

# The Digest

## Letter from the Editors

In March 2015, members of the Public Health/Community Nutrition Practice Group (PHCNPG) were invited to participate in a survey about the quarterly newsletter, *The Digest*. Thank you to those who responded! Based on PHCNPG member feedback, we will be implementing changes to the newsletter in the 2015-2016 membership year. [View the Survey Results](#).

### Inside this Issue

This summer issue reflects some of those changes, including:

#### 1. **Current News | Legislation, PHCNPG Updates, Topics of Interest**

Read about the latest news in legislation, PHCNPG updates, and topics of interest in public health nutrition and community nutrition.

#### 2. **Research | New Studies**

This section is dedicated to providing members with some of the latest studies in the fields of community and public health nutrition, providing brief synopses of studies with links to the full articles.

#### 3. **Continuing Education | Current Opportunities**

This section is dedicated to providing members with current and upcoming continuing education opportunities for professional development. In April 2015, the PHCNPG Executive Committee approved a new position within the

Communications Committee, a Professional Development Coordinator. One function of the position will be to coordinate CPE opportunities for PHCNPG members via newsletter articles and webinars, among others. A complete job description for the position is currently being developed, and is expected to be finalized during the coming membership year...stay tuned!

#### 4. **Featured Members | In the Field**

Check out the great things that PHCNPG members are doing in the many areas of public health and community nutrition!

In each newsletter issue, you will also have an opportunity to provide feedback throughout the year. Tell us how we're doing, what you like, or what you want to see in future issues. Click on the "rate this issue" button to fill out a brief survey.

**Rate  
This  
Issue**

We look forward to continuing to serve you during the 2015-2016 membership year!

Kay Sisk, MS, RD, LD and Kathleen Cullinen, PhD, RD  
Newsletter Editors

[phcnpg.communications@gmail.com](mailto:phcnpg.communications@gmail.com)

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# Public Policy Workshop 2015

Submitted by:

Judy Klavens-Giunta, RDN

PHCNPG Policy and Advocacy Leader

Each year, the Academy holds a Public Policy Workshop (PPW), a three-day interactive, educational and advocacy summit that is open to all members. The Workshop focuses on preparing Academy members to visit Congressional legislators to advocate for legislation that addresses important policies that can have a critical influence on our nation's health and the profession of dietetics.

Three main focus areas of PPW this year were:

- **The Treat and Reduce Obesity Act** (HR 2404) which would expand the types of qualified practitioners who can be directly reimbursed by Medicare for delivering Intensive Behavioral Therapy (IBT) to treat obesity. Currently IBT can only be provided by or in the office of a primary care physician.
- **The Preventing Diabetes in Medicare Act** (HR 1686) which would expand Medicare coverage to make medical nutrition therapy delivered by a registered dietitian nutritionist available to individuals with pre-diabetes or at risk for diabetes.
- Reauthorization of the **Older Americans Act** (S 192) which funds the Congregate Meals and Meals on Wheels programs that supply nutritionally balanced meals to seniors. This bill expired in 2011 and is currently funded on a continuing resolution. This is the 50th anniversary of the passing of the original bill.

Your Practice Group Policy and Advocacy Leaders (PAL) and Affiliate Public Policy Coordinators (PPC) attend and receive additional training prior to the start of PPW to assist them in leading and mentoring state affiliate members during visits to the Hill. Your state affiliate PPCs will also be using what they learned to encourage their affiliate members back home to



Judy Klavens-Giunta, PHCNPG Policy and Advocacy Leader, at PPW 2015 in Washington, DC.

meet with members of Congress and their staff in their home districts during the summer.

In addition to thoroughly educating participants on the above legislation, PPW sessions included those that shared the experience of Academy members who have worked as legislative staff, and sessions on how to effectively communicate messages when meeting with legislators during Hill visits. A session from the Academy's DC office demonstrated that policy impacts all aspects of nutrition and dietetics. There are many current and emerging pieces of legislation that could impact the profession and our ability to provide services. This speaks to why it is important for each member to get involved with advocacy at some level.

The Workshop culminates on the last day when participants, with their voting state, go to the Hill for a day of lobbying Congress. This year, the more than 350 members who attended PPW held meetings in more than 500 congressional offices, showing the power of constituents petitioning their government. Since PPW Hill day on June 9, twenty-six additional House members have signed on as co-sponsors of the Treat and Reduce Obesity Act.

Whether you are new to policy and advocacy or a seasoned professional, there is something for everyone in this Workshop. The excitement of visiting your state's Senators and Representatives is very real no matter how many times you have attended. It is inspiring to walk past offices with plaques that bear the names of people that you hear about every day, who create the laws that govern our country.

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## FNCE<sup>®</sup> 2015

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# Reauthorization of the HFFKA

Submitted by:

Kathleen Cullinen, PhD, RD

PHCNPG Associate Newsletter Editor

The Child Nutrition and WIC Reauthorization Act or the current law, the [Healthy, Hunger-Free Kids Act of 2010](#), which authorizes all of the federal child nutrition programs, is set to expire on September 30, 2015. Every five years, Congress reviews these programs which provide funding to ensure that millions of low-income children have access to healthy and nutritious foods. The reauthorization process may provide an opportunity to improve and strengthen these research-based programs that have demonstrated improved educational achievement, economic security, nutrition and health.<sup>1</sup>

The Academy participated in the June 23 National Call in Day which asked callers to “to pass a strong child nutrition bill that invests in and improves child nutrition programs so that our nation’s kids have the fuel they need to grow up healthy and succeed.”<sup>2</sup>

## Federal Child Nutrition Programs:<sup>3,4</sup>

The nine child nutrition programs up for review are listed below with brief descriptions:

1. The [National School Lunch Program](#) guarantees that millions of low-income children receive a healthy lunch during their school day.
2. The [School Breakfast Program](#) ensures that children across the country can get a healthy breakfast at school.
3. The [Child and Adult Care Food Program](#) reimburses child care centers, Head Start Programs, family child care homes, homeless shelters, and afterschool programs for snacks and meals served to children.
4. The [Summer Food Service Program](#) ensures that children (18 and under) who depend on school lunch and breakfast during the school year still have access to free, nutritious meals and snacks during the summer when school is out.
5. The [Afterschool Snack and Meal Program](#) bridges the hunger gap between lunch and dinner for children who participate in afterschool programs.
6. The [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#) provides nutritious foods, nutrition education, and access to health care to low-income pregnant women, new mothers, infants and children up to age five.
7. The [WIC Farmers Market Nutrition Program](#) issues coupons to WIC recipients that can be used to purchase fresh, locally-grown fruits and vegetables at participating local farmers markets.
8. The [Fresh Fruit and Vegetable Program](#) provides fresh fruit and vegetable snacks to children during the school day.
9. The [Special Milk Program](#) supports serving milk to children in schools and child care institutions that do not participate in other nutrition programs.

## Congressional Responsibility for Child Nutrition Reauthorization

In the House of Representatives, the House Education and the Workforce’s Subcommittee on Early Childhood, Elementary, and Secondary Education has jurisdiction over the child nutrition programs. In the Senate, the Senate Agriculture, Nutrition and Forestry’s Subcommittee on Nutrition, Specialty Crops, Food and Agricultural Research has jurisdiction over the programs. To track bills in Congress, your representative’s voting records and upcoming committee meetings, and/or to sign up for alerts by email visit <https://www.govtrack.us/>.

The Academy has been focused on protecting the integrity of this law. Donna Martin, EdS, RDN, LD, SNS, the director of the Burke County, Georgia school nutrition program, testified before the House Subcommittee on Early Childhood, Elementary and Secondary Education on June 24. The focus of her testimony was to reinforce the importance of this program, discussing the importance of child nutrition programs, and the cost of compliance for states and schools.<sup>5</sup>

## For more information on Child Nutrition Reauthorization:

- Food Research & Action Center (FRAC): <http://frac.org/leg-act-center/cnr-priorities/>.
- Food Research & Action Center (FRAC): [http://frac.org/pdf/cnr\\_primer.pdf](http://frac.org/pdf/cnr_primer.pdf) (fact sheet).
- Feeding America: <http://www.feedingamerica.org/take-action/advocate/hunger-issues/child-nutrition-reauthorization.html?referrer=https://www.google.com/>.
- Share Our Strength’s No Kid Hungry Campaign: <https://www.nokidhungry.org/blog/summer-meals/2014/08/ask-expert-child-nutrition-reauthorization-2015>.

References:

[Click here for references.](#)

## Get Connected with PHCNPG!

### Join us on Facebook and Twitter:

Be sure to “like” the [PHCNPG Facebook page](#) and follow us on Twitter [@PHCNPG](#). These are great ways to connect with other PHCNPG members! We host photo contests and frequently post current information of relevance for public health and community nutrition professionals as well as important announcements.





# An Update from Your ASPHN Liaison: Collaborative Revision of Practice Guidelines



Submitted by:  
Kay Sisk, MS, RD, LD  
PHCNPG Liaison to ASPHN

Beginning in January 2013, PHCNPG partnered with the Association of State Public Health Nutritionists (ASPHN), formerly the Association of State and Territorial Public Health Nutrition Directors (ASTPHND), to work toward their mutual goals of improving the nation's health. As the liaisons for the partnership, Kay Sisk (PHCNPG) and Alison Conneally (ASPHN) serve as co-chairs for the collaborative revision of the *Guidelines for Community Nutrition Supervised Experiences*.

Originally authored in 1995, the *Guidelines* were created in response to the demand for guidance on training experiences from those working in public health nutrition. The document was offered as the first comprehensive curriculum for enhancing the capacity of public health nutrition personnel to respond to the broad range of responsibilities demanded from this field. The 2nd edition of the *Guidelines* was published in 2003 and reflects the changes in public health nutrition over the previous decade.

Beginning in February 2014, a review committee was established, consisting of experts in the field of public health nutrition and community nutrition, representing a wide variety of organizations that share a similar mission.

The first conference call of the committee was held in April 2014. While assisting with this prestigious effort, the review committee is currently taking on the important task of updating this document to meet the current needs and demands of public health nutritionists with expected completion in 2015.



From left to right: Review Committee members Jamie Stang, Marsha Spence, Karen Probert, Alison Conneally, and Kay Sisk.



Kay Sisk (PHCNPG) and Alison Conneally (ASPHN) presenting at the ASPHN 2015 Annual Meeting

Kay and Alison presented a preliminary draft of the *Guidelines* during the ASPHN Annual Meeting held June 14-16, 2015, in St. Louis, Missouri. Feedback on the document was solicited from ASPHN members and considered for review. Also in attendance were review committee members Jamie Stang (representing the Association of Graduate Programs in Public Health Nutrition, Inc.), Marsha Spence (representing the American Public Health Association, Food and Nutrition Section), and Karen Probert (representing ASPHN).

In July 2015, a call for reviewers was sent to PHCNPG members and members of the Academy's Nutrition and Dietetic Educators and Preceptors (NDEP) to solicit feedback on a preliminary draft, as well. Revisions for the *Guidelines* document are expected to be completed by the end of the summer, and the document will be sent for external review beginning in fall 2015. The document will then be sent to the Academy for final approval before publication, distribution and promotion. Stay tuned for more updates on this exciting collaboration!



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# A Message from the Student Committee Chair

Submitted by:  
 Kayla Fitzgerald, BS  
 PHCNPG Student Committee Chair  
[kfitz347@ksu.edu](mailto:kfitz347@ksu.edu)

Hello Public Health/Community Nutrition Practice Group (PHCNPG) members!

As the 2015-2016 Student Committee Chair, I would like to welcome students to a new membership year. I am very excited to have this opportunity to represent you in this position and make your voice heard in the PHCNPG.

Last year was the inaugural year of the Student Committee, and under the leadership of former Chair Mayra S. Crespo, BS, we were able to complete several projects including the creation of a newsletter for our student members, the *Student Digest*. This year we have ideas for fun, new projects that will help students connect with each other and with practicing RDN's in the PHCNPG. We also realize the importance of

finding unique volunteer and internship opportunities and will be working on keeping you informed of these opportunities. Because we want to make sure you are getting the most out of your membership, we plan to conduct a brief survey to learn about what member benefits are most important to you!



Kayla Fitzgerald

I want to invite all of you to join the [Student Committee](#) because it is a great opportunity to get more involved in the PHCNPG and will allow you take on leadership roles. If you are interested in joining the committee, have questions, or have ideas about how to enhance student membership, [please contact me](#). I welcome all of your suggestions and look forward to helping you make the most of your PHCNPG membership!

## CURRENT NEWS | Topics of Interest

# Improving Access to Healthy Food for All

Submitted by:  
 Robin DeWeese, PhD  
 Punam Ohri-Vachaspati, PhD, RD

## Eating healthy: Does access matter?

Grocery purchases are heavily dependent on where we shop for food. Small retailers such as corner/convenience stores tend to stock and promote highly processed, energy-dense, nutrient-poor foods,<sup>1</sup> and sell little fresh produce, whole grains, and low-fat dairy products.<sup>2</sup> While supermarkets sell many of the same unhealthy foods, they also carry a greater variety of nutritious foods, including higher quality fresh produce,<sup>3</sup> that costs less than similar foods in small retail stores.<sup>4</sup>

This creates a problem for residents of low-income neighborhoods, which have up to 68% fewer chain supermarkets and two to four times as many small food retailers compared to middle- and high-income neighborhoods.<sup>5,6</sup> Small food stores also tend to concentrate near schools.<sup>7</sup> According to one study of ten urban elementary schools, 40% of 4th-6th grade students shopped twice a day at corner stores located within four blocks of their schools. Purchases included chips, candy, and sugary beverages.<sup>2</sup>

## How did we get here?

In the 1960s and continuing through the 1980s, residents of US inner/central cities migrated in droves to the suburbs where land and privacy were abundant.<sup>9</sup> The US Census Bureau estimated that central cities lost approximately 40% of their

residents between 1970 and 1988.<sup>10</sup> Businesses, including supermarkets, followed the customers.<sup>11</sup> Socially disadvantaged low-income residents who could not afford to migrate to the suburbs were left in the inner cities with a dearth of chain supermarkets.<sup>5</sup> Although the recent housing market crash resulted in inner city population growth,<sup>12</sup> supermarket density did not increase proportionally.<sup>13</sup> While close proximity (within one mile)<sup>14</sup> to supermarkets may not be critical for access to these stores by residents with automobiles, many low-income residents cannot depend on availability of personal vehicles for food shopping and must walk or use public transportation to travel to and from their food-shopping destination. This can increase the time it takes to shop and/or restrict the amount and type of groceries they are able to purchase.<sup>15, 16</sup>

## Is there a solution?

A high concentration of unhealthy foods in communities is associated with poor diets and negative health effects on nearby residents.<sup>17-19</sup> However, when stores devote more shelf space to produce, neighborhood residents consume more fruits and vegetables.<sup>20, 21</sup> The ubiquity of small retail food stores ensures that, if they could be incentivized to stock and promote healthy foods, consistent access to nutritious foods would be attainable for individuals and families of all income levels. Programs such as the [Healthy Corner Stores Network](#), which encourages and supports healthy upgrades to corner stores around the country, is one such program and has resulted in increased stocking and sales of nutritious items

such as fruits and vegetables, low-fat milk, high-fiber cereals, and water.<sup>22</sup>

The [Healthy Food Financing Initiative](#) is a federal program funded by public-private partnerships that helps open or revitalize fresh food outlets, including supermarkets, farmers markets, corner stores, food hubs, urban farms, and other healthy food retailers, in areas with little access to fresh food.<sup>23</sup> The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) package changed in 2009 to include fruits and vegetables, low-fat dairy, and whole grains. This altered the food environment inside WIC-authorized retail stores, increasing access to healthy foods not only for WIC clients, but for also for neighborhood residents.

These types of programs are vitally important for increasing access to nutritious foods for all US residents, and must be a funding priority. Additionally, promoting local policies to influence store operations and zoning laws that require healthy food sales could potentially be a step toward creating

overall healthier communities.<sup>24</sup> Reducing food access disparities among income levels will require an assortment of efforts and commitment from diverse stakeholders.

#### References

[Click here for references.](#)

#### About the Authors

Robin DeWeese, PhD, is working toward completing an Individualized Supervised Practice Pathway at the School of Nutrition and Health Promotion, Arizona State University, in preparation for the RDN exam. She received a USDA pre-doctoral fellowship to complete her doctoral research.

Punam Ohri-Vachaspati, PhD, RD, is an Associate Professor of Nutrition at the School of Nutrition and Health Promotion, Arizona State University, and a member of PHCNPG. Her research focuses on examining how policies and environments influence food consumption and physical activity behaviors, especially among disadvantaged populations.

## An International Community Nutrition Partnership – How One Dietetic Internship Program made it Happen

*Submitted by:*

*Erin Bergquist, MPH, RD, CNSC, LD  
PHCNPG Member*

Over the past two years, 26 Iowa State University (ISU) dietetics interns have had the experience of a lifetime during their four-week optional community nutrition rotation in rural Ghana.

Planning this experience was several years in the making and consisted of strong partnerships with key academic institutions and leaders. Dr. Grace Marquis of McGill University (former ISU faculty) was instrumental in introducing ISU to the University of Ghana's Associate Professor, Dr. Anna Lartey. ISU has a strong history of global partnerships and study abroad experiences, but incorporating optional international supervised practice experiences within the Dietetic Internship (DI) provided new opportunities.

First steps included getting permission from the ISU Food Science and Human Nutrition Department Chair, and College of Human Sciences Dean, as well as obtaining a Memorandum of Understanding with the University of Ghana (UG). Next, the DI received a grant to visit the UG Nutrition and Research Training Centre, where interns would be housed during this experience, in early 2011. A Major Change Request to include up to 200 hours of international supervised practice in the ISU DI was submitted to the Accreditation Council for Education in Nutrition and Dietetics (ACEND®) and granted in summer 2011.

After a site visit and many discussions with the UG Nutrition and Food Science Department, the UG Dietetic Internship program, local dietitians, local hospitals, and key leaders set a



Left to right: Frank (UG), Melissa (McGill), Ellen (ISU), Ohenewaa (UG), Erin (ISU), Kathleen (ISU), Janelle (ISU), Jennifer (ISU), Sophia (UG), Elom (UG), and Collins (UG) pose with their traditional Ghanaian wear.

rough plan into place in the Asesewa community. Over the course of the next year, Skype, conference calls, and a face-to-face meeting in Canada were used to plan details of the internship experience.

Since the establishment of a detailed plan in early 2012, current planning of the four-week rotation for interns relies heavily on recommendations from the UG and local dietitians affiliated with the Ghana Health Service, Ghana's government-run health care system. Consideration is given to allow for transportation time and rest, but for the most part, days are filled with activities that allow interns to engage with their surroundings and the Ghanaian and Canadian interns. Typical activities for each internship class include meetings with key people in the community, including the hospital physician and



administrator, local chief, local queen mother, mayor, and police chief; community focus groups; and visits to the local market, Princess Marie-Louise Children's Hospital, local mill, and local sightseeing excursions.

Intern applicants to the international community rotation complete the standard application requirements for ISU with an additional written essay and phone interview that assess their potential for success in this rotation. Situation-based questions address physical and emotional demands of international travel as well as leadership skills, flexibility, teamwork, and critical thinking skills. Once the interns are selected, the DI works closely with ISU's Study Abroad Center. Health requirements and site-specific trainings are completed to ensure everyone is ready for travel and familiar with the location, traditional diet, culture, and customs they are about to experience first-hand.

Interns complete the program's capstone project titled, Technology in Health Promotion, which meets ACEND competencies. As part of the project, interns practice the Nutrition Care Process (NCP) in two small communities in the Upper Manya Krobo district of Ghana, focusing on complementary feeding practices of breastfed infants ages six months to two years. The assessment data includes community-wide focus group discussions with community elders and leaders, research into health findings and previous studies in similar areas of the region, individually-focused diet questionnaire (translators assist interpretation), and

anthropometric data gathering on infants ages six months to two years old. Nutritional status and a treatment plan is determined at the community level. To initiate a nutrition intervention interns gather the village members in a "durbar," or health fair, where they

perform culturally appropriate demonstrations addressing nutrition needs. Interns use their creativity to perform cooking demonstrations, songs incorporating nutrition messages, or skits demonstrating recommended feeding practices. The "durbar" typically has more than 70 community members present, including key leaders such as the local chief. Interns also formally present their findings to key leaders within the community and at the University of Ghana.

Interns are evaluated using a variety of methods including weekly evaluations, weekly reflective blogs, and group

projects. All in all, these experiences have been an enormous success with comments from interns such as, "After this experience, I learned that my previous assumption that the NCP was only for clinical work was

completely false, and now I can apply this process to help organize my thinking in any situation," "I have learned a lot about myself and really improved my teamwork abilities," "I have vastly improved my skills in communicating with people of different cultures through this experience," and "I now have the confidence to deal with any situation, I am ready to head back to the US and nail my first job interview!"

Although the road to developing an international program can be long, lessons provided to dietetic interns can be timeless. Through this experience, ISU DI can conclude that international experiences provide students with a more intensive experience than can be expected through local placements in the US, thus stimulating the students' creativity, building their knowledge for assessing and developing approaches to problems in health, and expanding their confidence to be able to be successful in their future careers.

For more information about Iowa State University Dietetic Internship's International Program, contact Erin Bergquist [erin\\_b@iastate.edu](mailto:erin_b@iastate.edu).

### About the Author

Erin Bergquist, MPH, RD, CNSC, LD, is a Senior Clinician in the Dietetic Internship at Iowa State University. She recently received the award the Wimpfheimer-Guggenheim Fund for International Exchange in Nutrition, Dietetics and Management Award for her work with this project.



DI Program Director Jean Anderson (front, center) and ISU DI Faculty Erin Bergquist (left) meet with key partners from UG, Asewewa Hospital, and Plan Canada in early March 2011.



ISU Intern Ellen Plummer prepares F75 with the help of Prince-Marie Louise Children's Hospital RD Priscilla and University of Ghana interns Sophia and Ohenewaa.



January 2014 class and focus group participants from Sisiamong Yiti community.

# Economic Benefits of Organic Agriculture

Submitted by:

Mary Chesney PhD, MSN, MPH, RN  
PHCNPNG Newsletter Team Member

## Consumer preference

Since organic foods became available over 30 years ago, much has changed.<sup>1</sup> Where once certified organic food could only be found in organic food stores, [a recent article in the Seattle Times](#) noted that Costco may have surpassed Whole Foods in sales of organic products.<sup>1,2-4</sup> No longer do organic producers have difficulty finding buyers for their food. Although only 4% of the US population routinely purchases organic products, demand in the United States is outstripping supply.<sup>1</sup> As a result, some organic foods, including fruits and vegetables, need to be imported to fill store shelves.<sup>1,5</sup>

## Land in organic production

Worldwide only 1% of arable land is used for organic farming.<sup>6</sup> The United States has the largest market for organic foods but has only 7% of arable land in organic production.<sup>1,7</sup> The lack of land used for organic farming may stem from the challenges faced when a farmer transitions from conventional farming techniques to organic practices.

It takes three years, on average, for farmers to convert their land from conventional farming to organic farming, and to meet the requirements to be certified as organic.<sup>5,6,8</sup> During this time, the changes in farming practices may result in increased costs of food production that cannot be covered by harvests.<sup>8</sup> Once organic production begins, farmers may sell their products with price premiums to cover the expense of organic food production.<sup>6</sup>

## Benefits beyond crop production and animal husbandry

The benefits of organic farming are far reaching when viewed from a macro level. The elimination of chemical fertilizers helps the ecosystem by reducing the runoff of nitrates into aquifers. The soil is enriched by beneficial animals such as earthworms that loosen and fertilize the earth.<sup>9</sup> Advantageous insects are able to thrive and act as natural pollinators, such as honey bees, while other insects are deterrents to pests.<sup>6</sup>

According to United States Census Bureau data (2012), the rate of unemployment in all areas of farming has steadily increased 5% over 10 years.<sup>10</sup> Unlike intensely mechanized chemical farming, organic farming requires more labor.<sup>6</sup> Although labor is part of the increased cost of the food, rural communities benefit from adding jobs and reducing unemployment. The increased labor costs are partially offset by the elimination of chemical fertilizers and pest control.<sup>6</sup> A study done in New Zealand found substituting organic practices for pest control and soil conservation resulted in an increased revenue of \$86 per hectare in US dollars.<sup>9</sup>

## What can we do to help organic farmers?

Many farmers are interested in organic farming but state the lower yields of some crops such as grains, corn and soybeans are a deterrent to changing practice.<sup>5,6</sup> Government policies advantageous to organic farming have increased as the result of the 2014 Farm Act.<sup>11</sup> Additionally, state and federal government policies like crop insurance are now offered to organic farmers to help address the risks. This alone, however, does not solve all the problems.<sup>1,5</sup> The \$20 million in research funding for organic practices is only a small part of the \$250 million a year appropriated by Congress to fund research and development related to agriculture.<sup>12,13</sup> This seems disproportionate to the level of interest and sales as evidenced by the previously cited data.<sup>1,5</sup> The use of chemical fertilizers and pesticides in farming increases the risk of harming those involved in food production as well as consumers. Agricultural workers avoid possible contamination of their skin and inhalation of the chemicals used in farming and everyone's risk for ingestion of water contaminated by chemical runoff from farms is reduced. These factors make promoting organic farming a matter of public health policy.<sup>5-6,9</sup>

We must educate ourselves about the many benefits of organic farming, from the use of non-chemical pest and weed removal strategies to practices that can make organic farming practical and profitable. Those interested in becoming organic farmers may benefit from education on proven strategies to transition from conventional to organic farming. We need to work with our state and national policy makers to advocate for these education programs and the funding to make them accessible to farmers. We must also press for increased funding for research on all aspects of organic farming, from pest control to strategies to increase yields, and promote marketing of organic products. If the current imbalance in funding for organic and conventional farming can be resolved, we may see current financial challenges in converting to organic farming mitigated, and those who chose this path financially benefitting. It is evident the public wants organically produced food. The challenge is providing the support needed by the farmers willing to change practices.

References

[Click here for references.](#)

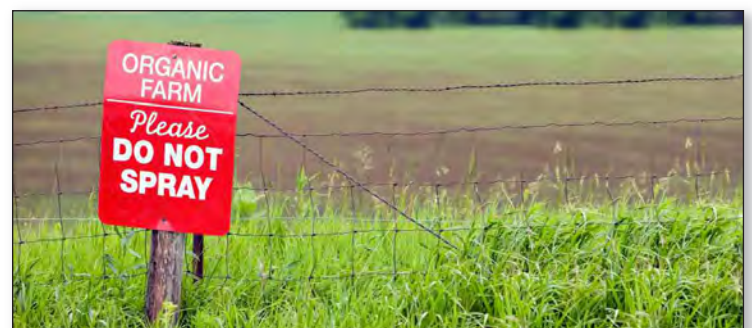


Photo: [www.wordpress.com](http://www.wordpress.com).



*NEW! This section is dedicated to providing members with a glimpse of some of the latest studies in the fields of community and public health nutrition. Here, we provide brief synopses of select studies, and links to the full articles.*

### Undergrad Environmental Concerns Affect Food Choices

An article in the *International Journal of Sustainability in Higher Education* sought to determine whether undergraduate university students had food-related environmental beliefs that affected their food choices. Using focus groups and a survey to record the students' beliefs and actions, researchers found a variety of reported environmental connections to food behaviors and beliefs. However, students were more likely to focus on issues like recycling and reducing food waste, as opposed to reducing meat consumption or avoiding processed foods. Results suggest that education efforts could focus on strengthening environmental/food beliefs and encouraging a wider variety of actions.

Campbell-Arvai V. Food-related environmental beliefs and behaviours among university undergraduates. *International Journal of Sustainability in Higher Education*. 2015; 16(3): 279-295. doi: 10.1108/IJSHE-06-2013-0071.

[Click here for the full article.](#)

### SNAP Participation at Farmers Markets

An article in *Public Health Nutrition* states that shopping at a farmers market is linked to increased fruit and vegetable consumption in Supplemental Nutrition Assistance Program (SNAP) participants. A quantitative survey given to SNAP participants in eastern North Carolina assessed perceived benefits and barriers to shopping at farmers markets. Electronic benefit availability at markets and transportation issues are stated barriers to farmers market shopping, revealing areas of focus for future interventions.

Jilcott Pitts SB, Wu Q, Demarest CL, et al. Farmers market shopping and dietary behaviours among Supplemental Nutrition Assistance Program participants. *Public Health Nutrition*. April 2015. Available on CJO2015. doi:10.1017/S1368980015001111.

[Click here for the full article.](#)

### Income-Related Challenges Correlate to Body Mass Index (BMI) in Mothers

The *Journal of Nutrition Education and Behavior* included a study in which several practices and beliefs of low-income mothers are linked to BMI. The study interviewed 166 mothers, 67% of whom were obese, who self-reported their height and weight. Of surveyed mothers, higher BMIs were correlated with experiencing household food insecurity, using shopping methods that stretched food dollars, and using community food assistance programs. Lower BMIs were associated with a higher self-rated health belief. Opportunities for continued research and intervention lie in further investigating these connections.

McCurdy K, Kisler T, Gorman KS, Metallinos-Katsaras E. Food- and health-related correlates of self-reported body mass index among low-income mothers of young children. *Journal of Nutrition Education and Behavior*. 2015; 47(3): 225-233. doi: 10.1016/j.jneb.2015.01.004.

[Click here for the full article.](#)

### Significant Eating Pattern Differences between Races

A new study reported in the *British Journal of Nutrition* seeks to further explore correlations between socio-economic status (SES) and eating patterns, and how these differentiate in black or white adult populations. A group of 17,062 participants were surveyed on dietary intake, and grouped into one of five dietary patterns (using food groups from the Food Frequency Questionnaire) based on results: convenience, plant-based, sweets/fats, southern and alcohol/salads. There were statistically significant differences in black versus white participants, in the associations between household income and adherence to alcohol/salads, and in individual education and adherence to plant-based and sweets/fats. This research provides a further look into behavioral and environmental factors related to food intake as they apply to disparities between racial populations of the US.

Kell KP, Judd SE, Pearson KE, Shikany JM, Fernández JR. Associations between socio-economic status and dietary patterns in US black and white adults. *British Journal of Nutrition*. 2015; 113(11): 1792-1799. doi: 10.1017/S0007114515000938.

[Click here for the full article.](#)

### Mass Transit: Positive Impact on BMI and Activity

The addition of transit lines can have positive impacts on the health of those who use them, especially in regards to lower BMI and higher physical activity (PA). Riding transit typically includes bicycling or walking to transit stations, which can be an increase in PA for new riders. A study featured in the *American Journal of Public Health* studied 537 former, continuing, and new riders for one week before and after a new light-rail line was added to their area. New riders lost weight and became more active; in contrast, former riders gained weight and became less active. This study shows how transit environment can impact weight and PA.

Brown BB, Werner CM, Tribby CP, Miller HJ, Smith KR. Transit use, physical activity, and body mass index changes: objective measures associated with complete street light-rail construction. *American Journal of Public Health*. 2015; 105(7): 1468-1474. doi: 10.2105/AJPH.2015.302561.

[Click here for the full article.](#)

### New Grocery Stores in Food Deserts

The methodology of a natural experiment in two food desert communities was recently described in *Health Education & Behavior*. The Pittsburgh Hill/Homewood Research on Eating, Shopping, and Health (PHRESH) is a longitudinal quasi-experimental study on a change in the local communities' food environments, taking advantage of the opening of a new full-service grocery store (FSG). The article describes the study design being utilized, importance of community engagement, and baseline findings. Subsequent data collection will investigate the possible behavior changes that occur when low-income neighborhoods get new FSGs, which will help to determine what additional interventions might be necessary.

Dubowitz T, Ncube C, Leuschner K, Tharp-Gilliam S. A natural experiment opportunity in two low-income urban food desert communities: research design, community engagement methods, and baseline results. *Health Education & Behavior*. 2015; 42(1S): 87S–96S. doi: 10.1177/1090198115570048.

[Click here for the full article.](#)

### School Garden Programs Effect Dietary Behavior

A recent review in *Public Health Nutrition* reported a review of 13 studies on school garden programs and their effect on dietary behaviors. Nearly half of the studies linked garden programs with an increase in vegetable intake and more than half indicated improved attitudes toward fruits and vegetables and willingness to try them. Additionally, the article describes several of the nutrition education components utilized by programs in addition to the garden implementation.

Davis JN, Spaniol MR, Somerset S. Sustainance and sustainability: maximizing the impact of school gardens on health outcomes. *Public Health Nutrition*. February 2015. Available on CJO2015. doi: 10.1017/S1368980015000221.

[Click here for the full article.](#)

## CONTINUING EDUCATION | Current Opportunities

*NEW! This section is dedicated to providing members with current and upcoming continuing education opportunities for professional development.*

#### **Title: Why Social Media Ethics Apply to You in Nutrition and Dietetics**

Format: Recorded webinar  
 Provider: Academy of Nutrition and Dietetics  
 Cost: \$19  
 CEUs: 2  
<http://www.eatrightstore.org/product/4E58AA6E-2608-40E9-822F-B64C144691A6>

#### **Title: Promoting and Supporting Breastfeeding**

Format: Practice Paper Quiz  
 Provider: Academy of Nutrition and Dietetics  
 Cost: FREE  
 CEUs: 1  
<http://www.eatrightpro.org/resource/practice/position-and-practice-papers/practice-papers/practice-paper-promoting-and-supporting-breastfeeding>

#### **Title: The Role of Nutrition in Health Promotion and Chronic Disease Prevention**

Format: Practice Paper Quiz  
 Provider: Academy of Nutrition and Dietetics  
 Cost: FREE  
 CEUs: 1  
<http://www.eatrightpro.org/resource/practice/position-and-practice-papers/practice-papers/practice-paper-the-role-of-nutrition-in-health-promotion-and-chronic-disease-prevention>

#### **Title: Life Course Nutrition: Maternal and Child Health Strategies in Public Health**

Format: Online course  
 Provider: University of Washington Northwest Center for Public Health Practice  
 Cost: FREE  
 Hours: 1.25 (not pre-approved)  
<http://www.nwcphp.org/training/opportunities/online-courses/life-course-nutrition-maternal-and-child-health-strategies-in-public-health>

#### **Title: 2015 National Maternal Nutrition Intensive Course**

Format: In-person Conference and Distance Conference  
 Provider: University of Minnesota School of Public Health  
 Dates: August 12-14, 2015 (in-person); September 14-November 30, 2015 (distance)  
 Location: Minneapolis, MN  
 Cost: Varies, see website  
 CEUs: 15 (in-person); 11.75 (distance)  
<http://sph.umn.edu/ce/mnic/>

## William Chapman

William Chapman is an MPH/RD candidate at the University of North Carolina's (UNC) Gillings School of Global Public Health and also serves as Chief Operations Officer for [Seal the Seasons, LLC](#). Will was a 2014 recipient of the UNC [Community Engagement Fellowship](#).

Seal the Seasons, LLC, flash freezes local produce to increase the availability and access to sustainably grown, healthy food. Through his work with Seal the Seasons, Will and fellowship recipient Elizabeth Metzler engaged with community organizations to improve the nutritional quality of food provided to low-income populations in North Carolina. One project included working with Community House Men's Shelter in Chapel Hill, NC, where residents have limited access to healthy foods and have a high prevalence of chronic diseases, including type 2 diabetes and hypertension. Looking to increase fruit and vegetable consumption among the homeless men in the area, Will and Elizabeth implemented taste tests of regular lasagna and local frozen produce-stuffed lasagna at the shelter.

This trial has been a rich source of information regarding how local frozen produce can be utilized at facilities with limited

resources who serve low-income and/or disadvantaged populations. Potential opportunities include integrating these products into meals in the winter when local supermarkets and farmers have less produce to donate.

However, limited storage space is a key barrier faced by many of these organizations.

Finding appropriate partners remains a challenge for public health nutrition professionals interested in conducting research and/or community nutrition interventions. This work contributed by Will is a great example of how important nutrition intervention can be in the community.



William Chapman (left) and Elizabeth Metzler (right) on location at Community House Men's Shelter (Chapel Hill, North Carolina).

## Brianna Liles, MS, RD, LD/N

Brianna Liles works as the Program Manager at the [Marion County Children's Alliance](#) (MCCA) in Ocala, Florida. MCCA is a non-profit, 501(c)3 organization formed in 2000 to ensure that the children of Marion County receive appropriate care and attention. Based on health screenings conducted by the Marion County Public Schools, MCCA recognized childhood obesity as a growing problem and in 2004, formed a childhood nutrition workgroup, [Generation FIT](#). The school screenings revealed that 17.6% of the students were overweight, and 21.3% were obese (a total of 38.9% of students).

To address the childhood obesity concerns, Generation FIT, the childhood nutrition workgroup of MCCA, partnered with Marion County Public Schools' Extended Day Program and Marion County Public Schools' Food and Nutrition Department in 2013 to implement [FIT Kids Extended Day](#). FIT Kids curriculum is

based on the National Heart Lung and Blood Institutes' [CATCH® Kids Club](#) curriculum. It aims to equip children with the skills, knowledge and intention to

make healthy food choices and participate in regular physical activity. In addition, FIT Kids has a strong family involvement component by including a family activity handout that focuses on nutrition or physical exercise. Healthy recipes are sent home weekly to encourage healthier family meals.



FIT Kids serves approximately 2,500 Marion County Florida students at 31 elementary schools and two middle schools. The elementary school programs are taught three days a week on a 12-week rotation. The middle school programs are also taught three days a week, but continue throughout the school year. Brianna's team used a portion of Generation FIT funds to provide raised gardens at five elementary schools and two middle schools.

As part of the Measure Up Marion County Project, a recipient of the Centers for Disease Control and Prevention (CDC) Partners in Community Health (PICH) award, MCCA received funding to expand FIT Kids to an additional four middle schools in the 2015-2016 school year, which will increase the impact on and education of parents and students. Funding through the CDC PICH-funded Measure Up Marion Project has also allowed FIT Kids to be

offered in summer 2015 at two community recreation centers and at the local YMCA. Quality physical education, recess equipment and age-appropriate nutrition

educational materials have also been provided to the extended day staff and summer recreation program staff through the CDC PICH funding. As part of the Measure Up Marion County objective to increase community access to healthy foods and





beverages, MCCA Generation FIT will expand FIT Kids to additional locations in Marion County in the coming year.

The Generation FIT childhood nutrition workgroup now consists of representatives from numerous Marion County community agencies and businesses, including Barrett-Liner &

Company, Childhood Developmental Services, College of Central Florida, Early Learning Coalition of Marion County, State of Florida Department of Health of Marion County, and Marion County Public Schools. Brianna Liles, a Registered Dietitian, chairs the workgroup, and Heather Wyman, an Exercise Physiologist, serves as co-chair.

### Wilna Oldewage-Theron, PhD, RD

Dr. Wilna Oldewage-Theron is a Professor of Nutrition in the College of Human Sciences at Texas Tech University where she teaches the graduate class on *Issues in Nutrition: Food and Nutrition Security*. She has 15 years of community nutrition research experience in Africa, and has mentored over 30 graduate students and 11 post doctorate fellows.



Wilna Oldewage-Theron

Dr. Oldewage-Theron's research interests include the factors contributing to household food insecurity and malnutrition, specifically micronutrient deficiencies in resource-poor communities, focusing on women, children and the elderly. She has investigated the effect of various interventions, including food fortification, agriculture and horticulture,

dietary diversity, supplementation, nutrition education, food product development and implementation. Additionally, she has studied school feeding programs on poverty, food insecurity and nutritional status of target populations by applying scientific principles. Currently, her community research and program development is focused on soy applications and the nutritional benefits of soy for human health in South Africa.

Dr. Oldewage-Theron established a modus operandi in which she identifies the needs of a community through situational analysis. She then obtains community participation and implements solutions to the identified problems. Through applied scientific research projects linked to graduate studies, she engages in meaningful research based on community needs. She has been involved in impact studies for the Council of Scientific and Industrial Research (CSIR, South Africa), United States Potato Board, World Initiative for Soy in Human Health (WISHH, USA), United Nations Food and Agriculture Organization (FAO) and Nestle.

### Jamie Rahrig, RDN

Jamie has served as a Project Manager for SNAP-Ed at the Michigan Fitness Foundation for five years and has been a registered dietitian for 11 years. She trained at the University of South Florida and Michigan State University where she earned a Bachelor's in Biology as well as Dietetics, respectively, and is currently pursuing her Master of Public Health at the University of Michigan. Jamie engages in program development and evaluation projects as well as grant oversight and compliance, and provides a leadership role in *Michigan Harvest of the Month™* that encompasses policy, systems and environmental change (PSE) to increase fruit and vegetable consumption among Supplemental Nutrition Assistance Program (SNAP) eligible participants. Her position allows for opportunities to train educators, food service professionals, and administrators involved in providing nutrition education and promoting physical activity in Michigan communities. With an emphasis on public health approaches, these communities receive messages and education focused on all spheres of the social-ecological model.

*Michigan Harvest of the Month™* provides the Michigan Fitness Foundation the ability to reach SNAP eligible participants in sectors of influence where they eat, live, learn, work, play, and shop. It is a practice-tested intervention with iterations specific to multiple audiences with evidence established from *Harvest*

*of the Month™* in California, and successfully expanded to new venues in Michigan to include elementary school classrooms and cafeterias, farmers markets, retail point-of-access sites, and emergency food distribution sites. The program was recently adopted by one farm-to-school program and is being implemented statewide through another (non-SNAP-Ed funded) food bank network initiative.



Jamie Rahrig

The PSE and marketing objectives of the *Michigan Harvest of the Month™* include the following:

1. Increase consumption of fruits and vegetables.
2. Increase access to fruits and vegetables through school meal programs, classrooms, school gardens, farmers markets, food retail stores, food pantries, worksites, and other community based locations.
3. Link child-focused nutrition education in schools with adult-focused supports in community-based food access settings.
4. Increase consumption of locally grown produce by connecting growers to their communities through farmers

markets, food retail stores, schools, food pantries, and elsewhere.

5. Expand familiarity with Michigan grown produce, emphasizing eating in season.
6. Market *Michigan Harvest of the Month™* in order to increase partnerships with retailers and policy makers to improve in-state demand for healthy foods.
7. Make *Michigan Harvest of the Month™* materials and messaging widely available.
8. Reach at least 1.5 million Michigan residents.

Highlights of evaluation findings from *Michigan Harvest of the Month™* are presented below (Table 1).

### School-based

Of the 120 teachers responding to a survey about use of *Michigan Harvest of the Month™* nutrition education materials, 78% said they would want to use them again. Three quarters (75%) reported they would recommend *Michigan Harvest of the Month™* to other teachers. Over half (53%) agreed that materials will increase student consumption of fruits and vegetables at home.

In total, 430 parents completed the parent survey. At post-test, parents of intervention school children reported eating more fruits (86.8%) than parents of control school children (77.9%) ( $p = 0.034$ ). Parents also reported adding more fruits or vegetables to the meals they prepared (87.8% vs. 80.6%, ( $p = 0.03$ ).

Intervention parents also reported their children were significantly more likely than children from control schools to be doing the following:

### Retail Point-of-Access (based on the Western Region's SNAP-Ed Evaluation Framework)

**Nutrition Supports Implementation (LT9):** Reaching 35,500 total customers during a four-month intervention, it was estimated that 26,625 (75%) of the customers would meet the

**Table 1.**

Behavior	(I)(C)	p value
Eating more fruits	88.1% vs. 75.9%	<0.001
Eating more vegetables	77.8% vs. 59.9%	<0.001
Choosing fruits as snacks	79.2% vs. 70.4%	0.027
Asking them to buy more fruits at the grocery store	83.2% vs. 72.3%	0.002
Asking them to buy more vegetables at the grocery store	47.9% vs. 34.8%	0.007
Preparing new recipes with vegetables	50.0% vs. 40.4%	0.007

Federal Poverty Guidelines as these neighborhood stores were in highly impoverished regions. Of the shoppers who had passed through the produce section prior to the interview, more than a quarter (26.6%) said they had bought something they had not planned to because of the *Michigan Harvest of the Month™* Showcase and they could specify what they had bought.

**Marketing and Messaging (MT6):** Of the 628 participants in an intercept survey conducted at the nine grocery stores, more than 76% reported remembering exposure to the educational aspects of the *Michigan Harvest of the Month™* Showcase social marketing activities with aided recall; 36-37% recalled seeing banners featuring the message.

## Thank You!

Thank you to the following PHCNPG members who served on the Communication Committee's Newsletter Team as writers, editorial staff and review board members for this issue of *The Digest*.

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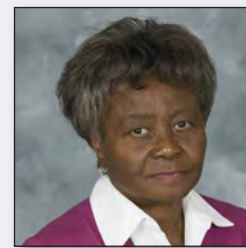
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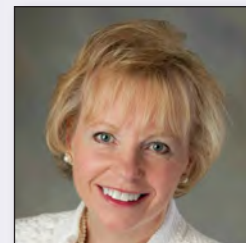
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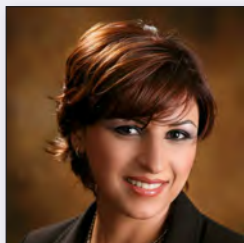
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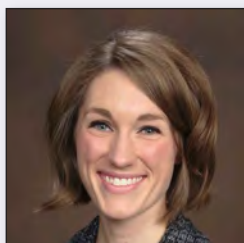
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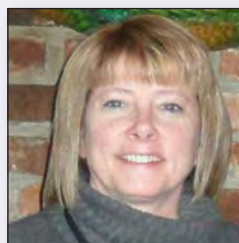
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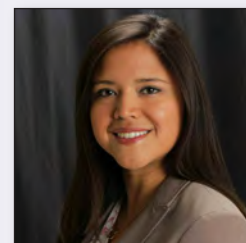
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