



RDPG Member Spotlight: Barbara J. Gordon, MBA, RDN, LD

Barbara J Gordon, MBA, RDN, LD is owner and Principal Registered Dietitian Nutritionist at HealthComm Solutions. In her position at HealthComm Solutions, she consults on healthy lifestyle adaptations, develops health resources, and provides technical assistance to nonprofit health associations on health curriculum and other consumer and professional health and nutrition education programming. She is also a nutrition and dietetics instructor at the Long Island University, where she currently serves as a thesis reader for four students enrolled in the dietetics program. Previously, she taught undergraduate and graduate students enrolled in the health sciences and dietetics programs at Boise State University and the University of Idaho. Read below to learn more about Ms. Gordon's interesting career as a business owner, public health nutrition consultant and educator.

Ms. Gordon, please tell us about your background. How did you get to where you are now?

I started my career in community social work and, after taking an extracurricular introductory nutrition class, went on to earn a second bachelor's in food and nutrition. As an RDN, I have held a variety of roles including providing medical nutrition therapy (primarily outpatient), managing health promotion programs, overseeing national health education and awareness initiatives, and serving as the executive director of a non-profit organization. While managing daily operations for a small health communications firm in the Washington DC area, I went on to earn a MBA from Johns Hopkins University. This provided the springboard for founding my public health consulting company, HealthComm Solutions.

Could you please summarize your current research for us?

The intersection of urology and nutrition is my research area of interest, which has me reading about and publishing on the nutritional considerations for conditions such as kidney stones, interstitial cystitis/bladder pain syndrome (IC/BPS), urinary incontinence, and chronic pelvic pain. In November, 2016, the *Journal of the Academy of Nutrition and Dietetics* published an article that I co-wrote with a multidisciplinary team on obesity with comorbid stress urinary incontinence (epub ahead of print). In addition, a chapter that I co-authored on dietary therapy for chronic pelvic pain is included in *Urological and Gynaecological Chronic Pelvic Pain: Current Therapies* 1st ed. [Moldwin RM, ed.], which has an expected release date of May, 2017.

How did you become involved/interested in your current line of research?

After completing my dietetic internship, I took a position with a health consulting firm which worked with the National Institutes of Health. I served as project manager for the National Institute on Diabetes and Digestive and Kidney Diseases Information Clearinghouse. In this role, I was also responsible for the development of publications on a range of urological conditions. Furthermore, I oversaw an outreach program aimed at raising awareness among women about the risks and treatment options for urinary incontinence.

Fast forward twenty years and you find me serving as the Executive Director of the Interstitial Cystitis Association (ICA). IC/BPS is a chronic bladder pain syndrome which, for many patients, appears to be impacted by specific foods and beverages. During this time, I also served as a member of the American Urological Association IC/BPS Clinical Guidelines Committee, working

closely with an interdisciplinary team of experts to develop evidence-based treatment guidelines. In addition, for four years, I served as a Steering Committee Member for the NIH-sponsored Multidisciplinary Approaches to the Study of Chronic Pelvic Pain (MAPP) Research Network, a multi-center investigation on the etiology, natural history, and risk factors of interstitial cystitis and chronic prostatitis.

During my tenure with the ICA, I learned a lot about medical research including pilot research programs managed by non-profit organizations, the role of the NIH and other federal health agencies in advancing medical research, and how effective advocacy efforts can influence the research agendas of federal agencies and private organizations. Most important, I learned the value of multidisciplinary collaborations when conducting medical research. Indeed, many of my current research collaborators are health professionals whom I met during my time with the ICA.

Ms. Gordon, what advice would you give to a young researcher for developing a successful line of research?

Embrace serendipity.

What are your career goals?

With the hope of dedicating more time on my research pursuits and to further hone my research skills, I am currently exploring part-time doctoral programs.

How has your affiliation with the Academy impacted your career progression?

The RDN credential and the Academy have been instrumental in my career progression. Early in my career, volunteer positions with various dietetic practice groups, for example, helped me develop health writing and publishing skills. These skills, in turn, led to new consulting opportunities. Also, as the spouse of a former military officer and National Park Service employee, I moved often and relied on Academy resources and networks to explore opportunities in disparate geographic locations. Recently I have leveraged the Academy's Evidence Analysis Library for both teaching students and conducting evidence-based research reviews.

If someone were to ask you to explain why research is important to the field of dietetics, what would you say?

Research yields the evidence required for formulating sound nutrition interventions, justifying the inclusion of RDNs on interdisciplinary health care teams, and supporting reimbursement for medical nutrition therapy.