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RDPG Executive Committee(back cover)

Tips and Tricks for Getting the Most Out of PubMed

Susan J. Arnold, MS, MLIS, AHIP, RD

PubMed, the National Library of Medicine's portal to its MEDLINE database, is a wonderful resource that is freely available on the Internet at <http://pubmed.gov>. With its Google-like simplicity, it is easy for anyone to enter keywords in the search box and produce results. However, my experience in working at an academic health sciences library is that many health professionals under-utilize its capabilities.

Refining Search Results

Many users get discouraged when they perform a keyword search and produce hundreds or thousands of results. There are three key ways to refine a search and make your results more relevant:

- **Use Limits effectively.** The "Limits" tab is located just underneath the search box and to the left. Many options are available, including limiting to certain age groups, gender, publication date, and publication type (such as meta-analyses), but the limit that may be the most helpful is the last one, which is **Tag Terms**. Here, one can choose "Title" or "Title/Abstract" so that the keyword term(s) for which you are searching must appear in the title and/or the abstract of the article. This alone can pare down a large results list to a manageable number and give you much better citations.

- **Use the Related Articles link**, which can be found to the right of every citation. If the user comes across a particularly good citation, choosing the "Related Articles" link can produce several more articles that were indexed using the same terms. These results will be ranked from most to least relevant. Another way to see Related Articles is to choose a particular citation by clicking on the hyperlink under the authors' names in the results list, and setting the display to **AbstractPlus**. The top five related links will display to the right of the original citation/abstract. See FIG 1.
- **Use MeSH Terms.** Articles in PubMed are indexed using Medical Subject Headings (MeSH), which are the National Library of Medicine's controlled vocabulary. Often, a user will uncover different relevant articles by using MeSH terms to search rather than keywords. MeSH terms used to index a particular article can be found by displaying the article in the Citation format and looking below the abstract. Terms with asterisks are considered major indexing terms. Often, locating these terms for a relevant article can help to refine a search by showing the user search terms they might not have thought to use. If one chooses to use the **MeSH Database** on the PubMed sidebar to locate MeSH terms, it should be remembered that "Diet Therapy" is



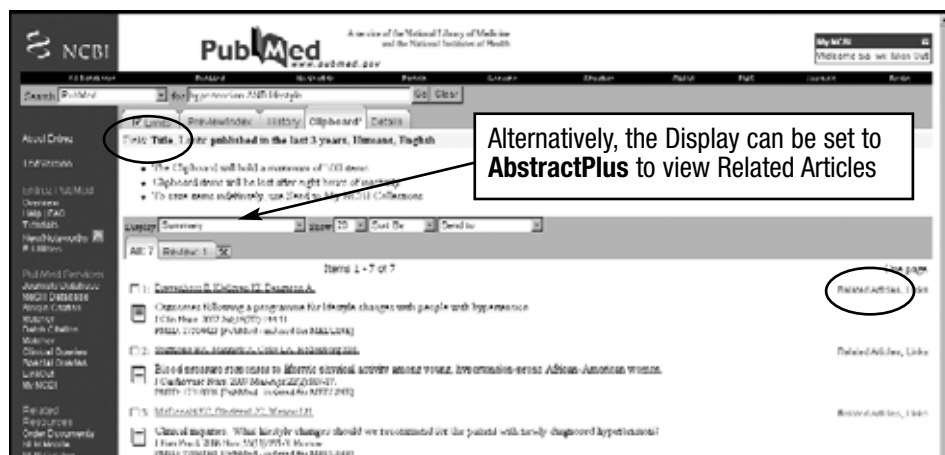
Continued from page 1

one of the available subheadings for all appropriate terms. It is also helpful to check the box to "Restrict Search to Major Topic headings only." Use of MeSH terms with subheadings is an excellent way to focus a search to get exactly what you are seeking. See FIG 2.

Automatic Search Updates

A particularly helpful feature of PubMed is My NCBI (National Center for Biotechnology Information), which can store searches and provide automatic e-mail updates for specific search topics. It is located in the upper right-hand corner of the main PubMed page. You must first register for My NCBI by creating an account and choosing a username and password. Once you have registered, sign in to My NCBI before performing a search. After you have run the search, click on the "Save Search" link to the right of the search box. To set up an email alert service for the search, check "yes" when asked whether or not you want updates. This will expand the window to allow you to customize the update to arrive daily, weekly, or monthly. You can also specify whether you want the citations with or without abstracts, and whether you would prefer

FIG 1



text or HTML formatting. See FIG 3. My NCBI will also save the search, which can be retrieved by selecting the My NCBI hyperlink. A chart will display saved searches and allow the user to see what is new for a selected search since the last time it was either run or produced an email update. See FIG 4 and 5.

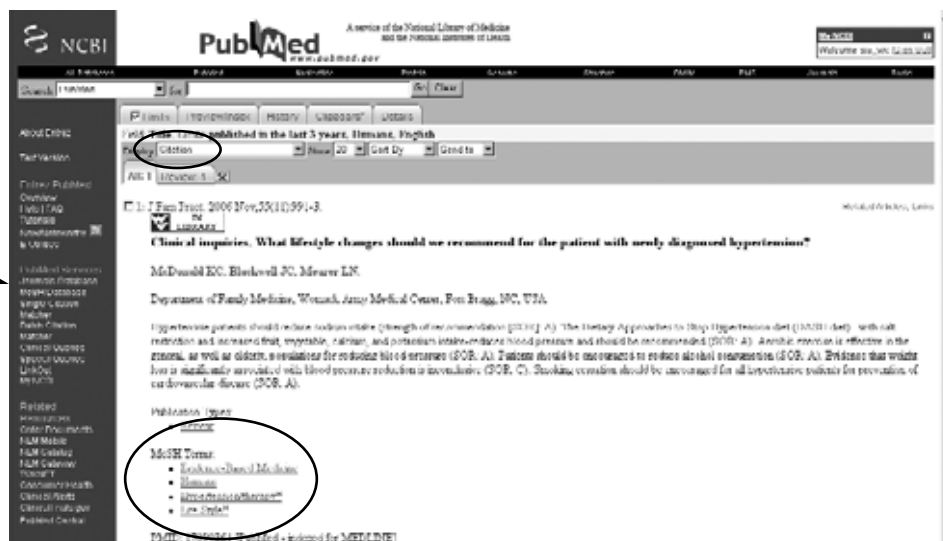
An alternative to setting up an email update is to create an RSS feed. **RSS** (Really Simple Syndication) is an XML-based format used to send new items or information to recipients who use RSS feed readers such as Bloglines or iGoogle. PubMed RSS feeds include the

latest biomedical articles for a specific search with links back to the citations and abstracts in PubMed in the **AbstractPlus** format. These are easy to set up and are updated daily. You can choose to have 5-100 citations sent at a time. Here are the steps to get started with setting up a feed:

- Once you have run a search, select "RSS feed" in the **Send to** drop-down menu
- On the next screen, name your search update and click "Create Feed"
- Click the orange XML icon that appears on the next screen
- On the new window, copy the URL in the browser Address box and paste it into your RSS reader

FIG 2

Example of a MeSH term with subheadings found through the MeSH Database



Clinical Queries

Another often overlooked feature of PubMed is the Clinical Queries link because it is hidden among several other features over on the blue sidebar. However, this section can make it much easier to find articles that report results of applied clinical research. There are three options in this section that the nutrition researcher may find beneficial. See FIG 6.

- The first is to choose to **Search by Clinical Study Category**. Once a search term is entered into the box provided, the search can be filtered to find articles relating to its etiology, diagnosis, therapy, or prognosis. In addition, the user can specify whether

Continued from page 2

the search should be narrow and specific or broad and sensitive.

- The second option is to **Find Systematic Reviews**. This is most helpful in finding information dealing with evidence-based practice. Searching through this search box will uncover not only systematic reviews, but also meta-analyses, reviews of clinical trials, consensus development conferences, and guidelines.
- The last option is to select **Medical Genetics Searches**. This search finds citations and abstracts related to various topics in medical genetics. There are several filter categories provided, which can be used either individually or grouped together.

FIG 3

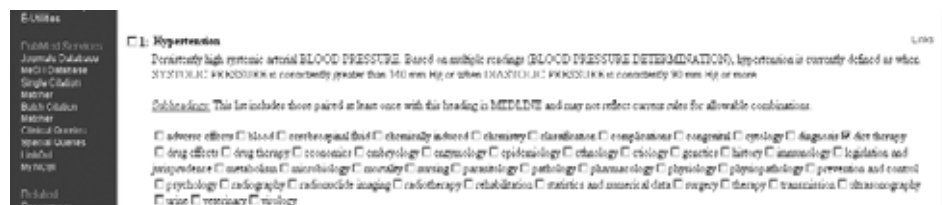
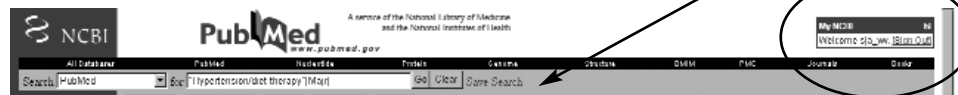


FIG 4



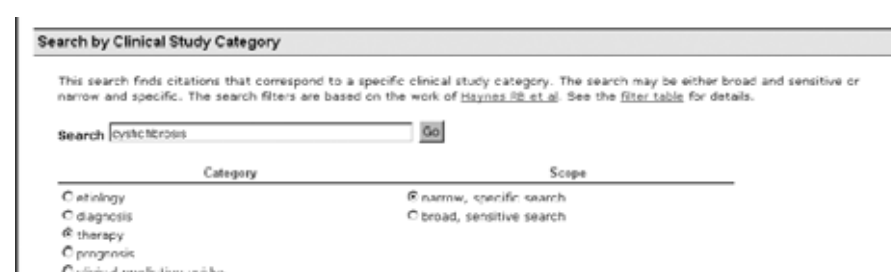
PubMed can be a most helpful tool to the dietetics professional if one is aware of its many useful features. Hopefully, this brief article has provided some new ideas for using PubMed to its full capacity. Further assistance can be found in the sidebar under "Entrez

PubMed" with the **Overview, FAQ, Help** and **Tutorials** links. This writer would welcome questions and/or comments at susan.arnold@mail.wvu.edu.

FIG 5



FIG 6



2007 FNCE Travel Award Winner Report

Ruth Williams, MS, RD, EdD

Presentation: A Picture is Worth a Thousand Words: Kaplan-Meier

Speaker: Carol Ruth Boushey, PhD, RD, Purdue University

This was an excellent presentation given by Carol Boushey, PhD, RD on the behalf of Barbara Bruemmer, PhD, RD, that explained the Kaplan-Meier method. This information will be published in the *Journal of the American Dietetics Association*.

Kaplan-Meier plots are used to display the association between an exposure, such as an intervention or treatment, and

The characteristics of the Kaplan-Meier plot need to have a clear definition for the exposure and the outcome.

an outcome in a prospective study (or a cohort study). The plots display events over the period of the study and allow the reader to view how the intervention and control groups responded and where there was difference between the groups. The plots can be very informative. However, while they are widely used in studies such as the

Women's Health Initiative, many readers under-utilize the tool because they do not understand how to interpret the information. The purpose of this presentation was to enhance the competency of dietetic professionals in the interpretation of these plots. These plots are used to describe prospective, cohort studies in which there is an exposure followed forward to one research outcome. For example, the Kaplan Meier plot may display the probability that an exposure, such as eating cupcakes, will affect the

Continued on page 11

Chair's Message



"To everything (turn, turn, turn), there is a season (turn, turn, turn), and a time for every purpose." These words from the Byrd's song aptly fit our DPG right now. As I wrote in the first Chair's column, we are in the season of change. In this column, I will give you an update on our progress.

FNCE was busy, productive, and fun. The Executive Committee met and agreed on several items. The awards process was streamlined to better reflect ADA and academic timing. Our brochure was updated and disseminated to new members. Visit our website at <http://www.researchdpg.org> if you would like to print a copy of the current brochure. Continuing Professional Education Units will be available for future issues of the newsletter. The website and listserv are operational. If you have not joined this Google group, please contact Martha McMurry at mcmurrym@ohsu.edu. RDPG officers were reimbursed at \$600 for attending FNCE. The web site coordinator was added to the list for reimbursement. It was fun getting to know our colleagues in research (see pictures on page 9, 13 and 15).

Table 1

Volunteer Needs 2007-2008

- One more member is needed for the Awards Committee. This involves reviewing applicants for the undergraduate, graduate, and paper research awards.
- A volunteer is needed to coordinate CPEUs for the newsletter. This person would be responsible for obtaining CPEUs for the featured article of each newsletter (4 per year).
- A volunteer is needed to collate a list of conferences that might be of interest to RDPG members. This list is published in the quarterly newsletters.
- Volunteers are needed to author articles aligned with ADA Research Priorities. See website for priority list.



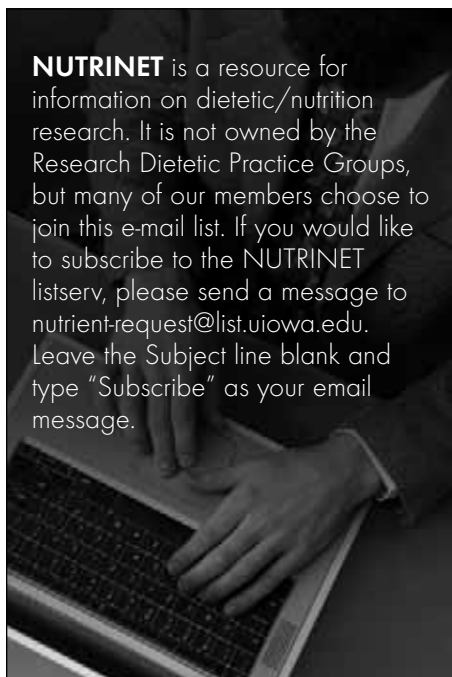
Progressing through our goals, we have identified several volunteer opportunities. The last call that I put out for volunteers produced an overwhelming response. Thank you to all who were willing to serve. In Table 1, our current needs are listed. Please contact me if you are interested in any of these positions.

The Spring Issue of the newsletter will only be available on the website. There will be many exciting changes. Be sure to check it out.

The DPG is turning a corner for growth. You can be a part of the change. Join the Google list, volunteer for a position, and let us know how we can assist you with your career. The group is here for its members.

Debra A. Krummel, PhD, RD, LD
Chair, Research DPG
Debra.krummel@uc.edu

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



RDPG Members on the 2008 ADA Ballot

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Riva Touger-Decker, PhD, RD, FADA (New Jersey)

Emerging New Roles for Vitamin D

Carolyn Moore, PhD, RD
The Beverage Institute for Health & Wellness, The Coca-Cola Company

Summary:

Most health professionals know vitamin D for its critical role in calcium absorption and the prevention of osteopenia in adults and rickets in children. However, over the past decade, emerging research has begun to suggest a much broader role for this vitamin in health promotion and disease prevention. Yet, despite the availability of vitamin D through fortified foods and supplements, research also suggests that key population groups are not meeting current recommendations for vitamin D on a consistent basis, and that gender and ethnic group differences in vitamin D intakes may be contributing to health disparities in the U.S.¹ Registered dietitians can play an important role in improving vitamin D status by providing dietary guidance and advice on vitamin D supplementation for the general population.

Inadequate vitamin D intakes continue to be a health concern in the U.S. despite the fortification of food and increased use of supplements. A recent dietary analysis found that adolescent girls and adult women had the lowest intakes of vitamin D from food.² Among adults, just one percent of women and four percent of men over the age of 50 met or exceeded the recommended 600 International Units (IU) of vitamin D per day from food.² A further analysis of vitamin D intakes by ethnic groups found that Non-Hispanic Blacks (51 years and older) reported the lowest intake of vitamin D from food.¹

Differences in vitamin D intake from food and supplements among gender and ethnic groups may be one factor contributing to the health disparities noted between U.S. population groups. Several studies have reported rickets among breast fed African American children.^{3,4} Reports have also indicated

that adolescent and young adults are at increased risk of vitamin D insufficiency^{5,6} and in an urban clinic setting, the highest rates of vitamin D deficiency occurred among African American teenagers.^{5,6,7} Other studies have demonstrated that vitamin D deficiency is much higher in dark-pigmented persons and Asians due to reduced cutaneous synthesis of vitamin D.^{8,9,10} Overall, the elderly and institutionalized adults have the highest risk of vitamin D insufficiency or deficiency.^{11,12}

Classic vitamin D deficiency during childhood is characterized by growth retardation, skeletal deformation, low bone density, and increased risk of fracture later in life. In adults, vitamin D deficiency has long been known to contribute to development of osteoporosis and osteopenia.¹³ However, more recently a growing body of epidemiological evidence has linked poor vitamin D status to breast, colorectal, ovarian and prostate cancers. Likewise, inadequate intakes of vitamin D or skin exposure to sunlight have been associated with an increased risk of hypertension and cardiovascular disease, diabetes, and metabolic syndrome.¹³

Vitamin D3 (cholecalciferol) is the form of vitamin D produced in the skin when 7-dehydrocholesterol is exposed to ultraviolet (UV) radiation, and the form found in some animal sources (primarily oily fish). It can also be manufactured for use in food fortification and dietary supplements through the UV irradiation of 7-dehydrocholesterol from lanolin. A second form of the vitamin, vitamin D2 (ergocalciferol), is manufactured through UV irradiation of ergosterol from yeast. Regardless of their source, both vitamin D3 and D2 are metabolized in the liver to the primary circulating form of vitamin D, known as 25-hydroxyvitamin D or 25(OH)D, which is the form measured to assess nutritional status. When 25(OH)D levels remain < 20 nmoles/L, overt signs of vitamin D

deficiency such as bone pain and poor mineralization occur.¹³ The circulating 25(OH)D concentrations associated with subclinical vitamin D insufficiency that affect cellular function, but not bone mineralization, are controversial with proposed cut off values of 27.5 to 100 nmoles/L.¹³

Researchers are now recommending that we should move away from the concept that vitamin D is a "vitamin."¹⁴ Recently, it has been discovered that most tissues in the body have vitamin D receptors and are able to convert 25(OH)D to 1,25(OH)2D (called 1,25-dihydroxyvitamin D), the biologically active form of the vitamin.¹⁴ With this discovery has come new insights into the function of vitamin D in the body as the role of 1,25(OH)2D in tissues has begun to be elucidated. For example, newer research suggests that 1,25(OH)2D may play a role in regulating cell growth (both normal and cancerous). Directly or indirectly, 1,25(OH)2D controls over 200 genes, including many responsible for cell proliferation, differentiation, apoptosis and angiogenesis.¹³ Levels of 25(OH)D below 20 ng per mL, which is the level considered indicative of vitamin D deficiency, have been associated with a 30 to 50% higher risk of colon, breast or prostate cancer in both prospective and retrospective studies.¹³ A recent intervention study reporting that post-menopausal women who increased their vitamin D intake by 1,100 IU per day reduced their relative risk of cancer by 60 to 77%, providing additional compelling evidence for a role of vitamin D in cancer prevention.¹⁵

Vitamin D may also play a role in autoimmune disease development and prevention. Epidemiological studies have found that living at higher latitudes, where production of vitamin D in the skin is limited or totally absent during winter months, is associated with an increased

Continued on page 6

risk of autoimmune diseases such as type 1 diabetes, multiple sclerosis and Crohn's disease, whereas living below 35 degrees latitude during the first 10 years of life, where cutaneous production of vitamin D is possible throughout the year, reduces the risk of multiple sclerosis by 50%^{16,17} Vitamin D deficiency has also been shown to increase insulin resistance and decrease insulin production, contributing to a higher risk of metabolic syndrome. Furthermore, a study with pregnant women found supplemental vitamin D decreased pancreatic islet auto-antibody production, reducing the risk of the women's offspring developing type 1 diabetes.¹⁸

Finally, new research showing that monocytes and macrophages exposed to *Mycobacterium tuberculosis* up-regulate both the vitamin D-receptor gene and the enzyme responsible for converting 25(OH)D to 1,25(OH) 2D suggests that 1,25(OH) 2D could be an important immunomodulator.¹⁹ Increased production of 1,25(OH) 2D results in synthesis of cathelicidin, a peptide that can destroy *M. tuberculosis* as well as other infectious agents. This new finding could help to explain why African Americans, a population with some of the highest rates of vitamin D insufficiency and deficiency, probably due to lower intakes of vitamin D from food and supplements and a reduced cutaneous synthesis of vitamin D, are more prone to contracting tuberculosis.^{8,13} In addition, African Americans tend to have a more aggressive form of the disease than non-Hispanic Whites. These results suggest that vitamin D insufficiency and deficiency continue to be an important health problem in the U.S. that may be contributing to health status disparities among ethnic groups.

Efforts to address the nation's vitamin D shortfall face numerous challenges. For example, while measurement of 25(OH)D levels can help predict bone health status and represent the best measure of vitamin D nutritional status,

the measurement is costly and may not always be available. To help increase the visibility of vitamin D as a public health concern, the National Institute of Health (NIH) sponsored a scientific update, entitled, "Vitamin D and Health in the 21st Century—An Update." The NIH conference reviewed the current scientific understanding of the role of this important nutrient (<http://vitamindandhealth.od.nih.gov/>) and highlighted the key findings of a new evidence-based report from Agency for Healthcare Research and Quality (AHRQ) entitled "Effectiveness and Safety of Vitamin D" (<http://www.ahrq.gov/clinic/tp/vitadtp.htm>).

Thus, as the scientific understanding of the role of vitamin D continues to grow, dietitians are in a unique position to help address this problem by providing dietary guidance and advice on vitamin D supplementation for the general population and by sharing the new emerging role of vitamin D with other health professionals.

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Reproductive Obesity: Effects on Maternal and Child Outcomes

Debra A. Krummel, PhD, RD, LD

Research DPG partnered with the Women's Health DPG to sponsor a session at ADA's Food & Nutrition Conference & Expo (FNCE) entitled, "Reproductive Obesity: Effects on Maternal and Child Outcomes." What follows is a summary of the two talks that were given at the session.

Anna Maria Siega-Riz, PhD, RD, an associate professor of epidemiology at the University of North Carolina, School of Public Health, presented a lecture entitled, "Maternal Obesity and Pregnancy Outcomes." Longitudinal data on the prevalence of maternal obesity showed that, regardless of how obesity is defined, there has been a significant increase in the number of women who are obese when they become pregnant.³ This retrospective cohort study included pregnant women from the years 1980 to 1999. The authors also showed that the mean body weight of women at the first prenatal visit increased by 20% (144-172 lbs).

From her own research, Dr. Siega-Riz showed that the percentages of women who exceed the recommendations for gestational weight gain were higher than the number of women who met the recommendations. Overweight pregnant women were least likely to meet the recommendations, followed by obese women, and then women of normal weight.

Unknown to many women, obesity is associated with many negative outcomes (Table 1). A meta-analysis showed that the risk for gestational diabetes was 2 to 8-fold higher in overweight, obese and severely obese women compared with normal-weight women.² Another recent study found a weak to moderate positive association of maternal obesity with seven of sixteen categories of birth defects.⁷

A review of five intervention studies was presented (Donald et al. 2000; Olson

Table 1

Implications of Obesity on Maternal Health Status

During Pregnancy	Postpartum
Gestational diabetes	Postpartum weight retention
Gestational hypertension	Anemia
Preeclampsia	Shorter duration of breastfeeding
Cesarean delivery	
Fetal macrosomia	
Late fetal death	
Early neonatal death	
Birth defects	

et al 2004; Polley et al. 2002; Bechtel-Blackwell 2002)*. Dr. Siega-Riz concluded that we do not know how to promote recommended weight gain in pregnancy. Results from some of her focus groups found these themes: eating advice is overwhelming not individualized; eating advice is confusing and often changing; women receive little or no advice about physical activity; physical activity advice is generally vague and largely limited to being told to "walk;" and professional advice lacks credibility. Her recommendations for the future:

- More studies needed that combine diet and physical activity – especially targeted to obese women.
- Counseling efforts need to take into consideration stages of change, tailored messaging, social cues and the built environment.
- Need more intervention studies that are interdisciplinary and focus on the preconceptional and interconceptional period

Kathleen Rasmussen, ScD, RD, a professor at Cornell University, gave the second lecture entitled, "Maternal Obesity and Weight Gain during Pregnancy: Associations with Success of Breastfeeding and Postpartum Weight Retention." From a public health perspective, maternal obesity causes

problems for the women, their care providers, and their children. Compared to normal-weight women, obese women have more difficulty becoming pregnant and planning their pregnancies. Recently, Nelson and Fleming (2007) recommended that "women with a BMI in excess of 35 should lose weight prior to conception – not prior to receiving infertility treatment."

Maternal obesity also impairs breastfeeding success. In her studies, women who were overweight had 2.5-fold higher odds of ceasing breastfeeding by the time of hospital discharge when compared to women of normal body weight; this was 3.65-fold higher for obese women. Interestingly, this association is reproducible among white and Hispanic women, but not in Black women in the US and white women in Denmark. Possible mechanisms for poor breastfeeding outcome are changes in hormones. Her research group demonstrated that heavier women have a reduced prolactin response to sucking at 2 and 7 days postpartum.⁶ They calculated that there was a 0.5-h delay in the onset of lactogenesis for each 1-unit increase in pre-pregnancy BMI. Within the range of

Continued on page 8

pre-pregnancy BMI values in the sample, this translates to a 10-h difference, something they consider clinically significant in the face of a hungry baby and a frustrated mom!

Also, breastfeeding success exhibits a dose response relationship. That is, with each successive category of obesity, the odds of breastfeeding cessation at 24-weeks postpartum increase concomitantly.

Next, Dr. Rasmussen discussed the role of breastfeeding in postpartum weight retention. In American women, breastfeeding has low to nil benefit on postpartum weight loss because of low intensity and short duration of breastfeeding. She and her colleagues analyzed data from the Danish National Birth Cohort. Longer duration of breastfeeding (>16 weeks) is associated with a reduction of ~ 2 kg in postpartum weight retention among Danish women.¹

Because gestational weight gain puts the women at increased risk for postpartum weight retention and early termination of breastfeeding, this is an important target for intervention. To date, the success rate of interventions to lower gestational weight gain is poor. It is clear that additional approaches are

Table 2

Possible Points of Intervention

Intervention Points
Obtain a normal weight before the first conception
Moderate weight gain during pregnancy
Support optimal breastfeeding
Reduce postpartum weight retention
Educate families about appropriate feeding for infants and young children

needed to help women gain a healthy gestational weight. More trials are presently being conducted in the field.

There are several possible areas for intervention (Table 2). So much more can be done to support breastfeeding in this country. Precisely what should be done for obese women is a focus of her research program.⁵ Again, a trial is being conducted in the field now, but it is only a preliminary study, so much more work is needed here—including the kinds of social change that create breastfeeding as the norm, provide community-level support, and make workplaces friendlier for nursing mothers in particular and families in general.

The data for postpartum weight reduction are also scarce. It can be done without sacrificing breastfeeding, but the data to support this concept need replication and expansion. Studies investigating how to achieve optimal postpartum weight loss are in the field. Stay tuned!

¹ Please email Dr. Siega-Riz (am_siegariz@unc.edu) for questions or references.

² Please email Dr. Rasmussen (kmr5@cornell.edu) for questions or references.

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RDPG Executive Committee-L to R: David Holben (Past Chair), Theresa Lally (Website Coordinator), Cynthia Thompson (Nominating Committee Member), Alice Shapiro (Nominating Committee Chair), Debra Krummel (Chair), Martha McMurry (Secretary), Kendra Kattelmann (Treasurer), Val Episcopo (Newsletter) and Stacey Mobley (Chair-Elect)

Website Report

Theresa Lally, RD, LDN

Check it out: <http://www.researchdpg.org/>

As the Executive Committee continues to make strides towards getting the newly established website up and running, we encourage all to visit the website at the address provided above, make comments and most importantly – get involved in this vibrant practice group!

We have established guidelines that require all information to be posted be sent to members of the review committee for review before the 12th of each month.

We're still in need of a great deal of data to make this a complete and awesome website – useful to all those in nutrition, food and dietetics research.

Visit our website and find out more!

RDPG Mission 2007-2008

The Research Dietetic Practice Group is leading the future of dietetics by promoting the conduct and application of research related to food, nutrition, and dietetics.

RDPG Vision 2007-2008

Research Dietetic Practice Group members are the most valued source for conducting, interpreting, and applying research related to food, nutrition, and dietetics.

Letter from the Editors

We hope that all of our members enjoyed themselves at FNCE this year! In order to update you on all the RDPG FNCE activities, the Executive Committee decided to combine the Fall and Winter issues of The Digest. The Spring issue is slated to be our inaugural electronic issue. Please be sure to join our new email listserv (as outlined on page 11) so that you can receive the next issue of The Digest.

We are currently accepting article submissions for upcoming newsletters as outlined below.

Deadlines for articles:

Spring issue – January 31

Summer issue – April 30

Fall issue – July 31

We would also like to welcome the new members of the RDPG Newsletter Review Board: Laura Coleman, PhD, RD from WI; Diane DellaValle, MS, RD from NY; and Kathleen Woolf, PhD, RD from AZ. Thank you for your dedication to RDPG!

Warm Regards,

*Val Episcopo
& Melissa Pflugh*

Table Talk

Ten Little-Known Facts about Dietary Supplements

Phyllis Stumbo, PhD and Martha McMurry, MS, RD, LD

Are you aware of these uncommon facts about dietary supplements?

1. Did you know that dietary supplements may provide more vitamins in the diets of supplement users than is provided by the foods they eat?

2. Did you know that many supplement users have a better background diet than non-supplement users? These facts seem contradictory, but one might surmise that supplement use may be the result of different motivations—some people recognize their food intake is lacking nutrients and therefore use supplements as an “insurance policy” or “security blanket” to maximize nutritional health, and others may simply want to have the very best diet so they select nutritious food and also take a supplement.

We do not know a lot about the contribution of supplements to total dietary intake, partly because we have lacked the tools to accurately assess the impact of supplement use, which brings up the next interesting fact:

3. Did you know that current estimates of intake from the National Health and Nutrition Examination Survey (NHANES) and the Continuing Survey of Food Intake for Individuals (CSFII) surveys are from *food sources* only? Starting in January 2007 with the NHANES 24-hour dietary food intake interview, both sources of nutrients are being collected from the in-person and telephone recalls. However, the earlier and commonly referenced data summaries do not include the nutrient contributions from supplements.

4. Did you know that information on supplement use has been collected from NHANES participants since 1999? Frequency of use and type of supplement is summarized in several

NHANES documents on their website at www.cdc.gov/nchs/data. From this data we know that most supplement users take only one supplement. Those taking more than one supplement are more likely to be over forty years of age, and over 20 percent of this group takes three or more supplements. Furthermore, after vitamin and vitamin/mineral supplements, the next most frequently consumed dietary supplements are fiber and garlic. These and other interesting supplement intake facts can be read on the NHANES website (<http://www.cdc.gov/nchs/nhanes.htm>)

5. Did you know that nutrient intake data from supplements since 1999 are available on the NHANES website? However, in contrast to the nutrient intake from foods presented in arranged tables, the data from supplements is less assembled. It is formatted for use in statistical programs, but is not summarized in tables. However, it is available for examination by enterprising researchers. Adding to the difficulty in interpretation, it was obtained from participants as taken in the “past 30 days”. Food intake data responses were for the “past 24 hours.” Therefore supplement intakes cannot simply be added to food intakes to give total intakes. The good news is that starting in 2007 information on supplement intake will be collected during the 24-hour dietary recall so that this data can be added to the intake from food in future reports.

6. Did you know that according to some industry spokespersons, the composition of typical multiple vitamin and mineral supplements changes about every two years? This kind of fluctuation in composition makes it very difficult to incorporate supplement data into a food composition database.

7. Did you know that several researchers have developed supplement databases for their studies? For example, researchers at the University of California in San Diego have

developed a supplement database for their studies in the Cancer Prevention and Control Program, and researchers at the University of Hawaii have developed a database for their nutrition studies. These databases are based on values from the supplement label or as provided by the company.

8. Did you know that label values for supplements are often in error, sometimes as much as 50% under to 200% over the labeled value? It is accepted practice to list a lower amount than is added to compensate for loss of potency over the shelf-life of the product, but this makes accurate estimation of intakes problematic. The supplement data collected by both government and academic groups currently use product labels for nutrient content information and therefore are subject to these variations in accuracy.

9. Did you know that the Office of Dietary Supplements and the National Institutes of Health have partnered with USDA to develop an analytically-verified supplement database for a variety of dietary products, the first being vitamins and minerals? This will allow the calculation of total nutrient intake from NHANES data and will also enable other database builders to replace their label values with analytically-verified composition data. Details of this work were described at the 2006 National Nutrient Databank Conference in Hawaii and will be published in an upcoming issue of the Journal of Food Composition and Analysis (see bibliography at the end of this article).

10. Did you know that many dietary supplements have unique components that can be analyzed to detect the presence and concentration of a material in a dietary supplement product? For example, Ginkgo Biloba contains unique flavanols and terpenes that are clues to its presence in a supplement formulation. We can look forward to some interesting summaries from intake surveys when these improved databases are available.

Continued from page 10

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2008-2009 RDPG Ballot

The RDPG is pleased to present the slate of candidates for office for the 2008-2009 year:

Chair Elect:

Jeanene Fogli, PhD, RD
Norman Hord, PhD, MPH, RD
Nominating Committee:
Teresa T. Fung, ScD, RD, LDN

Treasurer:

Valerie Episcopo, MA, RD
Don't forget to cast your vote.
Online voting begins February 1, 2008.

Continued from page 3

outcome. These can be expressed as below:

Exposure \times time \times Outcome

Two exposure groups: The intervention (high cupcake intake) and the control group (no cupcake intake)

Time: 12 months

Outcome: a body weight change of greater than or less than 5%

The elements of the Kaplan-Meier plot need to be identified. Then the elements need to be described and applied. In the above cohort study, there could be three different outcomes. The exposure is the drug or whatever new experience is manipulated (such as cupcake intake) to get the desired outcome (such as a 5% weight change). Traditionally, this method has been used in Phase III trials but is more recently used in a wide variety of studies.

The characteristics of the Kaplan-Meier plot need to have a clear definition for the exposure and the outcome. There is

a variable representing the data of the outcome and a variable for censoring. Censoring refers to a participant that is no longer a part of the study for some reason other than being diagnosed or classified with the outcome. Common reasons for censoring include the following:

1. Lost to follow-up: Participants that moved or do not return phone calls.
2. Lost to another endpoint not related to the study: Participants that encounter an unrelated death such as an automobile accident.
3. Changes in eligibility: Participants that no longer meet study eligibility requirements. For example, participants that discontinue a required study medication.
4. Voluntary withdrawal

When subjects are censored, their data remains in the analysis until the date that the censored event occurs. By this method all the data are still included.

The plot has six elements:

1. The survival distribution function (vertical axis)
2. Time distribution (horizontal axis)
3. Intervention groups
4. Censored events (not displayed)
5. Study outcome event
6. The summary of the survival distribution at the end of the study period.

Subjects are represented by lines that flow horizontally toward the right. The lines drop when there is an outcome event. The magnitude of the drop reflects both outcome events and censored events.

The strength of the Kaplan-Meier plot is that it provides a succinct visual summary of contingency estimates. One of the weaknesses of the Kaplan-Meier is it is a univariate method.

Member Spotlight

Winston Churchill once said, "There is no finer investment for any community than putting milk into babies." As dietitians we are aware of the importance of the macro- and micro-nutrients such as milk fat, protein, and calcium that milk and other dairy products offer which are essential to human growth and development as well as bone and heart health.

Dr. Malcolm Riley, BSc(Hons), DipNutrDiet, PhD, Nutrition Manager for Dairy Australia, has worked extensively in the field of nutrition epidemiology, and most recently in the dairy industry.

Dairy Australia is an industry-owned, service organization for the Australian dairy industry. I am part of a team of three dietitians and a product manager. Together we provide a health professionals' education program (predominantly for medical specialists, general practitioners, and dietitians) emphasizing the nutritional value of dairy food products. We interact with television, radio, newspapers, and magazines on issues related to dairy foods, and we contribute expert technical advice to the development or modification of policy and regulation in areas relevant to dairy foods. Each of these work areas requires our team to maintain an expert knowledge of relevant research in dairy nutrition and other general areas of nutrition.

My background discipline is in dietetics and epidemiology. After completing a dietetic qualification, my PhD studies investigated the role of diet in the development of renal disease in people with insulin dependent diabetes mellitus. I have also worked in population health research centers and in universities. My teaching to dietetic students has mainly been advanced-level courses related to

public health nutrition, encompassing determinants of nutritional health at a population level and how to work to protect or promote them. I have also been involved in teaching fundamental nutrition principles to undergraduate medical students and to food science students, as well as graduate medical practitioners who find their understanding of nutrition does not meet the expectations and needs of their patients.

My research has not always been focused solely on human nutrition. Along the way, I have done research on:

- low pressure gas kinetics and its relevance to stratospheric pollution;
- the barium, strontium and cadmium content of freshwater mussels as a biological indicator of environmental contamination from mining operations;
- substance abuse in Australian indigenous communities, specifically the excess use of the South Pacific intoxicant Kava as a substitute for alcohol use with consequential health impact; and
- injury monitoring and surveillance in recognition of the high health burden of injury and the strong potential for prevention when determinants are systematically identified.

I have enjoyed some involvement with work in other countries including short-course teaching in the United Arab Emirates, assisting with health surveys in Mauritius (an island nation off the coast of Africa), and assessing nutrition programs in Brunei (located on the island of Borneo in Southeast Asia). I find it both enlightening and motivating to experience first hand other cultural perspectives and the positive energy flow from working with nutritionists in other countries.

My current area of research interest is human nutrition related to dairy food because of its direct application to my current position. In the recent past, I have been involved in an investigation

of iodine status in pregnant women from different ethnic groups living in Melbourne, Australia. In common with many developed countries, Australia is concerned that sub-optimal iodine status has been found in some regions. Finding out why this occurs will help develop the most rational policy to address the issue. We found that women from different ethnicities had a significantly different iodine status. This appeared to have been related to different foods they consumed but also to food habits they developed as a result of different health promotions in their countries of origin. In general, women from India bought iodized salt (with distinctly colored packaging), while women born in Australia did not. Australia does not have universal salt iodization and was considered iodine replete until recently.

Scientific research is the foundation of the field of dietetics. There is much to understand about human nutrition and how it might be applied to health issues. Meanwhile, rapid changes in the way people live introduce new challenges with important dietary implications. Nutrition science now means including biological, social, economic, and environmental dimensions. My advice for young researchers would be to have at least two criteria for developing a line of research – the issue should have high relevance for humans, and the researcher should be intensely interested in it. The researcher should then aim to do the best quality research within the resources available.

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.

News and Notables

Journal's Impact Factor Continues to Climb

The value and scope of the *Journal of the American Dietetic Association* continues to grow in academic and research publishing. The just-released 2006 ISI Impact Factor for nutrition and dietetics places the Journal's impact factor at 2.564 (up from 2.376 in 2005). This continues a 4-year trend of upward ranking, bringing the Journal from the 21st most often cited in 2002, to the 13th most cited today! The ISI Impact Factor measures the average number of times published papers are cited in other papers up to two years after publication. Congratulations to Editor-in-Chief since 2003, Linda Van Horn, and the entire Journal Team. Not only does the impact factor showcase the value of our members and our journal, but the official ranking of the Journal may influence CMS and other payers, as well as other associations. Please see the below chart that documents the Journal's impact factor.

Congratulations RDPG Members

Barbara Ann Hughes, PhD, MS, MA, MPH, RD, LDN, FADA was among six

preventive health care professionals to receive the first annual North Carolina Health and Wellness Trust Fund Power of Prevention Awards, recognizing innovative measures to promote healthy lifestyles, increase access to health care and address chronic diseases. Ms. Hughes, president of B.A. Hughes and Associates, received the Leadership in Obesity Award.

Janet C. King, PhD, RD, senior scientist at the Children's Hospital Oakland (Calif.) Research Institute; and Suzanne P. Murphy, PhD, RD, researcher at the Cancer Research Center of Hawaii were honored as Fellows of the American Society for Nutrition at the recent Experimental Biology meeting in Washington, D.C. Janet King also received the Conrad A. Elvehjem Award for Public Service in Nutrition.

Cengage Learning Sponsors RDPG Student Paper Award

Thanks to Cengage Learning, formerly known as Thompson Publishing, for sponsoring the 2007 Undergraduate Student Paper Award. The award recipient was recognized at the FNCE in Philadelphia.

Congratulations to the 2007 Student Award Paper Winners

Grad Papers:

Rebecca Lee Murphy. "Cooking did not Decrease Hydrophilic Antioxidant Capacity of Wild Blueberries"

Jennifer Dobratz, Sibley SD, Beckman TR, Valentine BJ, Kellogg TA, Ikramuddin S, Earthman CP. "Accuracy of Multifrequency Bioelectrical Impedance Analysis and Bioimpedance Spectroscopy for Monitoring Fluid Distribution Changes in Women after Gastric Bypass Surgery"

Undergrad Paper:

Jennifer L. Glas, Carol J. Boushey, Gary W. Auld, Christine M. Bruhn, Mary Cluskey, Miriam Edlefsen, Scottie Misner, Beth Olson, Marla Reicks. "Development of a Tool to Identify Psychosocial Factors Associated with Consumption of Calcium Rich Foods among Parents of Early Adolescents"



Rebecca Murphy, Jennifer Dobratz, and Jennifer Glas receive their RDPG Student Paper Awards.



Debra Krummel and Martha McMurry in front of the RDPG Showcase

UNDERGRADUATE AND GRADUATE STUDENT PAPER AWARDS

The purpose of this award program for undergraduate and graduate students in nutrition and dietetics is to stimulate interest in research and to recognize outstanding research efforts by qualified students. Recipients will receive a certificate, \$100 cash award, and \$300 for travel expenses incurred in attending the 2008 FNCE.

Competition is limited to members of the Research Dietetic Practice Group or their students who are currently in graduate or undergraduate school at the time of submission (Spring 2008). The recipient may not hold a rank above assistant professor at the time of presentation. All members who meet the eligibility requirements for the Graduate/Undergraduate Student

awards should submit an abstract of their work as part of the normal ADA FNCE submission process, as well as 5 copies of their abstract and contact information, including email, to Dr. David Holben at the address below by **March 7, 2008**. If the student is NOT a member of the Research DPG, the supervising professor should write a letter verifying that the student work was conducted with a member of the Research DPG. This letter also should be sent to Dr. David Holben. Only students whose abstracts are accepted for FNCE 2008 will be considered for the award. Finalists will be asked to submit a manuscript of their work in spring for final award selection. The applicant must be the primary (first) author of the abstract and resulting manuscript based

on these results, as well as the person who presents the paper at FNCE.

Any questions regarding the Research DPG review, award process or criteria can be directed to Dr. David Holben at 740-593-2875 or holben@ohio.edu or Linda Flanagan-Vahl, 800-877-1600, Ext. 4725 or lflanagan@eatright.org.

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Research DPG Annual Report 2006-2007

The Research DPG (RDPG) continued on a successful path, providing members with personal and professional development opportunities to excel and grow through networking, leadership development and specialization.

Program of Work Outcomes:

Publications and Communications – Our newsletter, *The Digest*, continues to be a highly rated member benefit. Topics spanned a wide breadth, with 'Table Talk' added as a regular column. As in previous years, we were not successful in making the newsletter fully electronic. However, RDPG continues to make strides toward our goal of an electronic newsletter, including our new website for RDPG, which was rolled out this year. We discontinued using *Nutrinet* as our official listserv since non-RDPG members were using the service so we started a Google group in its place. Our tape lending library was discontinued.

Our member awards continued and included a First Author and a Co-Author Paper Award, as well as two travel awards to professional meetings. Two Graduate Student Paper Awards were provided, as was our first Undergraduate Student Paper Award. All awards are planned to continue. For 2007-08, sponsorship of the Undergraduate Award by Cengage Learning is expected.

We hosted or contributed to numerous sessions at FNCE, with many speakers and poster presenters being members of RDPG. In addition, many members served as reviewers of abstracts. We also hosted a priority session, "Omega-3 Fats in Health and Disease: Implications for Education & Practice," which was sponsored by the Walnut Marketing Board. Our executive and member business meetings during 2006-2007 were sponsored by General Mills and Sweet'n-Low respectively.

The direction of RDPG was reviewed by the Executive Committee and a variety of members, with our mission, vision, strategic plan, and goals being developed during 2006-2007. A member survey was completed, and use of the ADA Research Committee survey was used to glean insight into possible directions for RDPG.

Financial Outcomes:

	Actual (\$)	Budgeted (\$)
Total Revenues	21,469	17,100
Total Expenses	14,780	17,139
Excess (Deficit)	6,688	-39

Summary:

Thanks to the efforts and support of our leaders, industry and ADA staff partners, and our members, the RDPG continues to be a strong and effective DPG.

Annual Financial Report: June 1, 2006-May 31, 2007

Kendra Kattelman, PhD, RD

Assets on May 31, 2007: \$37,623

Note: Approximately 50% must remain in reserve.

Income:

Member dues:	\$16,575
Investment income:	\$2,194
Grants:	\$2,700
Total:	\$21,469

Expenses:

Newsletters:	\$3,862
Student Awards	\$300
First and Second Author Awards	\$300
FNCE meeting expenses	\$2,807
Officer meeting expenses	\$4,869
Professional consulting for strategic plan	\$1,000
Mailing, teleconference, & miscellaneous	\$1,749
Total:	\$14,780
Balance	\$6,688

The large positive balance as of May 31, 2007 was due to the following items not being paid in the appropriate fiscal year. There were 2 newsletter bills totaling \$4618.48 that were not paid until after May 31, 2007. Submitted and not cleared in this year was our gift fulfillment of \$700 to the 21st Century Club. Travel of up to \$300/student was budgeted for each student receiving an award. Only one student traveled and requested the reimbursement.

ResearchDPG@googlegroups.com

About 550 currently active Research DPG members have been sent an invitation from noreply@googlegroups.com to join our new Research DPG electronic mailing list.

Some of you may not get it because junk mail filters can trap this email from googlegroups.com.

If you have NOT received an invitation, please check your junk mail folder and permit these emails to be accepted.

Please contact Martha McMurry at MCMURRYM@OHSU.EDU if you still cannot find your invitation.



Debra Krummel presents Alison Eldridge, General Mills, with a Certificate of Appreciation

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