

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 Your LAHIDAN Chair

Diana Romano, MS, RD, LD



Welcome to *Adelante*, the official newsletter of LAHIDAN (Latinos and Hispanics in Dietetics and Nutrition). I'm excited to be the Chair of this wonderful group, and I want to let you

know that the current Executive Committee is working hard to add value to your membership. We have added more resources to our webpage, presented more webinars, and developed more relationships with other dietetic practice groups and member interest groups.

I encourage you to take advantage of the many LAHIDAN member benefits, which include:

Website: Our newly revamped website, <http://eatrightlahidan.org>, includes a members-only section with LAHIDAN activities, newsletters, recipes, resources in Spanish, and membership directory. You can use your Academy login information to access the website.

Adelante Newsletter: Two times a year members receive our peer-reviewed newsletter that covers up-to-date topics for your professional practice and highlights the wonderful accomplishments of our members.

LAHIDAN EML: This electronic mailing list is an important forum for member discussions, job openings, inquiries, and commentaries. To join, visit our website and

click the link on the right side of the page that says LAHIDAN EML. It will ask you to enter an email address.

Webinars: These presentations cover topics relevant to the Latino/Hispanic population in the United States. They address nutrition and cultural competency to enhance your skills and knowledge.

Leadership Development: Volunteering is an excellent route to gain experience for your own professional development while also influencing the future of LAHIDAN, the Academy of Nutrition and Dietetics, and the dietetics profession. For volunteer opportunities, contact us at lahidanec@gmail.com.

Mentorship Program: LAHIDAN has a mentorship program that supports professional growth and offers student scholarships. If you are a registered dietitian nutritionist (RDN), becoming a mentor gives you the chance to influence a student's life and give back to our profession. Concentrating on the future of the profession is a priority as the Academy enters its second century.

It was good to see many of you at Boston Food & Nutrition Conference & Expo™ (FNCE®) 2016. It's not too early to start making plans to attend FNCE® 2017 in Chicago as we celebrate 100 years of the Academy.

Hasta la vista!!
Diana

About Us

Treasurer

Nathan Myers, MS, RD, CDN



Nathan Myers is a clinical dietitian at the James J. Peters Veterans Affairs Medical Center in the Bronx, NY, where he works with veterans in

the weight management and bariatric surgery program. Originally from a tiny farming community in northeastern New York, he is now a proud resident of the Bronx who also serves as a health coordinator for the Bronx Health REACH "Towards a Healthier Bronx" Initiative. He received his Master's degree in Clinical Nutrition from New York University, where he currently lectures as an adjunct professor. Previously, he worked as a clinical dietitian at New York-Presbyterian/Weill Cornell Medical Center. Nathan is active in the Greater New York Academy of Nutrition and Dietetics, and his areas of interest, in addition to weight management, include nutrition public policy, sustainability in food systems, and nutrition for athletic performance and wellness. When not on the job, Nathan's favorite pursuits are experimenting in the kitchen, reading, tending his house plants, and physical activity of almost any kind, including biking around the city, distance running, hiking, and dancing. In a nod to his home borough, he recently took up the dance style of b-boying. Living and working with a majority Latino population sparked Nathan's desire to empower the Latino and Hispanic community through optimal nutrition. As treasurer of LAHIDAN, he plans to contribute to this vision.



Left to right:

Sitting – Diana Romano, Sandra Arevalo; Standing – Sylvia Klinger, Maggie Cook-Newell

Nominating Chair-Elect Crystal Rivero Young, RDN



Crystal is a Japanese-Mexican-American RDN residing in the San Francisco Bay Area. She graduated with her Bachelor's degree in Dietetics from Michigan State University. Since

graduating, Crystal's career path has followed the management route as a Director of both Clinical Nutrition and Food Services. For the past 8 years, Crystal has been volunteering with the Commission on Dietetic Registration as a practice area expert and has contributed to developing and revising questions for the registration examination for Registered Dietitian Nutritionists and Nutrition and Dietetic Technicians Registered. Crystal is a past LAHIDAN Chair and the 2016-2017 LAHIDAN Nominating Chair-Elect.

LAHIDAN Executive Committee 2016-2017

Chair:

Diana Romano, MS, RD, LD

Chair-Elect:

Margaret Cook-Newell, PhD, RDN, LD, CDE, MLDE, CN

Past Chair:

Zachari Breeding, MS, RDN, LDN

Secretary:

Sylvia Klinger, PhD, RD

Treasurer:

Nathan Myers, MS, RD, CDN

Nominating Chair:

Sandra J. Arevalo, MPH, RD, CDN, CDE

Nominating Chair-Elect:

Crystal Rivero Young, RDN

Member Highlight

Christina McGeough, MPH, RDN, CDN, CDE



The LAHIDAN Executive Committee would like to take this opportunity to thank Christina for her service to LAHIDAN over the past several years, most currently as

Secretary. This brief biography and her personal account are but a small token of our appreciation.

Christina is a native New Yorker, an RDN since 2005, and a Certified Diabetes Educator since 2009. She earned her Bachelor's degree in Nutrition and Dietetics from New York University and Master's degree in Public Health from Hunter College. She has worked in urban communities facilitating nutrition, health, wellness, and diabetes education in community, clinical, and business settings. Currently, she is Clinical Director of Diabetes, Nutrition & Wellness at the Institute for Family Health, a network of federally qualified health centers across New York City and the mid-Hudson region of New York State. Some of Christina's extracurricular activities include practicing hot yoga and running.

In Christina's own words: My passion for food and cooking started around age 9 years. As a child, I loved the times when my mom would let me bake or make breakfast for the family. When I started college, I knew I wanted to be in health care, and ironically enough, the very first science class I decided to take was a nutrition course. That course prompted me to change my major to nutrition and transfer from Florida State University to New York University (NYU). At NYU, I fell in love with the city, my program, and all the prospects my future career held. I quickly realized that becoming a nutritionist was exactly what I was meant to do. Throughout my adolescence, I struggled with my weight and body image, and studying nutrition helped me see how much healing can come from proper nutrition.

In retrospect, I realized that I knew very few Latina dietitians and I quickly saw the need for diversity in the dietetics profession. As a

mentor for students today, I encourage them to develop fluency in other languages and improve their cultural competency in the communities they serve. It's hard to believe it's been 11 years since I began my professional journey, never imagining the experiences I would encounter as a dietitian and health educator. Along the way, I have had phenomenal mentors and supervisors who have inspired me to be creative, ambitious, persistent, and a leader.

One of my mentors and LAHIDAN's celebrity, Lorena Drago, MS, RDN, CDN, CDE suggested I become involved with LAHIDAN. Working with a diverse Latino community, I found I was frequently looking for culturally relevant health education resources and tools to improve my skills and the care I provided my clients. Involvement with LAHIDAN enhanced my knowledge and competency in understanding the diverse Latino landscape in the United States beyond my Puerto Rican heritage. I was in awe of the LAHIDAN leadership and wanted more involvement, which came in 2013-2015 when I served on the nominating committee. In 2014-2015, I was editor of *Adelante*. My most recent service was as Secretary through spring 2016.

My mantra throughout my professional journey has been to listen, learn, and work with passion. I firmly believe that approach has opened doors for me. As Clinical Director of Diabetes, Nutrition & Wellness at the Institute for Family Health, I have the opportunity to see patients, train students, and develop new and innovative programs in the communities we serve. My message to a new professional is to envision the job you want and the job that is needed, and if that job doesn't exist, find a way to create it as you listen to the needs of others and perform your work with passion!

Emily Lepping, Didactic Program in Dietetics, Family and Consumer Sciences, Western Kentucky University, Bowling Green KY

Mi nombre es Emily Lepping, and I am a senior at Western Kentucky University with a double major in Nutrition/Dietetics and Spanish. The primary response I hear when I tell people my majors is "Oh, that's different,"



followed by, "So what do you want to do, teach nutrition in Mexico?" I agree that the nutrition and Spanish combination is different, but I believe it will enhance my career in

many ways. Studying Spanish has allowed me to become more culturally competent in serving the Latino and Hispanic population. I have already experienced the benefits of this knowledge in the area of dietetics. My professors have relayed to me and my classmates the importance of cultural awareness and competency. In dietetics, it is crucial to be knowledgeable and skilled in different cultures when counseling or educating. With the double major, I feel more prepared to relate to Latinos and Hispanics.

My favorite parts of *Adelante* are the recipes in English/Spanish and "Around Latin America." One popular topic among my native-speaking Spanish major classmates is the desire to cook healthier versions of native dishes to meet the needs of a Latino college student. In my Spanish foods class, everyone made traditional dishes and brought them in to share and enjoy. Cooking these dishes showed us how helpful it would be to have tips on making healthier traditional Latin American foods on a college budget and in a college dorm. One of my areas of interest as a potential research topic is the use of natural remedies in the Latino culture. The possibilities for investigation are endless.

My combined instruction in Spanish and dietetics has already provided me with some wonderful opportunities, namely, contributing to *Adelante*. I am grateful that my professor, LAHIDAN Newsletter Editor Dr. Cook-Newell, and LAHIDAN have let me use my skills to translate the recipes for this newsletter. I believe that this is a stepping stone toward my goal of becoming a bilingual RDN. It is exciting to implement my expertise in both areas with a single project. I look forward to doing that even more in the future.

Around Latin America: Dominican Republic

Janeliza Encarnacion



Janeliza Encarnacion, born and raised in the Dominican Republic and currently living in New York, is a dedicated and hardworking bilingual (English/Spanish) student pursuing a Bachelor's degree in Food, Dietetics, and Nutrition at Lehman College, Bronx, New York. She is passionate about community outreach and bringing well-being and health to the public through energetic engagement. She has been working as a community volunteer for the past few years to drive successful health outcomes in underserved communities. She is currently volunteering at the Community Pediatric Program (Montefiore) under the supervision of Sandra Arevalo, MPH, RD, CDN, CDE. She also volunteers with the Office of Community Engagement and New Student Programs at Lehman College and was the Membership Officer for the Lehman Nutrition Club in 2015.

Capital: Santo Domingo
Currency: Pesos

Average Climate/Topography: The Dominican Republic has a tropical climate that is warm throughout the year, with an average temperature of 77°F (25°C). The tropical weather includes hurricane season, from June to November, during which time the island is a little tense. The Dominican Republic's hottest month is August and the coolest is January. The island of Hispaniola, the name given by the colonists, has the Atlantic Ocean to the north and the Caribbean Sea to the south. The name Hispaniola refers to the entire island. Separated by a north/south border, the western portion of this paleo island is Haiti and the eastern part is the Dominican Republic.

Places of Interest: The Dominican Republic has many attractions, especially its beaches, which attract many tourists to this beautiful tropical island. Historic places abound, including the *Monumento a los Heroes de la Restauracion* in the city of Santiago, which is an important symbol of the city. For hikers and those interested in the mountains, another historic site is *Pico Duarte*. At 10,206 feet, it is the highest peak in all the Caribbean islands. The peak is in the Cordillera Central, which runs through Hispaniola and is the highest mountain range in the Dominican Republic. In addition to the mountains, there is *Lago Enriquillo*, a famous hypersaline lake in the southwestern region. As both the largest lake and the lowest elevation in the Caribbean, it is home to the largest number of American crocodiles in the region. The island also has numerous seaports, such as Port of Santo Domingo, Port of Rio Haina,

Punta Caucedo, Port of Palenque, Port of Puerto Plata, La Romana, San Pedro de Macoris, and many others. The music and dance of the *Merengue* is a great example and an important aspect of the island. It is a popular genre, originating in the Dominican Republic and spread from the island to other places with its contagious rhythm and great singers. It appears the Dominican Republic has it all.

Cuisine: Dominicans grow most of their food: carbohydrates, meats, all types of fruits, vegetables, and sugar cane. Many Dominicans learn their culture by passing down traditional food practices from generation to generation. The types of food found in the Dominican culture can relate to other cultures and their eating habits. Although there are many similarities, differences among cultures are evident in the way each prepares the food as well as the occasion and time when they eat. A typical breakfast in the Dominican Republic could be bread and hot chocolate or the famous *Mangu*, smashed green plantains. Rice, beans, and meat constitute a typical lunch, while fruits and crackers make up a typical snack. Dinner usually is improvised. During the holidays, Dominicans eat a variety of meats, most of which are cooked on wood fires, as well as breads and fruits. The process of preparing the food makes it even more fun and delicious. The Dominican's food habits are remarkably similar for an area influenced by so many cultures. Dominican's and other Caribbean islanders' food practices were influenced by the indigenous Indians as well as the Spanish, French, British, Dutch, Danes, Africans, Asian Indians, and Chinese. It is this diversity that results in the unique foods and tastes of the Dominican Republic.

Around Latin America: Brazil

Fadhylia Saballos



Fadhylia Saballos, who earned her Bachelor's degree in Health and Nutrition Sciences at Brooklyn College, emigrated from Nicaragua to Brooklyn, NY, when she was 12 years old. Her work experience in dietetics includes various community nutrition education programs at sites such as the New York City Department of Health and Mental Hygiene's Stellar Farmers' Market; the New York State Women, Infants and Children program; Just Food Community Chef Program; and Children's Aid Society's Go! Healthy Program. Currently pursuing a Master's degree in Public Health at the CUNY Graduate School of Public Health, Fadhylia is also a nutrition fellow at Montefiore Health Center's South Bronx Health Center. In this capacity, she applies her knowledge as a Certified Lactation Counselor to provide breastfeeding education and support. She is working toward accomplishing several short-term goals: earn the RDN credential, complete the Master's degree in Public Health, and become an International Board Certified Lactation Consultant.

Capital: Brasilia
Currency: Brazilian Real

Average Climate/Topography: Brazil is the largest country in South America and the fifth largest country in the world, both in terms of surface area and population. It holds most of the Amazon rainforest, the cradle of biodiversity, and the Amazon River system. Its climate is divided into five different regions: the equatorial zone in the northwest, characterized by year-round rain and humid weather; tropical savanna temperatures throughout the center-west of the country; the semi-arid climate of the northeast; and the highland tropical zone and subtropical zone in the mountainous area of the southeast, where temperatures can fall below freezing during winter. Popular coastal cities like Rio de Janeiro, Recife, and Salvador have an average temperature of 73-80°F.

Places of Interest: Rio de Janeiro is one of the most popular tourist destinations in Brazil. Among its top attractions are Copacabana and Ipanema Beach, Sugarloaf Mountain, and the Christ the Redeemer statue. Thousands of people flock to Rio for its elaborate Carnival, a festival held before Lent in which hundreds of samba schools parade on extravagant floats alongside costumed dancing performers. Most recently, it served as the host city of the Summer Olympics 2016. Another noteworthy destination is the northeastern city of Salvador, founded in 1549, making it one of first cities in the Americas. One of Salvador's primary attractions is its historic district, Pelourinho, known for its colorful colonial architecture and cobblestone streets. Salvador is considered the heart of Afro-Brazil, which manifests itself through cultural practices such as Capoeira, Candomblé, and blocos afros.

Cuisine: Brazil has the second largest number of people of African descent, which

is reflected in its culture and foods. Ingredients common throughout the African diaspora can be found in traditional Brazilian dishes, such as okra, palm oil, and cassava. Among traditional Brazilian dishes are Feijoada, a thick black bean stew with sausage and other pork parts, and Moqueca, a regional dish from the northeast that is a fish or seafood stew cooked in coconut milk and containing assorted vegetables such as tomatoes and peppers. Acarajé is a street food made from mashed black-eyed peas, palm oil, and pureed onions formed into a patty that is stuffed with dried shrimp and vatapá, a paste made from prawns, cashews, bread, and spices, and deep fried. Brazil is also known for unique coffee fragrances.



Recipe Corner

Recipe by: Christy Wilson, RD

Salsa Simplemente Buena

Porciones: 2½ tazas

Tiempo total: 10 minutos

<http://www.christywilsonnutrition.com/blog/2016/8/1/just-salsa>



Ingredientes

- 1 lata de tomates asados
- 1 lata de 4 onzas de chiles verdes
- 1/2 taza de cebolla dulce o amarilla, cortada en trozos
- 3 tomates perla o campari (o tomates en salsa)
- 1 diente de ajo
- 1/2 taza de cilantro
- 1/4 taza de jugo de limón
- 1/2 cucharadita de chile en polvo
- 1/2 cucharadita de comino molido
- 1/4 cucharadita de orégano deshidratado
- 1/4 cucharadita de sal condimentada
- 1/8 cucharadita de pimienta negra molida
- Opcional: Jalapeños u otro ají a su gusto

Direcciones

1. Ponga todos los ingredientes en un procesador de alimentos o batidora y bata hasta adquirir la consistencia de salsa deseada.
2. Sirva inmediatamente o guarde en un frasco dentro del refrigerador hasta por cinco días. Intente no comer todas las 2-1/2 tazas de salsa de una sola vez.

¡BUEN PROVECHO!

Datos de nutrición por ración: ½ taza

Calorías: 55; Grasa total: .5 g; Grasa saturada: 0 g; Grasa trans: 0 g;
 Colesterol: 0 g; Sodio: 365 mg; Carbohidrato total: 11 g;
 Fibra dietética: 3 g; Azúcares: 4 g; Proteína: 2 g; Vit A: 2%;
 Vit C: 6%; Calcio: 4%; Hierro: 9%

Just Good Salsa

Makes: 2½ cups

Total time: 10 minutes

<http://www.christywilsonnutrition.com/blog/2016/8/1/just-salsa>



Ingredients

- 1 can fire roasted tomatoes
- 1 4-oz can green chiles
- 1/2 cup sweet or yellow onion, chopped
- 3 pearl or campari tomatoes (or any other tomato-on-the-vine)
- 1 clove garlic
- 1/2 cup cilantro
- 1/4 cup fresh lime juice (I prefer key limes)
- 1/2 teaspoon ground chile powder
- 1/2 teaspoon ground cumin
- 1/4 teaspoon dried Mexican oregano
- 1/4 teaspoon season salt
- 1/8 teaspoon ground black pepper
- Optional: Jalapeño or any hot chile pepper of choice

Directions

1. Place all ingredients in a food processor or blender and process to desired consistency.
2. Serve immediately or store in a jar in the refrigerator up to 5 days. Try not to eat the entire 2½ cups of salsa in one sitting!

ENJOY!

Nutrition Facts per Serving: 1/2 cup

Calories: 55; Fat, total: 5 g; Saturated fat: 0 g; Trans fat: 0 g;
 Cholesterol: 0 g; Sodium: 365 mg; Carbohydrate, total: 11 g;
 Dietary fiber: 3 g; Sugar: 4 g; Protein: 2 g; Vitamin A: 2%;
 Vitamin C: 6%; Calcium: 4%; Iron: 9%

Recipe Corner

Recipe by: Christy Wilson, RD

Postre Helado De Pastel Ángel Con Fresa Y Naranja

Porción: 6 postres

Tiempo total: 25-30 minutos

(15 minutos para preparar, 10-15 minutos para enfriar)



Ingredientes

- 2 tazas de fresas, lavadas, y cortadas en trozos pequeños
- 3 naranjas ombligonas, segmentadas (1 taza de segmentos)
- 2 cucharadas de menta picada
- 1/2 cucharadita de jengibre fresco, pelado y rallado
- 2 tazas de yogurt tipo griego sin sabor
- 3 cucharadas de miel
- 1 cucharada de jugo de naranja, exprimido
- 3 tazas de pastel de ángel, cortado en cubitos (¡Precocido en muchas tiendas de comestibles!)
- 1/8 cucharadita de canela molida

Direcciones

1. En un tazón mediano, mezcle 1-1/2 tazas de fresas, los segmentos de naranja, la menta y el jengibre. Deje la mezcla a un lado.
2. Ponga la media taza restante de fresas en un procesador de alimentos o batidora; bata hasta que las fresas estén medio picadas. Déjelas a un lado.
3. En un tazón aparte, mezcle juntos el yogurt, la miel y el jugo de naranja, añada la canela, y las fresas cortadas y mezcle bien.
4. En una taza corta y transparente, extienda 1/2 taza de pastel de ángel, 1/3 taza de la mezcla de yogurt y aproximadamente 1/3 taza de la mezcla de fruta. Adorne con menta.

Datos de nutrición por ración: 1 postre

Calorías: 150; Grasa total: 0 g; Grasa saturada: 0 g; Grasa trans: 0 g;
 Colesterol: 3 g; Sodio: 180 mg; Carbohidrato total: 30 g;
 Fibra dietética: 2 g; Azúcares: 16 g; Proteína: 10 g; Vit A: 2%;
 Vit C: 80%; Calcio: 15%; Hierro: 2%

Strawberry-Orange Angel Food Parfait

Serves: 6 parfaits

Total time: 25-30 minutes

(15 minutes prep, 10-15 minutes to chill)



Ingredients

- 2 cups strawberries, cleaned, hulled, and cut into bite-sized pieces
- 3 medium naval oranges, segmented (1 cup segments)
- 2 tablespoons chopped mint
- 1/2 teaspoon grated peeled fresh ginger
- 2 cups Greek style plain yogurt
- 3 tablespoons honey
- 1 tablespoon freshly squeezed orange juice
- 3 cups angel food cake, cubed (several grocery stores sell this already made!)
- 1/8 teaspoon ground cinnamon

Directions

1. In a medium bowl, toss together 1-1/2 cups strawberries, orange segments, mint, and ginger. Set aside.
2. Take remaining 1/2 cup strawberries and place into food processor or blender and pulse until roughly chopped. Set aside.
3. In a separate bowl, mix yogurt, honey, orange juice, cinnamon, and chopped strawberries together until blended.
4. In short clear glasses, layer 1/2 cup angel food cake, 1/3 cup yogurt mixture, and about 1/3 cup fruit mixture. Garnish with mint.

Nutrition Facts per serving: 1 parfait

Calories: 150; Total fat: 0 g; Saturated fat: 0 g; Trans fat: 0 g;
 Cholesterol: 3 g; Sodium: 180 mg; Total Carbohydrate: 30 g;
 Dietary Fiber: 2 g; Sugar: 16 g; Protein: 10 g; Vit A: 2%;
 Vit C: 80%; Calcium: 15%; Iron: 2%

Mentoring Builds Memories and Motivations for Young Professionals – You're a Star!

Gail Frank, DrPH, RD, CHES
Professor & Dietetic Internship Director
Co-Project Director for the USDA Grant #2011-67002-30152
California State University Long Beach

Vanessa Avila, MS
2016 Graduate of the California State University
Long Beach Dietetic Internship

A mentoring relationship strengthens the interacting individuals' chances to achieve personal career goals. Any opportunity to enhance the effectiveness and efficiency of professionals creates a win-win situation for the mentor, the mentee, and the employer. Mentoring can enrich cultural diversity among professionals in the nutrition field when that is chosen as an objective of the relationship.

Dietetic interns at California State University Long Beach (CSULB) were mentored to apply for a Graduate Research Fellowship offered to a single nutrition major annually during a 5-year U.S. Department of Agriculture grant that spanned 2011 through 2016 (USDA grant #2011-67002-30152). In addition to the Nutrition/Dietetic Internship recipient, six graduate students in allied health majors were also selected each year. The Fellowship provided 1 year of tuition, a 20-hours/week paid job, financial support for professional travel and presentations, sequential monthly training in community research methods, and experiential learning for application and leadership in their respective careers.

The community-based participatory research component of the grant, "Sanos y Fuertes" (Healthy and Strong), focused on assessing and educating Latino families in Long Beach, CA, for primary prevention of childhood obesity (1–4). Reduction of obesity among Latinos was a long-term goal of the grant that Graduate Research Fellow (GRF) activities helped to achieve. GRFs had learning opportunities integrated with major daily responsibilities, including:

- Conduct evidence-based research
- Recruit participants
- Develop focused nutrition education

- Prepare abstracts and posters for data presentation
- Teach adults and children while strengthening their own cultural competence
- Learn from and collaborate with "promotores de salud"
- Work within a multidisciplinary team
- Strengthen bilingual skills

The purpose of this article is to showcase the experiences of the five CSULB Dietetic Intern GRFs and detail how their independent, as well as sequential experiences, unfolded. One of the recipients, Vanessa Avila, queried her four other peers during her "Professionalism" rotation at the close of her dietetic internship at CSULB, July 2016. Working with her mentor, she asked a series of questions via e-mail and blended responses for this article.

What I Gained the Most from the GRF Experience GRF: 2011-2012; CSULB Dietetic Intern: 2010-2011



Jessica Beaudoin, MS, RDN, who received her Bachelor's degree from Johnson & Wales University, is currently a Lecturer at

CSULB. She teaches the general education basic nutrition course that is available as a science course for any major, a nutrition education course for upper division nutrition majors, and the medical nutrition therapy course for nursing students. To gain

clinical nutrition skills, Jessica was employed as a bilingual RDN at Little Company of Mary Hospital for 3 years after completing her dietetic internship.

Serving as the first GRF changed Jessica's thinking about nutrition education and community-based participatory research. She worked closely with her mentor, Dr. Gail Frank, to develop and implement a graduate nutrition course on culturally relevant nutrition education and health promotion for Latinos that is taught as part of the "Certificate in Latino Health and Nutrition Studies," a graduate certificate program at CSULB. According to Jessica, the fellowship experience contributed to her knowledge of the administrative side of education and provided her with hands-on experience in academic curriculum development.

As a graduate student, Jessica extended her experience as a GRF by conducting her thesis research with data collected in the "Sanos y Fuertes" pilot program. Throughout her fellowship, she was mentored in developing, submitting, and presenting abstracts to professional meetings. The result was a platform presentation with her mentor on "Creating Relevant Latino Content in Nutrition Education Instruction," at the March 2012 California Association of Family and Consumer Sciences Conference, San Diego, CA.

Jessica attended FNCE® in 2011 and presented posters that same year at the National Health Disparities Conference in South Carolina and the Long Beach Research Symposium. She believes that her greatest gain from her experiences was learning how to articulate research and how to network professionally.

How the GRF Experience Influenced My Abilities

GRF: 2012-2013;

CSULB Dietetic Intern: 2013-2014



Hector Vasquez, MS, RDN, completed his Bachelor's degree in Biological Anthropology in 2007 at the University of California, Davis. He is currently a

Clinical Dietitian at Kaiser-Permanente Medical Center-Anaheim, CA, where he completed his medical nutrition therapy and foodservice systems rotations during his dietetic internship. As a GRF, he attended FNCE® in Boston in 2012, after receiving a LAHIDAN student travel grant, where this photo was taken in the FNCE® Exhibit Hall with Dr. Frank. His mother says this photo is her all-time favorite of him.

Hector attended the National Health Disparities Conference in December 2012 and the National Hispanic Association of Colleges and Universities meeting in October 2012. His abstract submission to the Latino Health Conference in March 2013 was "Exploring the Association and Food Purchasing Behaviors of Latinos."

Hector says the first and foremost benefit of the fellowship experience for him was the confidence he gained in presentation skills. Secondly, he found working both independently and collaboratively on projects with other GRFs to be a great learning experience. Finally, becoming culturally sensitive to the community he served strengthened his client/patient relationship as a practitioner.

Since the fellowship experience, Hector has had the opportunity to speak to 200 doctors and nurses at a gastroenterology symposium on celiac disease at Kaiser. He has been very involved at their peritoneal dialysis clinic, where he teaches a class and counsels clients one-on-one to maintain a healthy lifestyle to preserve kidney function. Professionally, Hector was elected to the Executive Board as Secretary for the Orange District of the California Academy of Nutrition and Dietetics.

Hector believes that reading food labels is an important skill for Latinos to learn to help them purchase healthy foods. Additionally, he believes they must have a general knowledge of portions using MyPlate guidelines to improve their own and their children's eating patterns.

Hector recommends that Latino men and women in the didactic and graduate nutrition curricula who wish to improve their skills or knowledge reflect on the power of their contact with professors/researchers involved in projects and ask questions. These individuals are very knowledgeable and can assist students to convert an idea into a thesis topic, which he knows from personal experience. Hector also feels students should optimize their use of conferences, events, and networks, which can lead to new opportunities or even a potential job offer. His life and career would have been very different had he not become a GRF because he believes he would not have had the opportunity to work, meet, and be inspired by so many amazing Latino families and their stories.

Participating as a GRF Changed My Life and My Career

GRF: 2013-2014;

CSULB Dietetic Intern: 2015-2016



Safieh Ajine, MS (RDN exam fall 2016), completed her undergraduate nutrition degree at the University of Houston and then moved to

California. She believes the fellowship experience opened many doors and opportunities for her. For example, through the fellowship, she was introduced to her mentor, who served as her Thesis Chair, and she had the opportunity to write abstracts, create posters, and present her research at multiple conferences.

Her professional education and networking experiences during the fellowship included attending and giving a poster presentation on "Availability of Fruit, Vegetable, and Physical Activity Options in the Latino Home Environment" at the 7th Annual National Health Disparities Conference in

the U.S. Virgin Islands and the 2nd Annual Latino Health Equity Conference in Long Beach, CA, where she received a 2nd Place Award for her poster. She also attended and presented a poster at the California Academy of Nutrition and Dietetics conference in Pomona, CA. Finally, she attended the Today's Dietitian Symposium in Las Vegas, NV.

With trilingual skills in English, Spanish, and Arabic, Safieh gained a deeper knowledge of the essential role of RDNs in the delivery of nutrition education in a community environment during her fellowship experience. She applied that sensitivity to community, clinical, and foodservice systems rotations in her internship, receiving an Award for Excellence in Nutrition Therapy and Outpatient Education at the University of California, Irvine Medical Center.

Safieh believes RDNs can assist Latino children and parents in reducing obesity by continuing their own training in cultural competence and client-centered education/counseling.

She recommends that RDNs make information and services more accessible to the Latino population using language skills to translate/create educational materials in Spanish while working with local community centers and health care services to increase accessibility for Latino residents.

Nutrition-related Accomplishments Due to the GRF Experience

GRF: 2014-2015;

CSULB Dietetic Intern: 2015-2016



Vanessa Avila, MS, (RDN exam fall 2016), earned her Bachelor's degree in Nutrition from CSULB before being matched to the CSULB dietetic

internship. In her first year as a graduate student, she was mentored to apply for the graduate fellowship with "Sanos y Fuertes." She gained skills in motivational interviewing (MI) that led to her proficiency

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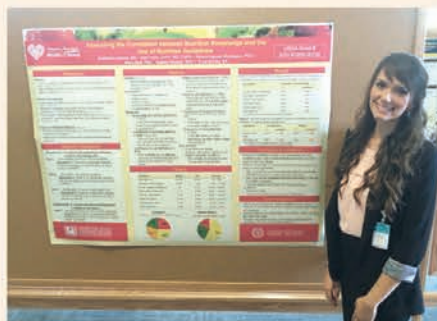
in teaching the topic to multidisciplinary students at both the undergraduate and graduate levels. As a GRF, she served as a graduate mentor for undergraduate nutrition students and assisted seniors with dietetic internship applications, goal setting, and career development. Among the professional meetings she attended as a GRF was the Society for Nutrition Education and Behavior Conference in Pittsburgh, PA, 2015. Vanessa also attended the Third Annual Latino Healthy Equity Conference in Long Beach, CA, 2014, where she presented her poster entitled "Parent Role Modeling Influences Confidence and Intentions to Engage in Healthy Behavior." She also attended the 8th Annual National Conference on Health Disparities in Long Beach, CA, 2014, where she presented her poster "Effects of Breakfast and Sugary Beverage on Physical Activity."

While completing the dietetic internship this past year, she applied the cultural competence skills she developed during the fellowship to patient assessment and counseling, nutrition education material development, and community outreach. Working with her mentor, Vanessa helped to create and test a grocery shopping curriculum and was second author on an article published by LAHIDAN, "Simplifying Education to Improve Healthy Food Purchases of Latina Women."

With long term media goals, Vanessa was one of three original hosts for the 'Foodology Radio' show at CSULB which was awarded the 1st Place Golden Microphone Award in Intercollegiate Broadcasting Systems as Best Specialty Radio Show. At her CSULB M.S. graduation May 2016, she received the 'Graduate Student Honors Award' for her exemplary community service, leadership, and scholarship.

Vanessa believes RDNs can better serve the Latino community by increasing their awareness of the values, beliefs, and perceptions of Latinos. Increasing this awareness will help the RDN build trust among the Latino community and open the doors to a conversation about dietary behavior change. Vanessa recommends that RDNs approach learning about the Latino culture with a non-judgmental open heart and mind, and enjoy learning about the Latino culture!

Recommendations for Latino Men or Women in the Nutrition Curriculum GRF: 2015-2016; Dietetic Intern: 2016-2017



Audrianna Atencio, MS candidate 2017, completed her BS in Nutrition and Dietetics at CSULB and served as Community Activities Coordinator for the "Students Active in Community Health" student organization. She is currently in the dietetic internship while preparing her MS thesis research investigating the nutrition knowledge of non-RDN allied health professionals who work in the healthcare field.

As a GRF, Audrianna attended professional meetings including the national 2016 Health Equity Initiative Summit in New York City, NY. She received a 2nd Place Award for her poster presentation at the 2016 Latino Health Equity Initiative Summit in Long Beach, CA. In her research, she used Pearson Product correlations to test the relationship between nutrition knowledge and 1) confidence, 2) intent and 3) frequency of using nutrition guidelines.

Based on her GRF experience, Audrianna encourages students to establish relationships with their professors and ask for opportunities to assist and to engage in research. Volunteering in different settings such as hospitals or food banks was a valuable experience since it gave Audrianna a well-rounded knowledge of how nutrition is applied in a real-world setting.

Her major awakening during the Fellowship was realizing that RDNs must become more aware of Latino culture and traditions if the Latino population is to be receptive to RDN information. Trust is needed to ensure a mutual respect. Further, she believes an open dialogue is needed between the RDN and the client/patient. Audrianna believes that the Latino population is sometimes

hesitant to speak up and ask questions about their treatment or care. Having learned about and used Motivational Interviewing techniques in the community setting, Audrianna recommends a counseling environment with MI techniques where Latinos can actively be involved as their internal motivation has been tapped to improve their nutritional habits.

Summary

Funding was earmarked in a 5-year USDA grant to CSULB to enrich the knowledge and skills of graduate students in healthcare majors. Mentoring with experiential learning opportunities were provided. With a community-based participatory research grant, seven Graduate Research Fellows were selected annually with at least one having already been computer-matched as a Dietetic Intern in his/her MS in Nutritional Sciences program. With mentoring, open communication, and learning opportunities, the five Dietetic Interns acquired unique, broad-based knowledge and skills, direction with their master's thesis research and a strong foundation for their future careers.

This article showcased the experiences of these Graduate Research Fellows and presents them as future culturally-competent leaders in the profession. All dietetic interns can obtain similar experiences by establishing a mentoring relationship with receptive professors or university research faculty. Mentoring can significantly and positively influence students (5). Having a mentor can make a substantial difference in the life of both the mentor and the mentee. Not only will each be exposed to new areas of nutrition practice and approaches for education, but they may also motivate future practice standards, attitudes and positive contributions to the public's well-being.

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For more information on the Certificate, visit: <http://web.csulb.edu/divisions/aa/catalog/current/chhs/chhs/chhsct01.html>

Complete a minimum of 18 units with the required graduate courses:

HSC 507 Health Equity and Health Disparities Research in the US (3)

Prerequisite: Undergraduate major in Health Science or related field.

FCS/HSC 534 Advanced Latino Nutrition, Health and Chronic Disease Prevention (3)

Prerequisite: Open to students enrolled in graduate programs in Family and Consumer Sciences, Health Science, or related fields.

FCS/HSC 537 Culturally Responsive Nutrition Promotion for Latinos (3)

Prerequisite: Open to students enrolled in graduate programs in Family and Consumer Sciences, Health Science, or related fields.

HHS 592A Internship in Latino Nutrition and Health Promotion (3)

Prerequisite: Open to students enrolled in graduate programs in Family and Consumer Sciences, Health Science, or related fields.

HHS 634 Advanced Latino Community Health (3)

Prerequisite: Open to students enrolled in graduate programs in Family and Consumer Sciences, Health Science, or related fields.

HHS 635 Latino Health Promotion and Disease Prevention: A Focus on the Child (3)

Prerequisite: Open to students enrolled in graduate programs in Family and Consumer Sciences, Health Science, or related fields.

Your Research Resource: The Dietetics Practice Based Research Network

Jenica K. Abram, MPH, RDN



The Dietetics Practice Based Research Network (DPBRN) of the Academy of Nutrition and Dietetics is your resource for research. The DPBRN seeks to bring dietetics professionals and researchers together to answer research questions important to practitioners. DPBRN membership is open and free to all Academy members.

DPBRN is guided by an Oversight Committee composed of dietetics practitioners and researchers from a variety of practice settings. Academy staff RDNs manage the day-to-day operations and

projects. The network, which conducts, supports, promotes, and advocates for research in practice-based settings, consists of clinicians, practitioners, researchers, and students committed to improving patient and client outcomes. The DPBRN is a very active entity of the Academy, with more than 25 publications and presentations since 2008.

DPBRN in Action

A study published in the April 2015 issue of *Pediatrics* relied on the participation of RDNs recruited through DPBRN. The BMI² study tested a brief MI approach to reduce obesity in children. Primary care practitioners (PCPs) such as pediatricians and nurse practitioners were randomly assigned to one of three groups:

- Continued standard care
- Each PCP conducted four study MI visits with the parent/caregiver
- In addition to the PCP visits, an RDN conducted six MI visits

The primary outcome measured was the child's percentile BMI change between the baseline and 2-year follow-up. A total of 495 patients across 37 practices participated. Children whose parents received MI from an RDN in addition to their PCP showed a significant reduction in BMI percentile over 2 years compared with children whose parents received usual care. A full listing of DPBRN projects and their status is available on the [DPBRN website](#).

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The Goals of the DPBRN



1. DPBRN members work to answer questions of importance to dietetic practice that promote the nutritional health of all peoples.
 - DPBRN members advocate for policies, strategies and funding that promote evidence-based practice research projects.
 - DPBRN members share a common goal of developing evidence-based research outcomes to enhance the nutritional care provided in practice.
 - DPBRN members connect to engage in evidence-based research projects and share research outcomes with dietetic practitioners.

2. DPBRN advances the practice of dietetics as a profession and enhances the research skills of individuals.
 - The DPBRN provides opportunities for members to enhance their research skills through participation in network activities.
 - DPBRN collaborates with other practice based research networks, research funders, the Evidence Analysis Library and Nutrition Care Process teams and committees to support research endeavors.
 - DPBRN actively seeks input from Affiliates, DPGs, the Academy DC Office, and other stakeholders regarding gaps in research that would promote the field of dietetics and nutrition care of patients.



3. DPBRN promotes the importance and value of practice based research.
 - The DPBRN infrastructure is designed to provide ongoing support for current and proposed practice-based research projects, as well as promoting the dissemination of network research. The DPBRN links practicing clinicians with investigators experienced in clinical and health services research.
 - DPBRN allows the practitioner to ask the question and an experienced research team to help design and manage the study.

Resources to Get Started on Your Research Idea

The DPBRN has created a set of four self-study modules to help dietetics professionals understand the ethical regulations and requirements about research. The modules answer questions such as "What do I need to do to publish outcomes from patient records?" and "What is an IRB?" After viewing the four modules and passing a quiz, learners receive 1.5 hours of CPE credit. The DPBRN website also offers a full list of research resources for every stage of the research process, including journal articles, webinars, and tutorials. To learn more about DPBRN, consider viewing our online recorded webinar titled "Introducing DPBRN."

Join the DPBRN

Joining DPBRN is easy. Simply email DPBRN@eatright.org with your Academy member number to request membership. You will receive monthly email updates of the DPBRN and notifications when there are new projects looking for participation. You can also email with questions or comments about this article.

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Visit the DPBRN collection from the *Journal of the Academy of Nutrition and Dietetics* at <http://www.andjrn.org/content/dpbresearchnetwork>.

Overcoming Obesity

Dena Abrams, MS, DTR

The South Bronx Health Center for Children and Families houses a unique program that is effectively changing this community's childhood obesity statistics. Well Baby Group (WBG) care is an intervention program designed to provide an alternative to well-child care provided one-on-one with a pediatrician. The WBG group is facilitated by both a pediatrician and a nutritionist. The group delves into positive dietary behaviors, peer support, and responsive parenting and feeding practices during the first 18 months of a child's life. Children enrolled in the WBG program were significantly less likely to be overweight or obese by the age of 2 years than children receiving traditional well-child care. I had the pleasure of sitting down for a healthy lunch with two of the clinicians who have made WBG such a success: Sandra Arévalo, RD, MPH, and Hildred Machuca, DO. They shared some behind-the-scenes information with me:

How did the concept of the WBG come to fruition?

Arévalo: There is a pregnancy group here [at South Bronx Health Center for Children and Families], and at the end of the pregnancy, when the mothers had their babies, they always said, "We wish there was more, we want to get together with you and our babies." This made us say: "Why don't we please the mothers?"

Machuca: Sandra and I went for training together. Even though Sandra already has facilitation skills, the training gave us a good foundation. We then designed the program to cater to the needs of the moms in our community.

Arévalo: The other factor that propelled us to create this program was the very high obesity rate we saw. We thought this program offered a great opportunity, especially because Montefiore's nutrition program is called "Starting Right." We wondered why we had to wait until the

child was already developing to start right. Why can't we start right from the literal start of the child's life and development?

Machuca: We now are following our patients through their lifecycles. During pregnancy we have the chance to care for and educate the mothers, which we do again once the babies are born, and the groups provide peer support along with education. We plant the seed during pregnancy and help develop and nourish those messages afterward.

What benefits did you think a group setting provided to the child and parents that one-on-one care did not?

Machuca: There is more time in a group setting compared with one-on-one meeting, which is only about 15 minutes. Aside from the basics of how the baby is doing overall, length, head circumference, and growth, 15 minutes doesn't allow us to delve into what is going on with the families. Our families usually have a great deal going on that affects the baby. Just because the baby doesn't talk doesn't mean the baby isn't affected. In our group meetings, we have 2 hours to impart nutrition education as well as medical care. The support the families get from each other and the sense of community is also not available with a one-on-one encounter.

Do you feel differently about groups than you do the one-on-one visits with the child and parent?

Machuca: Doing groups has made me a better provider by improving my listening skills. The groups are facilitated by providers, but the patients have a platform to speak as well. Sometimes as providers we are good at giving information but we don't necessarily listen as well to our patients.

Arévalo: We get to know the personal backgrounds of each patient rather than just diagnosis and medical information. This helps in the treatment as well.

What barriers, if any, did you encounter while creating this program?

Machuca: We needed a few factors to create this program, including administrative and nursing support. Because the concept was completely new to them, they were a bit wary. The barrier or challenge was getting them acquainted with the process. We also needed someone to be in charge of the recruitment aspect, which can be challenging and required a person who was dedicated to recruitment. The last challenge was getting people to understand that it is a group, not a class, and they are still receiving medical care, just in a group setting.

Arévalo: One of the challenges was behind the scenes work: setting up, planning, and maintaining a group. Scheduling is also a challenge in attempting to have the group meet at a time that works for the most people.

Machuca: We needed to maintain the groups, and it takes work to keep them engaged.

Did you have any trouble with the budgeting and financing?

Arévalo: That is always a challenge, but now that the program is such a success, I believe we have the backing that we need.

Machuca: We are lucky, but one of our ongoing goals is to find funding so we can offer more to our patients and more supplies to grow our program.

What makes you both work well together as a team?

Arévalo: I think we have the same ideals. We have never really sat down with each other to discuss how the work should be conducted, but I don't think we need to. We just believe in the same things, and that helps us work toward the same goals.

(Continued on next page)

You've had noteworthy results in your endeavor to reduce the rates of overweight and obesity in young children in a low-income community. Do you see any improvements to be made in the program?

Machuca: There can always be improvements. For example, we just reworked the curriculum based on what seemed to be working in our cohorts. We are constantly modifying the material to suit the needs of the parents and babies.

Arévalo: Because our groups are growing, I think we could benefit from more space. Each attendee comes with many family members, and the space quickly gets crowded. We have started having volunteers sit in our groups to help take care of the babies so they don't all start crying at one time and to give the mothers a break. This is an improvement that we have instituted as the program has progressed.

You write about group care being "revenue neutral" in the short term but saving "\$1.7 billion" in medical costs over a lifetime. This is tremendous! How do we disseminate a plan to change the practices of other health care professionals to elicit similar savings?

Machuca: It's hard because providers never have enough time to cover all questions or offer all the information they want to give. To tell someone who needs to see a certain number of patients in a day that he or she needs to make time for this as well can be a challenge.

Arévalo: As successful as our program is for our patients, our numbers are still small. We know the program is great, and in fact, the Department of Health has shown interest and come to our group, as have groups from as far away as Brazil. However, our numbers are still small, which makes it hard for us to tell others how to conduct their programs.

Machuca: Other clinics may also have more constraints, such as lack of personnel to conduct the groups, which might hold them back.

How can other organizations replicate your program?

Machuca: Those who are interested usually visit our groups. It's easier for them to understand once they see the interactions that take place. They also go through our curriculum.

In your opinion, would this approach work for everyone? If the program was examined in a larger randomized trial, would it have stronger or weaker outcomes?

Arévalo: We have had sociable people who love the group setting, and we have had some more reserved individuals who have actually opened up as a result of participating in the group. We also don't force anyone to come or to participate or speak. This allows them to benefit from the interactions, yet feel comfortable with their level of participation.

Machuca: I think stress is stress, whether it is being a parent or being pregnant, and I think anyone can benefit. We've seen the effects of childhood obesity on adulthood. I think the tools acquired in the groups help them function in the future.

Arévalo: We've had such diversity in our groups, including a variety of medical issues. All participants have completed a patient evaluation survey, and we have never had a single person say she did not like it. The primary reason that patients have left the program is relocation; otherwise they all come.

Are there any plans for future studies to identify, as you state in the article, "the components of group care that are essential to improving outcomes"?

Arévalo: We definitely want to be the ones to conduct this study. What I personally want to know is replication possibilities. Does this work in different settings or just for this specific community? That would be the ultimate success.

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Message from the Editor

Maggie Cook-Newell, PhD, RDN, LD, CN, CDE, MLDE

Greetings LAHIDAN Members,

This issue of *Adelante* features members and their experiences as both credentialed and aspiring registered dietitian nutritionists (RDNs). In collecting content for this newsletter, I found the knowledge, skills, commitment, and dedication to dietetics among the contributors to be amazing as well as enlightening.

Diana Romano, MS, RD, LD, our esteemed Chair, provides an overview of Latinos and Hispanics in Dietetics and Nutrition (LAHIDAN) membership benefits and opportunities. In the section on Executive Committee information, we introduce Crystal Rivero Young, RDN, as Nominating Chair-elect and feature Treasurer Nathan Myers, MS, RD, CDN. Check out the LAHIDAN Facebook page for other Executive Committee members.

The Member Highlight section highlights a practicing RDN and a Didactic Program in Dietetics student with a double major in dietetics and Spanish. Cristina McGeough, MPH, RDN, CDN, CDE, has contributed a great deal to LAHIDAN over the past years and continues to be involved. Her feature is a thank you for and tribute to her service. Emily Lepping shares her insight as a dietetics student with international experience. Her willingness to immerse herself in the profession bodes well for her success.

Around Latin America also features undergraduates. Both articles were written by LAHIDAN student members. Janeliza Encarnacion, Lehman College, Bronx, New York, shares her knowledge of the Dominican Republic. Fadhylla Saballos, graduate of Brooklyn College, New York, highlights the best of Brazil.

Christy Wilson, RD, provides recipes from her files. Light desserts and salsas are timely throughout the year but are especially delicious and healthy holiday options.

In the Research section, Gail Frank, DrPh, RD, CHES, describes the experiences of the California State University Long Beach dietetic interns as they complete a graduate research fellowship. The Academy of Nutrition and Dietetics encourages all RDNS to become involved in the Dietetics Practice Based Research Network. Dena Abrams, MS, DTR, interviews Sandra Arévalo, RD, MPH, and Hildred Machuca, DO, on the Well Baby Group obesity study and intervention.

The Spring issue of *Adelante* will address Complementary and Integrative Nutrition Practices Among Latinos/Hispanics. The intent is to examine common practices, investigate evidence-based claims, and determine outcomes. I invite any LAHIDAN member to contribute to the discussion. Please email Maggie Cook-Newell at margaret.cook-newell@wku.edu or any Executive Committee member and leave your contact information.

Best wishes for a healthy and happy winter.



Adelante LAHIDAN

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