



AUGUST 2012

Dietetic Update

A publication for members of the North Dakota Academy of Nutrition and Dietetics

North Dakota Academy
of Nutrition & Dietetics

Mission:

The North Dakota Academy of Nutrition and Dietetics is the advocate of the dietetics profession, serving the public through the provision of optimal nutrition, health, and well-being.



this issue

News from NDBODP **P.3**

Board Member Spotlights **P.4**

Reimbursement Updates **P.6**

House of Delegates Report **P.8**

Regulatory Specialist Updates **P.9**

President's Message *by Becky King*



Thank you North Dakota Academy of Nutrition and Dietetics' members for the opportunity to be your president this year. There are always challenges to meet and this year

will be no exception. Fortunately we have an engaged board to guide the decisions and be present when and where needed. The biggest challenge will probably be dealing with health care reform changes. Our NDAND Public Policy members will try to track Federal and State changes so dietitians can be involved as much as possible in the legislation. Through the process, we want to make sure our licensure is protected. We are the nutrition experts and deserve to be leading the nutrition education and medical care reimbursement. Our new name, Academy of Nutrition and Dietetics helps other professionals be more aware of our purpose and skills.

Speaking of skills, the FNCE is a great place to fine tune your skills and learn more about different areas of our profession. As most of you know FNCE is Oct. 6-9 in Philadelphia. We are going to participate in the silent auction with a basket of ND products to promote our state, thanks to Deanna Askew. One great deal is a CD with all the speakers presentations and slides of the 100 plus education sessions. The cost is \$125 which can be used for a free 100+ CPEs, if 3 dietitians listen to the same presentation within 12 months of FNCE. The CD can be ordered when a person registers for FNCE. Groups that could take advantage of the CD are districts or office groups that want cost effective CPEs.

On a personal note I just finished biking in the CANDISC tour. Due to strong winds I only made 378 miles of the 400 mile ride. I think I need a short course in sports nutrition because other participants want to know the healthiest way to eat. Do athletes still carb load? Enjoy the rest of your summer!



Find Us On Facebook

Log into your Facebook account and Search Facebook for North Dakota Academy of Nutrition and Dietetics.



Action Portion of Minutes from NDAND Board Meeting on July 25

- NDBODP requested to conduct a survey with NDAND membership regarding lack of formal complaints. Amanda Ihmels moved to allow NDBODP to survey NDAND members as requested. Bonnie Hoverson seconded, motion carried.
- Eat Right, Play Hard funding request was submitted by Julie Garden-Robinson. Bonnie Hoverson moved to give \$1000 to Eat Right, Play Hard. Larissa Musgrave seconded, motion carried.
- Deanna Askew moved that BMAND and NDAND work with the Long Term Care Association for the spring 2013 conference. Nancy Wahl seconded, motion carried.
- Deanna Askew made a motion that \$200 be given for a \$150 value gift basket for the FNCE Silent Auction including \$50 for shipping. Amanda Ihmels seconded, motion carried.

Medicare Intensive Behavioral Therapy for Obesity

Are you working with physicians to provide this benefit? If so or if you have questions about this, please contact Amy Davis at adavis@mohs.org or 701.323.5648.

For more information about the Medicare Intensive Behavioral Therapy for Obesity go to the members section of the Academy's website under Practice and Medicare MNT.

www.eatright.org

Click on these additional documents for more information.

FAQ on Medicare Intensive Behavioral Therapy for Obesity

Department of Health and Human Services Intensive Behavioral Therapy for Obesity

Million Hearts – Minot Community Grant

by Cory Doucet, Minot District President

This past year, Minot area dietitians were involved in the Million Hearts campaign to educate consumers on the risks associated with high sodium and trans fat intake. Two cooking demos were planned with tastings, spices and herbs to smell and taste along with food labels to compare. Radio ads and live broadcast during the demo added extra promotion for the event.

Approximately 90% of Americans eat more salt/sodium than is recommended for a healthy diet. It is estimated that one in three Americans will develop high blood pressure; a diet high in sodium may be to blame. Heart disease and stroke are the first and fourth leading causes of death in the United States. Heart disease is responsible for 1 of every 3 deaths in the country. Million Hearts™ is a national initiative that has set an ambitious goal to prevent 1 million heart attacks and strokes by 2017.

If Americans cut their average sodium intake by more than half (to an average of 1,500mg daily) there would be a nearly 26% decrease in high blood pressure and a saving of more than \$26 billion in healthcare costs in just over a year. Sodium is an acquired taste; to help consumers guide themselves to living a heart-healthy lifestyle, the American Heart Association/American Stroke Association recommends foods with little or no salt. Check out more information about the campaign at <http://millionhearts.hhs.gov> and www.heart.org/screenings.



Licensure Is Serious Business

The licensing of health care professionals is used by states as a way to ensure competency in practice and thereby protect the public. As licensed professionals we appreciate that licensure upholds professional standards of practice and promotes credibility of the dietetic profession. However, we tend to forget that there is a legal side to licensure and this is where things begin to get serious!

Because licensure is part of a state's legal code, even minor offenses such as forgetting to renew your license, failing to provide required information or inadequate documentation of continuing education requirements can lead to legal action. If you fail to renew your license within the specified time frame and continue to work as a dietitian, the law says you are practicing without a license which is illegal in the state of North Dakota. The BODP has adopted a policy to re-notify licensees in September if a license has not been renewed. If the licensee doesn't renew his/her license by September 30 a follow up letter is issued to notify the dietitian that he/she is no longer licensed to practice dietetics in North Dakota. The BODP has asked that dietitians notify the Board if not renewing their license and the reason so that follow up by the Board is not necessary.

When a dietitian continues to practice in North Dakota once a license has expired, the Board will notify the respective employer of the licensure requirements for dietitians. Many employers are required to verify that all licensed professionals have a current license in good standing or face costly fines. It is feasible that you might be asked to not work or lose your job if your license is not kept up-to-date. The Board also has the authority to notify local law enforcement to investigate as practicing without a license is a class B misdemeanor in ND.

Because ND has an open meeting policy and the BODP is a state organization, any legal action taken against a dietitian within the state is recorded in the minutes and open to public inspection. Any disciplinary action against a dietetic practitioner must be reported to the National Practitioner Data Bank. State licensing boards and health care agencies may access information stored in the Data Bank and may deny licensure or employment if your name is listed. Federal programs such as Medicare and health insurance companies may deny payment if care was provided by an unlicensed individual.

As more business, communication, and training occurs via electronic media and practice domains expand to the international realm, it is critical to guard against any action that might compromise your license.



Online Application and Renewal

As a way to facilitate and simplify license applications and renewals the NDBODP has been exploring the possibility of online services. Some of our exploratory activities include: contacting other licensing boards to find out how they handle online applications & renewals, meeting with a website hosting company, learning about SSL certificates and "payment gateways" that are needed for secure transactions online. Current limitations to using an online format are the need to transmit a number of notarized, official documents for applications and verification of continuing education every five years for renewals. Not surprisingly, increased costs are also part of the picture.

The NDBODP is interested in knowing if members would utilize online services enough to justify the expense and if members would be willing to pay a processing fee if they choose to apply or renew online. A brief survey has been set up using the Survey Monkey tool. NDAND members were emailed the Survey Monkey link in early August. If you haven't responded to the survey please go to: <http://www.surveymonkey.com/s/6K36M92>. We hope you will take a few minutes to give us your thoughts regarding online applications and renewals for licensure.

Board Member **Spotlight**



Meet

**Brenna
Swanson, MS,
RD, LRD**

**NDAND
Secretary**

Professional Positions:

- ◆ Clinical and Food-service Dietitian at Cavalier County Memorial Hospital and Clinics
- ◆ Online Adjunct Faculty at University of Phoenix

What do you like best about being an RD?

That is a difficult question. I will choose one aspect. What I like most about being an RD is helping or simplifying a person's eating habits which leads to less stress and result in a healthier person.

Prior to meeting with a patient, I have a short moment of reflection, asking that my knowledge and skill can be used in a way to benefit this person in their struggle with nutrition and/or eating. I include mindful eating techniques and bringing pleasure back into the process of eating.

Tell us a little about your family and what you like to do in your spare time.

My husband and I live in the country by a small town in northeast ND, Lawton. My spare time and hobbies are filled with our three children ages 6, 4, and 19 months old. I think I had kids so I could play instead of do farm work! Activities I enjoy include kneeboarding, ice fishing, playing piano, taking family road trips, and chatting with friends and family.

Any advice to members regarding involvement with NDAND or AND?

I attended my first NDAND board meeting last week and left feeling refreshed, full of innovative ideas and plans to improve my current jobs, and a positive attitude. These benefits were from one meeting! Any participation at a board level provides a unique learning experience. Practicing in a rural community I find it beneficial to network with the larger facilities as well as share experiences with other rural communities. I highly recommend participating in NDAND or AND to the extent that your life allows.

Thank you Brenna for your willingness to serve on the NDAND Board! Her secretary term is two years and extends from June 1, 2012—May 31, 2014.



Board Member **Spotlight**

What do you like best about being an RD?

Prevention has always been my passion, so I love that I have found my role in improving our population's health through strategies related to nutrition and physical activity. I appreciate having a credential that has defined standards and that sets us apart as the "food and nutrition expert." I also value having a national organization that can advocate at that level for the public's health specific to nutrition; that allows us to connect with those in our profession doing similar work; and that provides access to tools and resources that are research-based and developed by trusted professionals.

Tell us a little about your family and what you like to do in your spare time.

I am proud to say that my husband and I just celebrated our 25th anniversary. We have a daughter, Dannie (19), who will be a sophomore at University of Minnesota and a son, Luke (14), will be in 9th grade at Wachter Middle School in Bismarck. As most parents, our time over the last many years has been spent attending the kids' music and sports activities. We've felt the ease in our schedule of having one child away this last year, although it's not hard to find reasons to drive to Minneapolis. Our family is very active and loves to run, walk, bike, and play together whenever and wherever possible. This year's spectator sports for us will be soccer and basketball. We admit to being "Burn Notice" addicts and have made that our scheduled TV time; however, on a more pseudo intellectual note, I'm in a book club with 10 fabulous women—a great time to enjoy food and friendships, and occasionally even discuss the book that we chose to read!

Any advice to members regarding involvement with NDAND/AND?

I would advise all RDs to get involved early and at any level. Start by attending district meetings and volunteer for committee work. There are so many opportunities for involvement at the local, state and national level that everyone can find a place where they are comfortable. Get to know the RDs in your community, as we are a much stronger profession and can make a much greater impact on the public's health when we combine our resources.

Thank you Deanna for your willingness to serve on the NDAND Board! Her term is three years (President—Elect, President, and Past-President) and extends from June 1, 2012—May 31, 2015.



Meet

**Deanna
Askew, MPA,
RD, LRD**

**NDAND
President -
Elect**

Professional Position

Healthy Communities
Coordinator at the
North Dakota
Department of Health

Reimbursement Representative Report *by Amy Davis*



BCBSND adopts New Malnutrition Coding Guidelines

BCBSND released new malnutrition coding guidelines in June 2012 based on the World Health Organization (WHO) Classification of malnutrition in adults by body mass index (BMI). These guidelines are used by BCBSND medical and coding staff when reviewing inpatient claims to determine when it is appropriate to include malnutrition as a coded condition. Click on the following link below to review the healthcare news bulletin:

https://bb.thor.org/Bulletins/HealthCare_News/BCBSND_Bulletin_343_June_2012/Malnutrition_Coding_Guidelines_-_DRG_Validation_Program.html

The WHO Classification of malnutrition in adults does not reflect the type of malnutrition we are seeing in hospitalized patients in North America and will negatively impact inpatient reimbursement in our state. Several health systems across the state have communicated their concerns to BCBSND.

In 2009, the Academy and A.S.P.E.N. collaborated to develop clinical characteristics to identify and document adult malnutrition that aligns with the MS-DRG system. They recently co-published their consensus statement in the May 2012 issues of the *Journal of Nutrition and Dietetics* and the *Journal of Parenteral and Enteral Nutrition*.

Click [here](#) to view the Consensus Statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition).

Marsha Schofield, MD, RD, LD, Director of Nutrition Services Coverage at the Academy was contacted to see how our state association should respond to this important issue. The Academy and A.S.P.E.N recommended that they write a letter to BCBSND and see how they respond. Click [here](#) to view the letter. They are still waiting response from BCBSND. I will keep you informed as more information becomes available. Please contact me with questions.

Amy Davis, RD, LRD
Email: adavis@mohs.org
701.323.5648.

Now Available: Revised Tool to Support Your Efforts to Expand Coverage of MNT Services

Attention RDs! The Academy of Nutrition and Dietetics is thrilled to announce the latest edition of its third-party payer brochure. With an updated look, new cost-effectiveness information and outcomes data, this timely resource is essential to your advocacy efforts.

This easy to read brochure has been used extensively as an advocacy tool by registered dietitians to initiate referrals and to expand insurance coverage for MNT services. The brochure can be used in meetings with private payers, government officials, physicians and other key decision makers to send a strong message on the value and expertise of the registered dietitian.

Email reimburse@eatright.org with your name and address to receive a free hard copy of the new brochure. It can also be downloaded for free at www.eatright.org/coverage (click on Expanding Coverage). Click [here](#) to view.

HOD Fact Sheet

House of Delegates

Fall 2012

Credited to Katrina Holt, District of Columbia delegate and Academy Public Health Task Force member

“Knowing is not enough; we must apply. Willing is not enough; we must do.” Goethe

The Patient Protection and Affordable Care Act signed into law in 2010 promises to change the health-care-delivery systems in the United States, partly by shifting focus from disease treatment to disease prevention. Nutrition's vital role in preventing diseases and conditions could translate to additional opportunities for registered dietitians as a result of provisions in the law. Specific dietetics-related areas targeted by the law include medical nutrition therapy for chronic conditions and employee-wellness-incentive programs (1).

In November 2011, Sylvia Escott-Stump, Academy of Nutrition and Dietetics (Academy) president, appointed a task force to provide the Academy with direction related to public health nutrition. The purpose of the task force was to address a strategic priority in the Board of Director's Strategic Plan 2011–2012, which calls for enhancing the relevance of public health nutrition within the Academy and increasing the Academy's visibility in the public health community. The task force's charge included developing an action plan focusing on enhancing the Academy's role in public health nutrition (2). One of the items in the action plan was to submit a mega issue on public health nutrition for a future HOD meeting dialogue session.

Mega Issue Question

In an evolving health services environment, how can our members seize opportunities and provide leadership in public health nutrition and community nutrition?

Expected Outcome

Academy members will:

- Recognize, prepare for, and seize opportunities in public health nutrition and community nutrition.
- Be leaders in public health nutrition and community nutrition by actively working in policy development, assessment, assurance, advocacy, environmental change, education, and programs and services.
- Provide input on how to prepare members to meet public health nutrition and community nutrition needs.

Defining Public Health Nutrition and Community Nutrition

One of the task force's first steps was to come to consensus on definitions of public health nutrition and community nutrition, terms that are often used interchangeably, although their meanings differ. In 2003, Roger Hughes wrote that “there have been various attempts in the international literature to define the field of public health nutrition distinct from the well established field of clinical nutrition and dietetics” (3). More recently, Roger Hughes and Barrie Margetts wrote, “a public health approach is traditionally defined by its focus on prevention rather than treatment, populations rather than individuals, and interventions that address the determinants of health rather than the treatment of disease” (4). The task force also identified main functions and examples of typical tasks performed by public health nutritionists and community nutritionists, which are listed below:

The main functions of public health nutritionists include:

- Taking a leadership role in identifying communities' nutrition-related needs



House of Delegate Fact Sheet continued from page 7

- Administering and managing programs, including supervising personnel
- Developing and/or assisting in the preparation of a budget
- Identifying and seeking resources (e.g., grants, contracts) to support programs and services
- Providing therapeutic and rehabilitation nutrition services, when these needs are not adequately met by other parts of the health care system
- Providing technical assistance/consultation to policymakers, administrators, and other health agency personnel
- Collaborating with others to promote environmental and systems changes
- Ensuring access to healthy and affordable food and nutrition-related care
- Advocating for and participating in policy development and evaluation of impacts and outcomes
- Participating in research, demonstration, and evaluation projects

Examples



- Collaborating with city planners to change environments to increase access, availability, and affordability of healthy food options, such as providing tax incentives to full-service grocery stores to locate in rural areas
- Developing and utilizing surveillance systems to monitor the nutritional state of a population group
- Developing policies to impact healthy eating and physical activity, such as working with transportation departments to promote access to safe, affordable, and healthy food venues
- Developing and implementing policies and procedures to promote and support breastfeeding in the workplace

The main functions of community nutritionists include:

- Conducting and evaluating nutrition education and counseling for small groups and individuals
- Planning, implementing, and evaluating primary and secondary prevention interventions
- Providing therapeutic and rehabilitation nutrition services
- Administering programs
- Participating in care coordination or providing case management

Examples

- Conducting food demonstrations/classes for individuals enrolled in the Supplemental Nutrition Assistance Program (SNAP)
- Training peer counselors or promotoras to promote breastfeeding
- Conducting in-service education for school foodservice personnel
- Developing nutrition-education activities for the school classroom
- Providing technical assistance/consultation to health providers on case management for nutrition/dietetics-related issues
- Participating in interdisciplinary teams conducting home visits

Summary

As health care continues to change, it is important that Academy members recognize the long history of public health nutrition and community nutrition and look ahead toward ensuring that these fields play a vital role in the future of the dietetics profession. Over the next few years, the Academy's Public Health Action Plan will be implemented to help members build their knowledge about and interest in this area of practice. The Academy will work to integrate public health and community nutrition philosophies, serving communities, including vulnerable and underserved populations, and activities throughout all the Academy's organizational units.



Bonnie Hoverson, RD, LRD
NDAND Delegate

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What HOD Needs from You... Talk with your delegate, Bonnie Hoverson, about this issue in advance of the Fall 2012 HOD Meeting (October 5–6, 2012). The backgrounder is available at www.eatright.org/hod > Fall HOD Meeting Materials.



NEWS from

**Connie Hofland, MS, RD, JD
NDAND State Regulatory Specialist**

What Is Connie's Role on NDAND's Board?

I am a part of the public policy team, serving as the State Regulatory Specialist for North Dakota. I am responsible for identifying opportunities for nutrition and dietetics in state rulemaking and for keeping an ear to the ground on state legislative and administrative law developments.

Connie Hofland, MS, RD, JD
Phone: 701.223.2711
Email: chofland@zkslaw.com

Update on the Health Care Reform in North Dakota

The North Dakota Legislative Interim Health Care Reform Review Committee met on July 25, 2012. This was the committee's first meeting since the United State Supreme Court's decision upholding most of the Patient Protection and Affordable Care Act ("ACA").

The committee heard testimony from key players, including Adam Hamm, Insurance Commissioner; Tami Ternes of the Governor's office; and Maggie Anderson, Director of Medical Services Division, Department of Human Services. The three major topics of the discussion were the selection of the Essential Health Benefit ("EHB") benchmark plan for North Dakota, the health benefit exchange, and Medicaid expansion.

Essential Health Benefits

Earlier, HHS had punted the selection of the benchmark plan back to the states, and told the states that they had to make that selection by September 30, 2012. The benchmark plan will be the "floor" for benefits provided by health insurance plans offered through the exchange in North Dakota.

Because we do not have a legislative session each year, Insurance Commissioner Adam Hamm requested HHS extend this deadline. HHS denied his request in June 2012. However, Commissioner Hamm reported that recently HHS said the September 30 deadline is a "soft" deadline. No one knows what that means, but Commissioner Hamm says there appears to be more time to gather information.

The Insurance Department has contracted with a consulting group to prepare a report on essential health benefits and will have a report available when it is completed. The report will compare the benefits offered by the plans that have been identified by HHS as candidates for the benchmark plan. Previously the top three plans could include grandfathered plans, but now HHS is allowing non-grandfathered plans only. The three plans that now qualify and appear to be the front runners in consideration for benchmark status are Medica Choice Passport Plan, BCBS Classic Blue, and BCBS Comp Choice.

If North Dakota does not make the choice, the default will be the largest plan of these, which is Medica Choice Passport Plan. The BCBS plans appear to be similar in the coverage of medical nutrition therapy services, and our information on the Medica plan is that medical nutrition therapy will be covered if referred by a physician.

State Regulatory Specialist Report continued from page 9

The selection of the benchmark plan continues to be the primary area of interest for RDs in the ACA implementation. Since the committee meeting, we met with the Governor's office and communicated RD's role in providing "preventive and wellness services and chronic disease management" (one of the 10 EHBs ACA requires) and our willingness to provide resources and participate in this decision.

Health Benefit Exchange:

Under the ACA, each state will have an exchange for "one-stop shopping" for health benefits. The legislature killed the bill to set up a state-run exchange during the special session in November 2011. Now, they are running short of time. The deadline for a state to have an operational exchange is October 1, 2013. If North Dakota does not develop its own exchange, the federal government will take over, either with a federally-facilitated exchange in which HHS hands all functions or a federally-facilitated exchange where the state does the plan management. It is unclear what the ramifications are of each and this will likely be decided by the legislature in the 2013 session.

Medicaid Expansion:

The Supreme Court did strike down one part of ACA. The Court ruled it was unconstitutional for the federal government to cut a state's current Medicaid federal money if that state does not agree to the expansion of Medicaid. The ACA includes an expansion of Medicaid to include individuals between the ages of 19 up to 65 (children, pregnant women, parents, and adults without dependent children) with incomes up to 133 percent of the federal poverty level based on modified adjusted gross income. This expansion was automatic in the ACA, but now, with the Supreme Court decision, North Dakota could decide not to expand Medicaid to this new group. Maggie Anderson of the North Dakota Department of Human Service reported there are still many unanswered questions affecting this decision. The Department of Human Service, with the National Association of Medicaid Directors, have submitted several of these questions to HHS. The Department plans to provide an analysis of these issues for the 2013 legislative assembly.

What now?

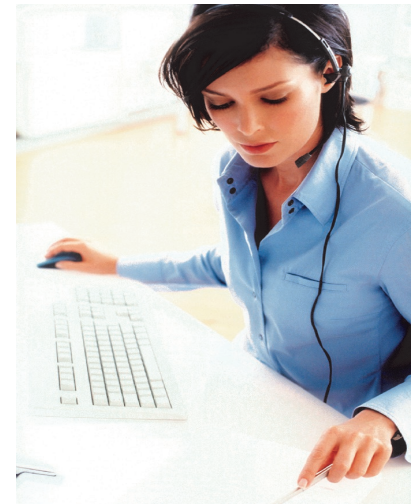
The public policy team recently met with the Governor's office on these issues and plans to meet again with the Department of Human Services and the Insurance Department in the next month or two. Decisions will be made on ACA during this next legislative session in North Dakota. Nothing is more effective with legislators than when they hear directly from the people they represent – the voters from their district. North Dakota RDs are now famous for successfully reaching out to our representatives in Washington as we became the state to beat. We may be asking you to repeat that impressive performance and contact your local representatives on these important state issues during the 2013 North Dakota legislative session.

Online Certificate of Training Programs

ADA's Center for Professional Development offers certificates of training programs in Restaurant Menu Labeling, Chronic Kidney Disease Management and In Prevention Strategies for Childhood Obesity.

Learn more at:

<http://tinyurl.com/434np8w>



Did You Know?

NDAND has a **Find An RD** feature on our web site. This means as a member you can list your name, specialty and contact information.

To include your information go to www.eatrightnd.org and click on the **members** page. The members page is password protected so enter eatrightnd.org for the username and *diet* for the password. Click on **Add Your Name to Find an RD Directory**.

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Members Page (eatrightnd.org is the username
and diet is the password)**