OVERVIEW 2014-2015: The activities completed in 2014-2015 were centered on the following strategic plan goals:

- Build an aligned, engaged and diverse membership
- Proactively focus on emerging areas of women’s health and nutrition across the lifespan
- Ensure women’s health issues are part of public policy and legislative agendas

During the 2014-2015 membership year, the leadership of the WH DPG worked to continue the efforts of expanding the scope of the WH DPG into all areas of women’s health and nutrition across the lifespan. This was evidenced by the WH DPG-planned FNCE® Spotlight Session and Women’s Health Report issue topics on the aging woman. Additional efforts were made to create new partnerships and enhance existing partnerships with other DPGs and women’s health organizations. Although much of the work behind the WH DPG website redesign took place during the 2013-2014 membership year, the project was realized during the 2014-2015 membership year. The details and highlights of the above mentioned efforts and projects for this year include:

- Website redesign with an updated look and many additional functions. The new platform allows for a much more interactive format, which includes a member forum for communication, the ability to view archived webinars, and the future function of a Member Marketplace. The DPG webinars and the future Member Marketplace will be revenue sources for our DPG. The new website officially launched in October 2014.
- Workgroup members were selected during the 2014-2015 membership year and the work to thoroughly investigate the topic continues into the 2015-2016 membership year.
- Dynamic webinar series, offering CPEUs for both the live and recorded versions. Overall, a total of 132 people viewed either the live or recorded webinars:
  - Was it Something that I Ate? Food Allergies in the Breastfed Baby (February 2015)
  - Lessons Learned from a Statewide Alcohol Screening and Brief Intervention (March 2015)
  - Diet Quality of Preschoolers and their Mothers Enrolled in an Obesity Prevention Program (April 2015)
  - Medical Nutrition Therapy Reimbursement (May 2015)
- A continued collaboration with the Healthy Aging DPG to address the topic of nutrients of concern to older adults in a two-part newsletter article series published in both Women’s Health Report and Healthy Aging’s The Spectrum. Accompanying pieces to the articles included member spotlights and a list of resources. Part 2 in this series was published in Issue 2 of Women’s Health Report.
- Efforts have begun to design and implement a state of the art mentorship program for the WH DPG. The WH DPG Mentoring Coordinator has done much investigation into the best practices of other programs in hopes of adopting similar practices and unveiling the new program in membership year 2015-2016.

Mission: Empowering members to be the most valued source of nutrition expertise in women’s health throughout the lifespan.
Vision: Optimizing the future of women’s health at all ages.
Membership: Professionals addressing women’s nutrition care issues throughout the lifespan and working to optimize women’s health at all ages and life stages including preconception, prenatal, postpartum, lactation and menopause.
FROM THE CHAIR  Heather A. Goesch, MPH, RDN, LDN

Is it already time for the year-end holidays? This has been a truly busy autumn season, and it’s hard to believe we’re only a couple calendar pages away from 2016.

But before we jump ahead, a look back on everything the Women’s Health DPG accomplished in the previous membership year. As you’ll see in the Annual Report compiled by our Past-Chair, Lisa Akers, 2014-2015 was very successful, punctuated by exciting publications, activities, collaborations and projects. Thanks to the efforts of our WH leadership, Academy partners, and most importantly, our members for helping make this so!

This issue also presents a collection of updates and new research findings, and shines the spotlight on some of the talented WH members living and working abroad, as well as this year’s DPG award winners. If you were fortunate enough to attend FNCE® in October, I hope you connected with many of your colleagues, and caught our DPG Spotlight Session “Women’s Health, Prenatal Nutrition and Infant Outcomes: A Public Health Perspective.” I heard nothing but positive comments, and look forward to reading a summary from our speakers Jamie Stang, PhD, RDN and Helene Kent, MPH, RDN in the next issue of Women’s Health Report.

Thinking ahead to the new year, we will continue to explore new social platforms and strengthen the DPG’s processes and resources to ensure our members are key players in women’s health nutrition. Stay tuned for these updates, as well as the schedule for our annual free webinar series beginning in spring. Until then, keep warm and keep in touch!

FROM THE EDITOR  Kathleen Pellechia, RD

Hello WH DPG membership! As I sit down to write this at my kitchen table, the local radio station is playing holiday music, it is an uncharacteristic 70 degrees here in Maryland, and Thanksgiving is upon us. It feels like with each passing year, the months and holidays blur together, but one thing is certain: as 2015 comes to a close I am truly thankful for this DPG and the work of its members.

It is the time of year when we look back, so in this issue we feature our annual report from the 2014-2015 membership year. It is our duty and pleasure to share this with you. We are also happy to provide some very interesting articles for your holiday reading pleasure. As usual we love to feature our members as authors so you will find “Diet Therapy for Interstitial Cystitis/Bladder Pain Syndrome” and “Organic Fruits and Vegetables: Are They Worth the Price.” – both written by members.

This is also our first issue since this year’s annual FNCE®. Our next issue will feature a summary of our DPG Spotlight Session “Women’s Health, Prenatal Nutrition and Infant Outcomes: A Public Health Perspective.” In this issue we are excited to highlight our DPG award winners that were announced at FNCE® during the spotlight.

I wish you all a safe, healthy and joyous holiday season. We are always looking for authors and love hearing from our members, so please reach out to me anytime at publications@womenshealthdpg.org.

We’re on the web!
www.womenshealthdpg.org
ADMINISTRATION: The WH DPG Executive Committee, including officers, committee chairs, and Academy staff met via conference call monthly to conduct business. A face-to-face meeting was held at the Academy of Food & Nutrition Conference & Expo™ (FNCE®). Membership was represented by elected and appointed officers at FNCE® on October 18-21, 2014 in Atlanta, GA (including the Treasurer Training and DPG Town Hall) and the Academy’s Public Policy Workshop (PPW) on June 6-9, 2015 in Washington, DC. (*Note: PPW did not physically occur during membership year 2014-2015.)

LEADERSHIP:
Elected officers:
- Chair: Lisa Akers, MS, RD, IBCLC, RLC
- Past Chair: Kathleen Pellechia, RD
- Chair-elect: Heather Goesch, MPH, RDN, LDN
- Treasurer: Gail Frank, DrPH, RD, CHES
- Nominating Committee Chair: Dina Lipkind, MS, RD, CDN
- Nominating Committee Chair-elect: Maria Bournas, MS, RD
- Academy House of Delegates Representative: Denise Andersen, MS, RDN, LD, CLC

Committee Chairs:
- Communications: Miri Rotkovitz, MA, RD
- Membership: Maya Feller, MS, RD, CDN, CLC

Coordinators/Other Leaders
- Policy and Advocacy Leader: Dawn Ballossingh, RD, LMNT, MPA
- Retention Coordinator: Ginger Carney, MPH, RD, LDN, IBCLC, RLC
- Volunteer Coordinator: Katie Leahy, MS, RDN, LD
- Mentoring Coordinator: Judy Simon, MS, RD, CD, CHES
- Publications Editor: Heather Goesch, MPH, RDN, LDN
- Assistant Publications Editor: Wendy Baier, RDN
- Pub. Spotlight Author - Awards Coordinator: Sarah Borowicz, MS
- Reimbursement Representative: Rita Kashi Batheja, MS RDN CDN
- Research Coordinator: Jamillah Hoy-Rosas, MPH, RD, CDN, CDE

MEMBERSHIP: Membership as of May 31, 2015 was 855 total members. Of those 607 are active members, 1 is an associate member, 2 are lifetime members, 14 are international members, 16 are retired members, and 215 are student members.

Member Benefits:
- Quarterly electronic newsletter, Women’s Health Report
- Electronic mailing list (EML)
- New website forum
- Continuing professional education through four WH DPG-sponsored webinars
- Social media platforms – Facebook (www.facebook.com/WHDPG) and Twitter (@Women’sHealthDPG)
- Awards opportunities (Excellence in Practice in Women’s Health, Emerging Professional in Women’s Health and Outstanding Student in Women’s Health)

The WH DPG website (www.womenshealthdpg.org) received 6,891 page views during the 2014–2015 membership year. The WH DPG Facebook page has 500 fans, the WH Twitter account has 45 followers, and the WH DPG EML has 454 members.

Publications (Women’s Health Report Newsletter) 2014-2015:
Issue 1
- Nutrition Informatics
- Member Survey Results

Issue 2
- Micronutrients and the Older Adult, Part 2
- Improving the Quality of Life for Older Adults: A Resource List
- 2013-2014 Annual Report
- House of Delegates Fact Sheet
- Women’s Health DPG Awards Winners

Issue 3
- FNCE® 2014 Spotlight Session Summary: Behavioral and Nutrition Strategies for Women’s Long-Term Weight Loss Maintenance
- First Nutrition Conference Experience: A Member’s Perspective
- Volunteers Provide Support for Breastfeeding Mothers at FNCE®
- Legislative Call to Action

Issue 4
- Breastfeeding-Friendly Maternity Care Practices in the United States
- Breastfeeding-Friendly Resources
- The Alphabet Soup of Breastfeeding Certifications and Credentials
- House of Delegates Fact Sheet
- Election Results

FNCE® 2014 ACTIVITIES:
- The Executive Committee conducted its annual face-to-face meeting at FNCE®.
- Over 80 WH DPG members attended the conference.
- WH DPG planned a Spotlight Educational Session "Behavioral and Nutrition Strategies for Women’s Long-Term Weight Loss Maintenance," which featured speakers Barbara Millen, DrPH, RDN, LDN, FADA and Jeremy Akers, PhD, RD.
- Executive Committee members staffed the WH DPG booth at the DPG/MIG Showcase.
- Two students were awarded stipends for registration to attend FNCE®.
- WH collaborated with the Public Health and Community Nutrition DPG to staff the Mother’s Room at FNCE®.
- Two students were awarded stipends for registration to attend FNCE®.
- WH collaborated with the Public Health and Community Nutrition DPG to staff the Mother’s Room at FNCE®.

Web Address: www.womenshealthdpg.org
Facebook: www.facebook.com/WHDPG
Twitter: twitter.com/WomensHealthDPG

FINANCIAL OUTCOMES:
Total Revenue: $21,802
Total Expenses: $29,836
Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic urologic condition affecting 3.3 to 7.9 million women in the U.S.1 Symptoms include urinary urgency and frequency, as well as pelvic pain. The cause is unknown; however, inflammation of the bladder and a disruption of neurologic pain pathways are characteristic of IC/BPS. But recent review articles suggest that there may be an optimal ratio of intake of omega-6 fatty acids to omega-3 fatty acids (typical of the Western diet) may relate to the onset of chronic inflammatory conditions. A recent review article (in press) on polyunsaturated fatty acids (PUFA) may relate to the onset of chronic inflammatory conditions. A recent review article (in press) on PUFA may relate to the onset of chronic inflammatory conditions.

Food sensitivities often play a role in exacerbating symptoms for many with this debilitating syndrome.3,4 Clinical guidelines published by gynecological and urological medical societies indicate the importance of modifying dietary intake in an attempt to mitigate IC/BPS symptoms. Both the American and Canadian OB/GYN associations5,6 advise members to include nutrition advice as part of IC/BPS treatment plans. Furthermore, five urologic associations7,8,9,10,11,12 spanning three continents published IC/BPS practice guidelines recommending the avoidance of specific foods and beverages as a first-line adjunct therapy. A previous article in the Women’s Health Report offered insights into the correlation of foodstuffs on IC/BPS symptoms. Recently, the Journal of the Academy of Nutrition and Dietetics (JAND) featured the first-ever medical nutrition therapy (MNT) algorithm for IC/BPS13 and social scientists published new research on possible diet-related as well as non-diet related precipitating factors for periods of extreme symptoms known as flares.14

IC/BPS MNT Algorithm

Published in the September 2015 issue of the JAND, the proposed IC/BPS MNT algorithm guides RDNs through the Nutrition Care Process. Below is a snapshot of salient nutritional considerations, as well as clinical pearls for working with this population. A copy of the MNT algorithm also follows (see Figure 1).

---

**Figure 1: IC/BPS Medical Nutrition Therapy**


---

Continued on page 5
**Figure 2: The Shorter-Moldwin Food Sensitivity (SMFS) Questionnaire**  

**SHORTER-MOLDWIN FOOD SENSITIVITY QUESTIONNAIRE**

Date: ______________________

Name: ______________________

Gender: Male____ Female____

Age: ____________

*Please circle answers*

1. Do certain foods and/or beverages worsen your bladder symptoms?
   a. Yes
   b. No
   c. Don’t Know

2. If they worsen your bladder symptoms do they:

<table>
<thead>
<tr>
<th></th>
<th>Worse</th>
<th>No change</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. make your urine frequency (the number of times you have to urinate over the course of the day or night)...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. make your urine urgency (the need to reach bathroom facilities quickly)...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. make your pain...</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Do you ever eat foods, beverages, or supplements that you know will increase your symptoms?
   a. yes, daily
   b. yes, weekly
   c. yes, monthly
   d. yes, less than once a month
   e. never
   f. don’t know

4. Have you modified your diet in any way because of information that you were told by a health care professional or read on a website, in a magazine or newspaper, saw on T.V. or learned from any other media about foods or beverages worsening IC bladder symptoms?
   a. Yes
   b. No
Nutrition assessment: When working with IC/BPS clients, if possible, budget a full hour for the first appointment. In addition to IC/BPS food triggers, learn about comorbid conditions, some of which have dietary modification needs, commonly seen in this patient population. For example, 38.6% may also have irritable bowel syndrome (IBS); therefore, constipation may also be a problem. Use the validated Shorter-Moldwin Food Sensitivity Questionnaire as a tool to identify food intolerances and gaps in nutrition knowledge (see Figures 2 and 3). Also, inquire about weight changes—inadequate caloric intake may lead to weight loss, while medications coupled with insufficient energy expenditure can result in weight gain. Intake of fluids is another important assessment factor. Some individuals limit drinks in an attempt to control urinary symptoms; others overconsume fluids with the hope of reducing the concentration of urinary irritants. Both cases must be considered.

Nutrition diagnosis: For most patients with IC/BPS, food sensitivity is the chief concern. An elimination diet is key for developing personalized eating plans—some individuals may be aware of food and beverages that cause flares, but others may not realize which are their trigger foods. Sometimes patients do not limit trigger foods long enough to allow the bladder flare to subside, and subsequently cannot make accurate assessments of the true bothersome food. For example, an individual may think avoidance of coffee for a week should prompt a noticeable difference, when it may actually take weeks for the bladder pain to resolve.

Typical nutrition diagnoses are food and nutrition knowledge deficits, weight management issues, inadequate or excessive fluid intake, and comorbidities that require special dietary considerations. [See Figure 1 for examples of nutrition diagnosis in the PES format (problem, etiology, signs/symptoms).]

Nutrition intervention: A decrease in bladder symptoms is the desired goal of nutrition intervention. For some patients, long-term restriction of trigger foods and beverages may be required. At this point, address gaps in food and nutrition knowledge and review label reading basics. Limited research suggests beneficial results for some patients using nutrition supplements such as aloe vera concentrate, calcium glycerophosphate, and glucosamine-chondroitin. For those with comorbid IBS, consider prebiotics, probiotics, and psyllium.

Nutrition monitoring and evaluation: As depicted in the algorithm, IC/BPS may require long-term monitoring. In addition, to help determine appropriate nutrition intake, consider factors such as individual fluid intake, bowel habits, weight, and medications.

The Multidisciplinary Approach to Pelvic Pain Research Network: Findings on Diet and IC/BPS

Research on IC/BPS is growing. Findings from the National Institutes of Health’s Multidisciplinary Approach to Pelvic Pain (MAPP) Research Network are starting to appear in the peer-reviewed literature. Launched in 2008, MAPP aims to increase the understanding about the underlying biomedical mechanisms of both IC/BPS and chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), as well as the association between these conditions and common comorbidities, e.g., IBS, fibromyalgia, and chronic fatigue syndrome.

IC/BPS DIETARY RECOMMENDATIONS

<table>
<thead>
<tr>
<th>Foods Identified as Most to IC Bothersome Patients</th>
<th>Foods Identified as Least Bothersome to IC Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coffee (caffeinated)</td>
<td>Water</td>
</tr>
<tr>
<td>Coffee (decaffeinated)</td>
<td>Milk, low-fat</td>
</tr>
<tr>
<td>Tea (caffeinated)</td>
<td>Milk, whole</td>
</tr>
<tr>
<td>Tea (decaffeinated)</td>
<td>Bananas</td>
</tr>
<tr>
<td>Cola soda</td>
<td>Blueberries</td>
</tr>
<tr>
<td>Non cola soda</td>
<td>Honeydew Melon</td>
</tr>
<tr>
<td>Diet Soda</td>
<td>Pears</td>
</tr>
<tr>
<td>Caffeine free soda</td>
<td>Raisins</td>
</tr>
<tr>
<td>Alcoholic beverages</td>
<td>Watermelon</td>
</tr>
<tr>
<td>Beer</td>
<td>Broccoli</td>
</tr>
<tr>
<td>Red Wine</td>
<td>Brussels Sprouts</td>
</tr>
<tr>
<td>White Wine</td>
<td>Cabbage</td>
</tr>
<tr>
<td>Champagne</td>
<td>Carrots</td>
</tr>
<tr>
<td>Grapefruit</td>
<td>Cauliflower</td>
</tr>
<tr>
<td>Lemons</td>
<td>Celery</td>
</tr>
<tr>
<td>Oranges</td>
<td>Cucumber</td>
</tr>
<tr>
<td>Pineapple</td>
<td>Mushrooms</td>
</tr>
<tr>
<td>Cranberry juice</td>
<td>Peas</td>
</tr>
<tr>
<td>Grapefruit juice</td>
<td>Radishes</td>
</tr>
<tr>
<td>Orange juice</td>
<td>Squash</td>
</tr>
<tr>
<td>Pineapple juice</td>
<td>Zucchini</td>
</tr>
<tr>
<td>Tomato</td>
<td>White potatoes</td>
</tr>
<tr>
<td>Tomato Products</td>
<td>Sweet potatoes/Yams</td>
</tr>
<tr>
<td>Hot Peppers</td>
<td></td>
</tr>
<tr>
<td>Spicy Foods</td>
<td></td>
</tr>
<tr>
<td>Chili</td>
<td></td>
</tr>
<tr>
<td>Horseradish</td>
<td></td>
</tr>
<tr>
<td>Vinegar</td>
<td></td>
</tr>
<tr>
<td>MSG</td>
<td></td>
</tr>
<tr>
<td>Nutrasweet</td>
<td></td>
</tr>
<tr>
<td>Sweet &amp; Low</td>
<td></td>
</tr>
<tr>
<td>Equal</td>
<td></td>
</tr>
<tr>
<td>Saccharin</td>
<td></td>
</tr>
<tr>
<td>Mexican Food</td>
<td></td>
</tr>
<tr>
<td>Thai Food</td>
<td></td>
</tr>
<tr>
<td>Indian Food</td>
<td></td>
</tr>
</tbody>
</table>

UPDATE: Diet Therapy for Interstitial Cystitis/Bladder Pain Syndrome

Of special interest to RDNs are recent findings of IC/BPS focus groups conducted with female patients (57 women from four clinical sites). These results offer peer-reviewed research supporting many of the dietary concerns IC/BPS patients have reported for decades. One such example is that there is a direct relationship between food/beverage consumption and the initiation of flares. Focus group insights also include newly documented dietary triggers, like the potential association of dehydration and skipping meals with the onset of bladder flares. Furthermore, this study reinforces the individualistic nature of food sensitivities. Though caffeinated foods and beverages are a common trigger, some patients in this study reported tolerance of instant but not ground coffee, and others reported tolerance of regular but not low acid coffee. These findings highlight the significance of an elimination diet and support the need to create a customized eating plan for successful treatment of IC/BPS.

While most of the women were able to associate specific dietary items directly related to flare onset, a small subset reported that certain foodstuffs aggravated IBS symptoms, which in turn prompted bladder flares. To help control symptoms, some participants severely restricted overall intake, while others eliminated particular foods and beverages. Though most of the participants said that they were aware of what triggered a flare, researchers were not able to determine a pattern of time for flare onset based on specific triggers (e.g., foods or beverages). Moreover, patients reported intentionally consuming a trigger food due to frustrations with dietary restrictions or with the hope of achieving some sense of their pre-diagnosis normalcy.

A recurring theme is the severe impact that flares may pose on a woman’s quality of life. Given this reality, researchers suggest health-care providers focus on outcomes that reduce the frequency, severity, duration, and predictability of flares. Planning with the goal of being able to better control eating situations was a strategy employed by some of the participants. Other helpful self-management strategies reported by focus group participants included nutraceuticals, consuming water with baking soda added, and adjusting fluid intake.

Realizing the value of incorporating dietary recommendations into IC/BPS treatment strategies, the need for RDNs and the opportunity to expand services into this field are great. The JAND article offers a starting point for those new to nutritional counseling services with these individuals, and the IC/BPS flare focus group research findings provide valuable insights into working with this patient population.

References
ORGANIC FRUITS AND VEGETABLES: Are They Worth the Price?  By Lee Crosby and Kathleen Pellechia, RD

When it comes to eating organic, clients and dietetics professionals alike understandably have questions. Is organic produce really more nutritious? Are chemicals in ‘regular’ food dangerous, and if so to what extent? Is buying organic worth the cost? While research to date has not answered these questions, we can take a minute to review some recent information on the topic of organic food.

Defining ‘organic’
According to the U.S. Department of Agriculture (USDA), organic foods are produced using “natural processes and materials.” Organic fruits and vegetables must be grown without synthetic fertilizers, sewage sludge, or genetically modified seeds. Naturally occurring or organic-approved pesticides may be used, but only as a last resort.1

Not necessarily more nutritious
Given these “cleaner” farming practices, you may expect organic food would be more nutritious. While some studies have found higher amounts of specific nutrients in some fruits and vegetables, a 2012 American Academy of Pediatrics (AAP) report found no “…substantial difference in nutritional quality of organic versus conventional produce.”2

Pesticide perils?
Although the nutritional benefits are not overwhelming, there are several reasons to consider buying organic produce. The average American carries 29 different pesticide metabolites in his/her body.3 However, eating organic foods can reduce exposure, says Sonya Lunder, MPH, a Senior Analyst at the Environmental Working Group. One population of potential concern is pregnant women. Decreasing exposure is important, Lunder notes, because “[s]tudies show that pesticide… exposure during pregnancy can predispose the developing fetus to diseases later in life.” (See the AAP technical report for a research summary.)3

Pesticides that kill insects by targeting their nervous systems, for example, are of particular concern, says Lunder. Since humans also have nervous systems, exposures during fetal development could prove especially harmful. Indeed, prenatal exposure to high levels of these pesticides in farm communities has been linked to autism and decreased IQ in children.4,5,6

Beyond neurodevelopmental problems, prenatal—and even preconception—pesticide exposure has been linked to increased cancer risk in children. While these connections are generally associated with parental exposures beyond just food, the AAP recognizes that pesticides can impact infant and child health, and may contribute to low birth weight, attention and learning problems, and pediatric cancer.7

While the list of pesticide sources includes environmental factors, food is at the top of list. The AAP suggests organic produce may reduce overall pesticide exposure, but ultimately emphasizes that it is more important for children to eat fruits and vegetables in general – conventional or organic.7

Of course the Environmental Protection Agency limits pesticide use on produce such that there is a “reasonable certainty of no harm.”8 However, today’s tests may not capture all risk—we just don’t know for sure.4 “When we looked at the [pesticide] residues, literally always organic is lower,” says Urvashi Rangan, PhD, Director of Consumer Safety and Sustainability with Consumer Reports, which issued its “Pesticides in Produce” special report earlier this year. Perhaps most surprising is the magnitude of the difference. The residue levels for conventional fruits and vegetables can be 10-1,000 times higher than for their organic counterparts, according to Rangan.

What can dietetics professionals do?
Despite pesticide concerns, the overall benefits of eating fruits and vegetables outweigh the risks of choosing conventional produce. Many clients may opt for organic for a number of presumed health or environmental reasons. Therefore, it is important for RDNs and other dietetics professionals to be informed of a few key aspects related to organic foods:

1. Understand current laws and regulations related to organic foods and organic food labeling. See USDA, National Organic Program.
3. Gather ideas to help clients shop on a budget – for both organic and conventional foods. See Fruits & Veggies, More Matters® article.

Taking the time to keep informed of what may either be a trend or a significant part of the future of food ensures dietetic professionals continue to be poised as the experts in helping consumers navigate the often choppy waters of food, nutrition and health.

References
HOD Fact Sheet: Outcomes of the Fall 2015 HOD Meeting

The House of Delegates (HOD) conducted a mega issue dialogue on malnutrition and a follow up dialogue on the Academy’s sponsorship program on October 2-3, 2015. Nearly 130 delegates, Board of Directors members, content experts, and student scribes convened in Nashville, TN to discuss these topics. All materials pertaining to the Fall 2015 HOD Meeting can be found on the Academy Website at www.eatrightpro.org/resources/leadership/house-of-delegates/about-hod-meetings >Fall 2015 Meeting Materials.

What Outcomes Resulted from the Fall HOD Meeting?
Two motions were developed and approved by the HOD following the two dialogues.

HOD Motion #1: Malnutrition

The House of Delegates requests:

- RDNs identify and manage malnutrition in accordance with their scope and standards of practice including use of nutrition focused physical exams as one tool for nutrition assessments;
- Academy’s Research, International and Scientific Affairs Team and Lifelong Learning and Professional Engagement Team identify gaps and facilitate development of resources needed to educate members on the management of malnutrition, including nutrition-focused physical exams;
- Academy’s Lifelong Learning and Professional Engagement Team and Research, International and Scientific Affairs Team market and disseminate currently available resources to educate members on management of malnutrition;
- Dietetic practice groups and affiliates are encouraged to identify and promote opportunities to assist RDNs and NDTRs in developing skills and knowledge related to malnutrition management;
- NDEP and ACEND encourage educators to identify and/or develop malnutrition management educational opportunities for students;
- Center for Professional Development assesses the viability of a certificate program for hands-on nutrition focused physical exam training;
- Academy’s Nutrition Services Coverage Team collaborates with A.S.P.E.N. to continue discussions with the National Center for Health Statistics ICD Coordinating Committee for incorporation of the malnutrition nomenclature into ICD.
- Academy’s Research, International and Scientific Affairs Team, Lifelong Learning and Professional Engagement Team, NDEP, ACEND and the Academy’s Nutrition Services Coverage Team present information on progress made on malnutrition related activities as part of the bi-annual report to the HOD. This information should be reported for at least the next 2 years by the organizational units.
The House of Delegates requests the Sponsorship Advisory Task Force (SATF) to utilize the HOD’s feedback from the Fall 2015 HOD Workbooks, as well as documents provided to delegates (i.e., impact reports, Sponsor Summit Report), to finalize their report to the Board of Directors (BOD). The HOD requests that the BOD considers the HOD’s feedback as they prepare to take action on the SATF’s final report. The final SATF report will be distributed to the HOD after action is taken by the BOD.

In addition, the House of Delegates approved three (3) motions for Academy Bylaws amendments on the:

1. Nominating Committee Composition
2. CDR Mission Statement
3. CDR Board Composition
Updates to the HOD

The HOD received updates from the following individuals and Academy organizational units:

- Evelyn Crayton, Academy President
- Kay Wolf, Academy Treasurer
- Jean Ragalie-Carr, Academy Foundation
- Deanne Brandstetter, Nominating Committee
- Denise Andersen, Academy Political Action Committee

These updates can be reviewed at www.eatrightpro.org/resources/leadership/house-of-delegates/about-hod-meetings >Fall 2015 Meeting Materials.

Denise Andersen MS RDN LD CLC
WH DPG Delegate
dandersster@gmail.com

What is Academy Membership Worth?

<table>
<thead>
<tr>
<th>Savings</th>
<th>Value</th>
<th>Exclusive to Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition Care Manual® subscription $180 savings</td>
<td>Evidence Analysis Library® $400 value</td>
<td>eMentoring</td>
</tr>
<tr>
<td>Professional Skills Review $100 savings</td>
<td>48 or more free CPEUs annually in the Journal $1,080 value</td>
<td>Marketing Toolkit</td>
</tr>
<tr>
<td>Post a job on EatRightCareers $235 savings</td>
<td>Find a Registered Dietitian Nutritionist listing $249 value</td>
<td>Position and Practice Papers</td>
</tr>
<tr>
<td>Early bird FNCE® registration $320 savings</td>
<td>Compensation &amp; Benefits Survey $250 value</td>
<td>Opportunity to become an Academy Fellow (FAND)</td>
</tr>
</tbody>
</table>

Dues vs. Savings

- $234 Active category dues
- $3,000 in savings & member-only access*

For more information on Academy membership savings, please visit www.eatrightpro.org/MembershipInfo.

Contact the Academy by email at membership@eatright.org or through the Member Service Center at 800/377-1600, ext. 5000 (International Callers +1-312/899-0040, ext. 5000).

Representatives are available Mon–Fri, 8am–5pm, Central Time.
Alessandra DeMarchis currently attends the University of Washington. She is a graduate student in the Coordinated Program in Dietetics and works as a research assistant at the Center for Public Health Nutrition, where she pursues her interest in breastfeeding policies and research. Her strong passion for maternal and infant nutrition led her to contribute to public health research in worksite and hospital policies supporting breastfeeding women. She previously worked on a 5-year study of maternal and infant mortality in northern India, collecting and analyzing maternal death reviews from the Indian Government and local hospitals, and collaborating on the publication of the research findings. She completed an internship with PATH’s Human Milk Banking Group, and prepared research protocols for an innovative study working to create local businesses to supply edible insects for maternal consumption. Alessandra also worked with the Northwest Mother’s Milk Bank to help develop a Human Milk Depot at Valley Medical Center in Renton, WA. She does all of this while maintaining outstanding grades in her coursework, and consistently expressing interest in research and projects on topics in maternal and infant nutrition.

EMERGING PROFESSIONAL IN WOMEN’S HEALTH AWARD

Madison Tyler, RDN, CLC began her career as a registered dietitian nutritionist just three years ago, and is currently employed at Baptist Memorial Hospital in Memphis, TN. She covers the maternal units, and has responsibilities in both the pediatric unit and the NICU, providing both prenatal and postpartum education. She has been involved in a nutrition research project with the Vermont Oxford Network collaborative focused on improving growth and morbidities for very low birth weight infants. One of her priorities in the study was to increase the amount of mothers’ own milk for their infants. In addition, she was responsible for counseling the mothers of these infants to increase understanding of the importance of their milk, and to gain permission for use of donor milk when a mother’s own milk is unavailable. Her passion for breastfeeding support led her to become a Certified Lactation Counselor, and she is currently preparing to become an IBCLC. Even at this early point in her career, Madison has committed to working in the maternal-child arena, an area that she has found great passion for.

EXCELLENCE IN PRACTICE IN WOMEN’S HEALTH

Dr. Jamie Stang, PhD, MPH, RDN, has devoted her career to the promotion of women’s health issues. She helped start a Woman’s Health/PMS Outpatient Program resulting in a significant increase in the number of young women seeking gynecological and preventive care. She also developed outpatient services for students with disordered eating, and has authored, edited, and provided technical guidance on several Academy position and practice papers which shape clinical/community nutrition practice in women’s health.

Dr. Stang has served on national committees related to women’s health and nutrition, and has published book chapters and research papers on women’s health nutrition issues. She helped develop a Nutrition Brief for the Association of State Public Health Nutritionists on preconception and inter-conception nutrition issues. She developed the distance education program for the National Maternal and Infant Nutrition Course which reaches thousands of RDNs and NDTRs annually.

While her federally-funded work focuses on gestational diabetes, her locally funded work examines best practices for breastfeeding promotion and policies to promote nutrition for women of reproductive age, including work with commissioners from the largest county in Minnesota to improve food access focusing on underserved and minority populations.
Evidence-based Dietetics Practice uses systematically reviewed scientific evidence to make food and nutrition practice decisions by integrating best available evidence with professional expertise and client values to improve outcomes. It involves complex and conscientious decision-making based not only on the available science but also on client characteristics, situations, and preferences. Evidence-based practice helps dietitians remain competitive, effective, and efficient across all practice settings. By using evidence-based resources, like the Evidence Analysis Library (EAL®), evidence-based decisions can be made in a focused and time-efficient manner.

As of May 1, 2015, the Academy of Nutrition and Dietetics’ Evidence Analysis Library has published 40 systematic reviews with over 1,100 conclusion statements based on nearly 5,700 analyzed research articles. However, due to limitations of time, information resources, and funding, many questions go unanswered. Unfortunately, nearly 250 of the EAL’s conclusion statements received a Grade V. This means that a grade is not assignable because there is no evidence available that directly supports or refutes the conclusion. This indicates that additional research is needed.

If you are looking for a research project for yourself and/or your students, consider one of the many Grade V evidence analysis questions. Grade V questions are listed by EAL project and are available to all Academy members. After logging into the EAL website, simply select the project you’re interested in learning about, click on “Grade Chart” from the navigation menu on the left side of the screen, and select the Grade V section of the pie chart. A record of all Grade V questions identified for that project will be listed. Detailed instructions can be found on the EAL website: http://www.andeal.org/grade-v

Remember that the Grade V questions listed did not have adequate evidence at the time the EAL project was completed and gaps could have been filled since that date. After selecting a question of interest we suggest a literature review to identify what recent work has been done in this area.

Different research methods are required to answer different questions. To consider what methods might be most appropriate for the Grade V question you are interested in, consider reviewing Understanding the Basics of Research - An Online Toolkit. The toolkit, free for Academy members, is available from the EatRight Shop.

The Dietetics Practice-Based Research Network, or DPBRN, has a comprehensive list of research resources that can help you. We encourage Academy members to identify a research mentor to assist them in the process. For tips on using the Academy’s e-mentoring program to locate a mentor, visit DPBRN section of the Academy’s website. Contact the WH DPG Research Coordinator Christine Garner at christinedieter@me.com with questions.

**MEMBER KUDOS**

**Barbara Gordon, MBA, RDN** has had an eventful fall. She was the co-author on two articles that were published in September, 2015. The first was “Influence of polyunsaturated fatty acids on urologic inflammation”, a review focusing on the effects of omega-3 fatty acids on three primary urologic organs and associated conditions. The second article published was “Nutritional Considerations for Interstitial Cystitis/Bladder Pain Syndrome”. Then in October, she presented a poster titled “Development of an Evidence-Based Approach for IC/BPS Nutrition Counseling” at the International Pelvic Pain Society annual meeting. Learn more about Barbara and her work at www.healthcommsolutions.com.

**Miriam Erick, MS, RDN** presented two posters at the First World Colloquium on Hyperemesis Gravidarum in Bergen, Norway. This conference was hosted by NO HYPE, The Norwegian Hyperemesis Initiative. Her first poster was titled “The Impact of Hyperemesis Gravidarum on Gestational Malnutrition” and the second was “Why Cognitive changes can occur with Hyperemesis Gravidarum”. She also published an e-book in May 2015, available on Kindle, titled “Take Two Crackers and Call Me in the Morning! a real-life guide for surviving morning sickness”. Learn more about Miriam and her work with morning sickness at http://morningsickness.net.
Please tell us about your professional background, and the path that led to work internationally.

(Dalal) - I am an Assistant Professor at Kuwait University in the Department of Food Science and Nutrition where I instruct both undergraduates and graduate students in nutrition. Classes I teach include Maternal and Child Nutrition, Personal Nutrition and Women's Health Issues, and Nutritional Assessment, to name a few. I supervise graduate students’ theses as well, and together we are involved in multiple surveys around Kuwait targeting special needs populations—women and people with disabilities.

I earned my graduate degrees (MSc and PhD) from McGill University in Human Nutrition. My area of specialty is in Nutritional Epidemiology, in which I study the relationships between diet and disease. I was a scholarship student from my country Kuwait, enabling me to earn international degrees from both the US (BSc in Dietetics and Human Nutrition, FIU) and Canada (MSc, PhD, McGill University). Because of such privileges I was expected to come back to my country and contribute to the academic advancement of Kuwait University.

(Rula) - I lived most of my life in Dubai, United Arab Emirates (UAE), and obtained my Bachelor’s degree in Public Health and Nutrition from Yarmouk University in Jordan. Once my schooling was complete I moved back to Dubai to start my career as a Clinical Dietitian at the biggest trauma center in the region, Rashid Hospital, in addition to other hospitals in the area.

Dubai being a multi-cultural and international city, I was exposed to myriad practitioners and dietitians from all over the world. I developed an interest in nutrigenomics and anti-aging, which led me to work in different clinics and attend conferences throughout Europe and the region.

Throughout my career I felt a strong affiliation to the Academy of Nutrition and Dietetics. This led me to establish a brand new dietetic department, and base all of the standards of practice on the Academy and Joint Commission International (JCI) standards.

(Debra) - I have been an RDN for 10 years, working mostly in public health and integrative nutrition. After my internship at Yale-New Haven Hospital, and working in their community clinic with local low-income families, I decided I wanted to have a wider impact in the world of nutrition. So I got my Master's Degree in Public Health from Columbia University and worked in New York City implementing public health and breastfeeding initiatives in low-income neighborhoods for a few years.

When I was working in the South Bronx in New York, I met amazing families from all over the world who were making a new home in New York and I wondered what it would be like to work internationally in public health. We moved to Israel three years ago. I immediately reached out to another U.S. RDN, Dr. Aliza Stark, who also now lives in Israel. I began teaching in the international program she co-directs at Hebrew University of Jerusalem. I taught evidence analysis and breastfeeding promotion to health professionals from developing countries. I was then asked to teach in the international M.Sc. in Nutritional Sciences program. I have had the privilege of teaching more than 90 international students from more than 20 developing countries. I keep in touch with my students and help them think through nutrition planning once they have gone back home. So even though I have still not had the benefit of working in a working country, I hope that I have made at least a small impact.

(Susie) - I was born in Canada in the Atlantic province of New Brunswick and received my BSc in Home Economics from Acadia University in Nova Scotia. My adventures in the USA began when I arrived at Cornell University for an MS in Foods and Nutrition. I later married a fellow Cornelian and worked on campus as a human metabolic research dietitian.

A later move to Oak Ridge, Tennessee saw me raising our son and working part-time at the University of Tennessee, Knoxville as a research assistant in a bone density study of vegetarian and non-vegetarian women. While there I fulfilled my requirements to become a Registered Dietitian. I then moved to Greenville, North Carolina and worked as an adjunct professor in the Department of Family Medicine, East Carolina University School of Medicine, and teaching clinical nutrition to family doctors, residents, medical students and dietetic interns.

After 21 years working in the U.S., I returned to Canada and Toronto became my new home. Initially I worked in human colon cancer prevention research and public health nutrition before finally starting a private practice specializing in sports nutrition and nutrition and infertility. In my busy practice I also consulted to corporate health, food industry, government and the media. Additionally, I taught sports nutrition at Ryerson University, precepted Sports Medicine Fellows at the University of Toronto, and taught Olympic level coaches at the National Coaching Institute Ontario. I enjoyed the exciting but demanding experience of counseling amateur and professional athletes such as the Toronto Maple Leafs, Toronto Raptors, National Ballet of Canada, Skate Canada, and Tennis Canada among a wide variety of team Canada Sports at the National, Olympic and Paralympic levels. And through my affiliation with sports physicians I was a nutrition consultant to the Disney movie “Ice Princess” (two female stars) which was filmed in Toronto.

What regions have you worked in, and do you have a favorite?

(Dalal) I don’t have a favorite place, because in every place there were things I loved and things that challenged me—both on professional and personal levels.

(Rula) Despite the fact that I have only worked in the UAE, my travels to and attendance of international conferences has exposed me to various international practices and guidelines, and I truly feel that working in Dubai may be the best in the world.

(Susie) Every place I worked was special to me in its own way—from the unique environment to the long lasting friendships. Living in the southern states was different than working in the north (Canada).
While Canadians are quite conservative and Toronto is very cosmopolitan, different languages and cultures may be roadblocks for some. However, people are really the same all over the world — a smile, hard work and dedication are easily understood. I have found this to be true as a member of the American Overseas Dietetic Association (AODA) through speaking at conferences in Ireland and Malaysia. If you have a passion for your work you will overcome any international barriers.

Have you noticed any major differences between different cities/regions/countries that you have worked in?

(Dalal) My experiences in North America (the US and Canada) prepared me for research and academia. I learned systematic and analytical thinking, work ethics, and self-improvement skills while studying in the US. In Canada, I learned the importance of staying connected with the environment, understanding indigenous food systems, and appreciating even more the involvement of research from farm to plate. In Kuwait, the pace and cultural differences compared to North America cannot be ignored because they influence the environment and hence productivity. It is a different world, however, and I appreciate my students’ enthusiasm for learning. The opportunities in the new evolving system of Kuwait University are endless, and I am grateful for that.

(Susie) - When I moved back to Canada in 1986 I found my clinical knowledge and experience from working in a medical school put me ahead of the game. This allowed me to pursue “new” areas (in Canada) such as sports nutrition and nutrition and infertility. This is where I am grateful for my affiliations with SCAN and Women’s Health DPGs who kept my knowledge base current with new and exciting information. Today, I find Canadian and American dietitians are pretty much on par although I think Americans may be savvier when it comes to their marketing skills. I treasure my American friends and colleagues whose knowledge is freely shared when needed.

What drew you to your current area of practice?

(Dalal) I studied nutrition as a Pre-Med major and fell in love with how practical and diverse this science field is. I felt the impact of good nutrition on my personal life, and realized how it can impact others as well. What drove me to research was my desire to understand the nutritional guidelines, how they are established, what criteria is used, who are the people behind them, etc., and also to answer the many questions that kept popping in my head while studying. I was never satisfied with textbook information, and it is exciting to think I can have a role in this dynamic process.

(Rula) - My passion and total dedication to my field of practice, besides local needs (where rates of obesity and diabetes are among the highest in the world), are my main inspirations.

(Susie) - While teaching family physicians I saw a need for basic sports nutrition information which was a special interest of mine from my membership in SCAN. I put together a basic sports nutrition manual for the family medicine physicians to use with high school and college athletes. I also presented talks regarding the importance of optimum nutrition in the prevention of high risk pregnancy.

Being in the right place at the right time and attention to detail in documenting care of patients to referring physicians gained me the attention that led to other opportunities. Because of this I was able to work with professional athletes and write for a major communication vehicle for physicians across Canada. A chance referral from an infertility specialist and communicating the strong link between nutrition and infertility in both men and women led to an invitation to consult to a major urban infertility clinic. My experience counseling athletes diagnosed with “female athlete triad” symptoms or “relative energy deficiency” led me to observe a similar occurrence among general infertility patients. Thus my clinical experience in sports nutrition led me to develop an assessment tool to detect potential lifestyle risk factors for infertility patients prior to their first visit with the infertility specialist.

What are your future career goals?

(Dalal) I am driven by the prospect of advancing the nutritional science field in Kuwait. I want to help educate competent dietitians and researchers, empower young women, and help set standards in nutritional research and the dietetic profession here. In addition, I would like to shed light via research on culturally sensitive issues and how they relate to health, especially those which affect women.

(Rula) - To excel in my field of practice, stay up to date with the latest trends, and deliver the best for my patients.

(Susie) - As I begin retirement I am actively involved in mentoring both here in Toronto and with my alma mater, Acadia University. I have rekindled my passion for water color painting and have participated in four art shows in Toronto. My husband and I love to travel and have just returned from 3 weeks in France including a 10-day painting workshop in France.

What have you learned from working outside of the United States that you think would be helpful for dietitians who have not had that experience to know?

(Dalal) I have learned to be open-minded and to practice self-awareness in the midst of many pressures and awkward situations. This helps me focus and keep motivated.

(Debra) - The city I live in and where my private practice is located is a melting pot of English-speaking immigrants from the UK, Australia, South Africa, France, and the Netherlands as well as native Israelis. My views on food and culture have been greatly expanded. When I first started working here, it was overwhelming. I didn’t know a Weetabix from an Aubergine. But the most important thing I have realized is that all women, no matter where they are from, whether they are in my private practice or my public health class, want to be heard and be understood. Food is such an emotional topic for women. If you can listen, you can work with women anywhere.

(Susie) - Canadian RDs are not really very different from American RDs and although some may appear more conservative, the new breed of RDs are eager to learn, energetic and ready to tackle difficult problems. However, very few RDs are working in the area of infertility. There are exciting opportunities to pursue and to demonstrate the cost-effectiveness of nutrition screening and counseling versus the often prohibitive costs of assisted reproductive technologies such as in vitro fertilization (IVF).

I have benefited from my network of RDs established from working 21 years in the US and many are good friends to this day. If you choose to work in the province of Quebec it is to your advantage to speak and understand French. As a longtime member of the Academy working in Canada, I had the option to join the AODA which I consider a great perk and offers the opportunity to get involved in networking and conferences in Europe and Asia.
What advice would you give fellow dietitians who are looking to follow a similar path?

(Dalal) You should stay focused on what you envision for yourself and never give up. Most importantly, have professional standards for your work performance, ethics, and values.

(Rula) Be committed to excellence in the profession, and practice extreme dedication to patient care.

(Debra) It’s important to stay up to date. Read journal articles, news articles, follow people on social media, and make connections everywhere you go. And most importantly, don’t be afraid to reach out to people and introduce yourself. I recently sent a message to an NGO in Israel that works on nutrition programing in India and we have a meeting set up to see how I can help them.

(Susie) Do your homework, don’t be afraid to learn as much as you can and network, network, network. It will take you places you never imagined.

Are there any other lessons you have learned during your career that you would like to share?

(Dalal) Stay connected and network through professional groups and conferences – they are important for career and personal development. And never shy away from emailing experts for advice and consultations.

(Debra) Since most of the readership here in the newsletter is women, I want to share some lessons I have learned regarding being a woman and being a parent. A lot of women go into nutrition because they think it will be an easy and straight career path as a dietitian in a hospital or private practice. I never wanted either of those things to be my primary job so I have worked hard to have many interests and keep my feet in a few different fields. This has also helped me take on/off ramps as my children were born. Sometimes I had full time jobs with young babies, sometimes I taught as an adjunct professor when I had a new baby at home. When you are involved in multiple paths, you can become confident as an expert in many things, and scale up or down as suits your life.

(Susie) If you don’t speak the language of the sport or specialized area where you are working it shows and you may lose credibility. Do your homework. Always ask questions and be a good role model as a team member. Learn as much as you can both on and off the job. Pay attention to detail. It will pay off.

Don’t be afraid to showcase your assets. Be your own advocate. You are the expert in your area. Speak the language of the professionals where you are working be it athletes or infertility specialists. For example these physician specialists are extremely busy and you will be challenged to find clever ways of communicating your role and documenting your successes with individual patients, as well as demonstrating the cost effectiveness of nutrition counseling.

---

**2015-2016 WOMEN'S HEALTH DIETETIC PRACTICE GROUP LEADERS**

**Executive Committee**

- **Chair**
  - Heather Goesch, MPH, RDN, LDN

- **Chair-Elect**
  - Catherine Sullivan, MPH, RDN, LDN, IBCLC, RLC

- **Past Chair**
  - Lisa Hamlett Akers, MS, RD, IBCLC, RLC

- **Treasurer**
  - Dawn Ballosingh, MPA, RD, LMNT

**Committee Coordinators**

- **Website/Electronic Mailing List (EML) Coordinator**
  - Leila Shinn

- **Publications Editor**
  - Kathleen Pellechia, RD

- **Assistant Publications Editor**
  - Wendy Baier Cartier, RDN

- **Policy and Advocacy Leader**
  - Lisa Eaton Wright, MS, RDN, LDN

- **Awards Coordinator**
  - Ginger Carney, MPH, RD, LDN, IBCLC, RLC, FILCA

- **Research Coordinator**
  - Christine Garner, PhD, MS, RD, CLC

- **Mentoring Coordinator**
  - Judy Simon, MS, RD, CD, CHES

**Please send any questions or comments to info@womenshealthdpng.org.**