and are provided at health fairs. The goal of the brochure is to distinguish a licensed dietitian from other professionals who might be delivering nutrition advice in the community. You can view a copy of the brochure on the Board of Licensed Dietitians website: <http://www.oregon.gov/OBELD/consumer.shtml>. Printed copies can be obtained from Doug Vanfleet, 971-673-0190.

Oregon’s licensed dietitians (LDs) continue to grow to record numbers. There

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Message From the Chair, continued from Page 1

Once again, the Oregon BLD was awarded the Comprehensive Annual Financial Report (CAFR) Gold Star Certificate by the State Controller's office. This is awarded to state agencies that provide accurate and complete fiscal year-end information in a timely manner.

As always, the Board strives to meet the needs of the Licensed Dietitians. If you have any comments or questions, please do not hesitate to contact us.

Sandra Kelly,
RD, LD, Chair



Congratulations To New Licensees

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

BEAVERTON

ANNA PETROV
MAXINE SCHROEDER

CHICAGO IL

KATHRYN GEORGE

ENTERPRISE

KAREN BENBROOK

GRESHAM

CRYSTAL STONE

HILLSBORO

AUDREY DHARMANTO

KLAMATH FALLS

REISHA EVANS
SARA FENTON

LINDEN CA

DANIELLE PODESTA

MEDFORD

JERILYN
SCHOENHALS

PHOENIX AZ

PATRICIA
FRIEDLANDER

POCATELLO ID

GWEN COLEMAN

PORTLAND

ANNIKA BACKSTROM
CHRISTINE

CREIGHTON

JENNIFER FRITZSCHE
AISLING MCCARRON
KRISTA SCHAEFER
MICHELLE
TEGENKAMP

RENO NV

KRISTINE
SCHOENBERGER

SALEM

MELISSA PENCE

WEST LINN

JULIE RICHARDSON

Fall 2009—Biannual Dietitian Licensure Fees Are Due

Plan ahead: 2009 is a year for license renewals in Oregon. Renewal notices will go out on August 4th. Fees will be due by **September 30th**. Postmarks after that will draw the \$25 late fee. Licenses will expire on October 31st. The next renewals will occur in 2011.

Veterans' Concerns

All licensure boards in Oregon are under an executive order to determine why Oregon veterans are not taking advantage of veterans' benefits. Therefore our license renewal notices will include a question: "Are you interested in learning about veterans' benefits?" Affirmative replies will be referred to the Oregon Military Department.

ADA President—Congratulations, Jessie!

Licensed dietitians in Oregon are proud to have the newest ADA president, Jessie Pavlinac, MS, RD, CSR, LD in our midst. Well-known and highly regarded within the state, Jessie has served in the highest leadership positions in both ODA and PDA. At work she is currently the Director of Clinical Nutrition at Oregon Health & Science University (OHSU) and a Senior Instructor in the School of Medicine on that campus.

In May, as ADA president-elect, Jessie represented ADA membership at a meeting of the Senate Democratic Steering and Outreach Committee. There she discussed encouraging healthy eating habits and physical activity in younger Americans. She also spoke to ADA's concerns about the health of our nation and emphasized the importance of addressing both over-nutrition and under-nutrition by re-directing food choices of our youth.

If the last few months are any indication of future activities, Jessie's tenure as ADA

president will see her very busy with activities likely to include—

- presiding over ADA's Board of Directors and the work that proceeds from their deliberations;
- representing registered dietitians (RDs) and dietetic technicians, registered (DTRs) in the implementation of the DTR Promotion Workgroup's recommendations;
- supporting ADA's efforts to enhance the marketing of RDs and our unique set of knowledge and skills; and
- enhancing ADA's voice in food and nutrition policy issues both nationally and regionally.

In a recent e-mail marking the end of his year as ADA President, Marty Yadrick, MS, RD commented "Jessie is a person of the highest integrity and ethics who cares deeply about our Association and our profession." We've known that for a while in Oregon.

Does Licensure For Oregon Dietitians Need Some Tweaking?

Oregon's Dietetic Practice Act (ORS 691.405 through 691.585) was originally enacted in 1989 (1). We describe this act as a title act since it protects our title, "Licensed Dietitian." At the time that this act was passed, the climate for health care regulation in Oregon did not favor a stronger act that might have included a more robust definition of our practice abilities.

On its web site, the Commission on Dietetic Registration (CDR) defines certification or title protection as limiting the "use of particular titles to persons meeting predetermined requirements, while persons not certified can still practice the occupation or profession"; CDR lists Oregon as a state with certification for dietitians (2). On the same CDR web page, licensure is defined as a statute that includes "an explicitly defined scope of practice, and performance of the profession is illegal without

first obtaining a license from the state" (2). Perhaps because of this definition and because we call our certificates licenses, ADA identifies Oregon as a state with dietitian licensure (3). We are looking into this discrepancy between how CDR and ADA describe our practice act; as mentioned above, we have considered it to be a "title act."

At any rate, the Dietitian Practice Act defines dietetics practice as the "integration and application of principles derived from the sciences of nutrition, biochemistry, food, management, physiology and behavioral and social sciences to achieve and maintain the health of people through: a) assessing the nutritional needs of clients; b) establishing priorities, goals and objectives that meet nutritional needs of clients; c) advising and assisting individuals or groups on appropriate nutritional intake by integrating information from a nutritional

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assessment with information on food and other sources of nutrients and meal preparation; and d) evaluating, making changes in and maintaining appropriate standards of quality in food and nutrition services” (1).

Oregon Administrative Rule 834 describes how the Dietitian Practice Act will be administered, including the designation of the Board of Examiners of Licensed Dietitians (BLD), the schedule for licensure fees, what licensed dietitians may do, and how complaints about inappropriate practice are handled (4). This rule provides a comprehensive description of the scope of practice for Oregon-licensed dietitians. (The author encourages you to review that text at http://arcweb.sos.state.or.us/rules/OARS_800/OAR_834/834_010.html, section 834-010-0065.)

The BLD has been considering how to strengthen the Dietitian Practice Act in response to concerns that this statute

- does not offer adequate protection to Oregon consumers against unsafe nutrition advice and treatment performed by individuals who carefully avoid using the “licensed dietitian” title; and
- does not define the scope of practice for licensed dietitians at a level that recognizes the unique knowledge and skill sets that we bring to today’s challenging practice arena.

Consumers might be better served by an act that defines a scope of practice for licensed dietitians more in line with the documents

being published in our professional literature, such as the Scope of Dietetics Practice Framework and the various standards of practice and standards of professional performance for dietitians in general and specialty practice settings (5, 6). For example,

order-writing privileges within the scope of our knowledge and skills may assure more timely and appropriate nutrition intervention (7, 8, 9). The Board is actively discussing if, when and how to revise the act’s scope of

practice for Oregon’s licensed dietitians, with the objective of protecting public interest by updating the list of nutrition-specific services that licensed dietitians would be authorized to provide.

Any decision to open up the act requires careful consideration. Despite best intentions to advance consumer protection and dietitian practice, it is possible that opposition groups will succeed in weakening the act when it is open for amendment. We are encouraged by a legislative climate that is more favorable in some regards than it was in 1989. In other respects, however, there is hostility to professional licensure because some consumer groups see it as reducing consumer choice (see Cheryl Kirk’s article in this newsletter). In the 1980s our strongest opposition came from the health food industry, not from other health professions as one might think. Juliana Smith, Director of State Government Relations at ADA’s Washington, DC, office offered some very specific advice about how to build support within the state, especially within the state Assembly, for a revision of the Dietitian Practice Act. Her suggestions include: watch legislative committee assignments, recruit a “lobbying corps” and lobby individual legislators, have facts in hand, and get the support of other health care providers (such as Oregon Medical Association and Oregon Nurses Association).

Finally, it may be possible to revise the scope of practice just by updating the scope of practice in OARS 834. This could remove the need to open up the Dietitian Practice Act itself. In other words, if we update the scope of practice in the OARS, and if major employers find that to be acceptable as a resource to guide policy related to what dietitians may do in practice settings, we may be able to avoid opening up the Oregon Dietitian Practice Act. Thus we would avoid the hazards that come whenever such an act is opened.

If you have any thoughts about any of the issues discussed in this article, contact any member of the BLD. We are eager to hear from licensed dietitians about if and how to update the Dietitian Practice Act; and we are eager for volunteers to help with this project as it moves forward.



References

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Maureen McCarthy, MPH, RD, CSR, LD

Nutritional Therapy Practitioners

Nutritional Therapy Practitioner (NTP) is a title offered by the Nutritional Therapy Association (NTA), Incorporated®. You will find more information at their website, nutritionaltherapy.com. NTA offices are in Olympia, WA.

The NTA offers programs at Portland Community College (CC) in Portland, Lane CC in Eugene, and Central Oregon CC in Bend. They are also at Seattle Central CC and South Puget Sound CC in Washington. Distance Learning programs are available in Nevada, New York, Connecticut, and California. The classroom programs meet for 14 total sessions on weekends over nine months. At the community colleges, the programs are non-credit. The cost is listed as \$3300. According to the staffs at the community colleges, the program is most often taken by massage therapists and chiropractors. The PCC program director sees NTP as an "Emerging profession."

The following is directly from the NTA website:

The Nutritional Therapy Association, Inc.® (NTA) is an educational corporation providing Healthcare

Professionals with resources (seminars, books, tapes, and software) to effectively integrate nutritional therapies into their practice.

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Nutritional Therapy Association is licensed under Chapter 28C.10 RCW. Inquiries or complaints may be made to the Workforce Training and Education Coordinating Board, 128 10th Ave SW, Olympia WA 98504-3105, (360) 753-5673.

Gray Graham founded the NTA, is listed on the NTA website as one of the Operational Directors and is also a shareholder. He is President of Biotics Research, Inc., a nutritional supplements vendor. Each issue of "The Nutrition Therapist" newsletter posted on the NTA website has an advertisement for specific Biotics products directly related to the headline article.

The NTA program previously gave their graduates the title of CNT for Certified Nutritional Therapist. According to the NTA Summer 2007 newsletter, they changed to NTP or Nutritional Therapy Practitioners.

The book [Nourishing Traditions](#) by Sally Fallon is listed as required reading for the

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program. Kay Hansen at NTA says the book “embodies” the ideas of the NTA program. The book is published by NewTrends publishing. Sally Fallon is President and owner of NewTrends publishing. Sally Fallon has her master’s degree in English. In just the first pages, she states that medical doctors, research universities, the ADA, FDA, AMA, NIH, NHLBI, NAS, ACS, and AHA give incorrect information. For one example, she discusses the importance of silicon, vanadium and germanium in our bodies. Although these are elements in the periodic table, the Food and Nutrition Board does not recognize them as essential minerals. Biotics Research sells these products as supplements, however.



According to the NTA website, the NTA is based on ideas by Westin Price, DDS, and Francis Pottenger, MD. Price was a dentist who wrote a book called Nutrition and Physical Degeneration. He based his ideas on his travels, evaluating the teeth of people of different cultures and correlating that to their diet. Pottenger

studied nutrition in cats many years ago. Price coined the phrase to “balance body chemistry.” He advocated raw milk. He is touted as finding the Price Factor of Activator X that is in raw milk but is destroyed by pasteurization. It is also called the Wulzen Factor by some and marketed as an anitstiffness factor.

The product is sold by Biotics Research. The Price Pottenger Foundation, founded by Sally Fallon, has as its mission to continue the teachings of Price and Pottenger.

Stephen Barrett, M.D., of the National Council Against Health Fraud has articles on his Quackwatch website (<http://www.quackwatch.com/>) with warnings for the public. He says the phrase “balance body chemistry,” which the NTA often uses, is a quack phrase and concept. His Quackwatch articles also included warnings for Price, Pottenger and Biotics Research. He says the Price-Pottenger Nutrition Foundation has “many dubious practices.”

Juliana Smith, RD, ADA’s Director of State Government Relations, said ADA does not confront organizations such as the NTA because it would appear as just a promotion for dietitians.

Several other nutrition-related programs are offered around the US by other organizations and companies. Many are affiliated with nutrition supplement companies. The costs and titles of the programs vary.

We encourage Oregon LDs to be aware of programs, to recognize their limitations and to counsel people about those limitations. Make sure Human Resources staff is aware of these credentials and be certain that job descriptions are written clearly to protect the public against potential harm by practitioners who do not have adequate training in the science of nutrition.

Nadine Hayden, MS, RD, LD

Who are Anti-licensure Groups?

In February this year, the Oregon Board of Examiners of Licensed Dietitians (BLD) became aware of Montana Senate Bill 287, which had passed the Montana Senate. If enacted, this bill would have allowed unlicensed allied health practitioners to provide services legally in Montana.

Fortunately, opposition to the bill from many groups of licensed professionals, including Montana dietitians, stalled the bill in the Montana House. Interestingly, through this process we became aware of at least one national anti-licensure group which promotes efforts around the country and in Canada. An entry on the **Health Freedom Coalition** web site (<http://holistictip.blogspot.com/2009/02/health-freedom-updates-monthly-column.html>) provides state-by-state information on legislative efforts around the country to allow natural and complementary medical services by unlicensed providers. This group seems to be especially interested in the “turf” of the licensed Naturopath. However, if successful, these efforts would certainly undermine the value of licensure for dietitians also.

“Nutrition Professionals” – Licensed and Non-licensed

As licensed dietitians (LDs) in Oregon, our educational background is fairly consistent from one LD to another. But we need to be aware that outside of ADA-approved programs there are other nutrition degrees and certificates, some legitimate and some less so. For one example, see the article on Nutritional Therapy Practitioners (NTPs) in this issue.

In addition, another group, the American College of Healthcare Sciences (formerly the Australasian College of Health Sciences) is located right here in Portland. They offer degrees leading to a “Certificate in Holistic Nutrition Counseling” upon completion of an on-line 16-week course (see <http://www.achs.edu/>). Curiously, this program is accredited by the Oregon Department of Education. The department’s web site indicates that the accreditation is by virtue of the Distance Education and Training

Council (DETC) which lists four programs in the US where a person can earn an on-line nutrition degree or certification.

Many of these programs sound legitimate and it is possible that the DETC accreditation panel does not know how to recognize a truly comprehensive program of study in nutrition. Accredited and non-accredited programs in nutrition study seem to appear all over the country. As licensed dietitians, we all need to do our part to educate consumers, legislative bodies, policy makers, human resource staff, and educational administrators about the differences among these credentials.

The Role of the Licensure Board:

The scope and mission of the BLD are to protect the consumer in Oregon (see article by Maureen McCarthy). In Oregon, if a consumer believes he/she has been harmed, a complaint can be filed. The Board would address a complaint involving an individual identified as a “licensed dietitian” who is allegedly endangering public health, perhaps due to inadequate training or other issues.

Consequently, as LDs we must all take on efforts to educate consumers, our state representatives, hospital administrators, human resource directors and others on the benefit of seeking out a properly credentialed LD when nutrition services are indicated. The LD brochure (see the Chair’s letter) provides the rationale for choosing a licensed dietitian. Keep copies on hand and use them the next time you speak to a group in your community, at your local YMCA, church or school.

Another strategy is to build working relationships, a referral base, and coalitions with other health care providers to let them know how LDs are uniquely qualified to manage nutrition care. Stay tuned as the BLD explores the options for strengthening the Dietitian Practice Act in Oregon. We welcome your thoughts, ideas and input.

Cheryl Kirk, RD, LD

Interested In Consumer Topics?

Many thanks to Terese Scollard, RD, LD for submitting these interesting summaries of a broad variety of nutrition topics.

Policy and Action for Cancer Prevention

<http://www.dietandcancerreport.org/>

The World Cancer Research Fund/American Institute of Cancer Research Expert Report, *Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective* as well as the companion report, *Policy and Action for Cancer Prevention*, was launched at an international press briefing in London on February 26th, 2009. Accessed February 26, 2009

Analyzing Caffeine in Selected Dietary Supplements

<http://www.sciencedaily.com/releases/2009/04/090419200847.htm>

The Agricultural Research Service (ARS) scientists in Beltsville, Md. have analyzed a number of caffeine-containing products to explore caffeine levels in segments of the U.S. dietary supplement market. The study reported the caffeine values for 53 unnamed U.S. dietary supplements in the journal *Analytical and Bioanalytical Chemistry*. *Science Daily* (Apr. 24, 2009). Accessed April 24, 2009

Momentum builds for Nutrition Day in the U.S.

<http://www.nutritionday.org>

Chicago, IL, May 28, 2009. The first annual U.S. audit aimed at improving patient care and helping to reduce healthcare costs by documenting patient nourishment (and related outcomes) in hospitals across the country is scheduled for November 5th, 2009, when nutrient intake by patients in participating hospitals nationwide will be recorded – an audit likely to provide insights which will benefit patients

and healthcare systems throughout the U.S. in numerous ways. Noting that Nutrition Day in the U.S. is patterned after ongoing Nutrition Day in Europe audits, organizations of healthcare professionals already endorsing and partnering in the project include ASPEN (American Society for Parenteral and Enteral Nutrition), ESPEN (European Society of

Parenteral and Enteral Nutrition), and SCCM (Society for Critical Care Medicine). Contact in the United States: Gail Gewirtz, M.S., R.D., National Project Coordinator (nutritiondayus@ymail.com). Accessed 6/16/2009

Updated Mediterranean Diet Pyramid

http://www.oldwayspt.org/med_pyramid.html

In April 2009, Oldways released the redesigned and updated *Mediterranean Diet Pyramid*. Accessed 6/19/09

Washington State Supreme Court upholds discipline of quack device user

The Supreme Court of the State of Washington has upheld a disciplinary action against Geoffrey S. Ames, M.D., who practices in Richland, Washington. In 2004, the Washington Department of Health Medical Quality Assurance Commission concluded that Ames had committed unprofessional conduct by using a LISTEN device to (incorrectly) diagnose a patient as having an “egg allergy.” Such devices which provide readings based on the patient’s skin resistance to a tiny electric current, are not FDA-approved for diagnosis and have no diagnostic value:

<http://www.quackwatch.org/01QuackeryRelatedTopics/electro.html>.

The Commission ordered a 5-year license suspension that would be stayed provided that Ames (a) stopped using the device, (b) undergoes quarterly practice reviews, and (c) pays a \$5,000 fine. In 2007, the Washington Court of Appeals agreed that use of the device had created an “unreasonable risk of harm”: <http://www.casewatch.org/board/med/ames/order.shtml>.

The Supreme Court agreed, stating that Ames had “led patients to believe that LISTEN could diagnose and treat allergies, when in fact it could do neither”: http://www.casewatch.org/board/med/ames/supreme_court.pdf.

The LISTEN has FDA clearance for



nutritionDay
IN HOSPITALS WORLDWIDE

biofeedback, but not for making diagnoses. The court ruling reinforces the principle that FDA clearance does not convey the right to use devices for unapproved and senseless purposes: *Consumer Health Digest* #09-23 June 4, 2009.

FDA orders General Mills to stop cholesterol-lowering claims for Cheerios

The U.S. Food and Drug Administration



has ordered General Mills to stop making overly explicit disease-prevention claims for its Cheerios Toasted Whole Grain Oat Cereal. Because foods that contain dietary fiber can help lower cholesterol and may help prevent certain cancers as part of a healthful diet, food companies are permitted to make certain approved claims to that effect. However, the FDA objected that the company went beyond what is legally permissible by suggesting that blood cholesterol was likely to be lowered 4% in 6 weeks by including Cheerios in a person's diet. [Becoat WC. Warning letter to Ken Powell, May 5, 2009]: <http://www.casewatch.org/fdawarning/prod/2009/cheerios.shtml> *Consumer Health Digest* #09-23 June 4, 2009 Accessed 6/19/09

The Food Safety & Inspection Service of the USDA

<http://www.fsis.usda.gov/Home/index.asp> With recent food outbreaks and legislation addressing food safety, this link may help consumers. The Food Safety and Inspection Service (FSIS) is the public health agency in the U.S. Department of Agriculture responsible for ensuring that the nation's commercial supply of meat, poultry, and egg products is safe, wholesome, and correctly labeled and packaged. Information is available on consumer food safety issues and recalls and consumers can sign up for food safety email updates. Accessed 6/19/09.

2010 Dietary Guidelines Advisory Committee ... was held for the first time online via Webinar. Topics included USDA Food Plans; Eating Healthy for Less Money; Sodium, Potassium and Water; Nutrient Adequacy; Energy Balance and Weight Management; Carbohydrates and Protein; Ethanol; Fatty Acids; and Science Review: Cross-cutting

Issues. According to the committee, the Webinar format was chosen so deliberations of the committee would "be transparent to the public allowing interested parties to follow the evaluation of the science supporting the 2010 *Dietary Guidelines*." For the archived recording and for more information, including transcripts when they are available, visit <http://www.cnpp.usda.gov/DGAsMeeting3.htm>.

(ADA NewsBytes, Accessed 6/21/09)

Operating A Sustainable Food Service

Although “sustainable” has been a buzzword for quite some time now, it seems to be particularly popular in the world of healthcare this past year. More hospitals, particularly in food and nutrition departments, are taking to “greening” their services. FoodMed, a conference devoted to this subject, took place June 29-July 2nd in Detroit, MI. Health Care Without Harm (HCWH)¹ organizes this event every other year to introduce ways to benchmark sustainable progress, share success stories, and broaden the movement throughout the country.

First you might ask, “What does that word ‘sustainable’ really mean?” Yes, it has many definitions. The one that often hits the core is “meeting the needs of the present without compromising the ability of future generations to meet their own needs.” This definition can help guide the formation of many policies that lead to sustainable action. HCWH and the Green Guide for Healthcare (GGHC)² help to guide development of policies by offering factors that experts indicate are keys for creating a healthful and sustainable food system. Guidelines such as these often include:

- Buy from local producers.
- Buy Organic and other 3rd party certified food.
- Buy milk produced without recombinant Bovine Growth Hormone.
- Find alternatives to trans-fats.
- Increase healthful choices in vending machines.
- Reduce purchase of farmed and over-harvested fish and shellfish.
- Reduce use of products containing Genetically Engineered ingredients.
- Become a fast-food free zone.
- Compost, divert and reduce food waste.
- Host a farmers market on hospital grounds.
- Purchase meat and poultry that are locally raised, without non-therapeutic antibiotics. (Cage-free and Grass-fed preferred.)
- Model local, nutritious, sustainable food at conferences, meetings and workshops.
- Eliminate Styrofoam

- Reduce amount of plastic in foodservice operations

These are some hefty goals that cannot be realized at once; they take time and resources to attain. However, with slow, steady, step-by-step actions, they can become a reality. Take, for example, Food and Nutrition Services (FNS) at Oregon Health and Science University (OHSU), in Portland, OR—a 550 bed teaching hospital and medical campus with about 9000 employees. Over the past three years, several projects have had great success.

In 2006, OHSU FNS started buying fair-trade, locally roasted coffee. Other sustainable prod-



ucts now purchased include rBGH-free milk, locally grown produce and nuts, grass-fed lamb, and beef raised without the use of non-therapeutic antibiotics and added hormones.

In 2005, OHSU FNS began composting and currently eliminates 4.5 tons per week from the landfill by redirecting to commercial composting facilities. Waste assessments concluded that 83-99% of trash contents were compostables and recyclables. Each station in the main production kitchen and dining area now has places for these items, ultimately reducing waste.

The OHSU Farmers’ Market started in 2007. Every Tuesday from May to October, it serves approximately 27,300 students, staff & visitors with fresh, local, sustainably grown foods; it contributed over \$60,000 to local agricultural economy in 2008. It has become a central campus meeting place during the lunch hour on Tuesdays and makes eating healthfully a convenience.



In 2008, OHSU opened its first healthy convenience store called “It’s All Good”. With 425 square feet and 475 different products, it



grosses \$500,000 per year. Selection of products prioritizes locally grown & produced, products without rBGH, trans fats, coloring & dyes, genetically modified organisms (GMOs), and high fructose corn-syrup and offers vegan, gluten-free and low sodium options. In July 2009, the Global Café in the new student center will open its doors with healthy, ethnic “grab-and-go” meals made with local, sustainable, organic, fresh ingredients.

In response to widespread budget cuts and minimal funds for grounds maintenance, volunteers started an edible garden in June 2009, including 9 raised planters and 1 in-ground garden, as an educational tool. Food will be used in the cafeterias and donated to a local charity.



These are just a few examples of how one facility has chosen to implement the guidelines described above. The first step is to decide on the priorities of the department, then choose something to work on first. Having a set of agreed upon goals, thinking creatively and having a willingness to look at business from the triple bottom line of “People, Planet and Profit” are keys to success.

References

1. Health Care Without Harm - www.noharm.org/us/food/issue
2. Green Guide For Health Care - www.gghc.org

Other Resources:

- Society for Nutrition Education - www.sne.org
- Journal of Hunger and Environmental Nutrition - www.tandf.co.uk/journals/WHEN
www.ohsu.edu/farmersmarket/fn.php

.....Eecole Copen, MS, RD

Updates On The 2009 Legislative Session

In 2009 the Oregon Dietetic Association supported four bills including:

- **HB 2726:** Menu Labeling;
- **SB 695:** Elimination of School Breakfast Co-pay;
- **HB 2924:** WIC/Senior Farm Direct Programs; and
- **HB 2800** Farm to School.

HB 2726, which Governor Kulongoski signed on June 17, requires chain restaurants with more than 15 outlets nationwide to make certain nutritional information regarding menu items (including calorie counts) readily available.

SB 695 was still in committee when the legislative session ended.

HB 2924 also did not see progress beyond the stage of public hearings in mid-May. You can visit Oregon Hunger Relief Task Force at <http://oregonhunger.org/panel-1.html> to learn more, as these topics will continue to be very important to Oregonians.

HB 2800 had public hearings in late May, but did not get passed before the state legislature

adjourned. More information about its goals can be found at http://www.ecotrust.org/farmtoschool/HB2800_Endorsements_March_2009.pdf. For more information about statewide farm to school and school garden programs visit <http://www.ode.state.or.us/search/page/?id=2648>.

Finally, if you are interested in policy work, please stay tuned for Action Alerts at the local, state and national level. Also, the ADA Public Policy Workshop provides an excellent opportunity to learn more about nutrition policy work; visit www.eatright.org and click on Advocacy & the Profession to learn more. You need to be an ADA/ODA member and on the ODA listserv to receive updates.

If you are not an ADA member, please consider joining! ADA is promoting membership right now. If you register for ADA, please indicate that you have been urged to join when asked “Did someone recommend ADA membership to you?” (section of the membership application). Register by August 31st!

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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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