

Adelante LAHIDAN

WINTER 2010

P E R S P E C T I V E

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"Saludos" Greetings From Your LAHIDAN Chair

It is my pleasure to serve as the Latinos and Hispanics in Dietetics & Nutrition (LAHIDAN) chair for the 2009-2010 calendar year. LAHIDAN Executive Committee wishes Danny Santibanez, MPH, RD, former LAHIDAN chair, the best of luck in law school. We are very grateful for all his energy, work, and contributions to our member interest group, and the Platicas Latinas Program he helped develop.

The LAHIDAN reception during the Food & Nutrition Conference & Expo (FNCE) at Denver this year was a great success! It was a great time to meet and network with so many of you. We are such a unique and diverse group! Our LAHIDAN members include nutrition professionals, such as educators, clinical dietitians, consultants, researchers, and mentors to other Latinos in dietetics.

I had the pleasure of meeting researchers, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) dietitians, and other members, who through their work and love for our culture, are helping Hispanic/Latino communities make a difference. One of the highlights of our reception was honoring our LAHIDAN member, Judith Rodriguez, PhD, RD, FADA, LDN, as ADA president-elect. We also had the pleasure of honoring Mary Christ-Erwin, executive vice president of Porter Novelli and long time friend of LAHIDAN, who received the 2009 ADA Honorary Membership Award.

Also in attendance were Delia Solis, MS, RD, LD, who received the 2009 LAHIDAN Distinguished Trinko Service Award, and Nylda Gemple, RD, who received recognition as a 50-year ADA member, and for her contribution to the Faculty of the University of Puerto Rico, School of Family Ecology and Nutrition. I want to thank all of the LAHIDAN members who attended our FNCE Member Reception, including our friends from Puerto Rico.

Additionally, many of our members have expressed their interest in learning Spanish to help their practice. Because of this, we recently launched the Platicas Latinas webinar program, with the goal of increasing our members' confidence levels when speaking Spanish, and increasing cultural awareness of health related issues in the Hispanic/Latino population. I am very proud of our Platicas Latinas chairperson, Nicole Patience, who has worked diligently to help develop this exciting program. The program contains four tracks, each track comprised of six one-hour webinars: beginner, intermediate, advanced, and cultural track. If you are interested in participating, please register at www.eatright.org/LAHIDANPLATICAS.

LAHIDAN is also working on other projects. One project we are very excited about is creating a review committee that will help review Spanish educational

"Saludos" Greetings continued on page 9



Dear LAHIDAN members,

I'm looking forward to serving as your 2009-2010 newsletter editor. I plan to explore new topics affecting the Latino and Hispanic communities we serve, and I'm counting on your help.

The theme for this issue is "new resources for our community." In our Research section, Veronica J. Johnson (2009 DI graduate), and Gail Frank, DrPH, CHES, RD, explore breastfeeding in different ethnic groups with an emphasis on Latino women. The article offers many options on how to promote breastfeeding among this group. If you want to network with other nutrition professionals, discuss personal experiences, and learn about culture-specific beliefs and cuisine, check out our new webinar program, *Pláticas Latinas*. In addition, the booklet *El Camino Hacia un Corazón y Una Familia Saludables (The Road to a Healthy Heart and Family)*, courtesy of General Mills, provides tips on how Latinos can live with a healthier heart. In our Member Spotlight you will meet our new Executive Committee and Regional Coordinators. In addition, two of our exemplary members, Karina Alvarez, MS, RD, and Norma Molina, RD, share their enriching and inspiring experiences at this year's Food & Nutrition Conference & Expo. The University of Nevada Cooperative Extension (UNCE) takes us to the neighborhood with their new curriculum *¡Cocinando Delicioso y Saludable! (trans. Delicious and Healthy Cooking!)*. This resource shows how Latinos and Hispanics can still enjoy their favorite meals in healthier ways. To close with a Latin flavor, we have a lactose-free favorite – Arroz con Leche (trans. Rice Pudding).

I hope you enjoy this issue. I look forward to your feedback. If you would like to submit an article or would like to participate as a peer reviewer, please e-mail me at ibvargas@yahoo.com.

Sincerely,
Ibsen Vargas
LAHIDAN 2009-2010, Newsletter Editor

RESEARCH

Breastfeeding Success and Failure Among Latina Women in the United States

Veronica J. Johnson, 2009 DI Graduate, and Gail Frank, DrPH, CHES, RD

Note: In a leadership rotation, dietetic interns develop professional writing skills. This article is a product of a four-day leadership rotation during the 2009 Dietetic Internship at California State University Long Beach. Veronica completed her internship in June, 2009, and became an RD in August. She is currently employed as a clinical dietitian at Whittier Hospital in Whittier, CA, and resides in Los Angeles, CA.

Introduction

Breast milk is the only food a human can consume exclusively and safely for their first six months of life, yet breastfeeding rates in the United States continue to lag behind the *Healthy People in Healthy Communities 2010 (HPHC 2010)* goals.¹ Lack of breastfeeding remains a significant public health issue.

Latina women, particularly non-US-born Latinas, initiate and sustain breastfeeding at rates higher than any other racial or ethnic group,² but still fall behind HPHC goals. An exceptionally high incidence of obesity and diabetes exists among Latinos. Nineteen percent of 2-5 year old Latinos are overweight or obese, which is the highest rate of any ethnic group.³

This article will review *HPHC 2010* breastfeeding objectives and achievement among population subgroups, predictors of breastfeeding success or failure among Latinas, benefits of breastfeeding, and recent changes in breastfeeding incidence. Finally, practical applications and resources for RDs are provided. The learning objectives for this article are to:

1. Identify two factors that support initiation and continuation of breastfeeding.

2. List two Latin-American cultural strengths as potential avenues for promoting and protecting breastfeeding.
3. Locate five resources for lactation education in the community setting.

Healthy People in Healthy Communities 2010: Goals & Realities

Breastfeeding is associated with reduced infant risk of acute otitis media, non-specific gastroenteritis, severe lower respiratory tract infections, atopic dermatitis, asthma, and childhood leukemia. The benefit of breastfeeding has also been linked to a decrease in sudden infant death syndrome (SIDS), necrotizing enterocolitis, type 1 and 2 diabetes, and obesity.⁴

The four national breastfeeding target percentages have been set as follows: immediately at delivery – 75%; at 6 months – 50%, and at 1 year – 25%. The exclusive breastfeeding goal is 25% at 6 months.¹ Only children of college graduates are achieving these rates for breastfeeding at initiation, 6 months, and 12 months. No ethnic groups are currently meeting the goal for exclusive breastfeeding.²

Predictors of Breastfeeding Success and Failure

Generally, populations ± 10 percentage points of the four *HPHC 2010* breastfeeding goals are college graduates, married women, women in their 30's, those not participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and those residing in the western United States. Non-Hispanic blacks, those with a high school education

or less, WIC participants, and those residing in the northeastern US and/or in unhealthy environments, are well below target percentages. Unhealthy environments include those areas of highly concentrated poverty with poor access to health care, and high rates of teen pregnancies. In fact, with each percentage increase in the unhealthy nature of the environment, there is a 2% decrease in likelihood of breastfeeding. This occurs even after adjustment for household, maternal, and infant characteristics.²

Among Latinas in the US, there are exceptionally high rates of breastfeeding but low exclusivity. Latino babies are twice as likely to receive breast milk as white infants. Only 17% are exclusively breastfeeding at 6 months.² For reasons yet to be determined, mixed feelings are very common in this demographic. Factors that are positively associated with exclusive breastfeeding among Latina mothers are maternal age <25 years, presence of a "birth sister" called 'doula' or mid-wife, and breastfeeding within the first hour of the infant's life. The presence of any medical condition and Cesarean births are negatively associated with exclusive breastfeeding. Delaying the first formula feeding for at least one day seems to increase the odds of near-exclusive breastfeeding as well ($P=0.001$).⁵

Another relevant observation regarding exclusive breastfeeding among low-income mothers is a positive association noted if women were within a near-normal BMI range (mean \pm SD BMI, 23.9 \pm 2.5 kg/m²). Partial breastfeeding was associated with an average BMI near obesity (mean \pm SD BMI, 29.1 \pm 6.3 kg/m²).⁶ Since 26% and 29% of non-pregnant women of child-bearing age are overweight or obese, respectively in the US, they would enter pregnancy with body weight above recommendations and might gain at an accelerated rate having a negative effect on breastfeeding.⁷

Recent research among California mothers indicates education level of both parents may exert the strongest

influence on whether or not a woman chooses to breastfeed. Being young, unmarried, obese, a cigarette smoker, low income or unemployed, uneducated and on MediCal or WIC seem to reduce the odds that a woman will ever breastfeed. After adjusting for potential confounders, the strongest predictive factor for failure to breastfeed is low maternal and paternal education. Less than 12 years of education increases the odds of never breastfeeding by a factor of 2.4. Income and employment are not as powerful in predicting breastfeeding occurrence as education.

Foreign-born Latinas are more likely to breastfeed successfully than any other racial or ethnic group despite generally lower education and family income levels. Cultural norms and public policies promoting breastfeeding in Latin America may explain this phenomenon.⁸ Latinas, immigrants, and those who strongly identify with Latin culture have higher rates of breastfeeding initiation. Generally, the more acculturated the individual is, the less likely that breastfeeding initiation will occur.³

The Women, Infants and Children's Program (WIC) as an Influencer

WIC is an important child and maternal nutrition program, serving nearly 2 million infants per month, or almost half of American babies.⁹ Within this population, Latina mothers are more likely to initiate breastfeeding than African-American mothers (91% vs. 65%), and breastfeed longer (an average of 5 months) than both African-American and white mothers (3.5 and 3 months, respectively). Compared to women of other ethnic groups, the most common reason Latina mothers stop nursing is perception of insufficient milk supply.¹⁰

The new WIC package began in October 2009, and includes significant incentives to breastfeeding moms and infants. Increased food for moms and baby food (fruit, vegetables, and meat) for breastfed babies may enhance breastfeeding rates in the WIC population.¹¹

Recent Data on Breastfeeding Incidence

According to CDC Pregnancy Nutrition Surveillance data (2007), percentages of Latina mothers who have ever breastfed have been steadily increasing since 1998. In 1998, 68% of Latina mothers had breastfed, while in 2007 that number grew to 76%. During that same time period, non-Hispanic black mothers' rates increased from 39% to 54%, and the rate for non-Hispanic white mothers grew from 52% to 62%.¹²

Practical Applications

Providing maternal support and structured prenatal and postpartum education has been effective at increasing breastfeeding success. Immediate skin-to-skin contact following delivery and early initiation of breastfeeding has improved outcomes.¹³ Knowledge of the benefits of breastfeeding has been shown to predict intention to breastfeed,⁸ yet less educated mothers are more likely to believe that infant formula is as good as breast milk.² This highlights the importance of early and thorough prenatal care and training.

It is crucial to identify individual barriers to breastfeeding, and address those concerns. Commonly with Latina mothers, perceptions of insufficient milk supply have resulted in early cessation of nursing. Exclusive breastfeeding itself is a way to ensure adequate milk supply, and emphasizing this point, particularly with Latina women, may help ease fears about insufficient breast milk. Visual tools such as WIC handouts like "Counting the Diapers" can further reinforce that the infant is getting enough nutrition.

Motivational interviewing (MI) techniques can help practitioners in this area, and with mom's consent, may include the father and/or other family members for added support. Skillfully asking open questions (followed by actively listening), allowing clients to set the session agenda, understanding individual motivations, and empowering clients by guiding them

LAHIDAN Announces Platicas Latinas Program!



Platicas Latinas is a webinar program aimed at increasing confidence and comfort levels when speaking Spanish and increasing cultural awareness of Hispanics and Hispanic health issues. Platicas Latinas will have four tracks: beginner, intermediate, advanced, and cultural. Each track offers six webinars or six topics.

Beginner Track

Recommended for individuals with little exposure to the Spanish language. Consists of pronunciation, vocabulary, and forming basic sentences.

Intermediate Track

Recommended for individuals with a basic understanding of the Spanish language. Topic-specific handouts. Case studies will be presented for each webinar and are highly interactive. *Topics in Nutrition Assessment.*

Advanced Track

Recommended for individuals who speak Spanish. Moderator will guide discussions which will be entirely in Spanish. Focus on various cultural differences and vocabulary differences between countries of Latin America and discussion on specific nutrient-related areas. Limited handouts. Highly interactive. *Topics in Nutrition Assessment.*

Cultural Track

English language presentations on various topics that focus on Hispanic and Latino values and cultures by region. Instructional focus and Powerpoint presentations. The first topic is *Who are Latinos?*

Details

Whether you are just beginning to learn Spanish or are more advanced, there will be opportunities to network with other nutrition professionals, discuss personal experiences, speak Spanish, and learn about culture-specific beliefs and cuisine. Space is limited: 10 participants per session. LAHIDAN member fee - \$10 per session. Non-LAHIDAN member fee - \$20 per session. **1 CEU per class available.**

Thanks to our sponsors: McNeil Nutritionals, LLC and Kellogg's™.

Register at www.eatright.org/LAHIDANPLATICAS.

Platicas Latinas Schedule

UPCOMING PLATICAS:

Tuesday, January 26, 2010, 6–7 pm EST – Diabetes, Intermediate level

Thursday, January 28, 2010, 5–6 pm EST – Diabetes, Advanced level

Cultural Track is starting in February!

Space is limited: 10 participants per webinar. 1 CEU per class available.

Register at www.eatright.org/LAHIDANPLATICAS.

**Latinos and
Hispanics in
Dietetics and
Nutrition**

a member interest group of the
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.....
GENERAL MILLS



Food & Nutrition Conference & Expo (FNCE) 2009

October 17-20, 2009, Denver, CO



LAHIDAN members and presenters at the Closing Session with guest speaker, Soledad O'Brien, from L to R: Karina Alvarez, MS, RD; Norma Molina, RD; Soledad O'Brien; Yolian Calvo; Eileen Morales; and Nicolle Santiago.



American Dietetics Association's Dietetic Practice Groups and Members Interest Groups.



LAHIDAN Distinguished Trinko Service Award presentation at the LAHIDAN Reception, from L to R: Past ADA President, Marty Yadrick, MS, MBA, RD, FADA; ADA President-Elect, Judith C. Rodriguez, PhD, RD, FADA; 2009 Recipient, Delia Solis, MS, RD, LD.



LAHIDAN volunteers at the Member Interest Group Showcase from L to R: Julie Plasencia, MS, RD, and Aurora Buffington, MS, RD.

Executive Committee



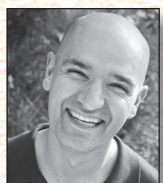
Malena Perdomo, MS, RD, CDE
Latino Nutrition Spokesperson
Private Practice, Denver, CO
LAHIDAN Chairman



LAHIDAN Julie Plasencia, MS, RD
Area Extension Specialist,
University of Nevada Cooperative
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LAHIDAN Chair Elect



Carina Roe Saez, RD, LD, CDE
Diabetes Educator/Nutrition Consultant,
Dallas, TX
LAHIDAN Past Chair



David Orozco, MS, RD, LD
Nutrition & Fitness Consultant
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Sandra Arevalo, MPH, RD
Nutrition Coordinator, NY
LAHIDAN Treasurer



Nancy Correa-Matos, PhD, RD
Assistant Professor of Nutrition University
of North Florida, Jacksonville, FL
LAHIDAN Nominating Committee Chair

Carmen Llerandi Phipps, MPH, RD, LD, AHCF
Valley Baptist Health Systems, Harlingen, TX
LAHIDAN Nominating Committee Chair-elect

Regional Coordinators



Karina Alvarez, MS, RD
Clinical Dietitian, Pediatric Healthy
Lifestyle Center, San Jose ,CA
LAHIDAN Area 1 (AK, CA, HI, ID, MT, OR,
WA, WY)



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MO, NE, ND, SD, WI, MN)



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OH, TX, UT)



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If interested, please contact Malena Perdomo at
mperdomo@ix.netcom.com.



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Nicole Patience, MS, RD, LDN
Nutrition Counselor at Temple
University, Philadelphia, PA
LAHIDAN Platicas Latinas Chair



Ibsen Vargas
Durham, NC
LAHIDAN Newsletter Editor

Getting to Know FNCE 2009 Presenters

Karina Alvarez, MS, RD

It was at the WIC program that I knew I had something to share with my fellow colleagues about the challenges and barriers Latino families had that were associated with obesity and diabetes risk. Throughout my years of attending professional conferences, I knew one day I would be presenting on this topic to help other professionals. Working at the Pediatric Healthy Lifestyle Center has helped me not only to recognize barriers, but also to help families overcome them.



Karina Alvarez, MS, RD

As a first time attendee and presenter, I couldn't have asked for a better experience presenting at FNCE 2009. My experience was amazing and over the top. Norma Molina, RD, my fellow presenter and I, received a warm welcome from LAHIDAN members that helped ease our nervousness prior to our presentation. A highlight for me was the many compliments we received, and excitement about the usefulness and applicability of the material presented.

We also received lots of support from back home, our co-workers, and our director, as well as colleagues. Personally, I would like to thank my family for the vote of confidence in my ability to speak. My advice to anyone contemplating presenting is to go for it – the experience is invaluable.

Norma L. Molina, RD

Presenting at the 2009 ADA FNCE has been the highlight of my career so far. My colleague, Karina Alvarez, MS, RD, and I presented our personal counseling interventions, which were evidence-based, while working with overweight/obese Latino children. The months of preparation, the hours of research, and the nervous, exciting anticipation that preceded Sunday, October 18th, the day we presented, was well worth the successful outcome. The positive feedback that we received from attendees affirmed our desired outcome, which was to provide useful, applicable information that would help dietetic professionals enhance their intervention skills when counseling Latino families with overweight children. This experience was both personally rewarding and professionally enriching.



Norma L. Molina, RD

One of my goals at FNCE was to attend the LAHIDAN members' reception to meet and network with other members. I was looking forward to meeting fellow Latinos in the dietetic profession and learning more about their work and areas of interests. I was overwhelmed with pride to be part of such an inspirational group of professionals. The camaraderie, the sharing of experiences, meeting new friends, and the overall warm LAHIDAN welcome has motivated me to become more involved and to do my part as an active member of this professional group.

I left Denver, CO, thinking of all the work that lies ahead of me. My passion has always been to work within the Latino community in the area of health prevention. But I never thought that it would be preventing diabetes, cardiac problems, and other chronic diseases in Latino children, who lead the statistical numbers in obesity and risk for these conditions. I often wonder about the future of our children as I work the front lines against the pediatric obesity battle, and it truly concerns me. These children are our future – they will someday be our political and community leaders, teachers, professors, doctors, lawyers, dietitians, and many other professions. It's troubling to think that they may also be diabetic, hypertensive, at risk for heart attacks, and obese as young adults. I've heard it said that parents today may outlive their children if this pediatric obesity epidemic, with its related co-morbidities, continues. My intention is not to show a gloomy future, but rather to say how important our work is now, as dietetic professionals, to educate, motivate, and inspire parents and families to make changes and to lead healthier lifestyles starting today. ¡Sí se puede! We can do it!



National Nutrition Month® March 2010
American Dietetic Association

¡Cocinando Delicioso y Saludable! (trans. Delicious and Healthy Cooking!)

By Millicent Braxton-Calhoun MS, ED, and Julie Plasencia MS, RD

Research indicates that health promotion and disease prevention interventions have improved the health of the majority of Americans who have participated in such programs. One of the goals of *Healthy People 2010* is to eliminate health disparities that exist among segments of the population, including those that exist among people of different race and ethnicity. Due to the high rate of ethnic minorities living in Las Vegas, NV, and concomitant rates of chronic diseases such as high blood pressure and obesity increasing in these populations, an opportunity to promote behavior change through community-based interventions emerged.

The University of Nevada Cooperative Extension (UNCE) faculty and staff have a history of developing culture-centered health education programming to meet the needs of diverse populations in the Las Vegas Community. *Food for Health and Soul*, developed by registered dietitian Joyce Woodson, MS, RD, and Millicent Braxton-Calhoun, MS, ED, is a nutrition education curriculum designed to teach the African American communities how to prepare family favorite meals in a healthier way. Las Vegas is home to 1.8 million people, with 28.4% of them being Latinos and Hispanics. The success and acceptance of *Food for Health and Soul* in the African American community, and the high percentage of Latino and Hispanic individuals in Las Vegas lead UNCE to adapt this program into *Cocinando Delicioso y Saludable* (CDYS).

A bilingual and bicultural registered dietitian and LAHIDAN Chair-elect, Julie Plasencia, MS, RD, completed a literature

review of diseases disproportionately affecting the health of the Latino and Hispanic population in the United States. The curriculum was adapted, translated, and piloted to ensure acceptance of the program, and provided information to address health concerns of this ethnic group. The project was completed, and UNCE sent out the curriculum for peer review and publication in 2008.



CDYS is a nutrition education curriculum that supports families' interest in retaining their cultural foods, while reducing dietary fat, salt/sodium, sugar, and increasing fiber for better health. CDYS is currently reaching families who bring their children to early childhood development centers and community recreation centers. The six lessons are taught by trained, bilingual community based instructors that are also members of the community. The lessons present nutrition education and recipe samplings to encourage families to make healthier food choices and prepare healthier meals. The interactive lessons are also supplemented with a handout and recipe booklet that can be taught in either English or Spanish.

The United States Department of Agriculture Supplemental Nutrition Assistance Program Education (SNAP-ED) grant funds were obtained by UNCE to hire and train instructors. You can obtain a copy of the "Cocinando Delicioso Y Saludable" curriculum that includes a training manual, lessons, and handout and recipe booklets in English and Spanish by contacting Millicent Braxton-Calhoun MS, ED, braxton-calhounm@unce.unr.edu or Julie Plasencia MS, RD, plasenciaj@unce.unr.edu or at the University of Nevada Cooperative Extension (702) 222-3130.

"Saludos" Greetings continued from page 1

materials for various companies and organizations. We are also starting a Latino mentor program that will be guided by our regional coordinators. We will be seeking members to volunteer. As a native of The Republic of Panama, I came to the United States to study nutrition and would have loved to have had a mentor in dietetics during this time, so I am excited about the mentorship program.

I never imagined that I would be in this position right now, leading LAHIDAN to bigger projects. I want to thank the Executive Committee, regional coordinators, Platicas Latinas

chair, and our *Adelante* newsletter editor for all their hard work. They are a fantastic group of people and friends!

As your LAHIDAN chair, my door is open, and I look forward to hearing from you. With your help, we will continue to grow LAHIDAN. If you would like to help, connect to others members via our LAHIDAN Yahoo listserv, or volunteer in any way, feel free to send me an email at mpperdomo@ix.netcom.com or call me at 303-915-0874.

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

Breastfeeding continued from page 3

to express specific intentions are some powerfully effective MI techniques.¹⁴

Latin-American culture is rich with traditions that can strengthen a woman's decision to nurse her infant. Emphasizing these cultural strengths and even encouraging selective biculturalism may enhance breastfeeding success. For example, *la cuarentena* (quarantine) is traditionally observed for 40 days postpartum, in which a new mom will be relieved of her household duties. This is primetime for her to establish her milk supply. Cultural traditions like social support and *familismo* (close bonds with immediate and extended family) offer an additional protective effect. Many Latin Americans consult folk healers or use folk or home remedies before seeking medical care. A preference for "big, healthy babies," may affect the tendency to worry about insufficient milk supply. In this case, a discussion on the importance of colostrum quality versus quantity and that breastfed babies tend to be thinner but just as healthy, may be beneficial.³

Summary & Recommendations for Registered Dietitians

Exclusive breastfeeding is the ideal mode of infant nutrition, yet American women continue to provide mixed or formula feedings in numbers beyond expert recommendations. Latin culture maintains values and traditions that may support breastfeeding, as breastfeeding rates of Latina mothers demonstrate, yet exclusivity is often lacking. Employing client-centered MI techniques and communicating with timely and bilingual educational materials while maintaining cultural competency, may aid RDs with enhancing infant feeding practices. Positive environmental influences such as state lactation legislation and the new WIC package further support and may enhance breastfeeding rates and infant health.

Resources

WIC information (eligibility, fact sheets, etc.): <http://www.fns.usda.gov/wic/>.

Bilingual and culturally specific information, publications, activities, and statistics: www.womenshealth.gov.

National Healthy Mothers, Healthy Babies Coalition: www.hmhb.org.

La Leche League is an internationally renowned organization with numerous local leaders. Legal information, forums, and providers that support lactation: www.llli.org.

The California Lactation Law can be obtained at the following website: www.breastfeedingworks.org/labor-code-print.htm.

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Arroz con Leche

Hace 10 porciones

Tiempo de Preparación: 5 min.
Tiempo para Cocinar: 50 min.

6 tazas de leche LACTAID® Reducida en grasa
2 tazas arroz, grano corto, sin cocinar
4 rajas de canela
1 taza de azúcar
¼ taza de pasas
1 cdta. Extracto de vainilla
6 rajas de canela (para adornar)
1 cda. pasas doradas (para adornar)
2 ramitas de menta (para adornar)

COLOQUE la leche LACTAID® reducida en grasa y el arroz en un sartén y dejar hervir a fuego medio.

REDUCIR el fuego y dejar hervir a fuego lento, revolviendo frecuentemente y raspando el fondo acerca de 35 minutos. (Si nota que el arroz se está secando, añada 1 taza mas de leche LACTAID® tibia. Asegúrese de no cocinar de más el arroz.)

AÑADA las rajas de canela, azúcar y pasas. Dejar hervir a fuego lento por otros 15 minutos. Revuelva frecuentemente para prevenir que se pegue a la sartén.

RETIRE del fuego e incorpore la vainilla.

REFRIGERE por 2 horas y sirva frío.

ADORNE con las rajas de canela, las pasas doradas y la menta si gusta.

Información Nutricional por porción
Tamaño de la porción: alrededor de 2/3 taza
Calorías totales: 310

Calorías de Grasa	30	Total de Carbohidratos	62g
Grasa Total	3g	Fibra Dietética	1g
Grasa Saturada	2g	Azúcares	30g
Colesterol	10mg	Proteína	8g
Sodio	80mg	Calcio	300mg

Para más deliciosas recetas usando la Leche LACTAID®, productos de la marca LACTAID® y panfletos educativos sobre la intolerancia a la lactosa para descargar, visite www.lactaid.com.

Rice Pudding

Makes 10 servings

Preparation Time: 5 min.
Cook time: 50 min.

6 cups LACTAID® Reduced Fat Milk
2 cups rice, short grain, uncooked
4 cinnamon sticks
1 cup sugar
¼ cup raisins
1 tsp vanilla extract
6 cinnamon sticks (to garnish)
1 tbs. golden raisins (to garnish)
2 Mint sprigs (to garnish)

PUT LACTAID® Reduced Fat Milk and rice into a saucepan and bring to a boil over medium heat.

REDUCE heat to low and simmer, stirring often and scraping the bottom for about 35 minutes. (If you see that the rice is getting too dry, add 1 more cup of warm LACTAID® Milk. Be sure not to overcook the rice.)

ADD cinnamon sticks, sugar, and raisins and simmer another 15 minutes. Stir often to prevent sticking.

REMOVE from heat and stir in vanilla.

CHILL in fridge for 2 hours and serve cold.

GARNISH with cinnamon sticks, golden raisins, and mint, if desired.

Nutrition Information per serving
Serving size: about 2/3 cup
Total Calories: 310

Calories from Fat	30	Total Carbohydrate	62g
Total Fat	3g	Dietary Fiber	1g
Saturated Fat	2g	Sugars	30g
Cholesterol	10mg	Protein	8g
Sodium	80mg	Calcium	300mg

For more delicious recipes using LACTAID® Milk, LACTAID® Brand product locator plus a downloadable educational brochure about lactose intolerance, visit www.lactaid.com.

Recipe provided by McNeil Nutritionals, LLC.

Distinguished Trinko Service Award

The 2009 Distinguished Trinko Service Award was given to LAHIDAN Member Delia Solis, MS, RD, LD. It's great that she is getting the recognition that she has earned through her years of service to the Latino community. Delia's commitment to Latinos/Hispanics is exemplified from the beginning of her career as an RD, where she helped collect and analyze data in a research study designed to evaluate the nutritional status of children living in Mexican border towns.

For the past 19 years, Delia has been working at the renowned Dallas Parkland Hospital and Health System as the Clinical Nutrition Manager where she has been instrumental in the hiring and recruitment of bilingual registered dietitians. Under Delia's direction and planning, Parkland's clinical nutrition programs at the Community Clinics have expanded from one clinic to eleven clinics.

Delia's special interest in Hispanic and Latino outreach has extended to her professional interests. She helped lead and develop the "Spanish Speaking Dietitians," which after several

reorganizations is now known as LAHIDAN Member Interest Group (MIG). She has served as LAHIDAN's Chair, Treasurer, Adviser and she is now helping with the Platicas Latinas Webinars.

For the past 11 years, in her "spare" time, Delia has been teaching English as a second language to immigrants in several area churches. This has included citizenship classes and tutoring for those individuals seeking to reach their dream to become US citizens. As a true-hearted registered dietitian, Delia has integrated nutrition and health information in these classes as a way to guide immigrants to health resources in the community.

Congratulations, Delia! LAHIDAN is proud and honored to have you as a member and cherished leader!



Delia Solis, MS, RD, LD

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Latinos and Hispanics in Dietetics and Nutrition

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