



*A Publication of the North Carolina Dietetic Association*

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***A Message From the President***

I am pleased to share with you that the American Dietetic Association (ADA) has a new name: the Academy of Nutrition and Dietetics! This exciting announcement was made on September 24, 2011 during the 2011 Food and Nutrition Conference and Expo in San Diego, California.

ADA President Sylvia Escott-Stump MA, RD, LDN reported “the name Academy of Nutrition and Dietetics promotes the strong science background and expertise of our members...an academy is a ‘society of learned persons organized to advance science.’ This term describes our organization and immediately emphasizes the educational strength of our advice and expertise.”

ADA members were first informed of plans to update the

organization’s name of 94 years during the 2010 Food and Nutrition Conference and Expo in Boston, Massachusetts. Over the next several months, the ADA collected member input and recommendations regarding this significant change, and later convened a work group to compile and study member input. After careful consideration of potential issues or concerns, the ADA Board of Directors, key members and staff spent more than a year deliberating on a name that best represents the world’s largest organization of food and nutrition professionals.

The ADA officially becomes the “The Academy” on January 1, 2012, however, the organization’s award-winning website ([www.eatright.org](http://www.eatright.org)) and the colorful Eat Right logo will

remain unchanged. As we enter an exciting new era, it is more important than ever that we uphold these key elements of our organization’s identity, which consumers have come to recognize and value as a sign of our nutrition expertise.

When the North Carolina Dietetic Association (NCDA) Board of Directors convened in early October, there was much discussion over what this name change will mean for our state association, and for our members. As a result, I have requested several members of the board come together to form a work group that will further examine how NCDA’s name and brand will change as we will move forward as an affiliate of the new AND. This group will work diligently to (Cont on page 5)



Beets

***Dietitian on a Mission***

When I signed up to go to Honduras with Shoulder to Shoulder, I thought, “Who knows what I’ll be doing there? At the very least I could help shuttle folks around to see the doctors”. Don’t get me wrong, I have a lot of faith in the nutrition knowledge I have as a dietitian and believe it is very pertinent. But the doctors who had been on the trip multiple times before had never had a dietitian as part of the team and were unsure of how I would be helpful. To top it off, my Spanish language skills are pretty elementary. Despite these per-

ceived barriers, the entire team seemed optimistic to take me along. Our brigade of 16; consisting of three doctors, four residents, one medical student, one financial advisor (ex-orthopedic PA), one pharmacist, two pharmacy residents, one 17 yr old, one 16 yr old, one 11 yr old, and one dietitian (me!) left on August 6<sup>th</sup>.

As we drove into the southern, more remote areas of Honduras, we noticed the makeshift stands of locals selling goods by the sides of the road. If our bus slowed, eager faces approached

with their bags of cut mangoes or unidentified large yellow berries. We were advised not to eat these fruits because they had potentially been rinsed with contaminated water. As we traveled on, passing more stands along the way, the road changed. What was a smooth paved ride eventually lead to something similar to what you see on a Hummer commercial and we found ourselves traversing over large rocks and cliffs. The terrain was almost treacherous and aside from locals that were riding in the back of pick-up trucks, the most (Cont on page 2)

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## *Dietitian on a Mission (cont)*

popular mode of transportation appeared to be walking

Once we arrived in Camasca, a small town in the Intibuca region, we settled into a local church that we would call home for the next 10 days. Here we were joined by four translators & two guides. The setup was reminiscent of college dorms, girls in one room & boys in the other.

Our meals were prepared by local women hired to cook for us during our stay. While thankful for their service, as a dietitian, I was less than thrilled with 75% of these meals, especially our lunch meal. Nevertheless, our meals gave us great insight into current preparation methods, food availability and challenges in obtaining fruits and vegetables.

Desayuno (breakfast) and cena (dinner) meals varied while almuerzo (lunch) remained the bane of my existence. Here are some examples of the meals we were served:

**Breakfast:** Plain eggs drenched in margarine, refried frijoles (beans) drenched in margarine seasoned with a liberal dose of salt, fresh made corn tortillas, toast already soaked in margarine, fried plantains, Tang (yes, Tang), coffee, and if we were really lucky: bananas or sandia (watermelon). There was also the option of Corn Flakes with milk.

**Lunch:** Packed & traveled with us to the school/clinic of the day. A thin spread of hydrogenated peanut butter and jelly on white bread or “ham” (I swear this was bologna) and cheese with a “salsa” (similar to mayo based

thousand island) also spread on white bread. For sides, a 6-pack of Nabisco chocolate chip galletas (cookies), plantain chips (the only thing I would indulge in), an assortment of Doritos, Cheetos, etc., and a juice box to drink. We always made sure to have treated water available as well.

**Dinner:** This meal provided the most variety. Fresh made corn tortillas, refried beans, arroz (rice) plain or with well-cooked carrots, tomatoes, chicken (prepped with the usual heavy hand of salt & margarine). Another popular dish was spaghetti or noodles. And one night, in honor of being American, we were served a thick crust pizza loaded with cuts of ham, thin slices of bologna, onions and peppers. By dinner, most of us were ravenous and scrambled for generous portions before it was gone. Being late for dinner came with the risk of not getting much, especially if there were vegetables because these were not made in large quantities. To drink: Coffee, various flavors of tang, and water.

**After Dinner:** The Nabisco galletas were usually raided along with the peanut butter. Toward the later parts in the week, imbalanced from my strict participation in only a PBJ sandwich at lunch, I partook heavily in this ritual.

My daily schedule consisted of waking up to roosters crowing around 4:00 am. By 5:30am I was out of bed and running with my workout buddy. We ran through the town, up the rugged roads capturing the

school children starting their long trek to school, women walking into town, and men going to work in the fields carrying machetes. We were quite a spectacle as running “for the fun of it” to the locals is somewhat of a ludicrous concept. To be honest, if my day consisted of traveling hours on rocky roads or spending hours cutting corn off the side of a mountain, I would be sitting on the side of the road laughing hysterically at the thought of spending my spare time running as well. But for us, seeing the absolutely breathtaking morning views of the mountains (and prepping ourselves for the margarine laden meals) was worth it.

After desayuno, the brigade hopped into the back of pickup trucks and we started our journey to a neighboring school. Once there, we set up a patient consultation area, a pharmacy, an eye examination station, and a tooth brushing education area. On our first day, I discovered that I would be doing nutrition charlas (talks) to each grade level (kinder-6<sup>th</sup> grade). By pure luck, I had wandered into the office of the Food and Agriculture Organization of the United Nations (FAO). I learned about the wonderful things this organization was doing in the town of Camasca including assisting and educating locals in sustainable commerce and agriculture. By chance, they had recently received some educational materials about nutrition which they graciously allowed me to borrow during my stay.

(Cont on page 3)

Join ADA Now!  
Join the ADA!

Membership in the  
American Dietetics  
Association pays for your  
membership in NCDA.

<http://www.eatright.org/joinADA/>

## Medical Mission (cont)

As opposed to our Food Pyramid, now The Plate, they have The Pot as depicted below.



This is a slightly outdated image but generally the same; they have now merged the fruits & vegetables together. The message as compared to the US is nearly the same: grains are the base with the recommendation of 7-10 servings/day, Fruits & vegetables 5x/day, Dairy (which includes eggs) 2x/day, Meat 3x/week, and oils, sugar, and sweets in moderation.

In developing the classes, I focused on a very simplistic message: how much of these foods should you have and what is the reason we need to have these foods. For example, grains are our primary source of energy. As I taught the children, they taught me their usual dietary patterns, which foods they had access to, and dietary challenges. Some of these points include:

- Most children had seen the image of the pot before, but were unable to reflect any knowledge of the recommendations.

- Depending on the income of the family the average diet consisted solely of: rice, beans, tortillas, occasionally milk, occasionally eggs, some fruit, rarely vegetables, meat sparingly, and heavily on oils.

- Soda and chips were also very popular: the idea that these were not good to have every day was not well known.

- The higher the education, the more this concept was known but the least likely it was to be followed.

Some children walked 1-2 hours to school but were not served a lunch. However, soda & chips were often available either at the school or a close *poparía* (store). If the child had the money, these items were purchased. If they didn't have money, they would only get two meals per day. Most (kinder-6<sup>th</sup> grade) schools provided a snack which varied depending on the area from: the most popular: a glass of warm milk with sugar and possibly rice (added into the drink). Once I saw tamales and another time I saw beans and tortillas. It was rare to eat raw vegetables due to the issue of contaminated water. If there were vegetables available, they were often cooked to mush. Unless a family had their own garden, it was very difficult to have vegetables. The reason for this was that there is only a food market once a week. Presumably due to the lack of education or space for preservation, the fruits & vegetables available on the market days are often hitting the overripe stages. So imagine that once purchased these may provide only 1-2 days worth of fresh vegetable intake.. From an observation standpoint, it was difficult to distinguish a 5 year old from an 11 year old as growth stunting due to micronutrient deficiency is commonplace. The most common

nutrient deficiencies: vitamin A, vitamin C, and iron.

Where can you find the fortified foods? Why sugar, of course, is fortified with vitamin A! (An aside: these nutrient deficiencies are prevalent in all poor countries & at the forefront of nutrition action plans. For more reading on this I lead you to the WHO nutrition programs link <http://www.who.int/nutrition/EB128/en/index.html>)

In addition to teaching several classes per day, I had the honor of participating in two school meetings regarding the initiation of a nutrition curriculum paired with a school garden for the older grades. This was one of my favorite experiences. Having been charged with the development and execution of such projects in my past work experience, I felt honored to be able to provide my insight into the challenges and advantages to initiating such programs.

One striking difference worth mentioning is that when describing the size of the garden the teacher mentioned the "starting plot" would be 40x 60 meters. No small undertaking, but farming is a fundamental way of life

Unfortunately when listing off the seeds secured for this endeavor, I was only hearing fruit trees. When asked why they did not have any plans for vegetables, they stated it was too expensive to get these seeds. Before leaving I obtained a number of vegetable seeds at a nearby market for the equivalent of US \$6.00

### NCCA Awards 2012!

**Award descriptions and application requirements are listed on the NCCA webpage (under the Awards and Accolades tab).**

**Outstanding Dietetics Educator award deadline is approaching Dec 15, 2011; all other award nominations are due by Feb 15, 2012. Please feel free to contact NCCA Awards & Recognition co-chairs Beth Wall-Bassett**

**(wallbassette@ecu.edu) and Mary Ellen Bingham (binghamm@email.unc.edu) with any questions you may have!**

## *Dietitian on a Mission (cont)*

equivalent to provide for this garden. However, it would be fruitful to pass along ways to save seeds so that they could continue this garden without the need to purchase additional seeds in the future.

I left all these meetings with the overwhelming feeling of humility in how forward thinking these teachers were. In the United States, there is an abundance of resources to draw from coupled with a struggle to actualize healthy nutrition programs. In opposition, these Hondurans had recognized early what needed to be done to improve the nutrition status of their youth and were willing to take on the challenge with little to no resources.

Dietitians and nutrition professionals are more than relevant in today's nutrition climate. I can't imagine how previous brigades have done without providing nutrition education as part of a multi-professional team. I encourage all students, professionals, and nutrition veterans use their special skills out in the world. The smallest contribution can make a huge difference.

There are multiple organizations that provide medical care to the needy all over the world, some that specifically work in sustainable agriculture. Whatever draws

you to it, I encourage you to get out there and share your skills with the world!

Per the *Outline of a comprehensive implementation plan on infant and young child nutrition as a critical component of a global multisectoral nutrition framework*, child undernutrition, low birth weight, micronutrient deficiencies, child overweight, maternal underweight, maternal anemia, and food access inequities are among the forefront of the challenges that face nations at this time. The WHO is currently calling out to member nations to implement strategies to overcome these issues.

One of the action plans set forth really stuck out to me: "To provide sufficient human and financial resources for the implementation of health interventions with an impact on nutrition." Just go right ahead and insert "RD's and nutrition professionals" into "human resources". As far as financial resources, it is quoted that "nutrition programmes receive less than 1% of overall development assistance. The World Bank has calculated that US\$ 10,500 million would be required each year to implement at national scale top-priority nutrition interventions in the countries with the highest burden of maternal and child undernutrition."

For more information on the agency I

participated with, Shoulder to Shoulder, check out:

<http://www.shouldertoshoulder.org>

Shoulder to Shoulder is also conducting a nutrition study in Honduras, which due to brevity, I did not include in this article. If you are interested you can find more information at:

<http://www.shouldertoshoulder.org/nutrition.html>

Cara Elio RD, LDN, CNSC



## *Beyond Friending, Following & Tweeting: The Social Media Revolution*

Facebook, the online social networking site, has garnered more than 800 million users since its launch eight years ago. That's more than two times the number of people in the US. Over 200 million users joined this revolutionary social media platform in less than one year, and more than two billion posts are "liked" or commented on everyday.

Within a matter of years, participating in social media has become the number one online activity worldwide. In most basic terms, social media is web-based communication that engages individuals and fosters two-way dialogue. From a global perspective, social media has transformed the ways in which we communicate and receive information, and has been called "the largest societal shift since the Industrial Revolution".

The umbrella of social media encompasses a variety of platforms including social networking sites like Facebook and LinkedIn, blogs and microblogs like Twitter, collaborative projects like Wikipedia, and content-generating communities like YouTube. In recent years, businesses, government agencies, and nonprofit organizations have developed a strong social media presence where they can engage consumers in conversations around an endless array of issue and ideas.

No longer can individuals claim that social media is a fad. On the contrary, social media is a revolution that should be embraced to meet the needs of an ever-changing technology and information-driven society. By connecting and engaging individuals, we gain entry to the collective knowledge base that drives beneficial

change and innovation, while coming to better understand the perspectives and beliefs of others.

As NCDAs evolve to meet the needs of North Carolinians, we are committed to establishing a strong social media presence that empowers our members to be the food and nutrition leaders of today and tomorrow. Join the revolution today by "liking" us on Facebook and following us on Twitter!

Amber Mosher—MPH-RD Candidate, UNC Gillings School of Global Public Health



## North Carolina Dietetic Association

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Want to submit an article to THE LINK?

Contact Carolyn Snock at:

[Carolyn.Snock@gmail.com](mailto:Carolyn.Snock@gmail.com).

Articles should be 150-250 words long.

Student submission are welcome.

Please try to keep articles to between 150-250 words long.



Make News During National Nutrition Month 2012 by participating in  
*ADA's Kids Eat Right Shop - Cook*

When: March 2-4, 2012

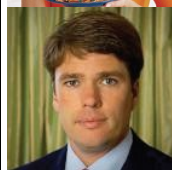
Where: Vintage Inn and Spa  
6541 Washington Street  
Yountville - Napa Valley California

Featuring:



**Ellie Krieger, RD**

New York Times bestselling author, James Beard Foundation award winner and host of "Healthy Appetite" on the Food Network



**Jeffrey T. Arnold**

Chairman and Chief Architect of Sharecare

**To secure your spot or learn more about this important opportunity, contact Susie Burns, Senior Director ADA Foundation, [sburns@eatright.org](mailto:sburns@eatright.org), 312/899-4752.**

## *Eating your Fruits and Vegetables*

Eight to ten. That's the number of exposures it takes for a child to increase his or her preference for a fruit or vegetable. Walking toward my preschool classroom I was trying to recite the song and remember teaching tips, "if the children get too loud ask them to put a bubble in their mouth" or "don't yuck someone else's yum." I had spent hours pouring over literature on childhood nutrition and obesity prevention and preparing my plan to help eliminate it.

This was my first real encounter teaching preschoolers, and my goal was to improve their eating habits. I wondered, "how am I supposed to turn facts and numbers into something a 3 year old can benefit from."

Passing out the fruits and vegetables for the taste testing went smoothly, my preschoolers were thrilled to eat. Most

gobbled up the strawberries and enjoyed the crunch of snap peas.

Gabe, however, wanted nothing to do with the pomegranate seeds. Sitting next to him I remembered what my advisor told me, "be an encouraging role model." As his friends around him dug into their sweet, tasty treats Gabe grew curious about these funny purple seeds. In an attempt to persuade him to join in, I took one in my hand and popped it in my mouth. "Wow, the juice just bursts in my mouth! Gabe you don't want to miss this." Finally, Gabe relented, grabbing one tiny seed, he ate it. After a moment his face lit up and he asked for more!

Sydney Riggsbee

## *President's Message (Cont)*

develop recommendations that uphold the identity of our state's largest group of nutrition experts, and a plan of action for implementing those recommendations. I look forward to sharing more about this during our annual meeting on April 15 and 16, 2012 in Charlotte, NC.

As we bid farewell to a name we all hold dear to our hearts, we look ahead to the future as proud members of the Academy of Nutrition and Dietetics – an organization committed to promoting the health of Americans. As a state affiliate of the incoming Academy, we will uphold our vision to optimize the health of North Carolinians' and our mission to empower members of our great organization to be the state's food and nutrition leaders. I look forward to working with you over the coming year!

Amanda Holliday MS, RD, LDN

President NCDA