

Adelante LAHIDAN

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P E R S P E C T I V E

Dear LAHIDAN Members

It was such a pleasure and honor to serve LAHIDAN this past year as chair. LAHIDAN's Executive Committee is moving rápido (fast) to reach our members and offer more and better resources to our fellow LAHIDAN dietitians and students. Here are a few highlights of new projects:

❖ The mentoring program is developing, and we will launch it this June. We are looking to connect mentors and mentees. If you are a student, intern, or a dietetics professional who is starting to practice, or dietitian who is on the move in dietetics, this is right for you! The article in this issue, "Mentoring Program Set to Begin" on page 3, provides more information on the program. To sign up, or if you have more questions, please send an email to Aurora Buffington, MS, RD, at aurorabuffington@aol.com.

❖ We are getting ready to launch the LAHIDAN FNCE scholarship to assist a LAHIDAN student, intern or graduate student attend FNCE this year. The application will be available late June on our website.

❖ We are in the process of developing a new website – we will be working hard this summer! We are planning to have a member log-in section. A website coordinator will assist with updates and add more resources for our members. We will be requesting favorite recipes from our sponsors and from you, and will feature those healthy dishes from the Latin cuisine. We plan to add great resources for you to share with your Latino patients or clients. Platicas Latinas webinars are available for you (see page 5).

If you are an expert of the Spanish language and the culture you can help us facilitate webinars and/or write curricula. To assist with the Platicas Latinas webinars, contact Su-Nui Escobar at sunui_escobar@yahoo.com.

LAHIDAN is seeking a managing editor and feature editor for the *Adelante* newsletter. We need two talented people who have excellent organizational, proofreading, and editing skills. If you are interested in working as a newsletter editor, contact me at mperdomo@ix.netcom.com or call me at 303-915-0874.

The Executive Committee, Regional Coordinators, and volunteers will continue to develop innovative member benefits and communications. We are always looking for ways to improve our member interest group.

I personally want to express my gratitude to all the LAHIDAN leaders for their friendship and support.

I hope you continue to be a member of LAHIDAN in 2010-2011. We wouldn't have made it where we are without you. Throughout this year I have spoken with many passionate LAHIDAN members and I admire the inspiration that our members have in working for the Latino community. As you can see there is more to come, and different ways to get involved. We are optimistic that LAHIDAN is growing and I believe that "unidos subimos montañas" (together we climb mountains).

All the best,

Malena Perdomo, MS, RD, CDE
LAHIDAN 2009-2010 Chair



Dear LAHIDAN members,

It feels like summer to me! Time to get moving and get out there.

Adelante dedicates this issue to women and men's health.

In the Research section, our chair Malena Perdomo, MS, RD, CDE, speaks about ¡Viva Bien! (*trans.* Live Well), a pilot program that focused on improving the quality of life and adapting the Mediterranean diet for the Latino population in Denver. In the Health/Practice Resources section, Aurora Buffington, MS, RD, announces a new mentoring program for members, and I speak about my journey in the dietetics internship process. We are also encouraged to participate in an international competition in food sciences and technology this fall... you still have time! In Member Spotlight we recognize LAHIDAN member Nylda Gemple, RD, for her 50+ years as an ADA member. We also introduce Lorena Drago's, MS, RD, CDE, newest book about how to be a more culturally competent dietitian with Latinos. We also hear from my father, Jose Vargas, a Latino man dealing with type 2 diabetes. He speaks about his journey with this condition and the role the dietitian plays in his care.

Being *Adelante's* editor from 2009-2010 has been a rewarding experience for me. I've had the privilege to work with a fantastic group of innovative professionals who love what they do and always go the extra mile for the profession. As you will read in my article, I will be interning full time at Massachusetts General Hospital this fall. I'll be moving to a different state but, I'll still be involved with LAHIDAN. I love how LAHIDAN is reaching out to the community and how it's promoting healthfulness in the Latino and Hispanic cultures.

For the 2010-2011 season, we're seeking a managing editor and a feature editor to continue providing the quality newsletter you look forward to reading so much. If you are interested in volunteering for these LAHIDAN positions, e-mail Malena Perdomo at mperdomo@ix.netcom.com.

Lastly, we want to continue providing content that you want to read! What would you like to hear move about? What's on your mind? We look forward to your suggestions, articles, and questions. You can reach me at ibvargas@yahoo.com.

Best of luck,

Ibsen Vargas
Newsletter Editor 2009-2010

RESEARCH

¡Viva Bien!, a Pilot Program for Latina Women

Malena Perdomo, MS, RD, CDE

In 2007, the Centers for Disease Control and Prevention (CDC) estimated that 7.8% of the United States population had diabetes.¹ Women age 20 years or older that had diabetes represented 11.5 million or 10.2 % of the total US population. When compared to non-Hispanic whites (6.6%), Hispanics (10.4%) were twice as likely to have diabetes. Given the fact that this minority population had a higher rate of diabetes and its associated complications, there was a need to address culturally adapted lifestyle interventions to close the health disparity gap.

A series of focus groups were conducted by Osuna et al.,² designed to address the process of translating cultural information into specific tools for intervention with Latinas. The study, a description of which appeared in the October 2009 edition of *Health Promotion Practice*, illustrated the pilot study of a lifestyle modification program for Latinas with type 2 diabetes called ¡Viva Bien! (*trans.* Live Well). This lifestyle program was based in Denver and was finished in 2008. The purpose of this summary is to give a brief overview of the ¡Viva Bien! Program and outline the methods for culturally adapting the dietary component of the program.

The ¡Viva Bien! Program was based on a previously successful similar program – the Mediterranean Lifestyle Program (MLP)³ – which was shown to improve quality of life, behavioral, psychosocial, and physiological outcomes related to coronary heart disease risk in a predominantly the European American group. The five lifestyle components of the MLP program were diet, physical activity, stress management, social support, and smoking cessation. It was a two-year program in which the intervention group met weekly for six months followed by eighteen months of less frequent meetings.

The first three stages of adaptation proposed by Barrera and Castro⁴ for guiding cultural adaptations are the following:

Stage 1: Information gathering (literature review and focus groups)

Stage 2: Preliminary intervention design

Stage 3: Preliminary adaptation test (pilot study)

As part of the information gathering, Osuna et al., conducted focus groups. The focus groups' attendees were already aware that lifestyle had an impact on health. They were willing to learn and make changes for the family, and did not express concern for the two-year time commitment for a lifestyle program.

While several modifications were made as part of the preliminary intervention design, the main lifestyle targets of the original MLP

¡Viva Bien! Continued on page 3

¡Viva Bien! Continued from page 2

were retained (diet, physical activity, stress management, social support, and smoking cessation). High-quality written materials were developed and culturally adapted, including the dietary component of the program.

The MLP used the Mediterranean diet⁵ as the basis for nutrition and diet information. I was the research dietitian for the study, and the Mediterranean diet was adapted for use in the Hispanic culture. A 30-day menu with recipes was developed, showing a Mexican menu by adding more beans, corn, corn tortilla, healthy refried beans, shrimp, Mexican low-fat cheeses, and caldos (soups with chicken or meat and vegetables). The dinner menus were substituted for more traditional and lower-cost foods. This helped raise awareness of healthful foods and allowed discussion on possible modifications to increase participants' acceptance of new foods. Adding common food ingredients and seasonings such as chilies, peppers, hot pepper sauce, cumin, tomatoes, limes, cilantro, and annato seasoning were also used to modify the flavor of the recipes.

Food alternatives were given to some Mediterranean menu items such as tabouli and bulgur mix that are uncommon to the Latino group. The alternatives were foods that are more accessible and accepted by Latinos without losing nutritive value such as corn tortillas, whole-wheat tortillas, and whole grain bread. However, although these are not common in the Hispanic cuisine, hummus and tabouli, among other Mediterranean dishes were introduced in the first meetings. Other alternatives suggested were chicken with vegetables for curried chicken, canned salmon or tuna for smoked salmon, pinto beans for garbanzo beans, posole soup for chicken corn chowder, and sopa (pasta soup) for polenta.

Tofu was originally avoided, but was later introduced in a cooking demonstration; the women liked it and wanted to know more on how to introduce it in their Mexican dishes. All I did was pan-fry firm tofu with minimal olive oil and a touch of balsamic vinegar. Later, the women brought tacos made with tofu instead of meats.

There were several recipe modifications that were created during group meetings and cooking demonstrations, such as refried beans without lard. Another recipe added during cooking demonstrations was grilled fish with vegetables. I cut up peppers, squash, and onions, and grilled them with a splash of lemon juice and olive oil. Another popular recipe that was easy to make was grilled eggplant. Participants were encouraged to develop their own recipes and apply the Mediterranean meal plan to their daily diet with the tools and information supplied, and were encouraged to share them with the group during potluck dinners.

As part of the preliminary adaptation test, a three-month pilot study with 12 participants was conducted to investigate the cultural adaptation procedures. The program began with

a three-day group retreat to learn, experience, and practice lifestyle changes. The retreat began with a dinner celebration to introduce the program. While family members were invited to join the dinner celebration, the following two days of the retreat were focused solely on the women, and included bilingual presentations, eating together, practicing yoga, walking, small group support, and introduction of each component. The retreat was followed by four-hour weekly meetings for a period of six months. The team experts included a dietitian, an exercise physiologist, support group leaders, and a stress-management leader. All the materials and handouts were available in Spanish and English, and slide presentations were provided on separate screens in English and Spanish during the orientation.

A few lessons learned by Osuna et al.² in this pilot study were that there must be more family involvement, additional cooking demonstrations and additional physician presentations. Participants valued the cooking demonstrations especially of new foods (eggplant, spinach), and healthful ways of cooking with less fat. My favorite part of cooking demonstrations was encouraging the women to join me in the cooking. They loved the hands-on experience.

In summary, the cultural adaptation of the Mediterranean diet for a Latin culture was modified by including more bean dishes, fruits and vegetables common to the culture, such as using more salsas, pico de gallo (onions, cilantro, tomato, jalapeño and lime juice), nopales (cactus) and squash, and to continue eating the main grain which is corn tortilla. The steps recommended in Osuna et al² worked well for adapting a program for the Latinas in our study.

References:

1. Centers for Disease Control and Prevention. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2007. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2008.
2. Osuna D, Barrera M Jr, Strycker LA, Toobert DJ, Glasgow RE, Geno CR, Almeida F, Perdomo M, King D, Doty AT. Methods for the cultural adaptation of a diabetes lifestyle intervention for latinias: an illustrative project. *Health Promotion Practice*. 2009;Oct 20;1-8.
3. Toobert DJ, Strycker LA, Glasgow RE, Barrera M, Angell K. Effects of the Mediterranean lifestyle program on multiple risk behaviors and psychosocial outcomes among women at risk for heart disease. *Annals of Behavioral Medicine*. 2005;29:128-137.
4. Barrera M Jr, Castro FG. A heuristic framework for the cultural adaptation of interventions. *Clinical Psychology: Science and Practice*. 2006;13:311-316.
5. Trichopoulou A, Kouris-Blazos A, Wahiqvist ML, Gnardellis C, Lagiou P, Polychronopoulos E, et al. Diet and overall survival in elderly people. *British Medical Journal*. 1995;311:1457-1460.



Mentoring Program Set to Begin

Aurora Buffington, MS, RD

Once in a while we are able to take time to reflect on our growth and success. At the very least we do this when we maintain our CDR Professional Development Portfolio, keeping it up to date, and chances are we didn't get where we are on our own. Personally, I am able to think of a few good people who took the time to encourage me and teach me a few things. These people took an interest in me and I believe they were pleased to watch me grow – not because they wanted to receive anything from me, but because they were fulfilled to give of themselves to others. Winston Churchill said, "We make a living by what we get, we make a life by what we give."

Many of us entered the profession of dietetics because we have the desire to help others live better lives. We are in the position to help dietetic students and our peers grow, whether it is through sharing experiences or networking connections, as mentors. I am

*"We make a living by
what we get, we make
a life by what we give."*

– Winston Churchill

excited at the prospect of helping fellow Latinos grow in the dietetics profession, but am also looking forward to developing a relationship with another more experienced individual who can in turn help me grow and gain wisdom as a protégé.



Aurora Buffington, MS, RD

LAHIDAN will formally debut its mentoring program this June, with the start of a new membership year. Mentor and mentee applications are available to all LAHIDAN members interested in participating, and applications will be matched up according to

areas of interest. It is anticipated that the level of involvement will mostly be periodic e-mails or telephone calls, according to the wishes of both mentor and mentee. If you are interested in becoming a mentor or mentee, e-mail aVegasRD@gmail.com. If you had indicated interest in the past we will be contacting you soon.

It May Take Two

Ibsen Vargas, LAHIDAN Editor 2009-2010

In 2008, having completed all the coursework in the Didactic Program in Dietetics (DPD), I went through the overwhelming process of applying to a dietetics internship (DI). I did everything that the internship director at my school recommended. I researched all of the programs where I wanted to apply, obtained recommendations, official transcripts, and worked hard on my personal statement. I even traveled 400 miles from New York City to attend the orientation session at my preferred program. I thought that if I could establish rapport with the program's director I would have some advantage over other candidates. Unfortunately, my efforts did not succeed. I was not matched.

I was not alone. I was one of the more than 2,400 applicants who, according to a recent *ADA Times*¹ article, were unmatched in 2009. To make things more complicated, I got married, moved 10 hours away, and started a new life in North Carolina.

As a newlywed I was torn between getting a job to make the money we needed and doing what was necessary to pursue a career in dietetics. Fortunately my husband was very supportive of my goals and I was able to focus on pursuing opportunities in the field. I presented at an international conference in Miami, took graduate-level dietetics classes at a local university, and accepted the opportunity to serve as the newsletter editor for LAHIDAN. I increased my work experience by creating my own self-directed, supervised, volunteer, mini-internship at the local Veterans Affairs Hospital and started a healthy cooking blog.

When time came to re-apply in 2009, I followed a strict game plan. I created a spreadsheet matching my career goals, important dates, programs of interest, program structures and competencies. I requested transcripts and recommendations early. And most importantly, I devoted time to rewriting my personal statement. You cannot

underestimate the amount of work that goes into writing a great personal statement. I started from scratch. I brainstormed and rewrote my goals until they were focused and concrete. I included everything that I had ever done in the field. I emphasized my strengths, and explained possible weaknesses. This time I was not shy. I presented myself confidently in the best possible light.

Placements for DIs are very competitive. To give yourself the best chance, carve out at least 45 minutes per day, 2-3 days a week, for the 2 months prior to the application deadline. Remember to have a plan B. Sometimes it may take two tries to get placed. For me, the second time around was easier. I knew what I had to do, I had a plan and I was motivated. My persistence paid off. This fall, I will intern at Massachusetts General Hospital in Boston. Time to pack up and move again! Praise be to God!



Ibsen Vargas, LAHIDAN
Editor 2009-2010

References

1. Wilson, Amberly, MS, RD (2010) Creating our competition: why the dietetics internship shortage is as important to your future as it is to the practitioners of tomorrow. *ADA Times*, 2 (2), 12-15.

Award Applications Due October 15, 2010

Grupo Bimbo, the leading baked goods company in the Americas with a presence in 18 countries in America, Europe, and Asia, extends an invitation for the scientific community to participate, for the fourth time, in the **Bimbo Pan-American Nutrition, Food Science and Technology Award**.



The award, established in 2004, is part of the "Committed to Your Health" program, and addresses the company's concern to improve health and nutrition of the population by furthering scientific research.

This Award will recognize the **best research projects published during 2009 or 2010, before October 15, 2010**, in the fields of Human Nutrition

or Food Science and Technology in the youth and professional categories, for each of the four participating geographical regions:

- ◆ United States of America
- ◆ Mexico
- ◆ Central America and the Caribbean
- ◆ South America

Application deadline: October 15, 2010. Awards will be announced November 12th, 2010.

For more information please visit <http://premiopanamericano.grupobimbo.com>.

Upcoming Platicas Latinas Cultural Track Webinars

✧ **"Providing Culturally Competent Care: Joint Commission Guidelines"** will be presented in English.

This webinar attempts to answer the question *"What is cultural competency and how does it impact quality, safety, and efficacy in the delivery of nutrition care services to our Hispanic/Latino patients?"*

We will look at current Joint Commission guidelines (as well as those required by Title VI of the Civil Rights Act) and proposed changes that will require health care providers to consider the cultural, linguistic, educational, and literacy implications of patient engagement.

This webinar will be held on July 1, 2010.

✧ **"Latino Health Beliefs"** will be presented in English.

A clear understanding of a patients' cultural context is indispensable to the nutrition provider when attempting to provide appropriately tailored nutrition care interventions.

In this webinar, we will examine the Hispanic/Latino patients' health beliefs and values and any needs that stem from those beliefs including spiritual beliefs, folk remedies, traditions or rituals, complimentary, and alternative medicines, etc.

More information coming soon.

The webinar will likely be in July 2010.

For future Beginner, Intermediate, Advanced, and Cultural Platicas, please visit our website at <http://www.eatright.org/LAHIDANPLATICAS>.

To get involved with Platicas Latinas webinars, contact Su-Nui Escobar, MS, RD, LD, at sunui_escobar@yahoo.com.

Tips on How to Reach Latinos More Effectively

Interview by Malena Perdomo, MS, RD, CDE

Lorena Drago, MS, RD, CDN, CDE, who is from the beautiful city of Cartagena, Colombia, graduated from Queens College with a bachelor's degree in Food and Nutrition and a master's degree in Nutrition from Hunter College. She has dedicated her career to teaching the public, her colleagues and the media about Latino nutrition issues, and how to reach the Latino audiences.

Lorena lives in New York with her husband, and is the author of *Beyond Rice and Beans: The Caribbean Latino Guide to Eating Healthy*, published by the American Diabetes Association. She recently co-authored and co-edited with Dr. Cindy Goody a new book, *Cultural Food Practices*, published in 2009 by the American Dietetic Association. This book, which received the Association Media and Publishing Bronze award in the technical book category, will help dietitians working with patients from different cultures.

Here are some comments from Lorena:

Q. What do you like best about working in dietetics?

A. Creating teaching tools that help bridge science to practical, every day living. In addition, I am a foodie who loves and appreciates quality ingredients and wholesome foods. This field has offered me the opportunity to explore food and culture.

Q. What strategies does *Cultural Food Practices* offer to help Latinos with their diabetes?

A. In the book, I have included many of the questions I have been asked over the years. For example, can I still eat avocado if my cholesterol is high? Does agua de berenjena (eggplant water) lower cholesterol?

I often like to use the "C" concept or "las dos Cs" whereas one "C" stands for "cantidad" (quantity) and the other "C" for "calidad" (quality). I emphasize that in our Latin cultures,

high quality food is abundant: beans, corn, fruit, etc. I focus on trying to preserve the quality of the foods that we consume most of the time within the person's budget and food availability. The other "C" is most challenging for most of us in that it involves curtailing the amount of food eaten.

Q. What do you suggest we do to increase our cultural competence skills?

A. There are many models that I find very useful, especially the L.E.A.R.N. model.¹

L.E.A.R.N. stands for:

L: **LISTEN** with sympathy and understanding to the patient's perception of the problem;

E: **EXPLAIN** your perceptions of the problem;

A: **ACKNOWLEDGE** and discuss the differences and similarities;

R: **RECOMMEND** treatment;

N: **NEGOTIATE** agreement.

Ask clients questions about particular cultural food practices. For example, I ask: "what might be in the typical Colombian/Venezuelan/Panamanian (fill in the blank) shopping cart? Or what are some traditional recipes and food brands of choice?"

Q. Based on your experience, what should dietitians think about when working with Latino families?

A. Most of my patients are economically disadvantaged and many food and nutrition recommendations are not feasible. So then, when best is not achievable, second best is a more realistic option. For example, many of my patients live surrounded by small stores called bodegas, void of fresh produce and with limited variety. I created a healthy bodega shopping guide enumerating the better food options found in the bodega. These might not be the top healthiest choices but are the best among the foods that are available to them. My best advice is: find out what your patient likes, what your patient has access to, and then modify accordingly.

Reference

1. Berlin EA, Fowkes Jr, WC. A Teaching Framework for Cross-Cultural Health Care. *The Western Journal of Medicine*. 1983;139:934-938.

For more information on one of Lorena's books, contact her at lorenamsrd@aol.com.

LAHIDAN would like to recognize

LAHIDAN member,

Nylda Gemple, RD,

as one of ADA's members

for more than 50 years!

Thank you Nylda!

Member Accomplishments

We now have a member accomplishment and recognition section to highlight all of your contributions to the profession. Please send us your accomplishments and recognitions from 2009 until present, with the following information:

- ❖ Name, title, area of practice, city and state.
- ❖ Publications in journals, magazines, and newspapers (include: name of publication, name of work published, and date of publication).*

- ❖ Recognitions, Awards, and Grants.
- ❖ New credentials – such as certifications or education (i.e. CDE, MS, PhD, etc.). Please send all information to: ibvargas@yahoo.com.

*Include written permission from the editor of the publication, along with the necessary permission granted statement to accompany your article.

2009-2010

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Clinical Supervisor, VA Caribbean Healthcare System,
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LAHIDAN Area 5 (PR, AODA)

LAHIDAN Area 6 (DE, DC, MD, NC, PA, VA): Open.

If interested, please contact Julie Plasencia at
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Sandra Grueso, MPH, RD, CDN

Registered Dietitian, Bronx, NY

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Just a taste of the delicious WIC recipes we're serving up



eat better early.com

Parents are always hungry for new ways to get kids to eat healthy. So our registered dietitians and the Betty Crocker Kitchens created eatbetterearly.com, where each recipe calls for at least one WIC-eligible food. It's stocked with easy recipes, great cooking tips, nutrition resources and more. It's a heaping helping of what parents need—nutritious recipes made easy.



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From a Patient's Perspective

Interview by Ibsen Vargas, LAHIDAN newsletter editor 2009-2010

Jose Vargas is a 56 year-old man residing in Reading, PA. As a Dominican man with type 2 diabetes, Mr. Vargas shares his experience managing this condition and the important role the dietitian has played:

Q. When were you diagnosed with diabetes?

A. In 1999 I used to work as a taxi driver in New York City. Many times, as I waited for the traffic light to change, I used to fall asleep. I also urinated a lot, felt stabbing sensations in my feet and fingers, sometimes even around the heart.

Q. What treatment did you receive?

A. The doctor gave me diabetes medication and a diet to reduce fats and carbohydrates. I also took a class with dietitians who taught me how to eat in a healthier way without dieting.

Q. How many visits did you have with the dietitian?

A. I had between 12 and 15 visits in the Diabetes Control Center in Reading, PA, before they said I didn't need them any more. In my last test results my A1c level was excellent – 5.8 – and my blood pressure was good too.

Q. What do you like about your dietitian?

A. He never took away food. He always told me to eat everything but to eat smaller amounts. That gave me faith, it gave me strength, and encouraged me to live a normal life. I could eat everything but I shouldn't eat it all.

Q. What was the hardest part of your diet?

A. To reduce the volume of food and to stop eating fried foods. I learned that all food is good as long as you know how to season it. The more vegetables, the better, cooked or raw.

Q. Do you feel this plan is working for you?

A. It's very efficient and it works. I can eat everything as long as I take my medications. I listen to the dietitian who assigns portions. The first thing diabetics need to do when they wake up is measure their sugar levels. That's the map that's going to direct them in how they are going to eat that day.

To highlight our profession, we will be featuring this article and many others on the LAHIDAN website for the public at <http://www.lahidan.org>.

ADVERTISEMENT

Snacking is a smart habit when choices are nutritious, portion-controlled and part of a balanced eating plan. The quick three-question quiz below can help you teach clients about the benefits of wholesome snacking for adults and children. Some of the answers just might surprise them!

Are You a Savvy Snacker?

1. T or F? You should skip snacking if you're trying to lose weight.

False! The truth is, snacking is one habit that may help you manage your weight. Going too long without eating might make you hungrier so you eat more calories at your next meal.¹ Fend off the hungries with nutritious, portion-controlled snacks. Possibilities: A Kellogg's® Nutri-Grain® cereal bar, a banana or an ounce of peanuts.

2. T or F? Snacking can be good for kids.

True! Wholesome snacks can help fill nutrition gaps in kids' diets. However, the top three snacks for kids are not-so-nutritious soft drinks, chips and sweets.² Make kids savvier snackers! Stock lots of good-for-them options like fresh fruit, cut-up veggies and hummus, or their favorite Kellogg's® cereal with fat-free milk.

3. T or F? A nutritious mid-afternoon snack might ward off a stress-induced snack attack.

True! Going too long without eating can make your blood glucose (blood sugar) dip, so you feel cranky and irritable.³ This could trigger an all-out stress-induced snack attack! Instead, plan a satisfying snack like a serving of Kellogg's™ Special K™ snack crackers with a low-fat cheese stick.

To learn more about smart snacking, go to <http://kelloggsnutrition.com/eat-well/nutritious-snacks.html>.

1. Kirk TR. Role of dietary carbohydrate and frequent eating in body-weight control. Proc Nutr Soc. 2000;59:349-58.

2. NHANES 2001-2004.

3. Benton D. Carbohydrate ingestion, blood glucose and mood. Neurosci Biobehav Rev. 2002;26:293-308.

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CELEBRATE ALMONDS THIS SUMMER

Summertime is upon us, and with the warmer weather and longer days, your clients are enjoying more time with family and friends. Your clients are also spending more time exercising outside.

Whether your clients are preparing meals or on-the-go snacks for a day out in the sun, you can help them make the most of their choices by providing helpful tips each month this summer.

Claudia González, MS, RD, a Miami-based dietitian, says that almonds are a great fit for summer or any time of year.

"Almonds provide a convenient crunch that can be added to almost any summer meal or side dish," González says. "Sprinkle them on fresh fruit, or toss them in a green salad to add an extra crunch to any dish. If you're on the run, just grab a handful to help you fuel your day."

**"JUST GRAB
A HANDFUL
TO HELP
YOU FUEL
YOUR DAY."**

MAY Snacking Solutions: Use this month to work with your clients and design customized solutions for their cravings. Sweet lovers? Try a handful of Honey Crystal Almonds or spread almond butter on sliced apples. Savory? Suggest Chipotle-Roasted Almonds.

JUNE Multitasking Meals: Focus on teaching how leftover meals plus pantry basics, like almonds, create a new take on yesterday's dinner. Almonds are a great way to add extra flavor, nutrients and craveable crunch.

JULY BBQ Basics: Summertime means fresh produce and outdoor cookouts. Showcase ways to use almonds in flavorful BBQ sauces for grilling and in vinaigrettes for salads. Suggest browsing the AlmondBoard.com recipe database for exciting ideas.

AUGUST Eating for Exercise: Help your clients fuel their daily workouts with a perfect portion of almonds. A handful of almonds (about 23) makes the perfect on-the-go snack for a busy day.

CHIPOTLE-ROASTED ALMONDS

Makes: 1 1/2 cups | Serving Size: 1/4 cup



INGREDIENTS

- 1 tablespoon ground chipotle chili pepper
- 2 tablespoons sugar
- 1 teaspoon coarse salt
- 1 1/2 cups whole natural almonds
- 1 tablespoon almond oil

DIRECTIONS

Stir together chipotle, sugar and salt in a small bowl and set aside. Heat almonds and almond oil in a large skillet on medium-high heat, stirring and shaking pan occasionally, until almonds are fragrant. Turn heat to medium-low and stir in chipotle mixture. Heat and shake skillet for about 30 seconds. Transfer to a bowl and let cool just slightly before serving warm.

Per serving (Makes 6 servings): Calories 240, Total Fat 20g, Saturated Fat 1.5g, Monounsaturated Fat 13g, Polyunsaturated Fat 5g, Protein 8g, Carbohydrates 11g, Fiber 4g, Cholesterol 0mg, Sodium 390mg, Calcium 90mg, Magnesium 100mg, Potassium 270mg, Vitamin E 10.1mg

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Celebre Las Almendras Este Verano

Almendras Asadas Con Chipotle

(translation for Chipotle-Roasted Almonds)

Hace: 1 1/2 taza | Porción: 1/4 taza

INGREDIENTES

1 cucharada de chile molido chipotle
2 cucharadas de azúcar
1 cucharadita de sal gruesa
1 1/2 taza de almendras enteras naturales
1 cucharada de aceite de almendra

PROCEDIMIENTO

Combine todo junto el chipotle, azúcar y sal en un tazón pequeño y deje a un lado. Caliente las almendras y el aceite de almendras en una sartén grande a fuego medio-alto, revolver y agitar la sartén ocasionalmente, hasta que las almendras se vuelvan fragantes. Baje el fuego a medio-bajo e incorpore la mezcla de chipotle. Calentar y agitar la sartén por otros 30 segundos. Colocar en un tazón y dejar enfriar un poco para servir ligeramente caliente.

POR PORCIÓN (HACE 6 PORCIONES):

Calorías 240
Grasa Total 20g
Grasa Saturada 1.5g
Grasa Monoinsaturada 13g
Grasa Poliinsaturada 5g
Proteína 8g
Carbohidratos 11g
Fibra 4g
Colesterol 0mg
Sodio 390mg
Calcio 90mg
Magnesio 100mg
Potasio 270mg
Vitamina E 10.1mg



Feasting on a Typical Puerto Rican Dinner

From left to right: white cabbage (repollo), and green peas, white rice and red beans (prepared with green peppers, carrots and cilantro), sandwich steak with white onions.

Photo was provided by Yolian Calvo, UPR student, BS candidate, LAHIDAN member in Puerto Rico.

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