

Latinos and Hispanics in Dietetics and Nutrition

a member interest group of the
 Academy of Nutrition and Dietetics

Adelante LAHIDAN

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Greetings from LAHIDAN Chair

Sandra Arévalo, MPH, RDN, CDN, CDE
LAHIDAN Chair 2013-2014

Dear LAHIDAN Members,

It has been my pleasure to serve as your chair during the 2013-2014 term. This was a valuable learning experience that I hope many others would like to follow. I personally met many people; networked with amazing human beings who are leaders in their fields; learned about business, public relations, and organizational skills; and most importantly had the chance to hear the voices of many LAHIDAN members at different meetings. I had the pleasure of getting to know many of you who came to me, either in person at the Academy of Nutrition and Dietetics Food & Nutrition Conference & Expo (FNCE) or by e-mail, and shared your stories, ideas, and wishes.

I tried my best to bring these stories and ideas to the leadership level to effect change. Because of your requests, we have been busy working on a new website; developing better systems that can facilitate logging into the website once you become a new member (we know this has been an issue for many of you); and trying to extend sponsorship opportunities to raise money

to develop more activities for all our members. We now have a recipes section on the website that features your recipes and the 2013 winner of the nutrition handout contest. The 2013 winner handout is posted. Download the English/Spanish handout titled, "Nutrition and Diabetes: How to Eat Healthier." These activities allow us to learn more about our members and allow you to demonstrate your special skills. We have also been asking that members send us notices about achievements to share in our newsletter. This information demonstrates the proficiency of our professional and students members. We have our meetings during FNCE to celebrate each and every one of you and our unification. Lastly, I am joyful to share with you that in March I was happy and proud to bring the voice of all of our Latino RDNs to a meeting in Washington DC to discuss the lack of diversity in the field of nutrition and brainstorm ways to increase the number of Latino RDNs that are becoming essential to the future of dietetics. Also in DC, I was honored to receive an award from the

(Continued on next page)

National Hispanic Medical Association for the work I have done representing and helping Latinos in the US. This award, although in my hands, belongs to each and every one of you who work hard day to day to help improve the health of Latinos in the U.S. and help us proudly carry and advance our ethnicity and profession. Special thanks to the members of LAHIDAN that have served in the Executive Committee through the years. Your hard work is starting to pay off amigos!

Much more remains to be done. Just as many of you gave me the inspiration for most of our work for this year, I ask that you keep sending us ideas so we can continue to give you what you need and like. I encourage you to use our electronic mailing list and website for networking and sharing your ideas and wishes. I know that all of you are very talented, and we need to use these talents to make our wishes come true. All LAHIDAN members share the same commitment: improving the nutrition and health of Latinos in the United States. Let's work together to make LAHIDAN what we want it to be and keep our member interest group (MIG) strong.

People who work with Latinos have asked me for professional advice on how to best counsel this population. When I tell them to become members of LAHIDAN, they often say that they think that you have to



LAHIDAN Chair Sandra Arevalo receiving an award from the National Hispanic Medical Association, Washington DC, March 2014.

be Latino to be a member. You know that is not the case. Most of us are Latino or have a Latino background, but for those who do not, LAHIDAN is a great resource that encourages networking with professionals who have the expertise and are ready to help others build and strengthen their skills when working with a Latino population. This opens doors for experts and learners alike and offers a great opportunity for leadership, partnerships, and networking.

Please help us spread the message that LAHIDAN is for all. We are an inclusive group of human beings willing to share our culture and love with those who would like to learn more about it. We would like to double our membership by 2015, and if each one of you convinces at least one other person to become a new member, we will do it. Let's combine all our efforts, no matter how big or small, to make LAHIDAN the strongest MIG it can be.

SPOTLIGHT

Congratulations to Election Winners!

Chair-elect: Zachari Breeding, RDN

Treasurer: Margaret E. Cook-Newell, PhD, RDN, LD, CDE, CN

Nominating Committee Chair-elect: Marisol Avila, RD, CDE

Message from the Editor

Wendy Lopez, MS



Wendy Lopez, MS

Dear LAHIDAN community,

With much excitement, I present to you our spring 2014 newsletter. The central theme for this issue is social media.

The birth of the Internet paved the way for many innovative ideas and designs, transforming how we communicate with one another. Social media can offer an array of useful tools to increase the effectiveness of our work. Using these tools is especially important for LAHIDAN members because the Internet is a major form of communication in Latin-American communities, both in the United States and abroad.

In this newsletter, we feature the groundbreaking work of individuals who are using social media to create awareness about nutrition and chronic illness. Mila Ferrer was inspired to blog about diabetes after her youngest son Jaime, was diagnosed with type 1 diabetes at 3 years of age. Through her blog, Jaime, Mi Dulce Guerrero, she has created a virtual community that provides peer-to-peer support for Latinos. Mila has been recognized by the International Diabetes Federation and has also been named a Top Latina Influential Blogger by Latinos in Social Media. We also feature the work of Emily Coles from TuDiabetes.org, an online social community for individuals touched by diabetes. TuDiabetes.org has created a safe arena for people to meet, connect, and share resources. Emily has a passion for

public health, advocacy, and diabetes, and she has inspired thousands of people through this website to overcome the isolation that can be a large part of diabetes. Jessica Jones, MS, RD, founder of *Food Heaven Made Easy*, has extensive experience conducting nutrition education in Latin-American communities in New York City. When she discovered how effective such instruction was in the Latino community, she decided to use social media to expand her reach. *Food Heaven Made Easy* is a weekly cooking and nutrition web series, where viewers learn how to prepare tasty, nutrient-dense, and affordable plant-based recipes, all via the Internet. Finally, Aurora Buffington, MS, RDN, LD, describes her blog for Viva Saludable, an initiative by the Southern Nevada Health District. She uses videos, blog posts, and other social media tools to engage Latinos in health promotion.

Sticking with the social media theme, we highlight three nutrition apps for Latinos in our Health/Practice Resources section. Latinos are one of the most active groups on social media, and mobile apps can be a useful tool for nutrition education.

The Research section includes three studies that reflect the benefits of using the Internet and multimedia tools to trigger lifestyle changes. In a separate article, Deborah Greenwood, PhD, RN, CDE, describes her research on the effects of self-management support alternatives for patients with type 2 diabetes. The study compared the effects of patient communication via in-person visits,

telephone calls, and electronic communication on glycated hemoglobin levels, health maintenance goals, and behaviors.

In our Member Spotlight, we feature Gail Frank, PhD, MPH, RD, our 2013 Trinko award winner, and Hector Vasquez, who won our 2013 student scholarship. Dr. Frank has worked in the field of nutrition and dietetics for more than 40 years and has been a key investigator in several Latino studies, with publications spanning more than 15 years. Her work has been instrumental in increasing our understanding of how to deliver effective nutrition education to Latinos. Hector Vasquez shares his experiences with food and nutrition growing up in a Mexican household, which helped to create the driving force behind his desire to become a registered dietitian. He also shares highlights of his experience at the 2013 Academy of Nutrition and Dietetics Food & Nutrition Conference & Expo.

We end this issue the best way imaginable... with food! Bianca Rivera, MS, shares some of her favorite Latin-inspired recipes with us. Rivera works at City Harvest in New York City, conducting cooking demonstrations. She has developed and designed healthy and affordable Latino recipes for City Harvest nutrition education programs.

We hope you enjoy reading this issue as much as we enjoyed bringing it to you.

TuDiabetes.org Offers Ongoing Social Support

Emily Coles



Emily Coles

TuDiabetes.org is an online social community for anyone who has any type of diabetes or has a loved one with diabetes. The community is based on the belief that no one with diabetes should feel alone and recognize that it can be

a very isolating condition. The purpose of the site is to create a meeting place for connecting with others touched by diabetes, sharing information and support, and combatting the isolation that so many people with diabetes experience.

Why a Latino Online Community?

Social media has great potential to educate Latinos about nutrition and diabetes, and its success in meeting this goal is increasing with greater adoption of social media throughout the Spanish-speaking world. Diabetes requires patients to act as their own doctors all day, every day as they constantly manage the factors that affect blood glucose levels. These factors include medication dosing, exercise, sleep, and nutrition. For this reason, the usual healthcare practice of seeing a doctor several times per year for care does not support effective management very well. People with diabetes need support and information any time of any day, which is *exactly* what social media provides. Anyone with online access, either through a computer, tablet, or smart phone, can access information and support at any time of the day or night using social media sites such as TuDiabetes.org. The information and support come directly from other people with diabetes all over the world. Folks can learn about their healthcare and appropriate nutrition at times that are convenient for them, rather than getting a burst of information during a doctor's appointment (for those lucky enough to see doctors who have time to educate their

patients, which is rare) or in a class, where they generally forget half of the information before they have a chance to use it. With social media, people can also follow up as they learn. For example, a person can ask the community for suggestions about healthy breakfast options for people with diabetes, try some, comment on how well they worked, troubleshoot improvements with the help of other community members, and ultimately make their own suggestions to others. This is a much more effective way to learn than going to a nutritionist's office to get a list of recipes and then having to figure them out alone once the appointment is over.

The platform on which TuDiabetes.org is built offers several different avenues for people to connect:

1. Forum section, where members can post questions, concerns, and thoughts that they would like to discuss with others in the community. The forum is divided into categories of interest so that people can easily search for discussions that pertain to them.
2. Blog section, in which people share stories, experiences, and musings with others without inviting discussion.
3. "Friending" and private messaging allow members to communicate with one another one-on-one in private, so they can deepen the relationships that begin in other sections of the site.
4. Photo archives allow members to share images with one another, the way friends might share photos of their family vacations.
5. Video archives allow members to post videos that they think would be of interest to others in the community, such as vlogs, news clips, and educational videos about diabetes.
6. Chat room, which is open 24/7 for members to connect with each other in "real time," ask questions and get answers right away, and find support in tough moments. Many new members

come into the chatroom to meet others and get starter tips on how to become acquainted with the TuDiabetes site.

Overcoming Barriers and Becoming Proactive About Health

One of the primary barriers of TuDiabetes.org has been uneven access to the internet and comfort using it. Social media only exists online, so only those who have internet access and know how to use it can take advantage of the support and education we offer. We have tried to address this by optimizing our platforms for smart phones because far more people in the world have mobile technology than computers, and people increasingly use smartphones to access the internet, even when they do have access to a computer.

One of my tasks as Head of Communities is to ensure that TuDiabetes.org is a safe and positive place, and I work with a team of incredibly savvy and dedicated volunteers to achieve that goal. We read through every post every day, reminding members of our guiding principles of diversity and mutual respect whenever we see a post that strays from these principles. This is crucial because to be enlightened and inspired by what they find on the site, people must have a positive experience there. The staff and volunteers at Diabetes Hands Foundation also take very seriously the importance of setting a tone of kindness, openness, and acceptance in the TuDiabetes community. We want our members to feel safe to ask questions and share vulnerable moments, knowing that we make every effort to ensure they will not be met with criticism or judgement.

Emily Coles was diagnosed with type 1 diabetes in 1978, a time when there was no structured method for people with diabetes to find one another. She studied biology in college and considered pursuing medicine but opted for "life experience" before making such

a commitment. In 1996, she moved to San Francisco and made her way into public health via volunteering and networking. She became a research assistant in the San Francisco AIDS office within the public health department. Emily decided to return to school in 2000 to study epidemiology at Stanford

University as an entry into the field of infectious diseases. However, epidemiology turned out not to be the right fit. All through this history she was dealing with her diabetes, and in 2010 she decided to address her condition more actively. That decision eventually led her to Diabetes Hands

Foundation, where her current position as program manager and the online communities *tudiabetes* and *estudiabetes* perfectly combines her passion for public health and advocacy, her love for personal human contact, and her long and hard-earned knowledge of diabetes.

Jaime, Mi Dulce Guerrero: A Home for Those Raising Children With Diabetes

Mila Ferrer



Mila Ferrer

Jaime, Mi Dulce Guerrero (<http://jaime-dulceguerrero.com>) is a webpage that portrays the daily challenges of raising a child who has type 1 diabetes. Most parents of

children with diabetes encounter the same situations and challenges, and this web page offers information and personal experiences in managing type 1 diabetes. The target audience is the Spanish-speaking Latino families touched by this condition, who are eager to learn and find better ways to manage their kids' diabetes. I want these families to know they are not alone, and even though diabetes can be very difficult to manage, it is not impossible to achieve control of glucose levels. You need to get diabetes education, have the right tools, and be patient and resilient.

Using Social Media for Connection and Education

Social media is revolutionizing our society, and it has become a very effective tool for our Latino community to stay informed. It has empowered patients to become active participants in their own care. People can access health professionals and obtain information to help them understand their conditions. Social media gives patients a place to meet others living with their condition and create supportive relationships. If you feel down or are having a bad day,

you can find your peers online, and they are always willing to lend a hand and cheer you up. Peer support offers emotional support without judgement as well as good advice from caregivers and people living with this condition. People are more likely to accept advice from those living with diabetes, resulting in better accountability.

Jaime, Mi Dulce Guerrero has a large community of followers who interact through its social media channels (Twitter, Facebook, Instagram, and YouTube). The blog uses mobile applications such as WhatsApp to connect families from different countries and provide them a place to talk and share their experiences and feelings. It is incredible how small the world becomes with social media; someone from South America can post a question and receive instant answers from Europe or North America.

Focusing on Latino Families

Of particular importance to me is the lack of quality health information for Latinos, especially in Spanish. This can lead to health care disparities within our community. The need for more culturally relevant information is one of the reasons Jaime, Mi Dulce Guerrero was created.

It is important to share real stories of children and youth living with diabetes so all can feel part of the web page. Families often identify themselves in these stories, which may help change how they feel

about their child's diabetes. Jaime, Mi Dulce Guerrero primarily reaches out to parents and caregivers because they are responsible for their children's well-being and need to stay informed and understand the diabetes world. Viewers are engaged by new material constantly posted on the blog's social media channels and web page.

Mila Ferrer started to blog about type 1 diabetes in July 2011, 5 years after Jaime, her youngest son, was diagnosed with the disease at the age of 3 years. She lives every single day advocating for more and better education about diabetes, not only for the people affected by this condition and their families, but for the general population. Through her blog, Mila shares her experiences and provides peer-to-peer support for the Latino community. She has become a well-known advocate for educating Latino parents who have children with diabetes, through her blog, strong social media presence, and participation in health conferences. She has been recognized as a "Diabetes Leader" by the International Diabetes Federation and as a Top Latina Influential Blogger, by Latinos in Social Media. Mila is a member of the Diabetes Advocates (DA), a collective of individuals and organizations that offers expertise, resources, and support to those touched by diabetes. She is one of the few Spanish resources for the DA.

Social Media as a Tool: A Compilation of Abstracts

Roy Gordillo, MS

The following articles have been selected to explore the impact technology and media can have at triggering positive lifestyle changes. Chronic diseases are always present and progressing and readmission to the emergency room is a setback both patients and healthcare providers want to avoid. Nevertheless, social media, the Internet, and mobile applications are motivating patients to meet their personal health needs, while sharing health outcomes with virtual peers. Hispanics, despite health literacy levels and language barriers, are able to access online self-management tools to help achieve nutritional and dietary goals. Online social media outlets like Facebook and Twitter, health interactive video games, online chronic disease self-management portals, carbohydrate counting tools, and virtual food records combined with individualized anthropometric values, are the promise to enhance patients' confidence when it comes to self-care and health promotion.

Health Professionals' Attitudes Towards Using a Web 2.0 Portal for Child and Adolescent Diabetes Care: Qualitative Study

Nordqvist C, Hanberger L, Timpka T, Nordfeldt S. *J Med Internet Res*. 2009;11(2):e12. doi: 10.2196/jmir.1152.

Background: The Internet, created and maintained in part by third-party apomediation, has become a dynamic resource for living with a chronic disease. Modern management of type 1 diabetes requires continuous support and problem-based learning, but few pediatric clinics offer Web 2.0 resources to patients as part of routine diabetes care.

Objectives: To explore pediatric practitioners' attitudes towards the introduction of a local Web portal for providing young type 1 diabetes patients with interactive pedagogic devices, social networking tools, and locally produced self-care and treatment information. Opportunities and barriers related to the introduction of such systems into clinical practice were sought.

Methods: Twenty clinicians (seven doctors, nine nurses, two dietitians, and two social welfare officers) from two pediatric diabetes teams participated in the user-centered design of a local Web 2.0 portal. After completion of the design, individual semistructured interviews were performed and data were analyzed using phenomenological methods.

Results: The practitioners reported a range of positive attitudes towards the introduction of a local Web 2.0 portal to their clinical practice. Most interviewees were satisfied with how the portal turned out, and a sense of community emerged during the design process and development of the portal's contents. A complementary role was suggested for the portal within the context of health practice culture, where patients and their parents would be able to learn about the disease before, between, and after scheduled contacts with their health care team. Although some professionals expected that email communication with patients and online patient information would save time during routine care, others emphasized the importance of also maintaining face-to-face communication. Online peer-to-peer communication was regarded as a valuable function; however, most clinicians did not expect that the portal would be used extensively for social networking amongst their patients. There were no major differences in attitudes between different professions or clinics, but some differences appeared in relation to work tasks.

Conclusions: Experienced clinical practitioners working in diabetes teams exhibited positive attitudes towards a Web 2.0 portal tailored for young patients with type 1 diabetes and their parents. The portal included provision of third-party information, as well as practical and social means of support. The practitioners' early and active participation provides a possible explanation for these positive attitudes. The

findings encourage close collaboration with all user groups when implementing Web 2.0 systems for the care of young patients with chronic diseases, particularly type 1 diabetes. The study also highlights the need for efforts to educate clinical practitioners in the use of Web publishing, social networking, and other Web 2.0 resources. Investigations of attitudes towards implementing similar systems in the care of adults with chronic diseases are warranted.

This article originally appeared in 04/06/2009 issue of the Journal of Medical Internet Research. Reprinted with permission.

Wellness Partners: Design and Evaluation of a Web-based Physical Activity Diary with Social Gaming Features for Adults

Gotsis M, Wang H, Spruijt-Metz D, Jordan-Marsh M, Valente TW. *JMIR Res Protoc*. 2013;2(1):e10. doi: 10.2196/resprot.2132.

Background: The United States is currently in an age of obesity and inactivity despite increasing public awareness and scientific knowledge of detrimental long-term health effects of this lifestyle. Behavior-tracking diaries offer an effective strategy for physical activity adherence and weight management. Furthermore, Web-based physical activity diaries can engage meaningful partners in people's social networks through fun online gaming interactions and generate motivational

mechanisms for effective behavioral change and positive health outcomes.

Objective: Wellness Partners (WP) is a Web-based intervention in the form of a physical activity diary with social networking and game features. Two versions were designed and developed for the purpose of this study—"Diary" only and "Diary+Game". The objectives of this study included pilot testing the research process of this intervention design, implementation, evaluation, and exploring the effectiveness of social gaming features on adult participants' physical activity and anthropometric measures.

Methods: We conducted a field experiment with randomized crossover design. Assessments occurred at baseline, first follow-up (FU, 5-8 weeks after using one version of WP), and second FU (5-8 weeks of using the other version of WP). In the control condition, participants started with the "Diary" version of WP and participants started with the "Diary+Game" version of

WP in the experimental condition. A total of 54 adults (egos) ages 44-88 and their family and friends (alters) ages 17-69 participated in the study in ego-network groups. Both egos and their alters completed online surveys about their exercise habits. In addition, egos completed anthropometric measurements of body mass index (BMI), fat percentage, and fat mass by bioimpedance.

Results: From October 2009 to May 2010, flyers, emails, and Web advertisements yielded 335 volunteers who were screened. Rolling recruitment resulted in enrollment of 142 qualified participants in 54 ego-network groups, which were randomly assigned to a study condition. The final analytic sample included 87 individuals from 41 groups. Data was collected from December 2009 to August 2010, and data analysis was completed in 2011. Overall, the participants were given access to the intervention for 10-13 weeks. Statistical analysis suggested an increase in self-reported exercise

frequency (mean days per week) from baseline (2.57, standard deviation [SD] 1.92) to first FU (3.21, SD 1.74) in both conditions. Stronger effects were seen in the condition where Diary+Game was played first, especially in network groups with larger age variation between the alters and egos. Overall, the decrease in egos' BMI was statistically significant from baseline to first FU, with greater decrease for those in the Diary+Game first condition (-0.26 vs -0.16 in the Diary first condition).

Conclusions: The WP program increased physical activity among participants and resulted in health benefits among the egos. Web-based diary interventions designed with social gaming features hold potential to promote active lifestyles for middle-age adults and people in their social networks.

This article originally appeared in 02/01/2013 issue of the Journal of Medical Internet Research. Reprinted with permission.

Fast Info via Mobile Apps

Mobile apps can equip dietitians and patients with creative tools to make healthy lifestyle changes. Here are three nutrition apps offered in Spanish that can be used in your practice.

WebMD – Trusted Health and Wellness Information By WebMD:

<https://itunes.apple.com/us/app/webmd-trusted-health-wellness/id295076329?mt=8>

The NEW WebMD app incorporates personalized, engaging multimedia lifestyle content. WebMD offers on-demand healthy living information in addition to physician-reviewed health content and interactive tools.

Calories and Diet Spanish:

https://play.google.com/store/apps/details?id=com.mobincube.android.sc_W47C9.app_79331&hl=en

The Calories and Diet app provides nutritional facts for foods and macronutrient breakdowns. Users can search for a food by entering a word, selecting a category, or selecting the first letter of the food.

Control de Dietas:

<https://play.google.com/store/apps/details?id=com.nortecastilla.controldietas>

Control de Dietas provides individualized caloric recommendations and helps users track their daily calorie intake. Physical activity can also be tracked and incorporated into the overall recommendations.

Diabetes Self-management Support via Social Media

Deborah Greenwood, PhD(c), RN, MEd, CNS, BC-ADM, CDE, FAADE

Sutter Health Integrated Diabetes Education Network (SHIDEN), Sutter Medical Foundation, Roseville, CA



*Deborah Greenwood,
PhD(c), RN, MEd,
CNS, BC-ADM,
CDE, FAADE*

The Sutter Health Integrated Diabetes Education Network (SHIDEN) team from northern California conducted a quality improvement research pilot in 2012 and shared findings in an abstract presented at the International

Diabetes Federation World Congress in Melbourne, Australia, in December 2013.

The study offered 146 individuals with type 2 diabetes who were completing a diabetes self-management education (DSME) program the opportunity to enroll in a follow-up self-management support program. Participants could select one of three methods:

- A one-time in-person visit in 3 to 6 months (the existing usual care)
- Three brief telephone calls spaced at 3-, 6-, and 9-month intervals
- Three secure message encounters through the health care system's electronic health record at 3, 6, and 9 months.

The goals of the program were to assess the feasibility of conducting DSME ongoing support through multiple modalities and to compare changes in glycated hemoglobin (A1C) and attainment of health maintenance goals (A1C, lipids, eye examination, foot examination, and microalbumin) and behavioral goals between groups.

The use of secure messaging as a follow-up modality resulted in similar outcomes at 9 months compared with telephone and in-person follow-up. The research, partially funded by the American Association of Diabetes Educators Foundation, is helping to build the case for reimbursement from the Centers for Medicare & Medicaid Services and private insurance for telehealth follow-up methods from the patient's home, especially asynchronous messaging (messaging that is not real time but that is convenient and at the patient's time of choice).

The research team documented that telehealth follow-up was desired by participants and was feasible to implement. The secure message follow-up required the least amount of time, was cost-effective, and was the method that more participants desired. However, use of secure messaging also was associated with significantly lower completion rates compared to usual care and telephone encounters. One of the assumptions by the team was that the log on and password required for the secure message platform was not as simple as using email. In addition, quarterly follow-up may have been too long of a window, and participants may have lost interest or not felt connected to the education team.

The ultimate goal is to provide ongoing diabetes self-management support that is convenient and accessible for all patients. The 2012 National Standards for Diabetes Self-Management Education and Support clearly document the need for development and implementation of sustainable ongoing support after DSME. As the population of technology-savvy individuals expands, people with diabetes will demand services where they can engage virtually, asynchronously, and ideally while sharing with their peers who are experiencing similar issues and concerns. The SHIDEN team's next steps include examining whether virtual self-management support can be delivered by health coaches, diabetes education associates, or clinical assistants specifically trained to provide self-management support via telehealth modalities and the ideal time interval required for optimal outcomes.

About LAHIDAN

The Latinos and Hispanic in Dietetics and Nutrition (LAHIDAN) has served members since 1995 as a networking group. On May 16, 2007, LAHIDAN became the first Member Interest Group (MIG) of the, now, Academy of Nutrition and Dietetics.

Mission

Empowering members to be the nation's food and nutrition leaders for Latinos and Hispanics.

Vision

Optimizing the health of Latinos and Hispanics through food and Nutrition.

Purpose

The purpose of this MIG shall be to support member needs while fostering the development and improvement of food, nutrition and health care for Latinos and Hispanics and their families in the United States and related territories, with outreach to Hispanic and Latino international members.

Functions

- a. To lead in the planning, implementation and evaluation of food, nutrition and health service delivery to Latino communities
- b. To promote professional practice, research and educational advancement
- c. To promote cultural competency of LAHIDAN
- d. To strengthen the influence of the MIG on professional organizations, policy makers, government and other identified entities through coordinated action
- e. To highlight the contributions of member dietetic practitioners with significant contributions to the Association and profession
- f. To support leadership development and promote member service utilization
- g. To identify, mentor, and support promising future Latino/Hispanic dietetic practitioners
- h. To maintain a resource directory of LAHIDAN dietetic practitioners and those interested in supporting the MIG

Benefits of Membership

Benefits of being a LAHIDAN member include opportunities for professional development and for increasing cultural competency.

Professional Development Benefits

- Leadership Opportunities
- Electronic mailing list
- Mentoring Program
- Networking
- Student Scholarship
- Website
- Connections with friends & colleagues
- Newsletter

Cultural Competency Benefits

- Language and Cultural Exchange
- Webinars

Executive Committee 2013 - 2014

Chair: Sandra Arevalo, MPH, RD, CDN, CDE

Chair Elect: Sylvia Klinger, MS, RDN, LDN, CPT

Secretary: Diana Romano, MS, RD, LD

Treasurer: Marisol Avila RD, CDE

Immediate Past Chair: Lorena Drago, MS, RD, CDN, CDE

Nominating Committee Chair: Sandra Gucciardi, MPH, RD, CDN

Nominating Committee Chair-Elect: Christina McGeough, MPH, RD, CDN, CDE

Food Heaven Made Easy: Promoting Good Cooking on YouTube

Jessica Jones, MS, RD, Cohost and Founder, *Food Heaven Made Easy*



Jessica Jones, MS, RD

Food Heaven Made Easy (<http://www.youtube.com/user/FoodHeavenShow>) is a healthy cooking and nutrition web series that is published on YouTube every

Monday. The show's mission is to reduce the risk of obesity by showing people how to prepare delicious meals at home. In addition to cooking, we focus on a variety of health topics, ranging from "How many calories you should be eating in one day" and "Diet and lifestyle factors to treat constipation" to "What to eat when before and after you workout for optimal performance."

The idea for Food Heaven was born while conducting nutrition education at a farmer's market in the Bronx. Hearing the challenges that consumers faced when trying to make healthy food choices inspired me to create the show, which started as a monthly series on Brooklyn Community Access TV and subsequently moved online to reach more viewers. The series now has more than 25,000 followers on social media platforms and thousands of video views each week.

One of the reasons that we moved the show from community access TV to YouTube is that a study released last August reported that Latinos are the most active group on social media.

According to Pew research, 80% of Latino adults in the United States use social media compared to 70% of whites and 75% of African Americans. When it comes to education, it's really important to meet people where they are. If folks are online, we have to come to them with the education and be interactive in our delivery of information.

People like participating in social media because they are accessible to others. Thus, it is really important to be very interactive with your community. We try to respond to every single comment, tweet, or message so that our viewers understand that they are important and part of our community. We have noticed that the sites/brands that are more popular tend to respond rapidly to all of their followers. We get many ideas from our social media community. For example, we may post a black bean burger recipe and one follower may ask for a gluten-free substitution for bread crumbs. Before we know it, a handful of people have responded with their own ideas, which is so helpful!

Social media is a great way to reach the masses with your message and connect with your audience. We have social media followers in New York, California, London, and beyond. If our cooking show just aired on Brooklyn Public TV, we would be missing out on a huge market and not be able to inspire as many people to change their diets, one recipe at a time. Social media is 100% free and allows you to get your message across instantly.

Jessica Jones has worked as a clinical dietitian focusing on congestive heart failure at the largest hospital in Brooklyn and as a senior nutritionist for the New York City Department of Health and Mental Hygiene, where she conducted hundreds of nutrition education workshops and cooking demonstrations for thousands of underserved New York City residents. In addition to her love of hands-on nutrition education and counseling, Jessica has a passion for using both traditional media and social media as a tool to promote healthy lifestyles. The California native earned a BA in journalism from San Francisco State University and has penned hundreds of articles about food, health, and culture for publications such as The Village Voice, Time Out New York, AM New York, and Today's Dietitian.

Latino-inspired Recipes

Bianca Rivera, MS, Dietetic Intern, Brooklyn College, Brooklyn, NY



Bianca Rivera, MS

Bianca Rivera is completing the clinical portion of her dietetic internship at Brooklyn Hospital. She also works at City Harvest as a cooking demo and tour leader. In this role, Bianca is working to raise awareness of healthy eating choices by facilitating shopping tours, teaching participants how to interpret nutrition facts labels, and understand unit pricing. She conducts live cooking demonstrations using produce distributed at City Harvest mobile markets. Bianca has experience in the development and design of healthy Latino recipes for City Harvest nutrition education programs geared toward low-income Latino communities. She completed her MS in Nutrition at Hunter College in May 2013 and was awarded the New York State Dietetic Association scholarship to pursue her dietetic internship. Her approach to cooking incorporates the bold flavors of her heritage with the sensibility of a nutrition professional without ever compromising on taste. Originally from Westchester, New York, Bianca resides in Brooklyn with her husband and two young sons. She is proud of her Puerto Rican heritage and works hard to pass down the cultural foods and customs to her children. Bianca's long-term goal is to have a private practice.

Avocados Stuffed With Cabbage Slaw

Ingredients

2 ripe avocados
1 tablespoon lime juice
1 tablespoon cider vinegar
1 tablespoon honey
1 tablespoon olive oil
½ cup shredded green cabbage
½ cup shredded red cabbage
¼ cup shredded onion
½ cup shredded carrots
Salt and pepper to taste
Juice of 1 lime

Preparation

Combine cabbages, carrots, and onion in a bowl and set aside. Combine lime juice, vinegar, honey, olive oil, and salt and pepper to taste. Add dressing to cabbage mixture and mix thoroughly. Cut each avocado in half, remove pit, and squeeze lime juice over them to prevent browning. Stuff each avocado with cabbage mixture and serve.



Cod With Chili and Lime in Parchment

Ingredients

2 lb cod filet (or any white fish) cut into 4 pieces
1 teaspoon cumin
1 teaspoon paprika
1 teaspoon chile powder
½ teaspoon oregano
1 tablespoon olive oil
½ cup finely chopped red onion
4 cloves finely chopped garlic
¼ cup finely chopped parsley
Juice of 2 limes
Salt and pepper to taste
Parchment paper

Preparation

Fold a large piece of parchment paper in half and cut into a heart half large enough to hold one serving of fish. Repeat this process 3 more times. Open the heart half and place each piece of parchment on a baking sheet. Place one piece of fish on each parchment. In a small pan, heat the olive oil and saute the onion and garlic. Add the juice of half a lime and set aside. In a small bowl, mix the cumin, paprika, chile powder, oregano, and salt and pepper to taste. Sprinkle seasoning on each piece of fish. Squeeze the juice of half a lime on each piece of fish. Top the fish with the onion and garlic mixture. Starting at the top of the heart, fold the edges of the parchment, sealing edges with narrow folds. Twist the end tip to secure tightly.

Wild Rice in Annatto

Ingredients

1 teaspoon annatto seeds
1 tablespoon olive oil
2 cups wild rice
½ cup sofrito
3½ cups low sodium chicken broth
5 small, finely chopped pimento-stuffed green olives
½ teaspoon cumin
1 bay leaf
½ teaspoon black pepper
Salt as needed

Preparation

In a small pan, heat olive oil and annatto seeds. As soon as they begin to sizzle and the oil is bright red, remove from heat and pour oil through a fine mesh strainer into the pot (caldero) for cooking the rice. Heat oil and add sofrito, cumin, black pepper, and olives. Once ingredients are well combined, add the rice and mix it well with the condiments until it takes on the color of the annatto. Add broth and turn heat to high. As soon as the broth begins to boil vigorously, cover the pot, lower the heat, and simmer for 45 minutes.

Food Travels Lead to a Food Career

Hector Vasquez



Hector Vasquez

When some people travel, they develop neckpain from looking up at things: skyscrapers, the Eiffel Tower, Big Ben, and other monuments. Not me. I glance down—at

spices in bazaars, at the colors on my plate, and at the individuals who use the natural world around them to produce the food they, and I as a traveler, eat. My pursuit of nutrition and dietetics stems directly from my travels both near and far, including Albuquerque, Avignon, and Arequipa. Sampling foods and smelling spices have afforded me the opportunity not only to interact with distant cultures but has directed me into discovering a passion for nutrition and dietetics.

I was born and raised in Los Angeles to Mexican parents who wanted my brother and me to succeed academically. The greatest times we shared were at the dinner table as they told stories from home and inspired us to go after something more than they had in their lifetimes. After finishing high school, I knew I wanted to experience a new life and, thus, enrolled at University of California, Davis, where I earned a bachelor's degree in biological anthropology. After a couple of years of working in numerous laboratory settings, I enrolled as a graduate student at the

California State University at Long Beach (CSULB) to pursue a degree in nutritional science and am now a dietetic intern.

This fall I had the privilege of attending the Academy of Nutrition and Dietetics Food & Nutrition Conference & Expo in Houston thanks to a scholarship from the Latinos and Hispanics in Dietetics and Nutrition (LAHIDAN). The conference offered a rewarding and unique experience that has added to my professional development. One of the many highlights was the opportunity to network with professionals in the field and discuss shared interests. I was also able to meet many wonderful members of LAHIDAN during the reception. Additionally, I attended several educational sessions throughout the day whose topics ranged from autoimmunity to fluid intake and its recommended amount for mind and body. Of course, the experience would not be complete without stepping into the exposition and partaking of the immense amount of free samples for attendees.

The presentation "Supermarkets in Diverse Communities: Putting Healthy Food Choices in the Showcase (Culture Symposium)" provided a wealth of information about Latinos and grocery shopping behaviors. The speaker shared tips on how to modify traditional Mexican dishes to make them healthier by altering only a couple of ingredients. The speaker



Hector Vasquez and Sandra Gucciardi, MPH, RD, CDN, Nominating Committee Chair

also explained that the ability to make changes in grocery shopping behaviors requires understanding community shopping patterns and building relationships with supermarkets. All of this information will not only help me as I continue to draft my thesis but should further my career as a dietitian.

During my time at CSULB, I was involved in the *Sanos y Fuertes* project, funded by the United States Department of Agriculture, which sought to prevent obesity in the Latino population. We held charlas on the weekends, where several of us gave presentations on nutrition and physical activities that were culturally relevant to the community. In addition, I worked under the mentorship of co-principal investigator Gail Carter Frank, PhD, MBH, RD, CHES, on topics relating to grocery shopping for Latinos and abstract development. This has led me to research the area more extensively for my thesis.

One of the greatest accomplishments of my life was receiving the news that I was matched to CSULB for my dietetic internship for the 2013-2014 year. During my rotations, I have been able to witness the importance of and need for Latinos like myself to provide culturally relevant nutrition education. Witnessing this need in various settings has inspired me to complete my degree and work with a population that is diverse and resilient. I am thankful for the mentors who have guided me through my journey and to the committee at LAHIDAN. Most importantly, I am thankful for those encouraging conversations at the dinner table while growing up. Without any of these individuals, I would not be where I am today.



LAHIDAN Executive Committee 2013-2014 from left to right: Lorena Drago, MS, RD, CDN, CDE, Immediate Past-Chair, Marisol Avila, RD, CDE, Treasurer, Sandra Gucciardi, MPH, RD, CDN, Nominating Chair, Sandra Arevalo, MPH, RD, CDN, CDE, Chair, Christina McGeough, MPH, RD, CDN, CDE, Nominating Chair-Elect, Diana Romano, MS, RD, LD, Secretary, absent from photo Sylvia Klinger, MS, RDN, LDN, CPT Chair-elect

Un cafecito con la Dra. Frank (A small cup of coffee with Dr. Frank)

Malena Perdomo, MS, RD, CDE

It is my pleasure to introduce Gail Carter Frank, PhD, MPH, RD, CHES, award winner of LAHIDAN Trinko Distinguished Award for 2013. Meeting Dr. Frank is like meeting your best friend for coffee, who cheers you and motivates you to do better in your profession. She has worked in the field of nutrition and dietetics for more than 40 years, and you can tell that she loves to teach.

Dr. Frank is a professor of nutrition and a dietetic internship director in the Department of Family and Consumer Sciences at California State University Long Beach. Her areas of expertise are children's nutrition, weight management, research about caffeine and chocolate, prevention of chronic diseases, and health promotion in the Latino community. She has mentored and graduated more than 250 registered dietitians (RDs) and chaired more than 40 master's theses.

Dr. Frank has been a member of Latinos and Hispanics in Dietetics and Nutrition (LAHIDAN) since its early stages and has collaborated on several articles for the LAHIDAN newsletter. She has more than 80 scientific publications. One part of her work has been as an investigator for several Latino studies with publications spanning over 15 years!

What are your best experiences working in dietetics?

Some of the best experiences involved applying my knowledge to different training programs for professionals. This has included healthy menu planning for managers of day care facilities; working with directors to reduce fat, sodium, and sugar in school lunch and school breakfast programs; motivational interviewing for RD counselors; and developing media skills for community nutritionists. In each setting, I had to understand the audience, cultural influences, and level of skill and merge this information with the competency level needed at the end of the training. My

challenge was filling that gap, which varied from individual to individual.

It was also very eye-opening to consult at nursing homes, where I felt much more responsible for the ultimate well-being of the residents. The residents needed our expertise much more because it seemed that their well-being reflected the success of the facility caring for them. In the nursing home or residential setting, I often felt unable to bring about sufficient change in the course of a disease or medical condition; rather, I was just treating problems so they did not escalate. This experience motivated me to focus more on prevention than treatment as often as possible. Even in the residential facility, an RD or registered dietitian nutritionist (RDN) can work to prevent nutrition problems among the oldest of the "children" for whom we care.

Another memorable experience relates to how blessed I have felt to be a Spokesperson for the Academy of Nutrition and Dietetics. In this volunteer position for 19 years, I learned about the world of media and the challenges of packaging messages for the public while interpreting the science. I applied my knowledge and skills from that experience to developing a graduate course in "Nutrition and the Media," which is very popular and relevant for nutrition students. With the success of this course, I believe I am paying forward for future professionals and the public.

Are you currently working on a research and if so, what type?

I am continuing as co-principal investigator on a 5-year United States Department of Agriculture grant entitled Transdisciplinary Graduate Education and Training to Prevent Latino Childhood Obesity. Within the year, we should have data to report on the benefit of community-based participatory research (CBPR) to improve the lives of low-income Latino families in Long Beach, CA. We will complete the mentoring of

seven Latino graduate fellows for each of 5 years or 35 Latino graduate students who receive tuition for a year's study and work with us to teach classes to our low-income families. There is at least one MS/RD in each cohort. The other graduate fellows are in social work, health science, nursing, or criminal justice. Another important achievement of the grant is the institutionalization of six graduate courses on various aspects of Latino health that will form a certificate that any graduate student can acquire by taking the focused classes to give them additional leadership and knowledge to work in CBPR as they graduate with their master's degree. We are learning how best to train faculty and how best to integrate such a program into other universities across the United States.

What can we learn from your research that we can use to assist Latino families with their diet and health?

We should learn how best to present new information to both English- and Spanish-speaking Latino families so they can make healthy decisions about food, physical activity, health care, and monitoring of their children and themselves.

What are some successful strategies that we can promote to help Latino families fight childhood obesity?

One very important strategy is to keep the nutrition education information simple. Giving Latino families real-life activities is very important, such as creating a grocery list and reading the food label together. We need to help them not be intimidated by all the nutrition information out there or all the information on the food label. Working in small groups where each Mom or Grandmother can feel important and share her experience is very positive. Including the Dad in nutrition education and physical activity learning sessions is an important step to creating family changes for improved health to fight obesity.

What's your advice for nutrition students who are applying for a dietetic internship?

Enhance your Spanish skills and be sure to mention this on your application. Then use your bilingual skills to try to interpret for a Spanish-speaking client or patient. Their eyes light up when they hear Spanish and you will bond immediately. Lastly, consider applying for the internship program in nutrition and dietetics at California State University Long Beach. You know you will have an immediate mentor!

Have you published any books?

Yes, I am the author of a college textbook in its second edition entitled *Community Nutrition — Applying Epidemiology to Contemporary Practice*. I wrote the book using an important theme of primary,

secondary, and tertiary prevention of chronic disease. The RD or RDN has a very important role at any of these stages.

Tell us about your family.

I am a single Mom with two wonderful adult sons and am known as Gigi to my two adorable, smart grandchildren. I have two loving daughters-in-law, one of whom was born in Mexico. I have two sisters and a brother. One of my sisters married into a family from Colombia, and her two sons have wonderful talents and bilingual skills. The love for my family is embedded in my heart and influences my daily actions. My Dad was an immigrant who came through Ellis Island, and we experienced challenges as children with both economics and having a limited family environment for celebration and support. I lived these

challenges and persisted to rise above them, which empowers me to support my Latino interns, students, and families in my research, community activities, writing and teaching.

What is your favorite food and Latin dish?

Although my Mom was Pennsylvania Dutch German, she loved to cook Mexican food because we lived primarily in Texas. My favorites are tamales, tamales, and more tamales; tacos with fried corn tortillas (which my Mom used to prepare); enchiladas; and chiles rellenos. I also love flavorful bean dishes and soups, mole, and any dish that includes fresh tomatoes.

HEALTH/PRACTICE RESOURCES

Sharing Healthy Messages With Viva Saludable

Aurora Buffington, RDN, Las Vegas, NV

Viva Saludable is Southern Nevada Health District's multimedia advertising campaign in Spanish consisting of 30- and 60-second health commercials or public service announcements focusing on specific issues related to chronic disease prevention. Videos can be accessed via YouTube. Included in the comprehensive health promotion are messages about avoiding tobacco use and exposure, increasing physical activity, and improving dietary choices. The initiative was created to help meet the need for health education in the Hispanic community, which is disproportionately affected by barriers to healthy living, including lack of health insurance, economic status, language disadvantage, and culture. Viva Saludable began in 2006 in collaboration with the local Telemundo television station and has evolved to include the support of *El Tiempo* newspaper and Lotus Broadcasting. In addition to media messages and community events, Viva Saludable has its own website and blog at <http://www.vivasaludable.org/>.

Social media has great potential to reach Latinos. We have seen a tremendous increase in hits and views across all of our social media platforms, notably in our Spanish language media. For example, the Viva Saludable blog, which primarily addresses nutrition issues, has grown from 153 average monthly hits in 2011 to a current average of 503 hits per month. The website's number of unique visits has increased from an average monthly number of 1,876 in 2011 to a current monthly average of 9,969 unique visitors.

Aurora Buffington, RDN, works in the Office of Chronic Disease Prevention and Health Promotion at the Southern Nevada Health District in Las Vegas, NV. She has implemented Supplemental Nutrition Assistance Program (SNAP) educational programming for elementary school children, grocery store shoppers, and Hispanic school parents. She also helped bring the first farmers' markets SNAP/Electronic Benefits Transfer (EBT) redemption program to Nevada, is leading a healthy vending initiative at recreation centers, and is increasing awareness with a Spanish and English language media campaign and education piece to reduce sugary beverage consumption. Aurora blogs for Viva Saludable.

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