

Special Points of Interest:

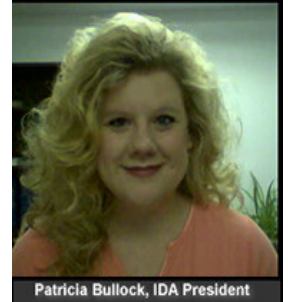
- Legislative Events
- Promote the RD
- RSS Feeds
- Spotlight on IDA Member

“IDA has already accomplished so much for its members throughout the years, but the work continues, and therefore its members must continue to work for IDA”.

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A MESSAGE FROM YOUR PRESIDENT



Patricia Bullock, IDA President

As I reflect on this past year, I am humbly grateful for the opportunity to have served the Iowa Dietetic Association. The wonderful experiences I have had will be carried with me beyond my professional career. I am proud of the accomplishments the board and council have made. The association has successfully revised the strategic plan so that we have a clear and focused path to guide us in achieving our goals. The website continues to evolve and expand with more information available online for our members. Legislative activity has increased with a collaborative effort with our legislative monitor regarding legislation that will impact not only our profession, but also the health of all Iowans. I foresee even greater activity by this committee in the year to come.

I have enjoyed serving IDA and am thankful for the group of colleagues and their collective wisdom and experience as well as fresh and innovative ideas that they have shared together. I believe each one of us as members has experiences, knowledge, or talents that are both common among us within our profession, yet also they are unique to each of us. This combination of commonality and uniqueness make each one of us a valuable asset to the organization. We all have something to offer IDA whether as a member contacting our legislator, a member of our district or state leadership, or involvement in a committee, or taskforce. We share our knowledge and talents with our patients, clients, customers, other medical professionals, and community everyday. My wish for all members is to experience IDA as I have, by *sharing* your talents and knowledge with your ‘peers’ in continuing to strengthen our profession and our IDA.

I look forward to the coming year under the leadership of Heidi Petersen. I believe it will be an exciting year for growth of the organization! Please share your wisdom and talents with us by your involvement in IDA!

Tricia Bullock,
IDA President

Meet Your IDA Officers

Heidi Petersen President

1305 Florence Drive #105
Waukee, IA 50263
(515) 339-7242 (H)
(515) 643-8203 (W)
(515) 971-6738 (C)
(515) 643-8930 (F)
hpetersen@mercydesmoines.org

Joetta Redlin President Elect

PO Box 287
Walford, IA 52351-0287
(319) 846-2453 (H)
(319) 377-4803 (W)
(319) 846-4405 (F)
merleh@cedar-rapids.net

Patricia Bullock Past President

224 W Florence Ave
Glenwood, IA 51534
(712) 527-1566 [H]
(712) 310-7326 [cell]
cochranbullock@yahoo.com

Anthony Lynch Secretary/Treasurer

109 S Scott Blvd
Iowa City, IA 52245
(608) 628-6686 (Cell)
(319) 356-3755 (W)
anthony-lynch@uiwa.edu

Janice A. Fisher Delegate

712 Spencer Drive
Iowa City, IA 52246
(319) 351-1981(H)
(319) 338-0581 X6468 (W)
(319) 594-0669
bsf5021@mchsi.com

Diane Duncan-Goldsmith Member at Large

329 Beldon Avenue
Iowa City, IA 52246
(319) 354-7466 (H)
(319) 688-1021 (W)
(319) 688-1028 (F)
Duncan-Goldsmith.Diane@iccsd.k12.ia.us

Barb Fuller Nominating Chair

1007 Washington
Corning, IA 50841
(641) 322-5136 (H)
(712) 542-8323
bdfuller@frontiernet.net

Elaine Mitchell
Council on Professional Issues
15356 Abbey Circle
Peosta, IA 52068-9676
(515) 964-6576 (O)
(563) 556-7218 (H)
dieltou@aol.com

Online Professional License Verification is Easy!

The Iowa Department of Public Health, Bureau of Professional Licensure is making renewing licenses easier, faster and safer. Sixty days prior to license expiration, a postcard is mailed to each licensee at the address on file in the board office saying it is time to renew. There are many advantages to online renewal.

- It is easy. When continuing education requirements have been met, licensees may go to the website at www.licensediniowa.gov
- All the licensee needs is his/her license number and MasterCard or VISA, or a debit card with a MasterCard or Visa logo.
- Licensees may answer all questions online. The online renewal fee includes a \$3.00 convenience fee.
- It is fast. Once the online renewal process is complete, the license is immediately renewed and a new wallet card will be mailed in three to five working days.
- It is convenient. Up to sixty days prior to license expiration, licensees can renew on a home computer, at any time of the day or night, on weekends, or on a holiday. Licensees who do not have a computer at home may renew on a computer at their local library, their work place, or any other location.
- It is safe. Information is secured to protect privacy.
- Online renewal reduces errors. The system does not let licensees move forward until all questions are answered.
- Late renewal is available online for 30 days after license expiration. During this time, licensees are required to pay the renewal fee and an additional late fee. Licenses that are not renewed during this grace period become inactive. Licensees may not practice until they reactivate their license.
- For information about each profession's renewal cycle and requirements, licensees may go to the website at www.idph.state.ia.us/licensure, select their board and click "Go."

The IDPH Bureau of Professional Licensure licenses the following professional boards: Athletic Training, Barbering, Behavioral Science, Chiropractic, Cosmetology Arts and Sciences, Dietetics, Hearing Aid Dispensers, Massage Therapy, Mortuary Science, Nursing Home Administrators, Optometry, Physical and Occupational Therapy, Physician Assistants, Podiatry, Psychology, Respiratory Care, Sign Language Interpreters and Translitterators, Social Work, Speech Pathology and Audiology.

It Is Time to Promote the RD

Carlene Russell

W

we are all well aware of the trend for more community based health services. This trend is going to continue as it is impacted by the aging of the baby boomers. As people age there is more need for assistance to enable the older adult remain living in their own homes. Older adults of today want home and community based services rather than institutional care.

Currently, a broad range of programs and services are available to assist older adults and individuals with disabilities. These services are supported by numerous agencies and frequently have complex eligibility requirements. Individuals seeking support services and their families often have difficulty sorting through or even locating community-based services, which may, in some cases, lead to unnecessary institutionalization.

President George W. Bush's New Freedom Initiative provided the opportunity for the joint effort of the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS), the agency that administers the Medicare and Medicaid programs to provide funding for Aging and Disability Resources Centers (ADRC) in many states. The ADRCs integrate community based services or long-term support programs for consumers into a single coordinated system. The Iowa ADRC or Life Long Links creates 'one stop' entry points to long-term support services and is becoming the foundation for community-based care.

Some of you may be in a position where you are not seeking additional referrals. Please consider placing your name on the listed services anyway so that registered dietitians will have a significant presence in this statewide project.

How does this impact dietitians?

Iowa legislators have identified a need for people to have easier access to information about available services. They are supporting the Iowa Life Long Links as a central source of information about services. The question is "will Iowans be able to access nutrition services, nutrition counseling, medical nutrition therapy, nutrition education via Iowa Life Long Links?"

The Life Long Links www.LifeLongLinks.org uses **two** routes to access information about nutrition services.

Elder and Caregiver (Right side of page)

Search for service

Service (nutrition education)

Map (identify location)

Please take a few minutes to visit this web site and check out the services in your area. If the nutrition services you provide are not listed, please complete the attached nutrition services intake form. If you are a part of a large umbrella agency, such as a hospital, you do not need to complete the "Overall Agency Information" form, since that agency/organization is probably already in the database for other services, such as "General Hospital", "Congregate Meals", etc. If you are with an organization that is not anywhere in our database, complete both forms. Mail forms to Ginny Paulson, Iowa Family Caregiver Program Manager, 2816 Brookside Dr., Iowa City, Iowa 52245.

Begin Planning (Bottom of page)

Quick Link (Left side of page)

Health

Nutrition (scroll down to Nutrition)

The American Dietetic Association's Nutrition Network

Please take a few minutes to visit the ADA website. If you are not listed, please complete the attached Nutrition Network form and mail to ADA. The Iowa Department of Elder Affairs will be sponsoring a media campaign for the Life Long Links in June. This is a great opportunity to make sure nutrition services are visible. ...forms provided on page 4

Iowa Association of Area Agencies on Aging (i4a)

Information and Assistance Survey

NUTRITION SERVICES

Service/Agency Name: _____

Contact person/title: _____

Address: _____

Phone Number (for the public to access your services): _____

E-mail Address: _____

Web-site Address: _____

Counties Served: _____

Hours/Days Service Provided: _____

Eligibility Criteria: _____

Do you serve non-English speaking people and if so, how do you address the language barrier?

Cost: _____

Payment Sources Accepted:

- Voluntary contribution This is a free service Medicare Medicaid
 Private Insurance Sliding Fee Scale Veterans Benefits Medicaid Waivers
 Other (please list) _____

Type of Nutrition Services Offered (check all that apply):

Congregate Meals: Provision of a noon meal which complies with the Dietary Guidelines for Americans at a senior center or other group setting (restaurant, senior housing, etc.).

...Continued on page 5

Each meal must meet 1/3 of the current recommended dietary allowances and must be offered on a contribution basis rather than a set fee.

Emergency Food: Provision of food during a crisis situation.

Frozen Meals: Frozen meals delivered to homebound people age 60 and over who are unable to cook for themselves.

Home Delivered Meals: Meals delivered to an individual's home. Some programs are government funded and require that the recipients be homebound and have limited ability to cook for themselves. Programs may be available on a contribution basis or for a fee.

Liquid Supplement: Nutritional drink provided as a dietary supplement for eligible seniors, often delivered with home delivered meals programs or by another home care service.

Nutrition Education: A service or program promoting better health by providing accurate and culturally sensitive nutrition information to older persons and/or their caregivers. Can be provided one-on-one or in a group setting. Nutrition Counseling by a dietician is an example.

Meals Provided:

- Frozen
- Liquid Supplement
- Shelf Stable
- Hot Meals
- No Meals Provided
- Special Diet

Meal Schedule:

- Holidays
- Weekdays
- Weekends
- Scheduled Days a Week

Additional Comments about this service:

Name/phone/e-mail of person completing this form: _____

An area agency on aging staff person will review your information and enter this information into our database. We will contact the person who completed this form if we have any questions.

Thank you!

*Mail forms to: Ginny Paulson, Iowa Family Caregiver Program Manager, 2816 Brookside Dr., Iowa City, Iowa 52245.

Ask for a Raise and Be Ready with Replies to Objections!

RD Marketing Series Part 4

By Pat Katepoo, RD, The Salary Coach for Dietitians

In this last installment of a series on replying to pay raise objections, we'll look at your options when you face this one:

"I can't give you a raise. You're already at the top of the pay scale."

By now, you're getting a better picture of the options which offer you value, even if they're not in the form of a traditional pay raise.

Yet even in a top-of-the-pay-scale scenario, there are possibilities for getting higher pay. (The usual exceptions are government and union environments where there is a rigid pay structure.)

One dietitian I worked with was employed by a private for-profit organization in a specialized clinical setting and feeling stuck about her pay ceiling situation.

Her employer already offered very good benefits of solid value, so there were attractive reasons for her to stay. Yet she thought another pay increase would be "nice."

Of course! Without a raise or COLA for three years, her real earnings were going backwards!

I encouraged her to broach the raise issue regardless of the pay cap, and to gently make the point that she was, in essence, being penalized for her loyalty to the employer.

As a result, her employer ultimately adjusted the pay cap upwards by 4% and, with a token COLA included, gave her a total raise of 6%. Not stellar—given the three years without an increase—but not stuck, either.

Let's assume your job satisfaction is high and you don't want to leave your current job, despite the pay cap. Then it's time to push past the pay scale cap in one way or another.

Here are some possibilities:

What I hear you saying is that, you would grant my request for a ___% increase if it weren't for the pay scale cap. Is that correct?...Thank you. I appreciate your recognition of the value I'm bringing to the job.

Once again, this introductory response, or a variation that matches your "voice," should start virtually every reply before you continue.

With all due respect, it seems that I'm actually being penalized for my loyalty. I understand employee retention is a priority among most employers because of recruiting, hiring and training costs. I really like working here and want to continue to do so. I wonder if the pay scale cap

could be adjusted for inflation every year or so.

With all due respect, it seems that I'm actually being penalized for my loyalty. I really like working here and want to continue to do so. What would you do if you were in my place?

With all due respect, it seems that I'm actually being penalized for my loyalty as my income earning power actually declines the longer I stay. But I really like working here and want to continue to do so. Is it possible to adjust the pay scale to reflect inflation for the last year?

Is it possible, given the measurable job accomplishments that I've just outlined, that we could work towards getting another job title or job classification that would bring me to a pay level which reflects my contributions? [Your boss's reply to an "Is it possible" question is an indicator of how hard s/he is willing to advocate for you.]

Since the pay scale cap restriction doesn't allow for the merit raise I've earned, I wonder if, in light of the measurable job accomplishments that I've just outlined, you could arrange a retention bonus of say, \$_____, as a way to recognize my contributions?

Since the pay scale cap restriction doesn't allow for the merit raise I've earned, I'd like to suggest a way that my job performance could be rewarded in a different way. [Negotiate for additional weeks of paid vacation leave.]

Since the pay scale cap restriction doesn't allow for the merit raise I've earned, I'd like to suggest another way of rewarding my job performance. Since time is money, here's an innovative way for me to have more time instead of money. [Present your proposal for 10% fewer hours without a pay cut; that's a day off every other week or a 36-hour workweek. See http://workoptions.com/pt_raise.htm for more information.]

Realistically speaking, in the absence of regular merit raises plus a COLA, modest incremental raises each year multiplied over several years makes it unlikely that your salary will keep up with the market value.

Consider leveraging your experience into a new position where it's not uncommon for new hires to get salaries at least 10% higher than their current position.

The complete set of scripted replies to the four common objections covered in the IDA Bulletin since last fall are found in the Ready-for-a-Raise Workbook for Dietitians, a CDR-approved self-study program worth 7 CPEs. For more information, go to <http://careercoachrd.com/ready.htm>.



RSS Feeds ?? *not diet therapy*

.....But Really Simple Syndication

Nadine Fisher

Have you noticed those orange buttons that are now displayed on most all websites and blogs that you visit these days? These buttons represent RSS feeds that readers can subscribe to. Most commonly these buttons may have RSS or XML written on the button. They may also accompany statements like “subscribe to this feed”. If you go to the IDA Website Members Only section at: <http://www.eatrightiowa.org/> , you will now see an XML button that will subscribe you to the new IDA RSS feed.

An RSS feed is a technology that allows a web site to syndicate its content. RSS is a *machine-readable* file format, making it possible for all sorts of software to easily keep track of a site’s latest content.

RSS is a data format for syndicating content on the World Wide Web. Technically, there are a few different versions of RSS in existence and depending on who you’re talking to, RSS is an acronym for a few different things:

- Really Simple Syndication
- Rich Site Summary
- RDF Site Summary

How people and services make use of RSS feeds

Software can be used to download RSS feeds and work with the data they contain. People can stay abreast of updates to RSS-enabled sites by using a program called an *aggregator* or a *feed reader* to subscribe to those sites’ RSS feeds and regularly deliver the updates that are published.

Services such as [Google’s Personalized Homepage](#) obtain the information they offer by downloading RSS feeds of the sites that you have subscribed to.

Do you have a handful of web sites that you visit often, but wish there was an easier way to keep track of them? RSS is that easier way. By using a program called a “feed reader”, or an “aggregator”, the latest content on all of your favorite web sites will come to *you*. Tediously clicking through your bookmarks is a thing of the past — just log into your feed reader and everything is there, waiting for you.

Uses for RSS

RSS is not limited to delivering the news. Any sort of data that can be broken down and organized with a list can be syndicated with RSS. Examples:

- Traffic information
- Airline delays
- Real Estate listings
- Sports scores
- **Weather updates, IDA Bulletin and IDA Website updates**

Identifying RSS-enabled sites

Most RSS-enabled sites will display an orange RSS icon  either in the address bar of your browser, alongside links to their feeds, or both.

RSS readers:

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HIGH FRUCTOSE CORN SYRUP

WHAT YOU REALLY NEED TO KNOW PART 2 OF 3

Janet Macon, MS, RD, LD

This is the second in a three-part series examining the controversy surrounding high fructose corn syrup. This month we consider the sweetener from the perspective of a registered dietitian.

High fructose corn syrup (HFCS) is a corn syrup-based sweetener used widely in the food and beverage industries. Currently, we eat and drink annually more than 73 pounds per person.

More than 60% of Americans are overweight or obese, both predictors of diabetes risk. The rapid increase in American weight has mirrored the increase in HFCS consumption. The two are informally correlated frequently, suggesting that HFCS may play a role in the obesity epidemic and rising rates of diabetes.

Our growing thirst for HFCS
In 1970, Americans ate or drank 0.6 pounds of HFCS per person per year; in 2000, we ate 73.5 pounds – more than a 120-fold increase.

The body reacts differently to ingestion of fructose than to sucrose (table sugar). When we eat table sugar, two hormones in our bodies, leptin and ghrelin, signal the brain that the body has been fed and regulate appetite. Fructose does not cause the same communication within the body, so has been implicated in weight gain. The most commonly consumed form of fructose is HFCS, and it has remained unclear whether the body's response to HFCS more closely mimics that of table sugar or fructose.

In a study published in *Nutrition* in February 2007, researchers at the University of Rhode Island gave a group of normal-weight women beverages sweetened with HFCS or table sugar as part of a meal, then asked the women to rate their appetites. The researchers also took post-prandial blood samples to examine hormone response. They found that appetite and hormone response to HFCS do not differ from that of table sugar.

Regardless of the source of sweetener in a beverage, our appetites recognize fluid calories less

precisely than they do the same number calories from food. Fluid calories are less filling than food calories, so more may be required to reach the same level of satisfaction.

Dietitians also encounter fructose as two clinical diagnoses: fructose intolerance and fructose malabsorption. Fructose intolerance is a hereditary lack of the enzyme needed to break down fructose. Eating fructose – and in many cases sucrose as well – may lead to hypoglycemia; prolonged intake may lead to gout, seizures, liver damage and even death. Usually diagnosed in children, the incidence of fructose intolerance is approximately 1:22,000 people. Total fructose avoidance, including that found in HFCS, is required.

Fructose malabsorption, by contrast, is relatively common with less severe consequences. The cause remains unknown, though high sugar intake typical of the Western diet often is blamed. Symptoms of include mood disturbances, gas, bloating, and diarrhea. As many as one in three people may suffer from some degree of malabsorption, though most are able to tolerate some fructose in their diets. By carefully recording every food and beverage consumed, and subsequent symptoms, most will find their own fructose threshold.

Conclusion

The obesity and diabetes epidemics are complex. We cannot assign so much of the burden to one food source. While the rates of obesity and HFCS use have increased, so too have our portion sizes and number of meals consumed outside of the home, while our physical activity has decreased. Overconsumption of sweetened beverages may play a role in our growing girth, regardless of the form of sweetener used.

Public Policy Workshop 2007

Heidi Petersen MS, RD, LD

As I return back to Des Moines after PPW in Washington DC, I am reflecting on what a great experience it was. It certainly met and exceeded my expectations. ADA provided some very valuable information on legislation and public policy that got us up to speed on the main areas of focus.

Farm Bill

- Support establishing the National Institute for Food and Agriculture with \$1 billion of new Federal funding for food, nutrition, agriculture and environment research and extension.
- Preserve and adequately fund USDA's Human Nutrition Research Centers.
- Issue the Dietary Guidelines for Americans every 10 years to build public education, acceptance, and research for future Guidelines into the cycle.
- Support improvements to USDA's food assistance programs to serve those in need.
- Help beneficiaries use food stamps for diets consistent with the Dietary Guidelines for Americans through incentives and nutrition education.

Medical Nutrition Therapy

- Bills being introduced in both the House and the Senate to give Medicare the authority to expand the Medical Nutrition Therapy benefit to other areas of need such as cardiovascular disease and prediabetes.
- Senate bill to require state Medicaid programs to cover the screening and treatment (including MNT) of diabetes.

The group of Iowa dietitians was able to have direct contact with Senator Harkin, Representative Latham, and Representative Boswell (after catching him the hallway).



Sister Ladonna, Jill Lange, Representative Latham, Heidi Petersen, Teresa Nece

We had some other great meetings with the aides in the other offices (Grassley, Loeb sack, Braley, and King). They asked great questions and

were receptive to our information and meetings. I know that I was personally nervous to make these visits on Capitol Hill. Once there, I was more comfortable in knowing that we as dietitians are the nutrition experts and have valuable information to share with them. It was an exciting experience to be there and be a part of the process.

Washington DC has the obvious effect of making one "proud to be an American" as it is full of history. As I attended PPW, I was overcome with the fact that I am "proud to be an Iowan"! Iowa and its members were mentioned numerous times during the conference.

- Leading the way in licensure
- Carlene Russell for being a leader with the Older Americans Act
- Iowa being 1 of 5 states that has a dietitian that sits on Medicaid board
- Sister Ladonna for her grassroots work within the state of Iowa and leading relationships with Senator Harkin.

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Senator Harkin

- Teresa Nece being on a panel discussion the Farm Bill, sitting on the ADA Legislative and Public Policy committee, and being recognized leader in nutrition and schools being asked to testify and represent ADA and the Institute of Medicine release of recommendations for food in schools.



Teresa Nece and Senator Harkin

These are just a few of the amazing things and leaders that we have to proud of in the state of Iowa. I encourage all of our members to learn from some of these mentors in our great state. Look at ways that you become a part of the legislative and public policy efforts in the next year within our state and at the federal level. It takes a lot of effort and time to see the fruit of labors but this is how change takes place!

Please contact me if you have any questions related to PPW, legislation or public policy at hpetersen@mercydesmoines.org or 515-643-8203.

IDA Nominating Committee Call for Candidates: Barb Fuller, Nominating Committee Chair

The IDA nominating committee has begun work on finding candidates for IDA Leadership positions. Some have been suggested and contacts have begun, but there are still opportunities for IDA members to step forward. The position descriptions are available on the Iowa website in the "member's only" section. Most are 2 or 3 year commitments, by being an "elect" position there is a chance to learn the duties for one year or more before moving into the actual position. These leadership positions offer great personal and professional benefit, though not a monetary benefit. Supportive employers view this as an opportunity to strengthen already great employees. Travel is paid to meetings, if attendance is required. Board and Council meetings are held in Central Iowa and are scheduled well in advance. The full Board and Council only meet twice a year, and the Board does meets 2 to 3 additional times a year. Step forward and let us know if you are interested. The ballot positions for 2008-2009 are nominating committee member; Member at large, elect; Delegate, elect; Council on Professional Issues, elect; and President, elect. To do so, contact any of the nominating committee members listed below.

Barb Fuller, Nominating committee chair, bdfuller@frontiernet.net 641-322-5136 (H)

Renee Sweers, Chair Elect rsweers@iastate.edu 712-276-2157 (H)

Kathy Moen, member Kathy.moen@gcmhealth.com 515-386-2114 ext. 334 (W)

2007 IDA Awards

Joetta Redlin

Congratulations to all members who were nominated for 2007 awards. The following members will be honored at the Awards Luncheon in conjunction with the IDA Annual Meeting in November.

Medallion Award:

Polly Graham

Chief Clinical Dietitian

Genesis Medical Center

Davenport, IA

Recognized Outstanding Dietitian of the Year (RODY):

Susan Clarahan

Client Education Coordinator/ Clinical Dietitian

Hematology-Oncology

Associates of the Quad Cities

Bettendorf, IA

Recognized Young Dietitian of the Year (RYDY):

Andrea Maher

Clinical Dietitian

Select Specialty Hospital of the Quad Cities

Davenport, IA

Outstanding Dietetic Student:

Amber Appleton

Iowa State University Ames, IA

IDA Scholarship (\$600.00):

Amber Applet

Iowa State University

Ames, IA

Gem Award:

Hy-Vee, Inc.

Ric Jurgens, CEO

West Des Moines, IA

Thank you to members of IDA who took the time to nominate a colleague, friend, peer, student or mentor. The selection committee worked diligently to select the recipients of this year's awards.

2006 – 2007 Awards Committee: Joetta Redlin (Chair), Chris Jacobson, Cindy Goody

Mary Pat Raimondi MS, RD



Teresa Nece

Students Health

ADA member shines at Senate hearing

Teresa Nece, food and nutrition director of the Des Moines Public Schools shared her experiences operating the Fresh Fruit and Vegetable Program recently with an influential audience: the Senate Agriculture, Nutrition and Forestry Committee. She shared the accomplishments of the program, and helped senators understand what resources schools need for the program to be implemented successfully.

“The fruit and vegetable program has been remarkably successful, not just in fulfilling its stated purpose of increasing fruit and vegetable consumption, but also in helping to create something much bigger – namely, a culture of wellness and health promotion,” she said.

Nece, a member of ADA’s Legislative and Public Policy Committee, also fit in a request for improving school meals. “I would like to see school meal programs enhanced with additional funding to support infrastructure needs to facilitate increased offerings of fresh fruits and vegetables as a part of the school breakfast and lunch programs,” she said.

“I would like to see school meal programs enhanced with additional funding to support infrastructure needs to facilitate increased offerings of fresh fruits and vegetables as a part of the school breakfast and lunch programs.”

Simplified Diet Manual 10th edition

Now In Press!

Edited by Andrea Maher

NOW Published / 216 pages / ISBN: 9780813818788 / Hardback / UK£24.99 / US\$44.99 / AUS\$68.95

For more information or to buy this book visit

www.blackwellpublishing.com/9780813818788

Hospitals and long-term care facilities in every state and many foreign countries use the *Simplified Diet Manual* to assist them in planning nutritious, appealing, and cost-effective meals that are modified to meet the dietary requirements of individuals with special health needs.

While reflecting the dynamic nature of the field of nutrition, the Tenth Edition of the *Simplified Diet Manual* retains its basic purpose: providing easy-to-understand, fundamental nutrition guidelines for normal and therapeutic diets. The concise, user-friendly format of this useful resource helps dietitians and foodservice managers succeed in their vital role in maintaining nutritional health and well-being of clients in long-term care facilities, hospitals, and outpatient service centers.

Delegate Report

Spring 2007

Dr. JANICE A. FISHER, RD,LD,PHD,CDE,BC-ADM

The Spring HOD meeting was conducted in Chicago, IL in March 2007. Three meeting motions were generated from meeting discussion and were voted on by the members of the HOD in May, 2007. The results of the voting are as follows:

Motion #1 Passed. This motion supported the implementation of strategies to promote the image of the dietitian and DTR by individual members and by ADA committees. Suggestions for promotion identified in the pre-meeting and meeting dialogues will be shared with members for their consideration. The ADA Marketing, Communications and Corporate Relations Group will be requested to evaluate the ease in accessing ADA tools and resources available on the ADA Web Site for use in promotional activities. The HOD Leadership Team will monitor changes in the perceived image of the profession over the course of the next five years, starting in 2008.

Motion #2 Passed. This motion supported having the HOD Speaker request that affiliates, DPG's, CDR, CADE, ADA Student Council and student dietetic clubs to develop plans to promote the RD and DTR in various practice settings.

Motion #3 Passed. This motion supported public policy and advocacy. Delegates are encouraged to provide support to the public and advocacy efforts of affiliates and DPG's ; and to promote member participation on these activities. Attendance at the ADA public policy and advocacy workshop is encouraged as well as other venues where it is appropriate to introduce advocacy efforts into the work of the program.

Topics for the Fall HOD meeting in Philadelphia, PA will include dialogue regarding membership dues, Health Disparities, and possibly the report from the Phase 2 Future Practice and Education Task Force. The Phase 2 Future Practice and Education Task Force publishes the progress of the committee on the ADA website on a regular basis. Members are encouraged to read the entire report and follow the progress.

I encourage all ADA members to access eatright.org and stay current regarding hot topics and reports of committees that are posted on the website. I can be reached via my published email or phone number for further discussion of issues that members wish to have input. Members may also proposed mega-issues to the HOD via the website or through me. I welcome your opinions regarding our association and how its operation affects your work. I am also available to speak to District Associations. Please contact me several months in advance so I can coordinate an appropriate date and time. Thank you for the opportunity to represent Iowa as your Delegate.

Topics for the Fall HOD meeting in Philadelphia, PA will include dialogue regarding membership dues, Health Disparities, and possibly the report from the Phase 2 Future Practice and Education Task Force.



From Your Editor:

Welcome to the IDA Summer Bulletin. In this issue you will find information on a variety of IDA activities. Our members continue to amaze us with their energy and inspiration. Many legislative activities have recently occurred and some are highlighted in this issue. Stay tuned for more to come over the year. I am excited to have an assistant— Andrea Maher, who will be recruiting the membership for articles and cutting edge information. You will receive messages from her soon as she collects information for our next issue of the Bulletin. I look forward to hearing from you soon and remember that all ideas and articles are welcome!
Have a great summer.... Nadine

BULLETIN SUBSCRIPTION

Non-IDA members, retired members and dietitians, from other states may subscribe to *The Bulletin*. The yearly subscription fee to cover printing, mailing and handling costs is \$10.00. Make check or money order payable to the Iowa Dietetic Association and send with your name and address to:

Monica Lursen, RD
27924 Butler Center Road
Clarksville, IA 50619-9253
319-885-6557

lursen@netins.net

IDA Bulletin Deadlines

Please submit your articles for publication in the next IDA Bulletin to :

Nadine Fisher, IDA Bulletin Editor

Electronic submissions are required.

Guidelines for submission can be viewed at :

<http://nutritionnetworks.com/idabulletin.htm>

Please send articles to:

editorIDA@nutritionnetworks.com

The four yearly deadlines are:

Feb 15, May 15, Aug 15, and Nov 15

If you are interested in serving on the website committee please email me or call me during the day at:

319-356-6040 X140

ADVERTISING POLICY

For information on advertising in the Bulletin or on the IDA website, please contact Monica Lursen (email below).

The following information is relevant to determining advertising fees:

Non-profit groups relating to IDA/ADA are provided free advertisement space. The size of the ad may be altered at the discretion of the editor. (Example: ADA Foundation, Practice Groups)

- **Non-profit groups not relating to IDA/ADA** pay 50% of the advertisement rate (Example: Iowa State Press, educational facilities, IDA/ ADA Members)

- **Profit groups or organizations** representing profit groups and groups not related to IDA will pay 100%. (Example: Hawkeye Foods, Martin Brothers)

This policy includes ads for products, services, books and educational materials, as well as classified ads.

Meeting announcements are listed free-of-charge as space allows and at the discretion of the editor

Advertisement fees are determined by IDA and its Executive Director. A current schedule of fees may be obtained by email or US mail:

lursen@netins.net or,
Monica Lursen, IDA executive Director
27924 Butler Center Road

Clarksville IA 50619-9253
phone (319) 885-6557.



RSS Feeds

.....Really Simple Syndication

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RSS Readers

	Plays Video	Plays Audio	Displays Photos	River of News	3rd Party Tagging	Partial/Ful Feeds	Mac & Windows	Free
Google Reader	X	X	X	x		X	X	X
Bloglines	X	X	X				X	X
Newsgator			X	X		X	X	X
NetNewsWire			X	X	X	X		
FeedDemon			X	X		X		
NewsFire	X		X	X	X			
BlogBridge			X			X	X	X
FeedLounge			X	X	X	X	X	
RSSOwl	X	X	X	X		X	X	X
Rojo						X	X	X

Continuing Education

Opportunities			
Date	Meeting/Resource	Place	Contact
July 8-11, 2007	Florida Dietetic Association 72nd Annual Symposium	Marco Island , Florida	www.eatrightflorida.org
July 10-11, 2007	Leopold Center Anniversary Celebration	Ames, IA	http://www.ucs.iastate.edu/mnet/repository/2007/leopold/pdf/breakout.pdf
July 15-18, 2007	School Nutrition Association Annual Conference	Chicago, IL	http://docs.schoolnutrition.org/meetingsandevents/anc.2007
July 28-August 1, 2007	Society for Nutrition Education's 40th Annual Conference	Chicago, IL	http://www.sne.org
August 2-3, 2007	2007 Governor's Barn Raising Conference	Des Moines, IA	Meredith Field meredith-field@uiowa.edu
September 29 - October 2, 2007	FNCE 2007 - ADA Food and Nutrition Expo	Philadelphia, PA	www.eatright.org
November 6-7, 2007	IDA Fall Conference	Ames, IA	DuncanGoldsmith.Diane@iccsd.k.12.ia.us