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Quarterly Newsletter of the

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International Affiliate of the Academy of Nutrition and Dietetics

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Issue 40.3

Letter from the President

Dear IAAND Members and Supporters,

As time goes fast and I am just a few months away from the end of my presidency I wanted to share a little bit more of IAAND and me from my side!

When I first met the former Americans Overseas Dietetic Association (AODA), back in 2007, it was because I absolutely fell in love with the then American Dietetic Association. I joined and as I became part of the association, as a New York State affiliate member (just because the system guides you to choose a State when you join!), I was immediately intrigued by the fact that I wanted to share more of what I was getting with my colleagues in Venezuela and Latin America. I just kept thinking over and kept an interesting quest until I finally found AODA. Then, with some sadness (because I felt at the moment as an adopted New Yorker, since I lived in Manhattan due to my husband's work during a whole year in the early 90's), but excited because of the discovery, I stepped down from the New York State Affiliate and joined

As I embraced my new affiliate, which was the logical move since I was living again in my native Venezuela, I got to meet the AODA people, who definitely welcomed and encouraged me to participate and get into this new experience.

Back in 2009, I went to the first AODA conference in Malaysia. There, I met those who would become dear colleagues and friends: Charmain Tan, the first AODA person I met as the country representative for Hong Kong, as I was at the time for Venezuela. Another was Editha Heberlein, who talked me into joining the leadership team (even today I remember this conversation with her!), and Camella Rising, whose valuable advice and friendship introduced me to the many aspects at AODA as well as ADA. Mary Easaw was the wonderful host in Malaysia. Then, the same year I went to my first FNCE in Denver. It was there that I met Naomi Trostler, and the rest of the board. I introduced the idea of having an AODA Symposium in Caracas, Venezuela in junction with the Venezuelan Scientific Society for Obesity. We made it happen in 2010.

Ten years after joining the former ADA, now the Academy of Nutrition and Dietetics (the Academy), I became the president of the the International Affiliate of the Academy of Nutrition (IAAND) and I am honored to be in this position. I've had the most amazing opportunities through my years of membership: participating in the Global forum of malnutrition, the AODA- Malaysia conferences, the Public Policy Workshop in DC, participating in developing the Public Health/ Community Nutrition Care Process Toolkit, being a member of the culinary nutrition professionals DPG and member of the Public health Community nutrition DPG, just to mention some of the activities.

As IAAND president, I am pleased to say we are into a new phase of our International Affiliate. As you already know, this was the year of our name change. We continue to review our policies and procedures as these are "live" documents, and we are now developing new activities: a new series of webinars, international projects that are relevant throughout the world, generous stipend awards that will give the opportunity to our members to participate in scientific/educational events, and awards to the most significant members that contribute to our profession with excellence. These are possible thanks to a wonderful team that thinks of our members first. We are all thinking globally as the world becomes more interconnected and requires a different approach, one more holistic that can engage the dietitians toward common objectives: a better nutrition for all, with a perspective of inclusion, sustainable over the years to come. I encourage you all to participate, stand out and make your voice to be heard. As you dream of a better world, tell us what you think might be helpful to become that dream come true. You are wonderful, our diversity is immense, and that is our treasure, stay tuned, you will be hearing more from us, and keep us posted we want to hear more from you.

Marianella Herrera DSc, MD, IAAND President
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The Urgent vs the Important: Working in a Complex Emergency

Marianella Herrera DSc, MD, IAAND President

As we engage in a hectic world, we include many activities in our professional daily life. Those of

priority. What is the issue that really requires our attention? These are difficult questions, since we really must work for the benefit of all the individuals and at least theoretically attempt to solve the critical problems.

Humanitarian emergencies in general are secondary to armed conflicts and natural disasters, however there is a third case called **complex emergencies**. According to the World Health Organization, these are defined as “situations of disrupted livelihoods and threats to life produced by warfare, civil disturbance and large scale movements of people, in which any emergency response has to be conducted in a difficult political and security environment”.

A decade ago, the first symptoms of a crisis were showing timidly in Venezuela, which our local research team called “a crisis of slow installation.” As the rest of the world believed in the success of the socialism management, the country started to face a decrease in food production, expropriation of lands and controlled exchange rates. These constituted obstacles for a free market economy and, finally, to economic growth. In the last two years, the deterioration of the access, availability and utilization of foods has had an impact over the nutrition status of the population. Under nutrition has been alarmingly increasing. As the crisis was not a consequence of an armed conflict nor a natural disaster, the term “complex emergency” seemed adequate to define the situation.

In a complex emergency environment, it is crucial to take time to plan and discern the focus of our attention. As an example, my environment of work is overwhelmed with the increase in acute cases of under nutrition. Of course, there is no doubt that these cases should be a priority, but as the situation in Venezuela gets worse, another group is emerging: a group of people fail to meet their nutritional requirements, but are not reaching the levels to be classified as undernourished. By only focusing on the people whose life is at risk, will create somehow an increase of people at risk on the apparently “normal” group. Focusing on only those "at risk" will cause an increased risk to those in the "normal" group, as they will not receive the care they need to prevent them from deteriorating further towards malnutrition.

What causes this phenomenon? When a complex emergency arises, many factors are important to take into account: political issues, economic, food availability and migratory movements just to mention a few. As the crisis deepens, the overall situation worsens and attention to the many factors involved is required besides taking care of the life of those who are critically ill.

Education is usually not included in an emergency care environment, as the educational process is usually seen as a route that accompanies the life course. But to successfully end this complex crisis and turn the page toward development, the urgent should be side by side along with the important. While taking care of those whose life is at risk is key, equally important is taking care of those factors that will ensure the path toward overcoming the crisis and guarantee the well-being of the population in the future. At the very least, this includes using educational tools with health promotion and ensuring supplementation to prevent worsening of the nutritional status of the people still within normal conditions.

While the previous might seem “not urgent”, those issues are important, and will help maintain the focus toward what should be a healthy society. These efforts will ensure the population will understand what is going on, and why certain measures are being taken. Many times I’ve listened to the question: why explain to people that they should wash their hands? They could die from undernutrition and other impairments while they are instructed about this basic hygienic measure. Yes, they could, but by teaching mothers they should wash their hands before preparing foods, to boil the water before giving a bottle to their kids, wash their nipples with the sterilized water before breast feeding, diarrhea can be prevented, thus diminishing the possible complications for an undernourished child. Planning on the urgent while not forgetting the important is key in our lives. So many times, our lives are consumed by the urgent while we keep postponing the important! It is time to check on both as we work out the crisis from the challenges life gives us. By remembering this, we all become nothing but stronger!

House of Delegates Spring Update

Spring 2018 House of Delegates (HOD) Meeting Report:

The topic of discussion was the HOD's Culture Assessment.

The meeting convened virtually on Saturday, April 21st. During the meeting, the HOD presented and anticipated future culture. This was discussed by delegates and the house leadership team.

A HOD Culture Team was appointed. Its task will be to work on the data from the survey and information from the discussions by delegates collected during the HOD Meeting. This will be a year- long process, to assess changes moving forward.

The proposed outcomes will be shared with HOD members.

The annual reports by Academy leadership and committee chairs for the 2017-2018 are posted on the Spring 2018 HOD Meeting page of the Academy website.

Three important documents that deserve our attention have been recently published by the Academy:

- Revised 2017 Scope of Practice and the Revised 2017 Standards of Practice in Nutrition Care
- Standards of Professional Performance for both the RDN and the NDTR
- The Compensation and Benefits Survey 2017. This article documents objectively and reliably information about the norms for pay and benefit levels for the dietetics profession

These have been published, respectively, in the January, February and March 2018 Journal of the Academy of Nutrition and Dietetics.

All articles are open to credentialed nutrition and dietetics practitioners and the public, and are available online on the Elsevier website and our Academy webpages:
www.eatrightpro.org/scope and www.eatrightpro.org/sop

The Academy's Council on Future Practice (CFP) recently identified the following practice gaps in its membership and selected experts in the following focus areas:

- Research / Outcomes Research
- Expertise in Technology
- Public Health
- Clinical Management
- Global Health Perspective
- Cross Discipline Collaboration.

To IAAND members, the recognition of global health issues and the addition of an expert in global health is welcomed and of much importance.

Umami and Healthy Eating

Talking about the Umami Systematic Review by Evidence Analysis Library

Written by Ana SanGabriel, DVM, MS

What the science say about umami and healthy eating?

Umami is a complex taste that is hard to recognize and even harder to describe. In English has been translated as savory or meaty taste. The Evidence Analysis Library (EAL) of the Academy of Nutrition and Dietetics (the Academy) published last year the brochure (see link below) of “Umami and Healthy Eating” reflecting the position of the Academy on umami taste and the ionic form of glutamate, the characteristic molecule for umami. This brochure explains in simple terms how a “complete body of evidence” shows not only that glutamate is a safe seasoning but also that it can have possible benefits on the taste of food and its consumption. Umami plays a part on the reduction of sodium while increasing the liking of foods with low sodium content.

How is umami linked to deliciousness?

You will learn in the brochure that the secret of umami taste is in glutamate. We have specific receptors in the taste cells of the tongue that detect the presence of glutamate in foods. There are other umami substances besides glutamate, such as 5’-ribonucleotides, that function by enhancing the taste of glutamate. At the end, umami is the taste that seems to indicate the presence of amino acids and proteins in foods. However, for a meal to be “delicious” we need to consider other sensory cues besides a good taste such as smell, texture, temperature, etc. and

enjoyment of eating food, but not a minor one. For example, we all salivate profusely when we eat foods we like. What science has shown us is that glutamate seems to make us salivate longer than other tastes, even sour. This can have an interesting bottom line because we know that saliva helps with chewing and swallowing, which can be potentially beneficial for all and especially the elderly. But not only in the mouth, the stomach and the intestine have receptors for glutamate as well where it may help digest protein rich foods. All these functions together, may be the reason why we find umami so appealing.

Where can one find umami?

The ripening of certain fruits and vegetables or the aging of cheeses, meats or fishes increases the content of glutamate in these foods, thus intensifies their umami. Fermentation, stewing or simmering are other ways to rise the amount of glutamate by releasing the amino acid from ingredients. Following the recommendations of the brochure, the best culinary practice to enhance umami is summarized as:

1. Use seasonal fruits and vegetables when the amount of umami reaches its peak.
2. Cook with broths, bouillons, fermented, aged or cured foods that add umami.
3. Replace part of the table salt with broths, bouillons, soy sauce, or monosodium glutamate (MSG). This will help reduce sodium maintaining good taste at the same time.

Common Sources of umami seasonings:

Chicken or beef bouillon
Fish sauces
Hydrolyzed vegetable protein
Miso paste (fermented soybean paste)
Monosodium glutamate (MSG)
Soy sauce
Tomato ketchup
Yeast extract

So, what is umami about?

The story of umami is about having healthy foods that taste good, make us salivate and help with digestion. When using umami rich seasonings, we can reduce salt while still having an acceptable taste. And yet, the science tells us that umami foods don’t influence the total intake of energy. At the end of the brochure, you will find a selection of reliable sources of information about umami

You can find the brochure here.

CDR/PRC Reciprocity Agreement, Then Now, and the Future

Written by Beatriz U. Dykes, PhD, RDN, LD, FADA, FAND

IAAND Phillipines Country Representative

HAPPY SILVER ANNIVERSARY!
It is the silver anniversary of the signing of the agreement between the Commission on Dietetic Registration (CDR) and the Professional Regulations Commission (PRC) of the Philippines.

Countries with the Registration Reciprocity Agreement

The Registration Reciprocity Agreement is extended to individuals who completed all certification requirements (didactic, experiential, and examination) in the country with whom the CDR has an agreement. The Philippines is one of only four countries with such an agreement with CDR. The others are Canada, Ireland, and the Netherlands.
With the establishment of the Accreditation Council for Education in Nutrition and Dietetics (ACEND) substantial equivalency process with other countries in 2003, CDR had discontinued providing the Reciprocity Agreement with other countries. It will, however, honor the agreement with the four existing ones.

NDAP and Me

For the Nutritionists Dietitians Association of the Philippines (NDAP) to have me report on this topic at the biggest turnout of nutritionists-dietitians (NDs) in their annual conventions was indeed an honor. Its importance to the organization was shown with the timing and placement of my presentation on the program.

The CDR/PRC Reciprocity Agreement - The Beginning

The Filipino American Dietetic Association (FADA), a networking group of the Academy of Nutrition and Dietetics (fhe Academy), had envisioned this “reciprocity” since its founding in 1985. The FADA members, as well as other Philippine-trained registered dietitians here and abroad, have worked diligently in obtaining support for this venture.

as Registered Dietitians-Nutritionists (RDNs) in the United States and its territories. Similarly, the RDNs from the US can practice in the Philippines after passing the country's PRC examinations.

I included in my presentation some pictures of the signing of the CDR/PRC Agreement. Pictured also were FADAN (Filipino Americans in Dietetics and Nutrition) Member Interest Group (MIG) members representing many states – from California to New York, and from North Dakota to Florida. The PRC Chair of the Board on Nutrition and Dietetics as well as the Philippine Ambassador were there to sign the Agreement. Officers and leaders in AND were also present in this memorable occasion.

ACEND, CDR, CODHEND, and PRC

In my presentation to NDAP, I explained the role of the Accreditation Council for Education in Nutrition and Dietetics (ACEND), the needed self-study reports, and the site visits to the programs. Similarly, I also explained the role of the CDR. I compared these to the Philippine's Council of Deans, Heads of Nutrition and Dietetics (CODHEND) and the Professional Regulations Commission (PRC).

CDR RDN Examination Results (1994 -2017)

The yearly statistics on the outcomes of the CDR examination from 1993 – 2017 were graphically presented. As to be expected, many failed on their first

of three years' experience after the completion of the dietetics program that already included the supervised practice was more of a hindrance in obtaining the CDR credentials. I offered the alternative that those who wish to take the RDN examination take review classes at the universities or avail themselves with professional reviews and study guides. After all, there are differences in terminology found in both the Philippines and the United States. I honestly believe that the three-year experiences (without any study guide) after the completion of their dietetics degrees actually made passing the CDR examination more difficult.

NDTRs – Three Pathways

Additionally, I explained the three pathways to become Nutrition and Dietetic Technicians, Registered (NDTRs). One is the completion of an Associate Degree granted by a US regionally accredited college/university with the ACEND Accredited Technician Program that includes at least 450 hours of supervised practice. Another is the completion of a Baccalaureate Degree granted by a US regionally accredited college/university or foreign equivalent and the completion of an ACEND Didactic Program in Dietetics (DPD), followed by completion of an ACEND Dietetic Technician supervised practice. The third pathway is the completion of a Baccalaureate Degree granted by a US regionally accredited college/university or foreign equivalent and the completion of Didactic Program in Dietetics.

Test Specifications

I shared the RDN and NDTR test specifications with the audience. For the RDN this included the Principles of Dietetics (25%), Nutrition Care for Individuals and Groups (40%), Management of Food and Nutrition Programs (11%) and Foodservice Systems (14%). For the DTR, the test specifications are Nutrition Science and Care for Individuals and Groups (25%), Food Science and Food Service (24%) and Management of Food and Nutrition Services (21%). These are effective from January 1, 2017 to December 31, 2021.

Future Requirements for RDNs

Lastly, I informed the audience that starting January 1, 2024, CDR will offer dietitian registration eligibility only to those with Masters' Degrees. For those with Baccalaureate Degrees, the Nutrition and Dietetic Technician Registration eligibility will be offered.

Certificate of Appreciation. And I am grateful to be a presenter at the 63rd NDAP Convention.

Country Representative Corner

Compiled and edited by Lisa Dorfman, MS, RD, CSSD, LMHC, FAND and CR-Chair

Our Country Representatives hope all had a Happy National Nutrition Month!

Our 2018 National Nutrition Month Academy Theme Go Further with Food, resonates with our Country Representative (CR) activities globally as they have been encouraging their country's citizens to choose the best foods for health and life whether it's ensuring adequate nutrition, preparing for pregnancy, aging, athletics or everyday life**.**

In addition, our CRs have contributed to two webinars in our regional webinar series, A Global Taste of Cultural Food Practices. Our 1st Webinar on Latin American & Caribbean food featured our President Marianella Herrera-Cuenca MD, ScD, Romina Barritta-CR Argentina and Dra. Anayanet Maria Jaquez, MD, CR Dominica Republic. Our 2nd webinar on Asia featured Beatriz Dykes, PhD, RD, LD, FADA, FAND, CR Philippines, Liyan Lin, RD, CDN, CR China, and Amanda Berhaupt-Glickstein, PhD, MS, RD. As Moderator for the Webinar Series, I am honored and grateful for their informative, insightful presentations providing a glimpse of their country's foods, lifestyle habits and recipes, and how those behaviors impact the health status of their citizens. Thank you so much to all of you for your valuable information and time. If you missed the webinar, recordings are available at our website www.eatrightinternational.org.

At our website, our 1st CR Media Directory is up and ready to share with the Academy, fellow AODA members, the public and press. You can find the media directory at https://eatrightinternational.org/wp-content/uploads/2017/11/iaand-cr-media-directory-as-of-11-3-17.pdf .

We are also pleased to announce we have added 3 new CRs for Australia-Lily Chen, New Zealand- Chris Vogliano and Canada- Mireille Najm. A warm Welcome to them all.

We are always looking to grow the Country Representatives Team, please apply! We are still looking for CRs to represent several European Countries-Spain, Portugal, and France and South American countries—Peru, Venezuela, Ecuador, and Chile. Email me at www.CR-Eatrightoverseas.org if you are interested in applying.

Here's an update on country reported by our CRs in recent months:

Romina Barrilla

Our Latin America 1st Webinar presenter and Professional Development Chairperson Romina is also assisting in organizing all our Cultural Taste webinars, Romina continues to manage the website www.globaldietitians.com and blog for Stone Soup, Food and Nutrition Magazine (the Academy). You can find several of her articles and recipes featured at the website.

CANADA—189 members
Mireille Najm

Mirelle shares upcoming conference of Dietitians of Canada (June 6-9, 2018.) You can contact her for more information.

Italy-10 members
Marta Rahm, RDN

Marta continues to answer requests regarding internships in Italy for nutrition students & from US RDNs who would like to work in Italy. She continues her Food, Gardens & Sustainability work at Saint Stephens School in Rome Italy while working closely with school's food service, menu preparation, integration of edible garden into the curriculum from the Academy teaching nutrition and sustainability to 9th and 10th grade students.

Hong Kong-67 members
Charmain Tan

Charmain is the liaison for the 7th Asian Congress of Dietetics in Hong Kong in She also attended ESPEN in The Hague and networked with local and international colleagues. For the IAAND, she is working with the Professional Development Committee for providing CPE approved, RD guided food and culture tour after ACD conference in HK.

UAE-46 members
Lamees El-Derbi

Along with welcoming new members to IAAND, Lamees is working on Nutrition Care Process training for dietitians in her country.

IAAND Mission is…

Empower members though professional development and promote international collaboration in the global nutrition and dietetics community

IAAND envisions a future where there is …

A global community of dietitians engaged in food and nutrition related health initiatives with diverse populations

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