NutriNews
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Dwayne Swinton

I had the pleasure of sitting down to talk to the new President of the Student Nutrition and Dietetics Association for the upcoming 2016-2017 school year, Dwayne Swinton. He explains his thoughts on the SNDA and how he is going to “re-vamp” the association to make it better than its ever been before!

By Sara Boyd

S.B. When did you decide that SNDA was the right fit for you?

D.W. : I was approached by the former Vice President, Tonya Fraser, a few months ago and was told about the opening of the positions. It interested me to be able to share my ideas and knowledge with the future nutrition students.

S.B. What do you hope to get out of the SNDA next year?

D.W. : I hope SNDA brings the awesome feel of nutrition back to Brooks college. I remember coming up into my junior year and seeing the SNDA being so active with the student body and how that always made me feel excited to be apart of that major. I want the students to be proud of the SNDA and become more involved to what the SNDA can offer.

S.B. What are your goals to improve SNDA?

D.W.: My goals to improve SNDA is to use technology. I want to get more student involvement by producing live feed from our meetings, being able to utilize Facebook more efficiently and, with the help of our PR Chair, utilize other social media outlets that are becoming more popular. I want to bring the fun back. Let’s bring the culture back, let’s get the dress code right, let’s show student’s how to engage relationships with their teachers. We hope to involve the lower classes to promote the well being of our lifestyles and give them something to look forward to in the upcoming years.

S.B.: How do you plan to obtain more of the student body, both majors and non-majors, more interested in the SNDA?

D.W. : There are so many different opportunities that the SNDA can be apart of in the upcoming year. We are creating ideas of how students can become involved and what, we as officers, wanted to see during our junior year. We are working on asking the opinions of professors on what we can do to improve
the nutrition class and asking for their help to get more student involvement. We want to teach students what it means to be professional and to always try your hardest. We are also wanting to create workshops to let students teach others what they are learning in their classes and how they can incorporate that into their everyday lives. We are working on collaborating with Lend-a-Wing and promoting different services to the dorms. The opportunities are endless and what we do not accomplish within the next year, we hope will be accomplished in years to come.

S.B. Why is it important to you to be so active in educating people on the importance of nutrition?

D.W.: This is an important topic to me. Obviously being a nutrition major is something I cherish. In my opinion, being a potential RD, part of our job is to reach out and help people continuously improve their lifestyle. We are given the knowledge to help people be successful in healthy living. I think that while we are obtaining our knowledge to help people, we should always be up for practicing sharing that knowledge and our passion with people that are all around us. What better way than to start with the student body here at the University of North Florida?
Surviving Clinicals

By Jessica Glosson

The clinical rotation portion of a dietetic internship tends to be the most difficult and intellectually demanding rotation of an internship program. As an intern, you are thrown into a hospital environment and presented with real-live patients that exhibit all of the conditions you had so diligently read about in your undergraduate textbooks. Reading about a condition and actually seeing it head-on is an entirely different experience. As future dietetic professionals, I feel it is extremely vital for us as students to gain a strong foundation in clinically based concepts because, in truth, they are the root of everything else. This article will provide some pertinent advice on what to expect during the clinical rotation along with useful tips on how to survive the stress, challenges, and potential sleep deprivation that can result from this segment of rotations.*

*If you are in a combined Master’s and internship program (MS-DI), the stress and sleep deprivation bit applies to you two-fold.

1. Be a human sponge. For however many months that your clinical rotation lasts, take this time to soak up every piece of information that is thrown your way. It will be intimidating at first and you'll feel like you know absolutely nothing when you get hit with extensive lists of medical procedures, terminology, and medications. But absorb all you can and truly take advantage of this time to be an active learner.

2. Do your research. Your preceptor and overseeing RD’s will be way more impressed with your work ethic and knowledge if you arrive prepared and knowledgeable on the topics of the week. For my rotation throughout Orlando Health, I would rotate with different dietitians on their corresponding floors and each had a distinctive patient population. If you know you’ll be rounding with an RD who specializes in oncology, for example, take the time to prepare a few days prior to that rotation segment to research different types
of cancer, treatment, and nutrition-related implications and interventions. You’ll also feel more confident when assessing patients that belong to this population plus you’ll understand what doctors and nurses are discussing during rounds.

3. Be a handout hoarder - Over the course of the clinical rotation, I must have received about 100 different handouts on various patient populations, protocols, research articles, etc. I got myself a large file folder so I could save and organize all of this information in one place. I found these handouts to be great resources throughout my rotation and I even referred to them frequently over the course of my Clinical Nutrition graduate course. You never know when something might come in handy!

4. Don’t be timid; ask questions - It’s totally normal for you to not know everything when you start this segment of the internship. The field of medicine itself is vastly diverse and ever-changing. Don’t be afraid to ask questions on anything if you feel lost or don’t understand.

5. Stay Organized - As you complete this portion of the internship, keeping handouts, competencies, evaluation forms, and other necessary logs in an organized manner will save you a ton of headache in the end. Color-coded file folders for printed logs and completed competencies can serve as an easy way to separate out paperwork. I found that each week when I completed a log sheet or competency write-up that printing out and filing these immediately into my binder was the best way to stay organized and keep things on track. When information is fresh in your mind, take the time to apply it to your related documentation right then and there in order to avoid having to recount the concepts later.

6. Treat your internship as if it’s a four-month-long job interview and consider your preceptor as a possible employer - Even if you realize inpatient care is not for you, establishing a good rapport with your preceptor and the staff at your hospital is a great idea. Your preceptor not only writes your midterm and final evaluations but could even write a future reference letter for you; make sure to leave a positive impression. Be on time, dress professional, and demonstrate your willingness to work and learn.

7. Finally, take care of yourself - As future health-care professionals, we are quick to counsel others on healthy interventions they can take to improve their life but often times we forget to take that advice to heart ourselves! The months of a clinical rotation can be taxing, especially if you’re completing a master’s program simultaneously. Rotation hours can comprise a majority of your week and free time is often used for studying or completing assignments. Make sure you manage your time well and avoiding overloading yourself with stress and high expectations. Scheduling in the time to exercise and eat well will make all the difference on your outlook and performance in the long run.
A high protein diet can help obese older adults lose weight and improve physical function compared with a regular weight loss regimen

Duke University Medical Center in North Carolina conducted a study on 67 obese adults aged 60 years and older. All participants underwent a Short Physical Performance Battery (SPPB) assessment which looked at endurance, strength, balance and gait, and took BMI at baseline, three, and six months. The participants were then divided into two groups, a control group on a traditional weight loss program, and the experimental group who had increased protein intake at each meal. After six months, the high protein group lost more weight than the traditional diet, and also had higher physical function scores than the traditional diet. Protein may increase satiety and yields other health benefits such as strength gains and greater fat loss. These results may influence treatment for obese adults, particularly to maintain function at an older age.

Obesity in teens seems to raise risk for illness, death in middle age

A new study evaluated 2.3 million Israeli teenagers between 1967 and 2010, before their required military service. They found that obese teens were five times more likely to die of heart disease by middle age, and the risk tripled regarding death of any cardiovascular cause. Unfortunately the cause for increased risk cannot be determined. Is it due to poor diet and lack of exercise as an adult, or carrying around the extra pounds early in life? This study was conducted throughout years where obesity was not as prevalent, so what does that mean for children today and their future?
Prediabetes may damage nerves more than thought

A new study published on April 11 looked at 62 individuals, 52 of which had tingling pain in their hands and feet, and thirteen had prediabetes. After three years, those with prediabetes had nerve damage in the entire length of small sensory nerve fibers, which is altered from the current understanding of prediabetes nerve damage which suggests only the longest ends are damaged first. This suggests the need for more screening and faster intervention for those with prediabetes to delay neuropathy.

New no-surgery weight loss procedure shows promise

A new pilot trial is looking for alternatives to gastric bypass with their new bariatric arteriale embolization (BAE) procedure. Seven morbidly obese individuals underwent this new procedure. Radiologists insert a catheter into the wrist or groin to gain access to a specific area in the stomach. Then, microscopic beads are inserted to block the blood flow where ghrelin is produced. With the decrease in ghrelin, they have seen an 80 percent decrease in hunger. This is an outpatient procedure that takes under an hour and has little recovery time. The patients also attended a comprehensive weight management program, but on average lost six percent weight loss in one month, 9.5 percent weight loss in three months, and 13 percent after six months. This may be another tool for weight loss in the future for those not interested in surgery.
According to the University of New Mexico, "Muscle growth is a complex molecular biology cell process involving the interplay of numerous cellular organelles and growth factors, occurring as a result of resistance exercise. Muscle growth occurs whenever the rate of muscle protein synthesis is greater than the rate of muscle protein breakdown. Both, the synthesis and breakdown of proteins are controlled by complementary cellular mechanisms. Resistance exercise can profoundly stimulate muscle cell hypertrophy and the resultant gain in strength. However, the time course for this hypertrophy is relatively slow, generally taking several weeks or months to be apparent (Rasmussen and Phillips, 2003). Interestingly, a single bout of exercise stimulates protein synthesis within 2-4 hours after the workout which may remain elevated for up to 24 hours (Rasmussen and Phillips, 2003)."

Moreover, hormone-like compounds, called Growth Factors stimulate cells to produce the gains in the muscle fiber size and affect muscle growth by regulating satellite cell activity, enhancing protein synthesis, migrating to the damaged muscle site, revascularization, and repair, and testosterone enhances cellular amino acid uptake.

Protein, Vitamin D, Zinc, are three nutrients
that are essential to muscle growth. Dietary protein provides amino acids needed for the protein synthesis to build muscle tissue. Depending on height, weight, and activity level, the healthy adult should consume 1.0-1.2 grams per kg of body weight per day. Vitamin D plays an important role in muscle function and growth. An animal study, published in the "American Journal of Pathology" in 2013, found that vitamin D helped stimulate new muscle growth after injury, restoring the damaged muscle. It is recommended to consume 15 micrograms of vitamin D daily. Zinc helps to regulate the growth factor hormone for muscle development. Men should consume approximately 11 grams per day and 8 milligrams for women.

Those who consume only a vegetarian diet may sometimes find it more difficult to reach the daily recommended intake for the mentioned nutrients, as we know animal meats provide increased amounts. It is most important to be sure to consume a balanced diet of fruits, vegetables, protein, grains, and dairy, as well as water. As for protein, eggs and dairy are primal sources for protein, but if doesn’t fit the bill, the foods that can provide significant values include beans, quinoa, soy, hummus, seeds/nuts/nut butters. Because the vegetarian diet doesn’t provide proteins and amino acids as easily as the meat-eaters, the vegetarian must be aware of combining two sources to make a complete protein, such as rice and beans, avocado, pita and hummus, or a peanut butter sandwich. Brussel sprouts, spinach, broccoli, oats, spaghetti, and rice, also provide much protein.

Next, good dietary sources of vitamin D include mushrooms, soy and almond milk, fortified cereals and orange juice, cow’s milk, yogurt, eggs, and tofu. And last, increased amounts of zinc are found in fortified cereals, seeds, pomegranates, avocados, berries, lima beans, spinach, green beans, mushrooms, asparagus, corn, and oats.

As previously stated, it is very important to consume a balanced diet of all food groups, and with concern to muscle building, emphasis on nutrients like protein, vitamin D, and zinc. Vegetarians can efficiently build muscle without eating meat, but must engage in resistance training/weight lifting.
Eggs. What a concept. They can be eaten at breakfast, lunch, and dinner. Whether you want sunny side up for breakfast, devilled eggs at lunch, a quiche for dinner, or even a custard for dessert, eggs are wildly versatile. They can be used in salads, soups, sauces, sides, baking, custards, quiches, frittatas, breakfast sandwiches, and appetizers, and can be cooked in about a million ways. Not to mention there are at least 10 different types of eggs on the market. With options like this, how can we ever make any decisions?\(^1\)

The ten different types of eggs we are referring to are the different types of chicken eggs recognized by the USDA. These include conventional, cage-free, pasture-raised, brown, free-range, pasteurized, enriched, certified organic, omega-3 enriched and vegetarian-fed. Conventional eggs are produced by hens in enclosures that serve as a nesting area, while cage-free eggs are produced by hens that roam in an open area. Free-range is different from cage-free in that these hens are allowed access to the outdoors where they can forage for wild plants and insects. Certified organic eggs may be produced by either cage-free or free-range chickens, but they must be fed certified organic feed. These are the four types
you will most likely see in your local grocery store. ¹

Confused about the brown eggs you see on a regular basis? These may fall into any of the previously mentioned categories. The only difference is the color of the hen they are laid by! Brown eggs, surprisingly enough, are no healthier than white eggs. They hold the same flavor, quality, and nutritional content as white eggs. They are just laid by red hens rather than white! In fact, without any additives, a large egg, brown or white, contains only 70 calories, 1.5 grams of saturated fat, and 6 whole grams of protein in addition to vitamins and minerals like riboflavin and vitamin B12. ¹

The best news of all? All these types of eggs have one thing in common. They are produced without hormones or antibiotics and are non-GMO. To add to that, most eggs are packaged within 24 to 36 hours after being laid to ensure the freshest possible product. ¹

So we know how to decipher the types of eggs we see, but how do we handle them at home? Eggs can be a source of food-borne illness, so handling them with care is key to a safe and delicious meal! Per the USDA, eggs and liquid eggs should be stored at 40 degrees Fahrenheit and should not be frozen. Under these conditions, eggs should hold their quality up to 3 weeks past their expiration date. When handling eggs, be sure to always wash your hands with soap and water. There is no need to wash eggs before use. Simply check them for cracks and only take them out as needed for immediate use. When cooking, a good rule of thumb is that eggs should be cooked until both the yolk and white are solid. However, egg dishes call for a specific temperature. Quiches and similar egg dishes should be cooked to an internal temperature of 160 degrees Fahrenheit. Once cooked, they should remain above 140 degrees. Cold egg dishes should be held below 40 degrees. ¹

Now we know how to choose our eggs and how to handle them, so let’s try a recipe.

Asparagus Tomato Quiche²

Prep Time: 15 minutes
Cook Time: 40 minutes
Yields: 6 servings

Ingredients:
1 basic piecrust (9-inch), baked
1 cup asparagus pieces (1-inch)
3/4 cup shredded Italian cheese blend (3 oz.)
1 cup cherry tomato slices
6 eggs
1/2 cup milk
1/3 cup sour cream
1/2 tsp. salt
1/4 tsp. white pepper

To begin, heat the oven to 375° Fahrenheit. Blanch the asparagus in boiling water for 1 minute, rinse with cold water, and drain well. This will help the asparagus retain its color. Sprinkle cheese evenly on the bottom of the piecrust, topping evenly with asparagus and tomatoes. Beat the eggs, milk, sour cream, salt and pepper until blended, and pour the mixture over your pie crust. Bake until the center is almost solid but jiggles slightly when dish is gently shaken and a knife or toothpick inserted near center comes out clean. Cooking should take about 40 minutes. Allow the quiche to cool for at least five minutes before cutting it into wedges. ²

Voila! The perfect quiche.
As part of her American Garden Tour highlighting the impact and benefits of diverse gardens across the country, First Lady Michelle Obama visited Burke County (Ga.) Middle School on April 7, joining students to plant the school garden.

"It is wonderful to see that the First Lady is passionate about the same things as Academy members are – we have a shared passion for feeding children and for nutrition," said the Academy's 2016-2017 President-elect Donna Martin, EdS, RDN, LD, SNS, FAND, director of the Burke County school nutrition program. "It is especially exciting that Mrs. Obama is getting the opportunity to see how well Let's Move! is working in schools throughout the country. She is doing amazing work, and we will be able to show her that kids are benefiting, and communities are benefiting. Her visit also helps spotlight the role of the registered dietitian nutritionist: There is nobody better-qualified to run a school nutrition program than an RDN."

Rural Burke County has a Farm to School Program that provides farm-fresh produce to its students daily. By offering local, fresh fruits and vegetables, the school district found that student consumption rates doubled. Burke County Middle School is home to the county's STEM-based learning garden, where students are writing a cookbook that incorporates food they are harvesting from their garden.

The Academy's Evidence Analysis Library gives members the opportunity to enhance your professional development, contribute your expertise in crucial research and practice areas, and benefit the nutrition and dietetics profession.

The EAL was created by members for members, and the EAL Team is always seeking volunteers to be a part of this essential resource. Comprehensive training is provided to guide you in following the Academy's meticulous systematic process for identifying, analyzing and synthesizing food and nutrition research.

The EAL is seeking workgroup members to participate in three projects: Chronic Obstructive Pulmonary Disease Guideline Update, Pediatric Nutrition Screening, and Adult Nutrition Screening.

For more information visit: https://www.andeal.org/get-involved
The House Education and the Workforce introduced their version of child nutrition reauthorization, Improving Child Nutrition and Education Act of 2016. This piece of legislation impacts millions of children’s health and well-being as well as the jobs of thousands of Academy members leading these programs.

The Improving Child Nutrition and Education Act of 2016, will be debated very soon and the Academy continues to work with its partners to protect and strengthen these important programs. The Academy has sent a letter to the Committee, detailing the areas that this bill could improve to better meet the needs of children.

Only a few of the Academy’s recommendations were recognized in this bill. Specifically, these include:

- Increase funding for farm to school
- Increase reimbursement for the National School Breakfast Program
- Increase in innovative strategies to address the summer hunger gap for children through the Summer Meals Program
- Allowance for residential child care institutions to utilize the Child and Adult Care Food Program
- Authorize federal grants to help schools purchase food service equipment

Nutrition risks increase as we age – just as good nutrition helps promote health and affects the quality of life in older adults.

Given the federal cost-containment policy to rebalance long-term care away from nursing homes to home- and community-based services, it is the position of the Academy that all older adults should have access to food and nutrition programs and services that ensure the availability of safe, adequate food to promote optimal nutritional status and the services of a registered dietitian nutritionist.

The Tufts Human Nutrition Research Center on Aging has partnered with AARP Foundation to provide an updated MyPlate for Adults, based on the 2015 Dietary Guidelines for Americans. This downloadable resource for healthful eating provides information that is especially relevant to the 50+ population, including recipes, tips and more.

Suggestions for using MyPlate for Older Adults include:

- A placemat to refer to while dining out or at home
- A handout to residents at hospital and/or care facilities
- Basis for nutrition education curricula
- Dietary guide for both health professionals and individuals
- A shopping tool for individuals and caregivers.

For more information visit: www.eatright.org
"You stay classy, San Diego. I am Ron Burgundy?"

Oh wait, that’s not right. My name is Shawna Jenkins and I am currently a Nutrition and Dietetics Master’s student and an ISPP Dietetic Intern at the University of North Florida (UNF). I began my research career at the Florida State University where my love for animal research truly began. I went on to assist with animal studies at UNF while earning my second bachelor’s degree. Fast forward a little over a year and I just returned from the “LEFT” coast. I was recently awarded an opportunity to attend the Experimental Biology (EB) convention which was held in sunny San Diego, California. The EB is an annual scientific meeting comprised of over 14,000 attendees that features workshops, oral and poster presentations, and exhibits loaded with equipment and laboratory supplies! EB exhibitors represented six sponsoring societies that included general fields of study in anatomy, investigative pathology, biochemistry, nutrition, pharmacology, and physiology. While attending the five day (April 2-6th) meeting I was able to experience thought-provoking lectures, captivating views of the city, varied culture, and most importantly delicious foods and wine! I am thankful for the opportunity provided through UNF Brooks College of Health and the Flagship Program.

Check out what EB has to offer!
http://experimentalbiology.org
In the Clinic

Body Dysmorphic Disorder

By Arlo James Taylor

With worldwide media creating very high beauty standards for men and women, it is not surprising that body image issues start popping up. This is especially true for vulnerable people such as young men and women in high school or college. Body Dysmorphic Disorder (BDD) is a mental disorder characterized by obsessiveness of slight flaws or defects on one’s body. The “defect” can be very minor or even nonexistent and can be associated with any part of the body.

According to Anxiety and Depression Association of America, men and women are equally affected by this disorder. This may lead to low self-esteem, anxiety, avoidance of social situations, and problems concentrating on the task at hand. In severe cases, people may have suicidal thoughts! One of the biggest groups that suffer from body dysmorphia is an athlete. A study conducted by Leone, Sedory and Gray analyzed data which showed that social influences make young athletes feel that they need to look a certain way in order to achieve success in their sport. For example, cross country runners are told to be skinny so that they can run “faster”, or male weightlifters are told to look “bigger” so that they can appear stronger. With these social influences, it creates a negative body image for athletes and can lead to low self-esteem issues which then leads to eating disorders or substance abuse.

Within the group of athletes, large percentages that experience BDD are bodybuilders/powerlifters. Their goal is to have the most impressive physique or the biggest lifts, and in order to do so causes them to become obsessive over their appearance. Nathyn Costello, a man that suffered from BDD as a bodybuilder, was interviewed and asked what it was like trying to socialize or eat with friends. He claimed that he would not take his shirt off unless he hit a certain body fat percentage and would eat meals beforehand so that he could have an excuse to decline social invitations. At one point, he refused to consume fruit during the day because of its high glycemic index. Although
this may sound normal for people trying to gain ranking in a bodybuilding competition, it is detrimental to the health and well being of a person’s body.

Another study conducted show that bodybuilders have a positive correlation with bodybuilding dependence and quality of life but experience a negative correlation with body image coping. BDD does lead to other problems such as steroid abuse and eating disorders, which are even more reasons to end this epidemic soon!

What can we do to stop this horrible disorder? Well one thing is for sure; bodybuilding will forever have a superficial stigma. This is because the nature of the sport but can be changed by promoting body positivity. Some examples of body positivity are commercials such as ones that show plus size models, or models of all different sizes and shapes. This is a great start to a body positive campaign. By promoting positivity to athletes, they will not be pressured to have a certain type of body in order for them to “succeed”. Focusing on performance rather than physique is also something that should be done. For professional athletes, strictly enforcing the banning of performance enhancing drugs is important. Many kids look up to professional athletes and if the athletes are using enhancement drugs, kids may end up using them as well. Photoshop is also another problem; touching up and making “perfect” celebrity athletes create an unnecessary high standard for young athletes to try to reach and this causes BDD. Almost all of these problems are merely superficial, and if this can be swept away, body disorders will definitely not be as prevalent as they are now.
Cajun Cuisine

By Michelle Mackie

Cajun food originates from the extremely poor refugees and farmers who were deported by the British from Acadia in Canada, which is present day Nova Scotia, to the Acadiana region of Louisiana back around 1755. These people settled the bayous, swamps, marshes, and prairies of South Louisiana in an area roughly west of the Mississippi River to a loose western boundary of Lake Charles, LA and to the North somewhere south of Alexandria, LA.

The new French-speaking immigrants would cook whatever fresh food was ready and available to them and this tradition is still alive today, you eat what you catch! Cajun entrees often consist of shrimp, crawfish, pork, or sausage and are commonly accompanied by steamed rice. Roughly diced onions, celery, and green bell peppers are known as the “Holy Trinity of Cajun Cuisine” and are a staple in many traditional dishes. Common spices include parsley, bay leaf, cayenne, black pepper, and oregano.

Common Cajun cooking methods include barbecuing (with Cajun seasoning in lieu of southern bbq sauces), grilling, braising, boiling, pan-broiling/pan-frying, and stewing. Cajun dishes are most often cooked using a black cast iron pot that is has been passed down from generation to generation.

One of the most well-known dishes from Louisiana is Seafood Gumbo and it is thought to be a truly Cajun dish. However, gumbo, which is best compared to a soup, is actually originated from the French-Creole people in New Orleans. Contrary to common belief, Cajun and Creole are not interchangeable terms referring to the same culture. The origins of Creole cooking began in New Orleans about forty years before the Cajun culture came about. While gumbo is a French-Creole original there are a few subtle changes that make this dish one of Cajun’s own. The base of a gumbo is roux, the Cajun version uses a golden brown roux while the Creole version is made with a dark roux, which is made of flour that has been toasted until well-browned before being added to the fat or oil. Secondly, Creole gumbo is made with chicken and the Cajun version uses sausage called andouille, pronounced {ahn-doo-ween}. And since it is in the nature of both cultures to be thrifty, ingredients will differ based on price and availability.

Another classic Cajun dish is jambalaya, it is influenced by the presence of the Spanish that were already established in Louisiana and somewhat resembles a paella. The dish itself is difficult to define, the only certain thing that can be said of jambalaya is that it consists of rice, some cut of
meat and seafood. Then whatever else the cook has readily available is thrown in the mix. You will commonly find the Cajun holy trinity, onions, celery, and green bell peppers as well as tomatoes and hot chili peppers. It is commonly made using a cast iron skillet and is traditionally made from cheaper cuts of meat that are allowed to simmer for a long period of time to soften.

Boudin is one of most unique and tasty Cajun specialties. It is made by combining cooked rice, pork, onions, green peppers, and seasonings. The mixture is pulverized in a meat grinder and then stuffed into a sausage casing. It can then be steamed for on-the-spot snacking, smoked, or added to gumbo among many other uses. It is most often made daily because it does not keep well even after being smoked. The boudin filling may also be rolled into balls, battered, and deep fried to create boudin balls.

Pralines are one of the simplest pleasures of Cajun cooking that can be found almost anywhere in Louisiana. Pralines are a sweet and creamy dessert or snack that is made with chopped pecans, butter, evaporated milk, vanilla extract and sugar. The mixture is heated, spooned onto wax paper, and allowed to cool. While this is the basic recipe, today they can be found in a large array of flavors from coconut to sweet potato.

It would be unfair to simply discuss the many aspects of Cajun cooking without addressing the rich and life loving culture of Cajun people. While other folks may eat to live, Cajuns definitely live to eat. From boiled crawfish to gumbo, boudin to cracklins and red beans to pralines, the Cajun food that locals enjoy at small eateries in towns all over south Louisiana often rivals those in some of the most famous restaurants in New Orleans.

So being Cajun today can mean a lot of things: hard-working with a can-do spirit. Having a great sense of humor and an easy smile. Figuring out a problem and getting a job done right. And most definitely, celebrating life to the fullest with family and food that just can’t be beat. “Laissez les bons temps rouler!” is a popular expression that means “Let the good times roll!” That’s probably a great way of defining a true Cajun’s outlook on life in south Louisiana.
FL FANS FLORIDA FOOD AND NUTRITION SYMPOSIUM

SAVE THE DATE!

July 25-26, 2016
Florida Academy of Nutrition and Dietetics

Vibrancy
Dynamic Members . Strong Message . Vibrant Future

Tampa Marriott Waterside Hotel and Marina
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First Coast Academy of Nutrition and Dietetics
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Wednesday, May 4th
5:30pm
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4840 Big Island Drive
Jacksonville, FL
32246
https://www.facebook.com/events/1781887122044625/
DND Participates in BCH First Health Fair
DND Participates in BCH First Health Fair
N.W.: How long have you worked for the University of North Florida?
K.L. Almost 7 years.

N.W.: How do you like working for the University of North Florida?
K.L. I love it! UNF is beautiful and there’s always something new happening on campus.

N.W.: What does a typical work day look like for you?
K.L. A typical day will include anything from hiring a new employee to reconciling the year-end budget. I assist with a little of everything – hiring, budget, travel, admissions, scheduling. If a class needs to be added or something needs to be ordered for the Department, I’m a part of it.

N.W.: What are some of the more challenging aspects of your job?
K.L. Some parts of the year are busier than others, so staying on top of time sensitive projects can be a challenge. I like to take advantage of slower times of the year and study the various policies and procedures of the University. This part is fun for me – I love learning new systems and trying to find new ways to work more efficiently!

N.W.: What are some of your favorite parts of your job?
K.L. The people. My coworkers are amazing to work with, and I have learned so many valuable skills working with our Department Chair, Dr. Judith Rodriguez. Our faculty, adjuncts, and students all contribute to a fun and welcoming work environment. And of course, the food – there’s always someone cooking or sharing recipes!

N.W.: What are some things you enjoy doing when you are not in the Office?
K.L. I love to read and craft. I recently learned how to knit and have been trying to figure out how to read Shetland lace patterns – much harder than it looks! My partner and I also enjoy traveling. Anytime throughout the year you’ll find us planning some cross-country trip or long weekend in a new city.
Have any questions/comments?

Please direct inquiries to:

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