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## Moving Towards an Improved Researcher-IRB Partnership

*By Richard Mattes, PhD, RD*

In 1956, the National Health Survey Act provided the cascade of actions that we now know as national nutrition monitoring. This process involves the collection of up-to-date statistical data on the amount, distribution and effects of illness and disability in the United States. The most well-known of these surveys are the National Health and Nutrition Examination Surveys or NHANES. In the next column you find a table presenting the NHANES series, dates of data collection and approximate sample sizes for each collection phase.

It is probably worthwhile to briefly review the purpose and function of IRBs. Most, but not all, branches of the federal government that provide funding for research that involves human beings have adopted a set of regulations that must be met before federal funds can be used for such work. When institutions engaged in federally supported research request funding, it is provided on the stipulation that a mechanism be in place to ensure compliance with the applicable regulations. The establishment of an IRB (or contract with a commercial IRB) is the mechanism for such assurance. In the case of an institutional IRB, it is supported (space, staff, member training) by the institution.

However, there are standard operating procedures that assure the

independence of the decision-making process. The institution may have a strong interest in certain areas of research (i.e., there is abundant funding waiting to be directed to them), but if the design is not compatible with federal regulations and the IRB denies the application, the decision cannot be reversed by any institutional entity. By the same token, if a protocol is deemed acceptable from an ethical perspective, the institution can still reject the study. For example, universities may have policies governing the use of alcohol or tobacco on campus and, despite an appropriate research design, simply will not allow a project that requires students to use such products on campus. Thus, protocol approvals are a two step process and while each entity may deny a protocol, often the IRB is incorrectly viewed as the obstacle since they were the application recipient.

One of the fundamental issues IRBs must evaluate is whether a research protocol actually entails human subjects research (HSR). It is possible to use humans to gather information without them being research participants. Such a scenario would not require IRB review. An operational definition of HSR is the systematic collection of information about people with the intent to create generalizable



knowledge. Course and program evaluations do not constitute HSR because they do not yield generalizable knowledge. Thus, they do not require IRB review. It is important to note that the word "risk" is not in the definition of HSR. Often researchers believe their protocol should be exempt from review because their procedures involve little or no risk. However, risk only determines how a protocol is reviewed, not whether it is or is not HSR. If it is HSR, by federal regulations (not by IRB perversity), it must be reviewed. Incidentally, all research has risk. If you knew with certainty the outcome of your activity, you would not do it. With uncertainty there is risk. It may be no more than what one would experience in every day activities, but there is risk. So, one should never say on an application that there is no risk associated with participation. This will result in a returned application.

As noted above, the IRB is often viewed as an obstacle to research progress. This stems from the fact that IRB approval is often one of, if not the final approval needed for the release of funds to support the research. Thus, it is very visible and definitive. However, some honest appraisal should temper this view. If one considers the length of time required to generate a novel, scientifically meritorious research question, write a grant to get the funding to pursue the work, wait for a funding agency decision, work out the logistics of a study and the length of time it actually took the IRB to review the protocol, most often the last step will be far shorter than any of the others. So, it may be unfair to blame the IRB for delays in work. It might be added that it is not necessary to wait until all other steps are complete before submitting to the IRB. You can submit early, based on a reasonable expectation of design, and get approval. Then, if revisions based on evolution of the project are necessary, approval of revisions can be requested and this typically takes much less time than the initial review.

The fact that your colleague can conduct a certain research activity does not mean that you can or should. By design, IRB's are partly comprised by members that are not scientists or physicians. The goal is to have a broader perspective on the proposed activities and to have some consideration of local custom and ethics. These can vary from one site to another so, the decisions by the different IRBs may appropriately vary. As an extreme example, it may pose little concern in the United States to query female students on campus about the number of live pregnancies they have had. It would a very different level of risk if this same activity were conducted in China where policies on birth control differ and a breach of confidentiality would have very different implications. Thus, the IRBs in each setting could reach different conclusions about the cost/benefit ratio of the proposed work and make different decisions. It is perfectly reasonable to inform an IRB about discrepancies and request re-evaluation in light of additional information, but recognition that uniformity is not a goal of IRB's should relieve some confusion about the process.

Speaking of providing supplemental information to IRB's, it is best to consider members of the IRB as educable, but not necessarily knowledgeable. To facilitate decision making and logistics, IRB's are generally comprised of a limited number of members. On a college campus, they do not have representation from all possible disciplines, yet they may be asked to make judgments on applications from researchers in areas that are not represented on the committee. It is the IRB's responsibility to evaluate the science of a protocol to the extent that they can assess risks and benefits and can determine the work is scientifically meritorious. However, because of the diversity of research they review, they may not be sufficiently familiar with a particular area to know what procedures are routine. Incorporating information targeted at the level of the committee's knowledge should improve processing time by reducing

instances where they ask for more information. Further, should you receive follow-up questions that seem naïve or inappropriate, recognize them as a need for education rather than an active attempt to stifle your work. Ultimately, the IRB's purpose is to protect the rights and welfare of study participants; would you want to make decisions about procedures that you did not understand that could be administered to your family or friends? Why would they? Incidentally, by protecting study participants, the IRB ultimately is protecting researchers (you) and institutions from litigation and ensures a continued relationship of trust between potential participants and researches thereby preserving the research enterprise.

Finally, if you are really angry, I recommend you ask to serve on your IRB. If you think you don't have the time, consider that most IRB's are comprised of other researchers like yourself that have devoted their time to further your work. If asked to serve, it is my near universal experience that within a few meetings, the most discontented researcher realizes that the other committee members are actually doing their very best to facilitate research while fulfilling their obligation to ensure researchers comply with federal regulations. Over the span of my participation on IRB's at different institutions and exposure to continual turnover of members, I have never witnessed a malicious attempt by a member to undermine a line of work or researcher. Even if such a person was a member, they represent only one vote where a simple majority rules and others on the committee would likely recognize this bias.

In the end, it will serve your purpose best to build a constructive rapport with your IRB rather than an adversarial relationship. Review of HSR is not negotiable, but the tenor of negotiations is largely under your control. Good luck and may approvals be with you.

# 2006 Non-FNCE Travel Award Winner Report

Amanda Willig, MS, RD  
Graduate Student, University of Alabama at Birmingham

Thanks to the Research DPG, I recently had the opportunity to attend the annual meeting of NAASO - The Obesity Society. This conference was held October 20-24, 2006, in the beautiful city of Boston. A variety of scientists and community workers presented the latest research dealing with body composition and obesity prevention. In addition, attendees had the chance to visit vendor booths, discuss current research with poster presenters, and attend meetings for various special interest groups. It is impossible to fully summarize this information-packed meeting; however, certain research findings and practice trends deserve mentioning.

The conference officially began Friday evening, with an informative presentation from Thomas Wadden, president of NAASO - The Obesity Society. He revealed the CDC's latest weight loss slides and graphs available for 2005, and described the current conference format. Session recommendations were made for attendees based on four "tracks": cell and molecular biology, integrative biology, clinical studies, and population studies. Clinical workshops were available throughout the conference.

These tracks began the next morning with a keynote address by Walter Willet from the Harvard School of Public Health. Dr. Willet pointed out that data in the Harvard Studies failed to confirm the "Fat and Fit" hypothesis of being both healthy and overweight. He suggested a continued focus weight loss for persons considered overweight regardless of health status. He also presented the most recent epidemiological data from Harvard that contradicts using dairy products for weight loss. In a survey involving several thousand participants, Harvard was unable to identify an association between dairy product consumption and lower body weight. Dr. Willet did acknowledge that one limitation of epidemiological research

is the lack of genetic data to identify individuals more genetically susceptible to certain dietary changes.

Excellent sessions on Obesity and Cancer, Food Intake, and Technology use in Population Studies provided valuable information for research dietitians. Marty Slattery, PhD, RD, confirmed that colon cancer remains one of the cancers most closely associated with dietary intake and body size. Diets high in red meat and saturated fat continue to be associated with colon cancer risk, as do high body weight and low physical activity. However, some evidence indicates that estrogen-receptor positive (ER+) women have increased colon cancer risk despite dietary habits and could benefit from including a daily aspirin with their diet regimen to counteract the loss of the potent anti-inflammatory estrogen. Dietitians interested in cancer research should note that colon cancer and rectal cancer react differently to diet and physical activity, and should be analyzed separately. Cheryl Rock, PhD, RD, pointed out that after breast cancer diagnosis and treatment, women often gain total weight and fat mass, and lose lean mass. They also experience frequent fatigue. This suggests the need to determine if continued dietitian intervention after cancer treatment saves health care dollars by preventing diseases associated with this extra weight gain.

The benefits of technology for population weight control were debated throughout the conference. Any intervention with technology, including those that involve the internet, PDA's and text messaging should include not only evaluation of weight loss or maintenance, but also indicators of program compliance and drivers of behavior (convenience of the technology use). Deborah Tate, PhD, revealed that while youth from diverse populations often preferred using PDA to provide meal intake data, resulting in less missing

## Letter from the Editors

Hello RDPG Members,

This spring issue is hot off the press with the elections results. Congratulations to our new leaders! We will have a more detailed article about your new representatives in the summer issue. As the spring issue marks the end of ADA's calendar year, our chair writes his farewell while visiting our neighbors to the north, and we bring you a lead article from last year's chair. We also have our continuation of the member spotlight, with a new contributing writer, and an article from last year's non-FNCE Travel Award winner. This issue is chuck full of our members' continuing interest in our DPG, and the new destinations we are heading toward as a dynamic group of professionals interested in furthering empirical research in dietetics and the skilled application of the knowledge we build. Please show your interest in your DPG and enter the competition for next year's awards. Entry details are also included in this issue.

If you have any research news that you think your fellow DPG members might be interested in sharing, please send an e-mail to Val at [vepiscop@maxwell.syr.edu](mailto:vepiscop@maxwell.syr.edu). Deadlines for articles are as follows:

Summer issue - April 30, 2007  
Fall issue - July 31, 2007  
Winter issue - October 31, 2007  
Spring issue - January 31, 2008

Warm Regards,

*Val Episcopo  
& Melissa Pflugh*

## Chair's Message

### Clear Days

As you may remember from my last message, I am temporarily living in Vancouver in order to conduct research during my sabbatical. The Pacific Northwest is awe-inspiring; however, it rained or snowed almost every day for the first month that we (my family and I) were here. The precipitation was excessive, even for this region of Canada. Despite having a snazzy, reliable rental car, getting around was interesting - an online map program became my best friend very quickly! The fog and weather patterns, coupled with not really knowing exactly where I was going, made getting to my destinations difficult, even in a well-equipped car. In addition, not being from here, I was not all that familiar with the physical features of the area. What was behind all of those clouds?

Well, I remember the very first clear day very distinctly. I was driving to Richmond, British Columbia, the location of one of the food banks that I am working with as part of my research, as well as the site of 2010 Olympic Oval. As I drove down the mountain from our home and up another in order to eventually get across the Fraser River and onto the delta, I was slapped in the face by the majestic, Mount Baker, which is well over 50 miles away in the State of Washington! It was gorgeous with the morning dawn reflecting off of it! A clear day made all of the difference. Not only could I see from my car where I was going (and beyond), but I could also appreciate the journey.

As you know, our DPG has been working on our road map, that is, our mission and vision. I have always considered our members to be "a nice car," yet we needed to more clearly identify where we were going on our journey. I am pleased to let

you know that in late 2006, our new mission and vision were approved by the ADA Board of Directors!

- **Mission:** The Research DPG is leading the future of dietetics by promoting the conduct and application of research related to food, nutrition, and dietetics.
- **Vision:** Research DPG members are the most valued source for conducting, interpreting, and applying research related to food, nutrition, and dietetics.

This was a vital step for a successful journey, we have a clear destination. Now the hard work begins - getting there.

Where are we now? First, as I write this last Chair's Message, I am confident that we have had a dedicated and effective group guiding the DPG, and I am also confident that we have a strong slate of leaders that will effectively facilitate the journey to our destination in the upcoming year. I am especially confident of the leadership skills of Dr. Debra Krummel, our incoming chair. Secondly, in addition to our top-notch newsletter, after two (or more) years of work, we have a live website! This site will continue to evolve and be an invaluable resource and communication tool for our DPG. (See article within this newsletter about our new website.) Third, we have continued to recognize our members and their students for effective research through our paper and student (graduate and undergraduate) research awards. Fourth, while we are still in the planning stages, we have a draft of our goals and objectives. Once finalized, these will be shared with you. I expect that this will be in the early part of our 2007-2008 membership year. Finally, we have a talented and dedicated membership. One of the

strengths of our DPG identified by the DPG's executive board and the focus group members at the 2006 FNCE meeting was you, our members. Yet, even with a nice car and clear destination, someone has to plan the trip, drive the vehicle, pump the gas, air up the tires, and clean the interior. There is also the occasional need for a new paint job or a total overhaul of the entire automobile. We need you to participate in all of our activities. At this writing, we have already received some ideas from valuable members for facilitating our journey. Thank you.

As the lyrics from "On a Clear Day" say, "On a clear day, rise and look around you...you'll feel part of every mountain, sea, and shore you can hear." We now have a clear destination. As you learn about our goals and objectives, and the tactics to them, I encourage you to "rise and look around" for opportunities to get involved in the DPG. In fact, why not start by re-examining our mission and vision in order to think about how you can help to facilitate our journey? Thank you for providing me with the opportunity to be involved in our DPG this year. It has been, and will continue to be, an awesome trip...especially on clear days.

David H. Holben, PhD, RD, LD  
Chair, Research DPG  
holben@ohio.edu

### 2007-2008 RDPG Officer Election Results

#### **Chair-elect:**

Stacey Mobley, PhD, RD, CNSD

#### **Secretary:**

Martha McMurry, MS, RD, LD

#### **Nominating Committee:**

Cynthia (Cyndi) Thomson, PhD, RD  
Judith Weber, PhD, RD

# Research Committee Liaison Report

Linda Massey, PhD, RD

The ADA Research Committee met in Chicago January 26-27, 2007 and prepared the following vision statement describing the research knowledge and skills needed for dietetic practice by registered dietitians in 2017. The ADA believes that research is the foundation of the profession, providing the basis for practice, education and policy. The following summarizes the consensus of the committee.

## Preferred Entry Level

\*\*\*RDs will need to be able to fully implement evidence-based practice and demonstrate ability to use the ADA Evidence Analysis Library.

Entry level dietetics practitioners will be collecting data from patient records and department documents, including business documents, which will be analyzed and presented to appropriate audiences. Among the skills needed, entry level practitioners will need to be able to enter data into automated data collection programs. For patients they must know legal and ethical issues for protection of human subjects and privacy of information. RDs will need to be proficient in collecting and using data to create meaningful reports that support the food and nutrition services that they are currently providing or justify new products that they need to provide. They must use appropriate statistical methods for data analysis in order to write effective reports, presentations and contribute to publishable articles when appropriate.

Entry level RDs will need to be proficient in using the internet and evaluating the source of its information. With the advent of instant information

availability via media, and internet the RD must be able to translate the key research findings and body of evidence into meaningful language and concepts for consumers, peers and other healthcare professionals. The basic critical appraisal of the research papers should include the ability to know whether the basic research design is appropriate to answer the research question (e.g. randomized clinical trial for efficacy, show cause and effect but epidemiology only shows association), be able to know if the study population makes this research applicable to their situation, and be able to determine if the conclusions made by the authors seem appropriate based on data summarized in the results. RDs need to be able to evaluate research studies to explain how to integrate the latest research finding into the existing body of knowledge. RDs need to be able to evaluate credibility of systematic reviews, other on-line sources of information (e.g. Evidence Analysis Library) and other evidence-based guidelines that synthesize the research.

In order to analyze biochemical/physiological/genetics research articles, RDs must have a strong science base that includes background information in molecular biology and metabolism to evaluate the research on nutrigenomics and biomarkers, as well as the food science to interpret the changes in processing, food products, ingredient changes, and biotechnology.

One of RDs unique contributions to healthcare and health promotion is lifestyle counseling that can effectively elicit behavior changes to incorporate the nutrition-related lifestyle changes that will promote health for their clients.

In order to accomplish this they need to be able to evaluate research articles in social sciences and apply the behavior change principles and techniques in individual and group counseling as well as population based interventions.

RDs will need to be able to communicate the implications of the science/research for practical utilization in daily lifestyles of consumers, promoting health, or changing business practices. RDs will need communication skills in a wide variety of venues, including public speaking, writing for internet sites, writing for consumer publications, and writing for other professional audiences.

RDs will be knowledgeable about the Nutrition Care Process and able to use research findings to determine which assessment components, interventions and outcomes measures are most effective for the nutrition diagnoses of their patients and populations. They will need to be proficient in using the standardized language in electronic health records and personal health records. They will be able to extract information in a meaningful way to evaluate their practice.

Probable Entry Level: no suggestions offered

## Preferred Advanced Level

Advanced Practice RDs will be expected to continually demonstrate the cost effectiveness and efficacy of the food and nutrition services provided using appropriate data analysis and statistics. Advanced practice RDs will need to be able to design and conduct research in practice based settings as well as academic settings. Advanced practice RDs need to be able to either independently, or as part of a research team, write research grants, publish research and present findings at professional research meetings.

Advanced Practice RDs will need to be able to evaluate and plan nutrition services in light of organizational

**NUTRINET** is a resource for information on dietetic/nutrition research. It is not owned by the Research Dietetic Practice Group, but many of our members choose to join this e-mail list. If you would like to subscribe to the NUTRINET list serv, please send a message to [nutrient-quest@list.uiowa.edu](mailto:nutrient-quest@list.uiowa.edu). Leave the Subject line blank and type "Subscribe" as your email message.

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## Table Talk

### A Potpourri of Clinical Nutrition Research Projects around the Nation

By Martha McMurry, MS,  
and Phyllis Stumbo, PhD

General Clinical Research Center (GCRC) dietitians share expertise and needs with each other in several ways. One of our resources is the National Association of GCRC Bionutritionists (NAGB) newsletter, Nutrition Research News. This publication is available to the general public online at <http://www.gcrconline.org/bionutrition/newsletter.cfm>. These newsletters describe NAGB activities and include reports from GCRC bionutrition units. Readers can learn about new projects, unique methodology and potential mentors. Here is a sampling of information included in the last few newsletters.

Jeanene Fogli, PhD, RD reported a challenging project being done at the GCRC at Beth Israel Deaconess Medical Center, Boston, MA (Nutrition Research News, November, 2006). The study will examine the effects of dietary glycemic load on fetal growth among pregnant women with impaired glucose tolerance. Subjects will be randomly assigned to either a low glycemic index diet or a conventional diet. Carbohydrate-rich foods, healthful fat sources, and snacks to match the nutrient goals of each diet are prepared in the GCRC Metabolic Kitchen and provided to participants from the beginning of the third trimester until delivery. The birth weight of the full term infant constitutes the primary outcome, and body composition of both mom and baby as well as glucose control will be measured as secondary endpoints.

The planning of this study posed an ethical and logistical dilemma. These women, who are often the primary food preparer in their homes, might, understandably, want to share these "treats" with their family. To alleviate this, the group decided to provide enough food appropriate for the diet assignment for the entire family.

Also from the Northeastern Region, Janis Swain, MS, RD, Lisa Tamborini, RD and Karen Yee, RD at Brigham and Women's Hospital in Boston

described a project examining folate and arginine supplementation in renal disease (November, 2006). The bionutritionists needed a food delivery system that would help mask the strong chemical flavor of arginine powder. Equal portions of either juice-concentrates or alcohol mixers combined with lemon juice were found to be acceptable. They are now focusing recruitment on patients with chronic kidney disease. This population group is difficult to recruit because well-controlled outpatients are typically busy with their daily lives and find it difficult to commit to a controlled feeding study, even when food is delivered to their homes.

From the Western Region, Kathleen Farrell, MS, RD describes bionutrition support of a sleep study done at the University of Colorado-Boulder GCRC (July, 2006). Dr. Ken Wright, a UC expert in sleep research, is examining how the human internal biological clock may be affected by melatonin, caffeine and light exposure from a bright indoor light similar to sunrise or sunset. During the study subjects remain awake in a seated position for 40 hours. The bionutrition unit provides food hourly. These "miniature snacks" are controlled in kilocalories, sodium, potassium, fluids and are caffeine-free, requiring creativity to develop palatable foods and around-the-clock serving arrangements.

A study of dietary zinc requirements in the elderly is reported by Laurie Herraiz, RD, San Francisco General Hospital GCRC (July, 2006) The most recent Dietary Reference Intakes (DRIs) for zinc are based on data extrapolated from young adults. This study is designed to determine the dietary zinc requirements of elderly men and women eating typical mixed diets controlled in zinc. The unit has a history of experience in studies of dietary zinc including special food content data on zinc and phytate. This expertise was used to develop the study diets. These diets are labor-intensive to produce and must be suitable for both in- and out-patient meals. The study has been easier than expected because the elderly subjects are motivated, enthusiastic and compliant. The Bionutrition Unit also conducts DXA bone and body composition scans on the subjects.

The November, 2005 issue of Nutrition Research News included reports from the Midwestern Region. Helen O'Connor, MS, RD described a complex dietary study at the Minnesota Mayo Clinic GCRC to evaluate the efficacy of two symbiotic preparations to reduce urinary oxalate excretion. Probiotics are living microorganisms which, when ingested in certain numbers, can control or inhibit pathogens in the digestive tract while promoting beneficial microflora. A prebiotic is a food ingredient that is not digestible, but acts as a substrate for potentially beneficial bacteria. Symbiotics are a combination of probiotics and prebiotics. The symbiotic preparation or a placebo is provided to groups of subjects with Crohn's disease, gastric bypass, or idiopathic calcium oxalate stone disease.

Dietary oxalate content is challenging to control because the oxalate content of a food can vary considerably due to differences in climate, soil, ripeness or part of the plant eaten. Therefore, foods containing moderate amounts of oxalate (fruits, vegetables, and grains, etc.) are purchased prepackaged, frozen or canned with the same lot numbers to ensure that the meals provided during both diet phases contain essentially the same amount of oxalate. The study diets are also controlled in calcium, protein, fat, vitamin C and sodium. The primary outcome variable will be 24-hour urine oxalate excretion. The results may lead to a kidney stone prevention trial of different dietary components.

The November, 2005 issue of the newsletter also reported how the Southern Region dietitians coped with Hurricanes Katrina and Rita. Cathy Anderson, MHS, RD, LD, Washington University Medical Center GCRC, St. Louis, Missouri and Betty Darnell, MS, RD, LD, FADA, University of Alabama GCRC at Birmingham both described how their communities provided shelter to evacuees and accepted students from the devastated colleges into their programs. Astrid Inniss, PhD, RD, LD described the mandatory evacuation of Galveston Island in preparation for

## RDPG Offers 2007 Published Paper Awards - Deadline: July 2, 2007

The Research Dietetic Practice Group of the American Dietetic Association announces its 2007 Published Paper Awards. These awards are offered to two recognized RDPG members who have made a significant contribution to research. The 2007 awards will be made in the following categories:

1. Published First Author Award
2. Published Paper Co-author Award (within first 4 authors)

Award recipients will be recognized with a certificate at the RDPG Member Business Meeting at FNCE 2007, as well as a monetary award. This year (2007), the award amounts will be \$200 for the first author award

and \$100 for the co-author award.

The Awards Committee, which is composed of members of the Research DPG, has established the following selection criteria:

- The awardee must be a member of the RDPG.
- The paper must have been published in a medical or nutrition-related journal that uses the peer review process.
- The paper must be published or accepted for publication (supporting acceptance required) in the years 2006–2007.
- Articles may not be submitted by the members of the Awards Committee.

Authors may submit one article in each category of authorship; however, they are eligible for only one award. Four copies of each publication entry must be postmarked by the deadline indicated below to:

DEADLINE: July 2, 2007

SUBMIT TO:

Richard Mattes, PhD RD

Department of foods & Nutrition

Purdue University

700 W State Street

West Lafayette, IN 47907-2059

(w) 765-494-0622;

(fax) 765-494-0674;

mattes@purdue.edu

## \$300 Professional Meeting Reimbursement Available to Research DPG Members - 2007 Travel Awards

In an effort to communicate noteworthy information from professional meetings to our dietetic practice group members, two travel awards (reimbursement of expenses up to \$300) will be awarded to members of the Research Dietetic Practice Group to attend professional meetings in 2007-2008. Members may select between (1) FNCE 2007 or (2) a Member's Choice meeting (one that has nutrition- or food-related content and that is held prior to May 31, 2008). The purpose of this reimbursement is to provide financial assistance to members who will both represent the RDPG and to report current meeting findings to the membership at large.

A 4-5 page double-spaced report of

the meeting highlights, pertinent to research dietitians, should be submitted to the editor of The Digest by the award winners no later than four weeks after the meeting date. Awardees should contact the newsletter editors for report format. This report will be published in the newsletter for the benefit of our membership. To facilitate selection of the award winners, a brief proposal for the Digest report is required (see below).

Any interested RDPG member should fill out the application form below and submit either electronically to the RDPG Treasurer at [kendra.kattelmann@sdstate.edu](mailto:kendra.kattelmann@sdstate.edu) or send it to Kendra K. Kattelmann, PhD, RD, LDN, 623 Powder Horn Pass,

Brookings, SD 57006-4626.

1. Application for the specified meeting of choice should be postmarked by June 15, 2007.

2. Only one award will be made for a given meeting. Selection will be determined by the proposal in the case of more than one applicant. An alternate will be selected for each meeting group.

3. Reimbursement award notification will be made as soon as possible following candidate selection.

The Treasurer will issue a monetary award upon receipt of original ADA expense documentation after the conference.

### RESEARCH DIETETIC PRACTICE GROUP PROFESSIONAL MEETING REIMBURSEMENT

Please type or print clearly:

Name: \_\_\_\_\_

Travel Award (Choose One):

Work: \_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_ FNCE, 2007 (Philadelphia)

Address: \_\_\_\_\_

\_\_\_\_\_ Member's Choice (prior to May 31, 2008)

Email: \_\_\_\_\_

## Member Spotlight

Helen W. Lane, PhD, RD, has spanned the United States (literally!) with her vast educational and research experience. She is currently a Professional Issues Delegate for Research and the Manager of University Research and Affairs at NASA/Johnson Space Center, Houston, TX and is the focus of this Member Spotlight.

My research interest was generated by my love of science, a strong research undergraduate curriculum, and several opportunities early in my career to participate in research. I received my BS in Human Nutrition from the University of California in Berkeley, CA and then went on to receive my MS in Human Nutrition from the University of Wisconsin in Madison, WI. While there I completed research on the role of nonessential amino acids in nitrogen balance using college-age students.

After the completion of my degrees, I began my dietetics career at the University of Florida Medical School in Gainesville, Florida. While there I taught and supervised clinical rotations in the Coordinated Dietetics Program. I also participated in gastroenterology research that resulted in publications on folate and vitamin C absorption as well as potassium nutrition in heavy exercise.

I went on to earn my PhD at the University of Florida after performing rat model research in selenium nutrition and glutathione peroxidase (at this time the relationship between the two was unknown). I continued to stay active in the district dietetic association and received the Florida Recognized Young Dietitian of the Year award.

I left Florida to become assistant professor, and later promoted with tenure to associate professor in the clinical dietetics coordinated program at the University of Texas Health Science Center in Houston, TX. I received my first grant as Principal Investigator from the USDA. With this funding I researched selenium nutritional status in a variety of populations: healthy elderly, college-age

students, oil refinery workers, head and neck cancer patients, and TPN patients. There was no information on nutritional status in any of these populations at the time. I also completed research on the role of dietary selenium in the prevention of mammary tumorigenesis in a mouse model.

I moved again to Auburn University to be Professor and Department Head of Nutrition and Foods Science where I continued to teach and supervise graduate students who were focused on either community nutrition or the effects of selenium and fat/energy intake on mammary tumorigenesis.

My most recent career move was to NASA/Johnson Space Center in Houston, TX. I began by leading the nutrition research program where the goal was to determine the nutritional requirements for astronauts on long-duration space flights. My research focused on macronutrients that would provide adequate nutrition for the space flights. This included both ground-based research using simulation of microgravity (bed rest) and research in actual microgravity conditions on the Space Shuttle and the Russian Space Station, Mir. We measured energy utilization and balance using doubly labeled water. We also determined protein requirements, particularly branch-chained amino acids and other essential amino acids; and evaluated fluid and electrolyte balances along with space-induced endocrine changes.

NASA promoted me to increasingly higher-responsibility management positions including branch chief of an organization with over 150 employees and a \$10 million annual budget. My major responsibilities included overseeing clinical and biochemical laboratories as well as biotechnology. I then led the Advanced Human Technology Program that had an annual budget of \$30 million and included researchers from all over the country. I also worked to enhance the biomedical engineering of medical and exercise equipment for the International Space Station.

I received many awards during my academic and NASA jobs, including that of being named "Outstanding Texas Scientist" by the Texas Dietetic Association. I also continued to be active at the elected positions in district, affiliate, and national levels of ADA throughout my career.

As of now I am not researching but am working in management and leadership positions.

I want to continue to support ADA as a scientifically-based profession. Right now I am doing that as part of the ADA position committee and have signed up for being an evaluator for the evidence base library. I want to continue to provide leadership for the human space flight program by assuring that research will be used for the best interest of the program, especially if we can send humans back to the Moon and on to Mars.

I am so grateful that as a professional I had the ADA, especially when I first started my career. Through my initial membership in the district association, I had mentors, role models, and a strong sense of good leadership. I had opportunities to develop as a leader through ADA which provided strengths that directly influenced my many promotions in areas outside of dietetics. I also developed long-term relationships that proved invaluable to me both as a person and a professional. ADA also provided me with opportunities to serve my community outside of my job.

As everyone in the Research DPG knows, research is the basis of our profession, and without it we would be victims to the various opinions and antidotal observations. So often in dietetics we are pressured to use practice that is not based on evidence, but without research we would not have the evidence. I believe that all dietetics education should include research experience, as this provides the basis for dietitians to evaluate evidence and make sound decisions.

## The Research Practice Group Finally Becomes Web Connected!

*Theresa Lally*

Greetings to All,

I wanted to take this time to first introduce myself and then give everyone an update on the Research DPG website. I am currently a clinical dietitian who resides and works in Baltimore, Maryland. I am also in process of receiving my Master's of Science in Public Health (MSPH) with a graduation date of November 2007. Aside from being this practice group's web coordinator, I am very involved in the dietetics profession through other ADA practice groups and the Maryland Dietetic Association. My passions include research, legislation, and community outreach to the underserved populations. I enjoy writing, teaching and developing materials that aim to educate others about the importance of implementing a healthy lifestyle. Working with this practice group encompasses all of these and I am

excited to have the opportunity to form new friendships while learning from all of you as I utilize my skills and assist in moving nutrition research to greater heights!

Now to talk about the newly created website....

Although the process of getting the site up and live has been an extremely challenging process, once there is content, it will be a wonderful resource and tool for many.

Currently, the website exists as a "shell," meaning that there are links without subject matter .

However, I will be working with our liaisons (both IT and practice group) at the home office of the ADA, and the executive committee of this practice group, to make it a website that meets the needs of its members, and hopefully those in the greater field of nutritional research.

As we move forward, I'm sure there will be many opportunities for each of you to share information, articles, events, science, research, pictures, and other resources. With that said, I hope all of you decide to get involved; your input is necessary and greatly appreciated.

In the meantime, we (the RDPG executive committee and/or myself) will keep you informed as to the progress, how you can help, and any new updates regarding the website.

To view the research practice group website go to:  
<http://researchdpg.org>.

I look forward to working with all of you!

Sincerely,

Theresa Lally, RD, LDN

[nutritionanswers@juno.com](mailto:nutritionanswers@juno.com)

## News and Notables

- RDPG would like to recognize our 50-year members:

Jean H. Hankin  
Eval D. Orton  
Grace L. Ostenso  
Rachel A. Schemmel  
Esther A. Winterfeldt

Congratulations and thank you for your dedication to our DPG!

- ADA has recommended policy changes for the 2007 reauthorization of the Farm Bill... that will support the development, production and marketing of better food to people here and abroad; address hunger and malnutrition and improve food safety, environmental quality and resource conservation and protection. ADA's priorities for the 2007 Farm Bill include the following:

- ADA will ask Congress to create a National Institute for Food and Agriculture, with \$1 billion of new funding for food, human nutrition, agriculture and environment research and extension.

- ADA will call for reforms to the process of creating the Dietary Guidelines for Americans to make them more valuable and less confusing to consumers by issuing them every ten years.

- ADA recommends food assistance should cover and create incentives for purchases consistent with the Dietary Guidelines, so beneficiaries can make dietary choices that will keep them healthier for life.

- If you are struggling to keep tabs on the food & nutrition headlines... you should subscribe

to the ADA Daily News from ADA's Knowledge Center. The Daily News List is a daily newsletter informing ADA members of news affecting food, nutrition and health. To get the Daily News in your mailbox each day go to [www.eatright.org/dailynews](http://www.eatright.org/dailynews).

- Join the Dietetic Practice-Based Research Network (DPBRN)... DPBRN brings practitioners and researchers together to identify research that is needed in practice settings, design top-class research, obtain funding, and carry that research out in real-life practice settings. For additional information about the DPBRN, e-mail [cph-DPBRN@uiowa.edu](mailto:cph-DPBRN@uiowa.edu).

## Continued from page 3

data for analysis, adults required additional training and encouragement to enter dietary data with technology.

Another prevailing theme throughout the conference was that of energy density and portion control. Barbara Rolls, Jennifer Fisher, and Kathleen Leahy all presented data indicating that children given larger food portions will consume up to an additional 150 calories daily, even when the food is lower in energy density. Young adults are also unable to determine that they have been provided plates with a larger portion of food. Minority groups, including African-American and Hispanic populations, appear particularly susceptible to increased calorie consumption with large portions. It was frequently noted that when conducting portion control research, participants who "clean their plates" should be excluded from data analysis to avoid confounding of social values encouraging 100% consumption. Portion control studies can involve overnight inpatient stays, and are good candidates for inclusion in Clinical and Translational Science Awards (CTSA) programs.

The general agreement of conference attendees and presenters, including Anthony Comuzzie, Randy Jirtle, Jose Fernandez and Michael Goran was that additional nutrition research is needed in two key areas: nutrigenomics and ethnic differences. Dr. Goran and Dr. Fernandez both note that apart from cultural differences, various ethnic groups have different health risks and respond differently to dietary and pharmacological interventions. Part of this could be due to genetic and epigenetic changes that interact with diet. Genotypes have been discovered that affect individual responses to dietary components such as caffeine, and additional research funding is becoming available to study this field. Dietitians should consider collaborating with laboratories capable of conducting genome scans, as these genetic differences could explain why epidemiological and clinical studies

are often inconsistent between regions and populations. This newer area of research should also be considered for its possibilities in CTSA programs to showcase the multidisciplinary approach that dietitians often take in research.

Overall, this conference provided an excellent opportunity to learn about the latest research in the field. Conference presenters were highly accessible throughout the meeting for one-on-one discussions and eager to talk more about their work. The meeting also provided several social gatherings for additional networking opportunities. The conference accepts a large number of competitive poster and oral abstracts, so this meeting is an excellent place for dietitians and graduate students to publicize their work and promote the value of research dietitians to other scientists and physicians. The next annual meeting for NAASO - The Obesity Society, is in New Orleans on October 20-24, 2007. Research abstracts are due May 2007. You can find additional information at: <http://www.naaso.org>. I look forward to discussing the latest research with you in New Orleans, and again express my gratitude to the RDPG membership for providing me with the fantastic opportunity to attend this meeting!

## Continued from page 6

Hurricane Rita; this included the GCRC at University of Texas Medical Branch in Galveston where Astrid works with NASA studies that involve long-term bed rest and strict dietary intake controls. The evacuation forced an early termination of a bed-rest protocol. Astrid described how participants were rehabilitated as quickly as possible for transportation off the island safely.

The GCRC most affected by the hurricanes was the Tulane/Louisiana State University GCRC in New Orleans. It was located downtown in Charity Hospital where there was massive damage. The building was condemned and closed. Angela Cemo, MPH, LDN, RD, CDE, the GCRC dietitian, went back to her

work weeks after taking refuge first in Chicago and then in Texas. She described her experiences at the NAGB annual meeting in March, 2006 in Washington, DC. Without a physical department, the Tulane/LSU GCRC continued to provide services to participants and investigators as well as they could. Angela traveled by car around Louisiana and even into Mississippi to contact participants in the Action to Control Cardiovascular Risk in Diabetes (ACCORD) study. By February, 2007, Angela reports that progress has been made in finding new space. A GCRC outpatient clinic has been set up at Tulane University Hospital and an inpatient unit is close to completion at the University of Louisiana Medical Center (the new Charity Hospital) a few blocks away.

Nutrition Research News is one way that GCRC dietitians share concerns and expertise with one other. The nature of our work and funding source has allowed us to avoid competition. Instead, the NAGB has provided avenues for being supportive and helpful to each other. We receive the advantages of brainstorming and finding professional friendships over national networks. We are able to tap into the amazing reserves of experience and knowledge found among research dietitians.

Dr. Stumbo ([phyllis-stumbo@uiowa.edu](mailto:phyllis-stumbo@uiowa.edu)) is the Bionutrition Manager for the GCRC at the University of Iowa Hospitals and Clinics in Iowa City, IA and Ms. McMurry ([mcmurrym@ohsu.edu](mailto:mcmurrym@ohsu.edu)) is the Bionutrition Manager for the new Clinical and Translational Research Center (CTRC), Oregon Clinical and Translational Research Institute (OCTRI) at Oregon Health & Science University in Portland, OR. Please send any questions or comments to the authors.

## Continued from page 5

priorities and populations. They will need to be able to interpret the research in emerging areas, compare to data reflecting the performance of their programs and services and modify those programs and services to adjust for inadequacies and to meet the needs of the subpopulations, such as elderly, ethnically and economically diverse groups. Advanced practice RDs will need to be able to establish sophisticated outcomes management systems to capture key data about the performance of their food and nutrition programs and services, effectively analyze the data, select and compare to appropriate benchmark data, and create powerful reports that convey the importance of the services provided.

Advanced practice RDs will need to be able to conduct in-depth critical appraisal of research studies to evaluate the nuances of appropriateness of various study designs to answer stated research questions, whether the statistical analysis was complete, whether the study design adequately controlled for important confounding variables, and whether the results reports reflected all the important parameters, and whether the conclusions were fully supported by the design and data reported in the research study.

**Probable Advanced Level:** none suggested.

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The Member Spotlight is arranged by Stephanie Michon, RD, LDN, a Research Project Manager at the Division of General Internal Medicine and Public Health of Vanderbilt University Medical Center, Nashville, TN 37232-8300. If you would like to recommend an RDPG member for an upcoming spotlight, contact Stephanie at [stephanie.michon@vanderbilt.edu](mailto:stephanie.michon@vanderbilt.edu).

or RFA. If your application is rejected, don't be discouraged—even the best researchers get turned down, and many applicants get funded on their second or third try. If you can follow

the reviewers' advice and resubmit your proposal, do so. If you can't, look for another source of funding.

I intend to continue as a research grants administrator. As one of my CSREES colleagues often jokes, I'd be dangerous in a lab at this point in my career. However, I can't think of anything else I would rather be doing. The projects CSREES funds impact national nutrition policy, such as Dietary Reference Intakes and Dietary Guidelines for Americans. Our projects also have the potential to influence dietetic practice related to obesity prevention, maintenance of bone health, cancer prevention and many other areas.

Early on, my work as a clinical dietitian and ADA member helped me find a research area that interested me. As an educator, I worked to ensure that the programs I directed met ADA requirements. Today, as a member of the Research DPG, I have the opportunity to network with dietitians who conduct research. Research is not just important to the field of dietetics, it is essential. As the field moves toward

evidence-based practice, we need research results on which to base the dietary recommendations we make to individual patients/clients and to the general public. If we are going to obtain these research results, we have to have dietitians involved on research teams to make sure the right questions get asked. Dietitians who don't conduct research themselves also need to be familiar with research methodology. Every day there is at least one (usually more) diet-related headline in the news, and clients come to us wanting to know what they should eat. A solid research background helps us advise them on what to take seriously and what to discount.

### Announcement

We thank Shelly Nichols-Richardson for her dedication to the RDPG, writing a Member Spotlight article for every issue of *The Digest*. Stephanie Michon from Vanderbilt University Medical Center in Nashville, Tennessee has graciously agreed to continue this column.

## Treasurer's Report

*Kendra Kattelman, PhD, RD*

The DPG is projected to have \$17,100 revenue for year 2006-2007. The largest portion of the revenue (\$9,622) is budgeted to support the printing and mailing of the newsletter. The second largest obligation (\$4,500) is partial reimbursement of executive committee travel to annual meeting, and support (\$1,500) of chair-elect to attend leadership conference. Below is a summary of the Research dietetic practice group (RDPG) budget as of the latest budget summary received from ADA (January 31, 2007).

Year to date actual total revenue is \$15,165. The practice group receives the income from the dues

on a monthly basis.

Year to date budgeted total revenue is \$11,900.

Year to date actual total expenses is \$11,181. These are the actual expenses that have cleared the budget as of January 31. There have been additional requests of approximately \$2,700 that have been submitted and are not reflected in actual expense amount.

Year to date budgeted total expenses is \$10,518.

As of January 31, 2007 the DPG has an excess \$ 3,985. When outstanding bills are processed there will not be an excess.

# Research DPG Executive Committee

June 1, 2006 - May 31, 2007

Chair: David H Holben PhD, RD, LD, Ohio University, School of Human and Consumer Sciences, Grover Center W324 Athens, OH 45701; (w) 740/593-2875; (fax) 740/593-0289 holben@ohio.edu

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Past Chair: Richard Mattes, PhD, RD, Department of Foods & Nutrition Purdue University, 700 W State Street West Lafayette, IN 47907-2059 (w) 765/494-0622; (fax) 765/494-0674 mattes@purdue.edu

Nominating Committee: Linda Snetselaar, PhD, RD, LD, Room C21-G General Hospital Department of Epidemiology College of Public Health,

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