CHAIR’S MESSAGE

Welcome to the MIDAN membership year 2015-16. This is my 4th year with MIDAN. Reflecting back these past 4 years both as a practitioner and as part of the Executive Committee in various capacities, I see amazing progress in meeting the goals and mission of MIDAN. Starting out as a 1-2 member EC to a full committee of volunteers (God bless them) dedicating their time, energy and resources; from a little known entity to a go-to source for practitioners catering to Muslim clientele, policy makers and educators, makes me proud to be one of them.

Its been an exciting few months with transition of leadership, delivering a webinar, preparing for FNCE®, Ramadan and above all summer. Then there’s the start of school with fresh eager faces excited about their classes and their friends, the rush to buy brand new supplies for school and just getting back into routines after the long crazy days of summer. Many of us are anticipating going to FNCE®, where we have the opportunity to greet old friends, meet new ones, learn the latest nutrition education and research, best practices and innovative approaches to improving patient care; most importantly to fulfill the mission of MIDAN which is to increase awareness of Islamic dietetic practices. Muslims themselves are a very heterogeneous group with a wide variety of cultures influenced by the local culture of the area, which many of you already know and many of you are learning. Continuing the education of the past few years both at FNCE® and outside FNCE®, this year the spotlight session will focus on understanding why and how Muslims access care, some of the religious influences and some alternative therapies. It will help improve quality of care to Muslims patients by increasing the soft skills and cultural competence of the dietetic community serving.

Here is an update of the past year:

Webinar with DCE group - management of diabetes in Ramadan fasting - which was timely and beneficial. It was planned and delivered at the start of Ramadan this year and attended by close to 600 dietitians and nutrition professionals. It speaks volumes for the need to continue raising awareness and that one of MIDAN’s goals is well and truly fulfilled.
If you are going to FNCE®, we have a list of activities planned for you - See Box

For those not going to FNCE®—check your inboxes in Winter for an update and a report of the member meeting post FNCE®. Please feel free to jump in with comments, suggestions, feedback via email or the yahoogroups. You are MIDAN and you are the people on the ground. so your suggestions and feedback are valuable in helping shape the future direction that MIDAN should take. if you would like to volunteer for a specific project or want to take MIDAN in a new direction, consider being on the EC.

In this newsletter:

Diabetes has been my passion and this year was focused on diabetes – with webinar, articles and FNCE® session all speaking to various aspects of diabetes. It is appropriate that this newsletter also be dedicated to diabetes. Some facts about diabetes:

Key facts

- In 2014 the global prevalence of diabetes was estimated to be 9% among adults aged 18+ years
- In 2012, an estimated 1.5 million deaths were directly caused by diabetes
- More than 80% of diabetes deaths occur in low- and middle-income countries
- WHO projects that diabetes will be the 7th leading cause of death in 2030
- Healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use can prevent or delay the onset of type 2 diabetes

Ref: [http://www.who.int/mediacentre/factsheets/fs312/en/](http://www.who.int/mediacentre/factsheets/fs312/en/)

Every single Clinical practice guideline including the WHO, indicate that healthy diet is the cornerstone of prevention and management of diabetes as also many other non-communicable diseases. As food and nutrition experts and advocates, let’s step to our role in preventing and managing this epidemic both here at home and around the world. And if you feel you need help in the form of resources, guidance, cultural knowledge, have tips and best practices to share, or just reconfirmation that you are practicing correctly I encourage you to send a message out to the membership, post on facebook or reach out to info@muslimdietitians.org and somebody will get back to you within a reasonable time frame.
Coming up, you are probably also going to see more of food insecurity and hunger prevention. Whether it be Syria, Gaza, Afghanistan, Nigeria or in our own backyard - New York or Maine, food security is a big issue. Especially, in these turbulent times when we see millions of people displaced by war and strife around the world and trying to build new lives elsewhere, finding new homes, livelihoods and integrating into societies. It is appropriate that the incoming Chair-Elect, Bushra K. Islam, RD, LDN is passionate and works in food insecure and underserved neighborhoods. In this newsletter she highlights some of the issues she encounters and strategies that she uses in her practice.

From across the world, one of our member Dr. Ahlam Shikieri, has shared their work on diabetes in strife ridden underserved countries (Sudan). Another member has shared some glad tidings and the meaning of joy in life via a traditional dessert recipe that she has modified from the Middle Eastern cultures. The nutritional values of the recipe are provided from ESHA, the nutritional software. So now you can enjoy it for yourself, a middle Eastern twist in the upcoming holidays.

I wish to reiterate that the focus of our attention this year is to give back to our members. The best way to accomplish this is if we know what you would like to see more of. Get active in the group, on social media. You will find MIDAN on facebook and twitter. We also have a yahoo group EML, where you can post questions and get answers, share ideas, achievements and upcoming activities with your peers. If you are not already on the list, ask to be added. Celebrate and let the world know of your achievements by posting to the group. The more active you are on the groups, the more effective a resource it will be. We are always looking for volunteers to review/write member interest articles, contribute to the website, serve on the Executive committee or plan projects.

It has been an eventful year with MIDAN moving forward to educate and increase cultural awareness of food and nutrition professionals, ensure better access to care for Muslims and support Muslim students going into dietetic practice. This doesn’t mean we are done. It just means we are progressing in the right direction. To personalise and quote Frost:

“We have promises to keep and miles to go before we sleep”

Chair Zareena Rizwana,
MS, RD, CDE Scarborough, Ontario, Canada

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**IFANCA 17th International Halal Food Conference April 13-15, 2015**

**Preserving the Trust: Ensuring Integrity in the Halal Food Industry**

The Islamic Food and Nutrition Council of America (IFANCA) prides itself on being a leading organization in halal certification. Recognizing the importance of halal certification, IFANCA conducts a bi-annual Halal Healthy Conference. This conference boasts international organizations as attendees and contributors, all gathering to discuss matters related to halal certification. The details and nuances of halal certification are many and can make a difference in whether a product is considered halal or not. Companies are realizing the market potential of the Muslim consumer and want to ensure that their products are halal certified to ensure that the Muslim consumer is confident in buying their product. This is where Muslim dietitians can play a crucial role in the halal market by connecting industry to the halal consumer. IFANCA has been a palm-level sponsor for MIDAN since its inception and the collaboration has opened the doors for Muslim dietitians to begin building those opportunities to connect industry with the halal consumer. MIDAN is looking forward to continuing to work with IFANCA as we witness the ever-expanding role of the Muslim dietitian.
Introduction:

Type 2 diabetes mellitus (DM) and Hypertension (HT) are among the most common chronic non-communicable diseases and multifactorial disorders affecting both developed and developing countries. They occur at a higher prevalence in the older age group and result from both genetic and environmental etiological factors. DM is a disease of insidious onset and the symptoms, when they eventually appear, do not receive immediate attention and thus remain undiagnosed and even when diagnosed, persons affected often ignore the disease. Onset of DM, especially Type II occurs at least 4–7 years before clinical diagnosis.

The extent of the disease is affecting both developed and developing countries. For instance, the overall prevalence of DM around the world is 8.1% and in low and middle-income countries is 5.8% and 8.5% respectively. Furthermore, many African countries are now facing a growing challenge from the increasing numbers of patients with hypertension, stroke, coronary heart disease and diabetes. Sudan, which is an African country, is an example.

Diabetes amongst Sudanese population:

Sudan, is located in the north-east of the African continent and shares borders with nine countries including Kenya and Egypt. It has a multi-ethnic population of 38 million. The country is part of the African, Arab and Islamic worlds, so therefore its contemporary culture comes from Afro-Arab sources with interaction, to some extent, with European culture. The prevalence of DM amongst Sudanese population is estimated to be 17.9%. Many factors led to the large number of diabetics in the country. These include but not limited to lifestyle changes including the increased use of motorized vehicles, little or no time devoted to regular exercise, too many sedentary hours watching TV and large amounts of sugar, refined cereals and fat consumed instead of the healthy traditional foods. The method of cooking where large amount of salt and oil are used and more frying than boiling are also among the contributing factors for the disease. For many people, obesity is highly desirable as it is seen as a sign of strength and affluence in men and beauty and attractiveness in women. Consequently, diabetes is now one of the major health problems in Sudan resulting in 10% of all hospital admissions and mortality.

Moreover, illiteracy, poverty, lack of health education and dominance of wrong beliefs adversely affect the management of diabetes. For instance, there is a common belief in the country that patients will develop chronic complications of diabetes no matter what they do, and thus lose the strong motivation required to care for diabetes. Another wrong belief is that with insulin therapy there is no need to restrict sugar and refined carbohydrates, since insulin will ‘burn’ any amount of sugar consumed.

Selected pillars of Islam and diabetes in Sudan:

The fasting period of Ramadan among Muslims requires special attention for diabetic patients in particular. Ramadan is a holy month observed by Muslims all over the world, during which fasting is rigorously observed from dawn until sunset. The duration of fasting varies by geographical location and season. The EPIDAR study that
recruited 12,914 Muslim diabetic subjects from thirteen countries reported prevalence estimates of fasting during Ramadan as 43% for Type 1 and 86% for Type 2 diabetes mellitus. Ramadan fasting is agreed to be harmful for Type 1 diabetes, those who are non-adherent to therapy or who have poor glycemic control. These individuals in particular are at increased risk of hypo- and hyperglycemic episodes as well as metabolic complications associated with dehydration. However, for Type 2 diabetics, some authors consider fasting is safe. As for the potential physiological benefits, it is believed that intermittent fasting limits energy intake promoting weight loss in obese individuals, which could be cardioprotective.

Another Islamic pillar is the pilgrimage (Haj), which is an annual holy festival where more than two million Muslims gather for 10–15 days between two holy cities (Makka and Madina) in the Kingdom of Saudi Arabia. Pilgrims are required to walk on foot for long distances in desert areas, sometimes in hot weather. The diabetic pilgrims are subjected to hazards such as hypoglycaemia and diabetic ketoacidosis.

### Issues that affect managing diabetic patients in Sudan:

Studies indicated that diabetic patients have poor knowledge about the management of the disease, are non-compliant to medical and dietary therapy, have wrong beliefs about diabetes and its care and suffer from poor socioeconomic status. Consequently, these patients have poor control and suffer from both acute and chronic complications and a low quality of life with regard to physical, social and sexual aspects.

In July 2015, El Shikieri conducted a workshop as an instructor to dieticians and diabetic educators in Sudan. Focus was made on the nutritional therapy for Type 1 and 2 diabetes, using carbohydrate counting, exchange lists and glycemic index and glycemic load. There were more than 45 participants covering different sectors in Sudan (Figures 1 and 2).

Structured diabetes education is an essential tool for the management of diabetes during the fasting period and after breaking the fast during Ramadan. It is documented previously that diabetes education, including the use of point-of-care glucose testing, resulted in fewer episodes of hypoglycaemia between the start of Ramadan and the end of fasting. Diabetes education also helps to overcome certain barriers to diabetes care.

Moreover, herbs have been used for hundreds of years either in their crude forms or as herbal teas, syrups, and powders in treatment and prevention of diverse diseases including diabetes. Traditional Healers are an integral part of the health systems in several Sub-Saharan Africa such as Mali, Mozambique and Zambia. Similar picture is found in Sudan. The anti-diabetic mechanism of plant are usually: insulin sensitizer, insulin mimics, insulin secretagogues and inhibitors of intestinal carbohydrate digestion and absorption. Some of the herbs used by Sudanese diabetic patients are presented in Table below. The main problem is that the herbs mentioned in the Table and others are not investigated for safety and efficacy. Patients’ belief in their efficacy, easy accessibility, lower cost, experience of others and frustration with conventional therapy have encouraged diabetic patients to seek herbal medicine to manage their symptoms.

**Table: Commonly used herbs for treating Diabetes in Sudan**

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<td>Lupinus termis</td>
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<td>Nigella sativa L.</td>
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<td>Acacia Senegal</td>
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<td>Ambrosia maritima</td>
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<td>Citrullus colocynthis</td>
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<td>Trigonella foenum-graceum</td>
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<tr>
<td>Olea europaea L</td>
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<tr>
<td>Allium sativum</td>
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<td>Cinnamomum Zeylanicum</td>
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In conclusion, great effort is required to improve the current situation of Sudanese diabetic patients. Inadequate care puts these patients at serious health complications such as blindness, kidney failure, nerve disease, limb amputation, heart attacks, strokes and premature death1.


11. 09/09/2015


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The dish

1.5 cup semolina (either fine or coarse)
0.5 cup melted butter or ghee
0.5 cup white granulated sugar
1 teaspoon baking powder
1 teaspoon rose water (it is just for flavor; if not available, don’t worry)
2 eggs
1 cup heavy cream (“Keshta” in Arabic; it is not the whipping cream; it is the cream that usually eaten at breakfast with honey or jam)
1 cup coconut powder

The topping

Hot syrup (“Katr” in Arabic); this can be prepared by mixing 1 part of water with 2 parts of white granulated sugar, and 1/8 of a lemon fruit with peel, and 1/8 teaspoon rose water.
100 g granulated pistachios
0.5 cup heavy cream

The method of preparation is as follows:

1. Use a pyrex dish or any suitable dish for baking (25 cm*16 cm square is suitable), spread the sesame paste to cover
2. Add the dry components of the dish to each other in the mixing bowl, mix well
3. Add the rest of the components (of the dish)
4. Mix very well (use the electronic mixer; the mixing (K) beater; slow--half velocity)
5. Pour the mixture into the baking dish
6. Use the cream to decorate the dish as squares
7. Leave the mixture for at least one hour for fermentation
8. Bake at 180 C for 30 minutes (until become golden from top and bottom)
9. Meanwhile, prepare the syrup by mixing its components, heat until boil, leave it boiling for 8-10 minutes only
10. After baking of the dish, add the syrup to the dish (the dish and the syrup should be hot).
11. Decorate with pistachios
12. Serve with tea or coffee

Hreeset el Kishta Karohat
(Meaning ‘delicious’ in Arabic)
This past October, I had the opportunity to attend my first FNCE® conference. As a dietetic intern just starting out along my nutrition career path, I was excited and nervous to be in a setting amongst so many people who shared in my passion for wellness, and I was most looking forward to meeting the members of MIDAN—a member interest group I had heard so much about, yet had not had the opportunity to make any personal contact with. A few weeks before leaving for FNCE®, I had gotten an email notifying me that I was a recipient of a $100 Student Stipend sponsored by MIDAN—this email was a sign for me that our paths were destined to cross.

At FNCE®, I was completely immersed in an environment full of nutrition professionals and students from all over the world. Saturday and Sunday flew by in a whirlwind of information sessions on topics ranging from MNT to the importance of personal branding in a dietetics career. I also had a chance to stop by and browse through poster presentations and of course, walk through the much-anticipated Exposition floor. I felt completely stimulated and was in awe of the accomplishments of my peers.

Later that Sunday, I attended the annual MIDAN meeting in a hotel in downtown Atlanta. It was there that I had the pleasure of meeting fellow Muslim members from near and far, as well other individuals who had a vested interest in MIDAN. At this meeting, I learned about the numerous contributions of MIDAN to create a platform of dialogue among dietetics professionals and to serve as an educational resource for the nutrition community. I also spoke with members of MIDAN—people with career backgrounds in various health and community initiatives such as SlimPeace, a global inter-faith organization striving to empower women to adopt healthy eating habits, and UMMA Clinic, the nation’s first federally funded Muslim community health center. As the night went on, I became more aware of the unique role and responsibility that I held as a Muslim and future dietitian.

Over the course of the remaining days at FNCE®, I made an effort to participate in as many events as I could. I stopped by the Member Showcase Networking Event, taking the time to speak with representatives of other practice groups who spoke for my various areas of interest within the field of nutrition. Later that day, with what seemed to be my second random lucky turn of events, I got a call from a member of the Oncology Nutrition practice group letting me know that I was the winner of their raffle—I would be going home with a brand-new iPad mini!

On the plane back home to Raleigh, I reflected on the events that had taken place at FNCE®. I was going home with a new iPad mini and the remainder of my student stipend, along with the connections I had made with many wonderful people, and I knew that I could not ignore the events of the past few days as random events of luck. As someone who believes that everything happens for a reason, I know that I had gained more than just the material items; I was going home with a newfound sense of direction and purpose, along with the understanding that my career and faith are integral parts of my passion for nutrition—and this for me, was the most fortunate event of all.
Organizational superstar Syeda Zainab -- ensuring that everybody knows what, where and who Spreading the message and entity of MIDAN -- Zareena, chair-elect and Suha, Past chair at the MIDAN booth during DPG/MIG showcase in Atlanta 2014

The three musketeers -- FNCE® Past chair Suha Najjar, Chair-elect Bushra and Treasurer Saba Zahid at FNCE 2014

At the MIDAN booth for the DPG/MIG showcase, during FNCE® 2014 in Atlanta. From right are Zareena Rizwana, Chair elect; Saba Zahid, Treasurer and Syeda Zainab Hussaini, Chair

Chairing the membership meeting in Atlanta -- Syeda zainab Hussaini
Digging in !!! MIDAN members post membership meeting in Atlanta, 2014

Fruiting at FNCE® 2014 -- Syeda Zainab Hussaini and Saba Zahid, Chair and Treasurer MIDAN, respectively

Just ‘bean’ -- Saba and Suha #FNCE2014expo

MIDAN’s spotlight session with NOBIDAN -- Vitamin D–Lemma presented by Dr. Suzanne Judd and Yaqutullah of MIDAN; received the highest rating for an educational session at FNCE® 2014. Yay!!
MIDAN members in Atlanta at FNCE® 2014

MIDAN executive committee members at the President’s reception, with Sonja in Atlanta FNCE 2014

MIDAN and NOBIDAN members with the speakers of the spotlight session, Vitamin D–lemma: deficiencies and solutions in diverse populations FNCE® 2014, Atlanta

MIDAN members in Atlanta at FNCE® 2014
**Past Chair - Syeda Hussaini, RD Placentia, CA**

Syeda is a Clinical Dietitian at St. Jude Medical Center in Fullerton, California. She is the Chairperson of the Care Delivery Council of the Food and Nutrition Department at the hospital and teaches nutrition education classes at the Cardiopulmonary Rehabilitation Outpatient Center. Recently she accomplished her long standing goal of finishing a half marathon and looks forward to complete a full marathon soon. She is seeking to pursue a MPH degree to enable her to work with communities on both a local and international level. Her passion to implement change, with creativity through achieving goals, motivated her to get involved on MIDAN’s Executive Committee. A mother of two and a wife of a PharmD, her household is fondly referred to as the “Food and Drug Administration.”

**Chair Zareena Rizwana, MS, RD, CDE Scarborough, Ontario, Canada**

Zareena is a Certified Diabetes Educator (CDE) with interests and strong experience in community outreach, corporate wellness, health program development and delivery, prevention and management of diabetes and other chronic diseases. In addition to her qualifications in the field of dietetics, Zareena brings to the MIDAN Chair position over a decade of financial planning and management experience. She holds an M.S. degree in foods and nutrition from the Acharya N. G. Ranga Agricultural University in India and completed her dietetic internship at Toronto Western Hospital in Toronto, Canada.

**Chair-Elect, Bushra K. Islam, RD, LDN**

Bushra is a registered dietitian with a Certificate of Training in Adult Weight Management. An active member of the Academy for more than 15 years and a member of MIDAN since its inception, she is also Kids Eat Right Campaigner. Bushra worked as a Consultant Dietitian in various long-term, acute care and outpatient settings in Richmond, Virginia and since her move to Maine last year, she is now consulting for Healthy Portland and Slim Peace Group. Passionate to fight hunger, Bushra is a member of Food Security subcommittee under Mayor’s Food Initiative which has enabled her to initiate projects such as community garden and summer meal program in her local Muslim community. As Chair-Elect for MIDAN, Bushra hopes to strengthen and spread the good work MIDAN is already doing. She now resides in Maine with her husband, daughter and a cat.

**Secretary, Nahid Al Haj RD, LDN**

Nahid is a truly global professional, having a double dietetics degree from both Saudi Arabia and Kansas State university, USA. Member of many honor societies like Kappa Omicron Nu, Phi Upsilon Omicron, Golden Key International, Gamma Sigma Delta, Phi Kappa Phi; she is not just a Registered Licensed Dietitian, but also a Certified Pediatric Nutrition Specialist. Passionate about peds, she currently works as Neonatal Dietitian at Phoebe Putney Memorial Hospital, in Albany, GA.

**Treasurer, Saba Zahid, RD, LDN**

Assalamu alaikum! My name is Saba and I will be serving as MIDANs treasurer for the 2015 – 2016 year. I work as a Patient Experience Manager in the food and nutrition services department in an inner city hospital in New Jersey. I enjoy food service and clinical management and am always excited to be involved in project development that brings the RD profession and expertise to underprivileged communities. In my free time, I enjoy cooking and experimenting in the kitchen.
In the summer of 2012, I moved to Portland, Maine, accompanying my husband to his new job. Living in Virginia for over seventeen years, I was already satisfied with my profession, working as part time consultant clinical dietitian. Little did I know that moving to Maine would become a turning point for the passion in my profession!

After a year of job searching in Maine, I came across an opportunity to become a “Kids Eat Right Campaign Member” (1). In exchange of providing two Kids Eat Right presentations, I received a small grant. The presentations were on the topic “Hungry and Over Weight: How is it Possible?.” My research on the subject opened my eyes to the hidden drive of combating food insecurity and promoting health in the community. After one of my presentations to an audience of teenagers in a local mosque, many creative ideas emerged to provide easy access to nutritious foods in our Portland community.

Portland is a unique city in Maine: It is not only a beautiful vacation spot, it also attracts many immigrants from various parts of the world. Migrating from unstable places, these immigrants depend on government aid for survival for many years, including food. Many of them rely on SNAP benefits for long time and cannot afford to purchase expensive healthy foods for their families.

Eager to contribute positively, I joined a Food Security Sub-Committee under the “Portland Mayor’s Food Initiative” (2). In addition, some job opportunities came into play and I started working as consultant nutrition educator for the “Slim Peace” organization(3) and “Healthy Portland”. Both of these jobs required direct nutrition education to new Americans that helped increase my knowledge of their eating habits and limited nutritional resources. Also, I was able to discover that parents were consistently buying more junk foods for their family than fruits, vegetables and whole grains. Furthermore, children were eating healthier and balanced meals in schools than at home. This proved to be an issue, especially in the summertime when children are mostly staying at home.

Observing a large immigrant and refugee attendance during these sessions at local mosques and churches, I decided to seek out a way to utilize these places of worship for coping with food insecurity within their community.

Through the Healthy Portland and Mayor’s Initiative, I found out about the federal summer meal programs for children in Portland, Maine. Many of the summer meal open sites were unable to attract kids to eat healthy meals at their locations. In view of the large number of children attending my local mosque’s summer school program, “dukri”, the very first thing that came to my mind was to bring the healthy meal program to the mosque. The majority of these children were qualified for this federal meal program but were unable to go to the pre-existing open sites as they were at the mosque during lunch time. With the approval of mosque officials and support of Portland Schools Food Service director, I succeeded in launching the summer lunch program at one of the mosques. The director was very cooperative to change the menu to cater Muslim kids’ needs and even added halal chicken to the menu. Successfully, in summer of 2014, there were about 140 kids who ate healthy lunch every week during Ramadan and about 300 kids after Ramadan. The interest and demand continued for healthy summer meals in summer 2015, resulting in serving up to 340 meals weekly after Ramadan. Throughout the summer meal program, kids really looked forward to eating healthy meals with peers and enjoyed weekly SNAP Ed activities to encourage eating more fruits and vegetables. In fact, even after the summer meal program was over, many children continued to eagerly ask, “When will the meals start again!”. A substitution of balanced and healthy meals including fruits, vegetables and milk instead of serving kool-aid and chips, was definitely a better option for their health as well as their learning!

Thinking about my contributions to this community as a nutrition professional, makes me happy of the outcomes, even though it was only a small fraction of the community that I helped. My passion for this community keeps growing with the list of other things I can do to serve the food insecure community I live in. One idea I have now is to revive last summer’s community garden that fed more than 50 families.
with fresh produce, and to open up food pantries inside several mosques.

According to Feeding America’s latest study, *Map the Meal Gap 2015* (4), food insecurity exists in every county and congressional district of our nation even in areas where median range of income is above $100,000. With only a small efforts from the RDs nationwide, I believe, our younger generation would be more secure in terms of having nutritious food.

As a recent Chair-Elect for MIDAN, it is my desire that MIDAN members residing worldwide take the issue of food security very seriously and get involved in their communities and towns they live in. Taking only a small lead to get started, many enthusiastic individuals and groups may come out and join to make this project successful. As we are reminded of in the Quran, 2:148:

> “To each is a direction (goal) to which he turns: then strive together (as in race) towards all that is good. Wheresoever you are, Allah will bring you together. For Allah has power over everything.”

Looking back three years ago when I wasn’t so happy moving to Maine, I am now truly grateful to God for bringing me to this beautiful place where I can make best use of my professional expertise while serving the humanity!

**References:**

2. [http://www.portlandmaine.gov/987/Healthy-Sustainable-Food-Systems-Initiat](http://www.portlandmaine.gov/987/Healthy-Sustainable-Food-Systems-Initiat)
3. [https://slimpeace.wordpress.com/slimpeaceus/slim-peace-portland-me/](https://slimpeace.wordpress.com/slimpeaceus/slim-peace-portland-me/)
Get Your “Healthy Eating During Ramadan” Toolkit

*Need help educating your Muslim clients, patients, and community on healthy eating during the month of Ramadan and beyond?*

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Purchase your toolkit online at [www.muslimdietitians.org](http://www.muslimdietitians.org), at the Food & Nutrition Conference & Expo DPG/MIG Showcase (see front cover for time and location), or by mail using the slip below. MIDAN members may also access the electronic version for free at [www.muslimdietitians.org](http://www.muslimdietitians.org).

This can also be purchased on the Academy’s website. [http://www.eatrightstore.org/product/](http://www.eatrightstore.org/product/)

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4006 Whispering Hills, Chesnut, NY 10918

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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Billing Address (if different than above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip Code</td>
</tr>
<tr>
<td>Country</td>
</tr>
</tbody>
</table>

Authorized Signature

