

GRADUATE COORDINATED PROGRAM IN DIETETICS

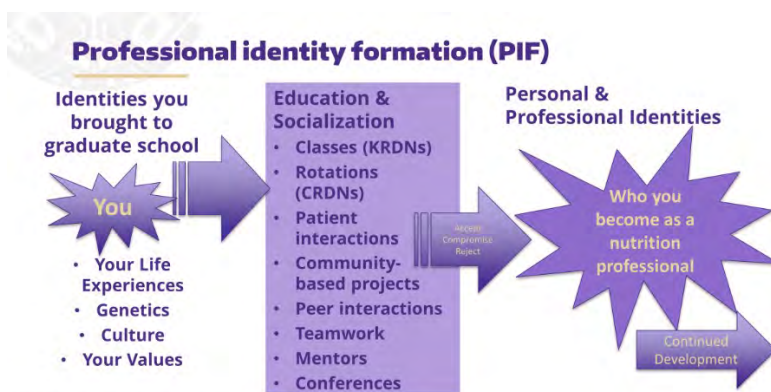
2024 REPORT

In August 2024, the UW Graduate Coordinated Program in Dietetics celebrated the graduation of 14 MS & MPH-Nutrition students. By early September they were all eligible to sit for the Registered Dietitian Nutritionist exam, and by late September we began receiving notification of their new MPH RDN & MS RDN credentials. This report will summarize their achievements, recognize the 2024 Outstanding Preceptor awardees, and provide updates about the program.

PROFESSIONAL DEVELOPMENT THROUGH ART

Professional Identity Formation Through Art: Linocut Workshop

During the dietetic internship, graduate students consider how their life experiences, genetics, and cultural identities positively influenced their developing professional identities. Prior to the workshop, students were asked to reflect on their identities and values before beginning graduate school, and then what they had since learned about the values of the dietetic profession. Students were asked to visualize these two sets of identities as a Venn diagram with the overlapping area representing their own professional identity. They each identified something “about them” that enhanced the care they provided. The final pre-workshop assignment was to draw an image representing that part of themselves.



Based on the work of Cruess & Cruess



Over the three-hour workshop at the Henry Art Gallery, Anne Lund, GCPD Director & UW School of Public Health faculty, and Andrea Kalus, a UW School of Medicine faculty, taught the students how to carve and print their designs. They each made a linocut, the relief printmaking process consisting of carving a printing surface down until all that remains of the original surface is the design to be printed. Examples of their amazing work are pictured below.



1) Ale, a pastry chef, carved a pie. 2) Robyn, from Alaska, carved handfuls of berries.
3) Christina carved a delightful bunny riding a carrot. 4) Kana carved a grounded tree of hands, love, and fruit.

2024 INTERN ACHIEVEMENTS

Our graduating students completed 90 community-based fieldwork, practicum, and dietetic rotations. They were mentored by 136 preceptors from 31 organizations across Puget Sound. The MPH students completed a practicum while the MS students selected a Medical Nutrition Therapy rotation. They chose to work in the following areas: Washington State Lactation Collaborative to assess the availability of lactation support resources across Washington, King County Local Food Initiative on improving local Food Access, WA's Department of Social and Health Services (DSHS) to Promote Tribal Organization Access to SNAP-Ed Contract Funding, HMC's EthnoMed to Create Culturally Tailored and Bilingual Diabetes Education Calendars, UW Diabetes Institute on Chrononutrition and Continuous Glucose Monitoring in Type 2 Diabetes, Duwamish Valley Research Network to Identify Community Land and Watershed Contamination Concerns, and PHSKC's HEAL team mapping Commissary Kitchen Spaces available to Small Commercial Food Producers. We had five students complete their concentration rotations with mentorship from the Maternal Child Health Bureau Traineeships; two students were Leadership Education in Adolescent Health (LEAH) trainees with Casey McCoy at Seattle Children's; one was a Pediatric Pulmonary Center (PPC) trainee with Mari Mazon at UW's Institute on Human Development and Disability; one was a Western MCH Nutrition Partners Trainee with Cristen Harris at UW; and one is continuing as a LEND trainee with UW's Institute on Human Development and Disability. An additional two interns were selected for pediatric rotations at Seattle Children's Hospital.

See below for more on the achievements of our 2024 MPH and MS students.



2024 UW MS & MPH-Nutrition Graduates

MPH RDN Graduates

Allison Burkhalter

MPH Practicum and PH Concentration: Provider-Based Needs Assessment for Lactation Support in Washington State

Capstone: Recommendations for Seattle Fresh Bucks: Produce Prescription Program Best Practices and Benefit Level Adjustments

Robyn Burnside

MPH Practicum and PH Concentration: King County Local Food Initiative 101: Improving Local Food Access in King County

Capstone: Recommendations for Seattle Fresh Bucks: Produce Prescription Program Best Practices and Benefit Level Adjustments

Awards and Scholarships: Ruth E. Ostrander Endowed Scholarship

Mary Fudge

MPH Practicum and PH Concentration: Mapping Commissary Kitchen Spaces in King County

Thesis: Drivers Influencing Animal Wellbeing and Environmental Stewardship Decision-Making Among U.S. Animal Producers: A Qualitative Analysis
Awards and Scholarships: Marian Marshall Thompson Alumni Endowed Scholarship, Dora Agee Waller Endowed Scholarship

UNIVERSITY OF WASHINGTON SCHOOL OF PUBLIC HEALTH
King County Local Food Initiative 101: Improving Local Food Access in King County
 Robyn Burnside, UW Nutritional Sciences Program, MPH-Nutrition Student & Dietetic Intern
 Site Advisor, Elizabeth Kimball | Public Health - Seattle & King County, Healthy Eating Active Living Program

2024 LOCAL FOOD INITIATIVE REFRESH

METHODS:

- Literature review
 - Academic, peer-reviewed articles
 - Black literature (ability, equity, community health)
- Data review
 - Events, voter and national survey data
 - Public health - Seattle & King County staff

KEY FINDINGS:

- Historical racial policies shaped King County's local food system. This is reflected in reports and data on: food access topics, including:
 - Neighborhood food access
 - Enrollment rates in nutrition assistance programs
 - Disparities in rates of food insecurity
- South King County and certain neighborhoods in South Seattle have poorest access to food across dimensions of food access. This is reflected in:
 - Affordability of food relative to income
 - Healthy Food Priority Areas
 - Participation rates in nutrition assistance programs
 - Food bank service gaps

WHAT IS THE KING COUNTY LOCAL FOOD INITIATIVE?
 The Local Food Initiative (LFI) is a regional strategy designed to guide public and private stakeholders to create an equitable, healthy, and sustainable local food system. The LFI is managed by King County Department of Natural Resources and King County Commission District. A primary goal of the LFI is to improve healthy food access for King County residents, with particular emphasis on reaching low-income and historically marginalized communities.

MOVING FORWARD
 The next steps in the LFI project is to assess tradeoffs and activate equity recommendations that leverage the local food system to increase food access in King County.

Background

- Experiencing weight bias, or the prejudice and discrimination from being heavier. Toxic weight bias associated with poorer health outcomes.
- Medical providers frequently perpetuate weight bias, most commonly by recommending weight loss based on the body mass index (BMI) charts supported by the 2012 American Academy of Pediatrics (AAP) obesity guidelines.
- The complex relationship between weight and health, or lack thereof, is not well taught in medical training programs, leaving residents ill-equipped to provide weight inclusive care.

Methods

- Educational Objectives**
 - Hybridized best practices for weight inclusive care.
- Needs Assessment**
 - Assessed gaps in weight inclusive care among residents using mixed methods.
 - Administered an online survey and promoted participation with a mandatory invitation.
 - Assessed data using descriptive statistics on Excel.
- Training Development**
 - Clarified and contextualized the relationship between and treatment of obesity and chronic disease risk. Offered strategies for weight inclusive care.
- Training Evaluation**
 - Administered a pre- and post-training evaluation form developed by the UW pediatric residency program.

Needs Assessment

Response rate: 33% (24 of 74)
Completion rate: 87% (22 of 24)



Do you want to learn knowledge and tools to provide weight inclusive care to your patients as a resident?



Training Development



Training Evaluation

- N = 11
- On a scale of 1-5
- Presenter connected well with audience.
- Slides and other media were easy to follow.
- Content was relevant based on what was appropriate to my level of training.
- Trainer seemed important and appropriate to my level of training.
- The topic should be included again next year.

Very high quality and important topic, including more content on weight inclusive care and how to provide weight inclusive care to our patients would be greatly appreciated.

Future Steps

- Short-term**
 - Integrate training into UW pediatric residency program's curriculum.
 - Offer weight inclusive care workshops emphasizing case studies and role play for developing clinical skills.
- Long-term**
 - Develop organizational weight inclusive policies and guidelines around recommending weight loss.
 - Facilitate interdisciplinary medical discussions between medical providers and RDs.

Acknowledgements
Thank you to the following individuals for their support and assistance in completing this project: [Names listed]

Khang Ho
MPH Practicum and PH Concentration: Designing and Delivering Weight-Inclusive Care Training for Medical Residents at Seattle Children's Hospital
Capstone: Recommendations for Seattle Fresh Bucks: Produce Prescription Program Best Practices and Benefit Level Adjustments
Awards and Scholarships: UW SPH Outstanding Master's Student Award,

Leadership Education in Adolescent Health (LEAH) Traineeship, ASPHN DNPAO Nutrition and Physical Activity Traineeship, Alpha Kappa Alpha Educational Advancement Foundation Graduate Merit Scholarship, Point Foundation BIPOC Scholarship, Washington State Academy of Nutrition and Dietetics Scholarship, UW Graduate Student Excellence & Equity Award, UW SPH Endowed Fellowship, FSNH Top Scholar Award, Marian Marshall Thompson Alumni Endowed Scholarship

Kara Ikeda

MPH Practicum and PH Concentration: Mealtime Matters: Integrating Farm-To-Preschool Produce into Family Mealtimes
Capstone: Recommendations for Seattle Fresh Bucks: Produce Prescription Program Best Practices and Benefit Level Adjustments
Awards and Scholarships: Leadership Education for Neurodevelopmental Disorders (LEND) Traineeship

Christina Lin

MPH Practicum and PH Concentration: Promoting Accessibility in WA SNAP-Ed Contract Funding for Tribal Organizations
Capstone: Recommendations for Seattle Fresh Bucks: Produce Prescription Program Best Practices and Benefit Level Adjustments
Awards and Scholarships: Newton W. and Kathryn Adair Galley Scholarship

Kana Ogaki

MPH Practicum and PH Concentration: The Pre-Survey Data Analysis of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Field to Family Produce Incentive Program in Ventura County, California
Thesis: Accessibility to WIC-Authorized Ethnic Food Stores in Washington State: Implications for Serving the Needs of Immigrant WIC-Eligible Populations
Awards and Scholarships: Western MCH Nutrition Partners Traineeship, Academy of Nutrition and Dietetics Foundation Annette M. Rachman Memorial Scholarship, Ruth E. Ostrander Endowed Scholarship

INTRODUCTION
Limited access to sustainable and affordable sources of fresh fruits and vegetables hinders families' ability to grow and thrive in Ventura County (VC), CA. VC is a diverse agricultural economy, yet 1 in 8 families report being food insecure. Purpose: Explore and produce research program to: 1) support local agriculture; 2) support healthy eating habits; 3) address food purchasing issues while adding public health and community development goals; and 4) benchmark critical health indicators in relationships to increased fruit and vegetable intake.

OBJECTIVES
Assess household food security, nutrition security, and skills, attitudes, and confidence in shopping, cooking, and eating healthy meals on a budget. Identify recommendations for service delivery and program improvement.

METHODS
Study sample: participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) - Market Nutrition Program (MNP) participating in efforts to purchase California grown produce and fruit.
Analysis of cross-sectional data on:
1) Household food security measured by the USDA Food Access Questionnaire
2) Household nutrition security, residence, and education levels
3) Assessment of skills, attitudes, and confidence in shopping, cooking, and eating healthy on a budget
4) Quantitative and qualitative analysis (Chi-square analysis, t-test, and ANOVA using SPSS)

RESULTS
Figure 1: Distribution of household food security categories among the WIC participants.
Figure 2: Household food security by educational attainment.
Figure 3: Household food security by household income.
Figure 4: Household food security by household size.
Figure 5: Household food security by household type.
Figure 6: Household food security by household type and education level.
Figure 7: Household food security by household type and education level (continued).

CONCLUSION & RECOMMENDATIONS
Household Food Security and Nutrition Security: Majority of WIC participants who have recently integrated with information about government, community, and household-level resources, and community resources on their active lifestyles to improve their food security.
Food and Nutrition Security: Majority of WIC participants who have recently integrated with information about government, community, and household-level resources, and community resources on their active lifestyles to improve their food security.
Skills, Attitudes, and Confidence in Shopping, Cooking, and Eating Healthy on a Budget: Majority of WIC participants who have recently integrated with information about government, community, and household-level resources, and community resources on their active lifestyles to improve their food security.

Stephanie Turner

MPH Practicum and PH Concentration: Identifying Community Contamination Concerns in the Puget Creek Watershed

Capstone: Recommendations for Seattle Fresh Bucks: Produce Prescription Program Best Practices and Benefit Level Adjustments

Awards and Scholarships: Mortar Board Tolo Scholarship, Ruth E. Ostrander Endowed Scholarship

Irene Yoon

MPH Practicum and PH Concentration: Creation of Culturally Tailored and Bilingual Diabetes Nutrition Calendars for EthnoMed

Thesis: Exploring the Future of Sustainable Foods through Nova Classification of Upcycled Certified Products

Awards and Scholarships: Katherine F. Jensen Endowed Fellowship

MS RDN Graduates

UNIVERSITY OF WASHINGTON
SCHOOL OF PUBLIC HEALTH
Chrononutrition and Continuous Glucose Monitoring in Type 2 Diabetes: a Case Study
Aimee Allen, MS candidate and Dietetic Intern
Preceptor: Karen Muegler, MS, RD, CDCES, UW Medicine Diabetes Institute & Northwest Kidney Stone Center

BETTER GLYCEMIC CONTROL
Chrononutrition and continuous glucose monitor (CGM) use show promise in improving glycemic control in patients with type 2 diabetes. Co-ingestion of a protein or fat-containing food with a carbohydrate food can delay time to peak glucose and lower overall postprandial glucose rise.¹ Eating protein foods and non-starchy vegetables before carbohydrate foods results in the slowest glucose rise.² CGM use can reduce hypoglycemic episodes,³ improve A1C, and improve time in range (TIR), which indicates the percentage of time blood glucose was within 70-180 mg/dL.⁴

CASE PRESENTATION
The patient is a 50-year-old male who was diagnosed with type 2 diabetes in 2018. Comorbidities include hypertension, hyperlipidemia, gastroesophageal reflux disease, hypothyroidism, and obstructive sleep apnea. He is on metformin, glimepiride, and lisinazole. Due to the appointment, the patient's TIR was 47% and the glucose management indicator, a measure of A1C, was 7.2%. The patient's goal was to use A1C, which was 7.0%, as a target for glycemic control. He was instructed using insulin-pump and CGM. He had regular meal portions and snack portions. He had a total of 100 grams of carbohydrates per day. Initial diagnosis: "Physical inactivity related to being 40 years as evidenced by self-report."

Best & Worst Days before and after RD visit
The figure shows two line graphs. The top graph is labeled 'Best Day' and the bottom graph is 'Worst Day'. Both graphs show glucose levels over 24 hours. The 'Best Day' graph shows a peak glucose level of approximately 120 mg/dL at 12:00 PM, while the 'Worst Day' graph shows a peak of approximately 180 mg/dL at 12:00 PM. Both graphs show a significant drop in glucose levels around 18:00 PM, reaching approximately 70 mg/dL.

MANAGEMENT & OUTCOME
Lifestyle adjustment recommendations:
• Eat every 2-3 hours to prevent glucose excursions from soaring and rising blood glucose once sleep begins and awakes.
• Use the CGM app to watch for patterns in other foods and meals.
• Eat each carbohydrate food with a protein food and/or protein and non-starchy vegetable first and carbohydrate last, the best response.
• A rise of 40 mg/dL is the goal from pre- to postprandial glucose level. 50 mg/dL or less: 70 mg/dL or more adjustment is needed.
• Plan two overviews with 2-hour means.
• The figure shows two line graphs. The top graph is labeled 'Before' and the bottom graph is 'After'. Both graphs show glucose levels over 24 hours. The 'Before' graph shows a peak glucose level of approximately 180 mg/dL at 12:00 PM, while the 'After' graph shows a peak of approximately 120 mg/dL at 12:00 PM. Both graphs show a significant drop in glucose levels around 18:00 PM, reaching approximately 70 mg/dL.

Notable Differences
• 1% increase in TIR (percentage points)
• This means that 9 fewer hours spent each day between 70 and 180 mg/dL
• Average glucose decreased by 87 mg/dL (30%)
• 100% less episodes of A1C decreased by 0.3
• There were 12 fewer hours each day outside the target range of glucose (70-180 mg/dL) in the 'After' graph compared to the 'Before' graph.
• The number of hours in which the mean was greater than 200 mg/dL fell from 34 hours per day to 16 hours.

DISCUSSION & CONCLUSION
All measured metrics for the patient's glycemic control showed positive variability improved in the months following the appointment with the RD. Using the app to observe trends developed from food affected blood glucose. A decrease in A1C (or GMI) of 2.1 percentage points is clinically significant and is demonstrated by many normal complications of diabetes, compared with many insulin diabetes medications which reduce A1C by 1-2 percentage points.
While not stated in this case, research demonstrates the benefits of CGM use in improvement of glycemic control and in providing new insight into glucose trends. The role of the diabetes educator continues the provider's professional role in addition to educating on medications, validation, reducing and creating a carbohydrate ratio, and eating with diabetes technology like CGM or insulin pumps.
Combining CGM and nutrition counseling improves glycemic management. Diabetes educators require an interdisciplinary approach to support patients in their glycemic goals.

Aimee Allen

MNT Concentration: Chrononutrition and Continuous Glucose Monitoring in Type 2 Diabetes: A Case Study

Thesis: The Association Between Eating Competence and Daily Hassles and Uplifts of Eating Location in Undergraduate University Students

Awards and Scholarships: Carrie Cheney Student Leadership Award

Paola Maria Bregni Ibarra

MNT Concentration: Nutrient Drug Interaction Probability Scale (NDIPS): An External Validation

Thesis: Nutrient Drug Interaction Probability Scale (NDIPS): A Creation and Validation Process

Awards and Scholarships: Washington State Academy of Nutrition and Dietetics Outstanding Student in a Coordinated Program Award, Beverly Winter-Eben Student Service Award, Pediatric Pulmonary Center (PPC) Traineeship, Academy of Nutrition and Dietetics Public Health and Community Nutrition IDEA Scholarship, Mortar Board Betty Benson Runstad Scholarship, UW SPH Office of the Dean Master's Fellowship, Katsumi Higuchi Memorial Scholarship, Marian Marshall Thompson Alumni Endowed Scholarship

Jocelyn Naide

MNT Concentration: Pediatric Medical Nutrition Therapy for Comorbid Type 1 Diabetes and Eating Disorders

Thesis: Determinants of Indigenous Diet Quality and Their Association With Inflammation and Biological Age in the NHLBI Strong Heart Family Study

Awards and Scholarships: Ruth E. Ostrander Endowed Scholarship

Alejandro Oropeza Velasquez

MNT Concentration: Improving Nutrition Discharge Education for Caregivers of Adolescents with Eating Disorders at Seattle Children's Hospital

Capstone: Recommendations for Seattle Fresh Bucks: Produce Prescription Program Best Practices and Benefit Level Adjustments

Awards and Scholarships: Leadership Education in Adolescent Health (LEAH) Traineeship, Newton W. and Kathryn Adair Galley Scholarship

The infographic is titled "Improving Nutrition Discharge Education for Caregivers of Adolescents with Eating Disorders at Seattle Children's Hospital" and lists Alejandro Oropeza Velasquez as an MMS and OCPD Student, LEAH Nutrition Fellow, and LEAH Faculty, along with Casey McCoy, MPH, RDN, CD. It is associated with Seattle Children's and UW LEAH (Leadership Education in Adolescent Health).

Background	Summary of Themes	Intervention												
<ul style="list-style-type: none">▶ Early weight gain in Family Based Treatment (FBT) is a predictor of improved outcomes in adolescents with restrictive eating disorders (RED)▶ Upon discharge from inpatient ED care, caregivers are responsible for nutrition, with the goal of weight restoration▶ At SCH, caregivers of patients in inpatient ED care are provided with meal planning education by Registered Dietitians (RDs) at time of discharge.▶ This education session doesn't allow much time for RDs to provide individualized nutrition recommendations.	<table border="1"><thead><tr><th>Challenge</th><th>Improvement</th></tr></thead><tbody><tr><td>1 Visuals Lack of visual examples to illustrate food groups and portioning</td><td>▶ Incorporate visuals throughout tool to illustrate portion sizes and meal examples</td></tr><tr><td>2 Culture Meal examples do not include culturally diverse foods/meals</td><td>▶ Expand meal examples and highlight ability of families to fit traditional foods into meal plan</td></tr><tr><td>3 Meal components Insufficient education around macronutrients and food groups</td><td>▶ Provide basic education on food groups and rationale for serving size recommendations</td></tr><tr><td>4 Literacy Concern that current handout not appropriate for all literacy levels</td><td>▶ Follow SCH Patient and Family Education and Communications Health Literacy Best Practices</td></tr><tr><td>5 Time RDs spending up to one hour providing education to caregivers</td><td>▶ Create a video presentation for families to review prior to discharge teach</td></tr></tbody></table> <p>The Nutrition Guidelines for Caregivers YouTube video is a portable tool that provides general refeeding education to supplement an individualized meal plan.</p>	Challenge	Improvement	1 Visuals Lack of visual examples to illustrate food groups and portioning	▶ Incorporate visuals throughout tool to illustrate portion sizes and meal examples	2 Culture Meal examples do not include culturally diverse foods/meals	▶ Expand meal examples and highlight ability of families to fit traditional foods into meal plan	3 Meal components Insufficient education around macronutrients and food groups	▶ Provide basic education on food groups and rationale for serving size recommendations	4 Literacy Concern that current handout not appropriate for all literacy levels	▶ Follow SCH Patient and Family Education and Communications Health Literacy Best Practices	5 Time RDs spending up to one hour providing education to caregivers	▶ Create a video presentation for families to review prior to discharge teach	<p>What should my child eat?</p> <p>Sample dinner</p> <p>Future Directions</p> <ul style="list-style-type: none">▶ Monitor family engagement with video presentation▶ Update Nutrition Guidelines for Caregivers handout to reflect needs assessment areas of improvement▶ Survey RDs to assess effectiveness of updated materials
Challenge	Improvement													
1 Visuals Lack of visual examples to illustrate food groups and portioning	▶ Incorporate visuals throughout tool to illustrate portion sizes and meal examples													
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5 Time RDs spending up to one hour providing education to caregivers	▶ Create a video presentation for families to review prior to discharge teach													
<p>Methods and Objectives</p> <p>Needs Assessment</p> <ul style="list-style-type: none">▶ Focus group and informal interviews with 6 IP RDs▶ Literature search on refeeding pathway education at other adolescent ED treatment facilities▶ Work collaboratively with inpatient RDs▶ Improve delivery and content of education for varying levels of health literacy and cultural backgrounds▶ Create an educational tool to complement Meal Support Clinic for Caregivers video														

Casey Spellman

MNT Concentration: Medical Nutrition Therapy in Post-Stroke Neurocritical Care: A Case Study

Capstone: Recommendations for Seattle Fresh Bucks: Produce Prescription Program Best Practices and Benefit Level Adjustments

Concentration Posters

All MPH-Nutrition students' [Public Health Concentration Project posters](#) and MS students' [Medical Nutrition Therapy \(MNT\) Project posters](#) are posted on the program's website.

Student & Alumni Profiles

Interviews with many of our current and past students are featured on the Food Systems Nutrition & Health website, including three 2024 intern [student profiles](#). Read the full profiles to learn why they chose UW, their areas of interest, their future goals and what they like to do in their free time. Several of our amazing program graduates are featured in the [alumni profiles](#).

2024 OUTSTANDING PRECEPTOR AWARDS

Each year our graduating interns are invited to honor a preceptor who contributed to their development as a future professional. The 2024 Interns selected the following individuals:

- Jill Allum, MS, RDN** *PHSKC, WIC*
- Mariia Byelykh, MS, RD, CD, CNSC** *UWMC- ML*
- Lola Dack, MPH, RD, CD** *UWMC- NW*
- Cheryl Davis, RD, CD**
Seattle Children's Hospital
- Alysun Deckert, MS, RD, CD, MHA** *UWMC-ML*
- Lorren Koceja, RD, CD, IBCLC**
Harborview Medical Center
- Meghan Lyle, MPH, RDN**
Fred Hutchison Cancer Center
- Julia Marnadi, RD, CD, CNSC** *UWMC-ML*
- Mari Mazon, MS, RDN, CD**
UW Institute on Human Development and Disability
- Tara McGinty, CHES** *Washington State DSHS*
- Chris Mornick, MPH, RDN** *Washington State DSHS*

- Karen Munger, MS, RD, CD, CDCES,**
BCADM Kidney Stone Center at UWMC-NW and UW Diabetes Institute at South Lake Union
- Jennifer Parietti, MS, RD, CD, CNSC**
Seattle Children's Hospital
- Claudia Sassano-Miguel, MS, RDN, CD, CSPCC,**
CCTD Seattle Children's Hospital
- Leah Swanson, MHSc, RDN, CD** *UWMC-NW*
- Cory Zenner, RD** *UWMC-ML*



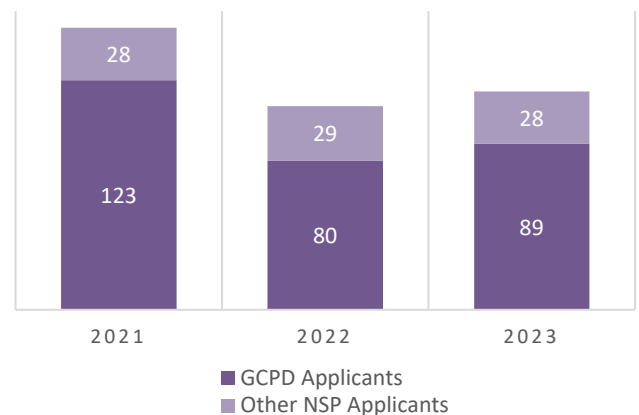
Interns recognizing their outstanding preceptors during the graduation celebration.

PROGRAM DESCRIPTION AND TRENDS IN APPLICATION NUMBERS

The Graduate Coordinated Program in Dietetics (GCPD) combines graduate studies (MS, MPH, or PhD) with an Academy of Nutrition and Dietetics (via ACEND) accredited internship that is required to become a Registered Dietitian Nutritionist (RD/RDN). During the 2023 admissions cycle, we received 89 eligible applications for our 14 slots.

Our admissions team starts reviewing applications in December for students who will matriculate the following autumn. As a Coordinated Program, the GCPD combines the course work and supervised practice hours into a single program. In December 2024, we will be selecting our 2027 interns.

GCPD Remains in High Demand



FUTURE COHORTS' DEGREES AND INSTITUTIONS

The UW SPH dietetics program actively seeks students from varied fields ranging from more traditional science and nutrition backgrounds to public health, anthropology, finance, and psychology. These multidisciplinary perspectives lead to rich classroom discussions and produce practitioners who can confidently approach complex individual and population health challenges. The previous degrees held by our next two cohorts are listed below.

2025 Interns (Enrolled Autumn 2023)

Previous Degrees & Institutions

Public Health-Global Health, BS *University of Washington*
Biology, BA *Austin College*
Biology, BS *Cal State University-Fresno*
Nutrition & Dietetics, BS *Cal State University-Long Beach*
Interdisciplinary Studies, BA *Wheaton College*
Finance & Management, BS *Virginia Tech*
Nutrition & Dietetics, BS *New York University*
Psychology, BA *University of Missouri-Columbia*
Public Health, BS *Brigham Young University-Idaho*
Anthropology, BA *University of Oklahoma*
Nutritional Sciences, BS *University of CA-Berkeley*
Health Promotion & Disease Prevention, BS *University of Southern CA*
Biology, BA *Scripps College*

2026 Interns (Enrolled Autumn 2024)

Previous Degrees & Institutions

Art History, BA *University of San Diego*
Biology, BA *University of Virginia*
Nutrition, BS *Arizona State University*
Behavioral Neuroscience BS *University of British Columbia*
Clinical Nutrition & Dietetics, BS *Bangalore University*
Biology, BS *Washington State University*
Food, Nutrition, & Health, BS *University of British Columbia*
Health Sciences: Nutrition & Foods, BS *Northern Arizona University*
Food Science & Human Nutrition, BS Public Health *University of Hawaii at Manoa*
Cultural and Social Anthropology, BA *Stanford University*

GCPD SEMINAR HIGHLIGHTS

We appreciate the **Seminar speakers** that shared their expertise in our weekly internship course. **Alysun Deckert** (UWMC) provided two sessions on fiscal management. Interns read & discussed *Decolonizing Wellness* for the **GCPD Book Club**. The author, **Dalia Kinsey** (author & speaker), joined us for a discussion about how the nutrition and wellness fields could be more inclusive of all identities. **Charlotte Sanders** (UW School of Social Work) returned and facilitated a session on trauma informed care. **Marie Spiker** (UW) lead a session on Food Systems. **Susan McBride** (Harborview) presented on dietetic management strategies. **Mary Jones Verbovski** (Seattle Children's) presented on Nutrition Focused Physical Assessment. **Jamie Kowatch** (Salute Nutrition) taught our interns how to provide the initial education for patients diagnosed with insulin dependent diabetes, including point-of-care glucose monitoring. **Carolyn Baylor** (UW) returned to share speech language pathologist's (SLP) scope of practice, how a swallow screen is conducted, and their overlap with RDNs in the inpatient setting. **Ruth Foster Koth** (UW Medicine) shared about skill building for challenging interactions and working through emotionally charged situations. Along with Medical, Dental, MedEx (Physician Assistant), Pharmacy, and Nursing students, our dietetic interns completed **Interprofessional Education (IPE)** sessions on ethics, outpatient care, and interprofessional partnerships to promote population health. This year we added an assignment on **Hot Nutrition Topics**, where students paired up to present evidence for and against a popular nutrition trend. Students chose to lead the class through conversations about: Safety & Nutrition of Energy Drinks, AI in Nutrition Practice, Ethics of Paid Nutrition Partnerships, and GLP-1 Receptor Agonists: The Solution to Weight Loss?

FOOD SYSTEMS, NUTRITION, AND HEALTH & GCPD PROGRAM HIGHLIGHTS

Program Name Change and New Courses

The University of Washington Nutritional Sciences Program is now known as the **Food Systems, Nutrition, and Health Program (FSNH)**, effective January 2024. The renaming process began before the pandemic when program faculty and stakeholders suggested that a new name could better align with the program's mission; the scope of its current educational programs, teaching and research; and its vision for growth in the next decade. The change is intended to both highlight the program's continued leadership in training nutritional science, public health nutrition, and dietetics students while also illustrating the broadened focus to sustainable food systems, and on training the future food systems workforce.

Over the last five to ten years, the program has offered an expanding array of food systems classes and collaborations at the undergraduate and graduate-level. These courses show how food systems issues and population and planetary health are interconnected. Examples of these courses include NUTR 514 Sustainable Food Systems for Population Health, and NUTR 490 Sustainable Animal Agriculture, which explores sustainable animal agriculture complexities and tradeoffs.

Another new course is NUTR 515 Body Weight and Size Inclusivity: Clinical, Behavioral, and Societal Perspectives. This class was developed and is taught by Cristen Harris, PhD, MS, RDN, FAND. This class explores the systemic, inequitable, and unjust ways in which bodies are oppressed and stigmatized in the name of health, particularly among marginalized groups and amidst the intersections of socially constructed identities. Students learn how weight stigma affects health while exploring the evidence for size-inclusive approaches to health and well-being.

Faculty Changes and Achievements



Michelle Averill was promoted to the rank of **Teaching Professor** in the Department of Environmental & Occupational Health Sciences. She is the director of the Food Systems, Nutrition and Health Program and the associate director of the Graduate Coordinated Program in Dietetics. Michelle sits on the School of Public Health's faculty council, leads the program's Budget and Management Committee, is on the Graduate Admissions Committee, the Curriculum Committee, and the Graduate Leadership Group.



Anne Lund was promoted to the rank of **Teaching Professor** in the Department of Epidemiology. Anne is the Director of the [Graduate Coordinated Program in Dietetics](#) and the Director of the [MPH Nutrition degree](#). Anne co-chairs the FSNH Graduate Admissions Committee, and serves on the Budget and Management Committee, the Curriculum Committee, and the Graduate Leadership Group. Anne is also the School of Public Health representative on the Graduate School Council, which acts on behalf of the graduate faculty and has legislative authority for all matters pertaining to graduate education requiring a vote of elected representatives.



Jennifer Otten was promoted from associate professor to **Professor with Tenure** in the Department of Environmental & Occupational Health Sciences. Jen is the Food Systems, Nutrition, and Health, Undergraduate Program Director and the Co-Director of Livable City Year.

ACEND UPDATES

At the start of 2024, the Commission on Dietetic Registration began requiring completion of a graduate degree to sit for the RDN exam. As dietetic education moves to requiring graduate-level training, the accrediting body is working to develop admissions process guidelines. During its January 2024 meeting, the Accreditation Council for Education in Nutrition and Dietetics (ACEND®) Board voted to eliminate the matching process, require all supervised practice program types to use the DICAS application system, and to abide by specific applicant notification dates. This has been a bumpy process for long-time existing graduate programs like ours.

ACEND's proposed timing and wording would have prevented graduate students in dietetics from being offered funding (such as a graduate scholarship, fellowship, traineeship, or assistantship) as part of the recruitment process. The UW Food Systems, Nutrition, and Health Program typically offers three applicants Top Scholar awards which covers the first year's tuition, health insurance, and a monthly stipend. Given the potentially negative impact on recruitment of top applicants, Anne Lund worked closely with ACEND and the Council of Graduate Schools to align ACEND's wording with existing national graduate education standards for competitive admissions offers.

Change is becoming the norm with each admissions cycle. In the past two years, the School of Public Health began requiring applicants apply via a centralized application service (CAS) for public health (SOPHAS), UW's Graduate School switched to a new application system, and now ACEND will be requiring applicants apply through a centralized application service (CAS) for dietetics (DICAS). This means that next year our MPH dietetic applicants will be required to apply through three different application systems. Anne is working with ACEND and Liaison, the parent company of the two CAS applications, to try to minimize the financial and time burden on applicants.

PROGRAM CONTACT INFORMATION

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