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HARLEM GROWN
SUMMER SQUASH SALAD PAGE 8

Letter from the Editors



Dear Students, Faculty, Alumni, and Staff,

As this school year begins, we'd like to say a little bit for our three cohorts, one newly graduating, one continuing, and one incoming.

Congrats to our 2026 graduates! We know that everyone is off on amazing future journeys after finishing up your time here at Teachers College. Good luck on taking the Registered Dietitian exam, and we hope that everyone keeps in touch.

For the cohort of 2027, nice work in completing your first year in the program. Keep up the pace and before you know it, the second year will fly by.

And to top it off, welcome to the incoming cohort of 2028! We're excited for new faces and to get to know everyone. Welcome to Teachers College, welcome to New York, and welcome to our Program in Nutrition!

Warmly,



Christine Cheng
CO-EDITOR-IN-CHIEF



Sarde Gumalo
OUTGOING CO-
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introducing!

While sad to wish Sarde goodbye as she continues her nutrition journey, I'm excited to introduce our new co-editor Avie for the Grapevine! As part of the cohort of 2028, I asked Avie to share a few things about herself. -Christine Cheng

THE NEW GRAPEVINE CO-EDITOR, AVIE CARROLL!



“

Hello everyone! I'm Avie, a first year student in the Nutrition and Exercise Physiology track, and I couldn't be more excited to join Christine as co-editor of the Grapevine!

I graduated from NYU with a BS in Nutrition and Dietetics in 2025 and since then I've had a diverse array of nutrition-related experiences.

I worked as a Nutrition Educator at an organization called Allergic to Salad where I taught after-school cooking classes to kids, spent time working on an urban farm, and volunteered at God's Love We Deliver, where I prepared and delivered medically-tailored meals to people in need.

I'm deeply passionate about writing and hope to do something in the realm of health/science communication after I graduate from TC. Outside of TC, I am an avid runner and nut butter enthusiast (and will gladly talk your ear off about either subject). I also work at Solidcore, where I hope to become a coach!

”

Making Room at the Table: Culture and Representation in Food Media

By An Vo

Food media is a tool that serves as a bridge between clinical science and the public. Encompassing recipes, articles, handouts, and videos, these tools help dietitians combat nutrition myths and provide scalable food and nutrition education. Beyond that, it marks identity and community, signals authenticity and cultural belonging, and shapes — *through visual and narrative strategies* — how we collectively perceive taste.



Accessible Food Media

Recipes can bring us together while honoring their root and origins. There are ways to package recipes to make them accessible and palatable to new audiences without losing their historic or cultural meanings. But sometimes in the process of making recipes “accessible”, things can go wrong. Bon Appétit’s 2016 video featuring a white chef explaining how to eat pho is a striking example of how sharing another culture’s food can cross the line into “Columbusing,” which is taking something deeply rooted in another culture and repackaging it as though it needs to be explained or improved for a new audience. The chef compounded the problem by overlooking the expertise of Vietnamese chefs and declaring, “This is the right way to eat pho.” (1). Claiming absolutes when it comes to food erases the dish’s rich history and flattens the regional diversity of the culinary experience. In other cases, bloggers and test kitchens have over-altered dishes, stripping them of their cultural history for ease or to make them “healthier”.

According to Kim Pham, a co-founder of the Southeast Asian culinary brand Omsom, a distinct tension exists between choosing highly marketable, mainstream recipes and selecting more obscure dishes that lack search engine visibility (2). While collaborating with prominent culinary figures like Nicole Ponseca of Jeepney NYC to create shelf-stable bases for Filipino, Thai, and Vietnamese cooking (3), Pham wrestled with whether to cater exclusively to the most iconic, widely recognized staples or to highlight lesser-known recipes treasured by cultural natives. BIPOC chefs already struggle to share their own recipes. There’s no need to water these dishes down to make them ‘palatable.’

”

Although the field is growing, there is an evident lack of diversity among RDNs that is not congruent with the overall population.

For RDNs, it is key to learn how to counsel patients from cultures different from their own, which requires developing a deeper understanding of the cultures and experiences that shape people’s relationship with food and health.



Kim Pham, co-founder of Omsom

Beyond Demographics

According to the Commission on Dietetic Registration, in 2021 racial and ethnic minorities were significantly underrepresented amongst dietitians compared to the broader U.S. population. Approximately 81.1% of registered dietitians were White, 3.1% were Hispanic or Latino, 2.6% were Black, and 3.9% were Asian in the US (4). Although the field is growing, there is an evident lack of diversity among RDNs that is not congruent with the overall population. For RDNs, it is key to learn how to counsel patients from cultures different from their own, which requires developing a deeper understanding of the cultures and experiences that shape people's relationship with food and health.

Many people eat primarily within their own culture — dishes that are always in the home, eating practices tied to history, and ways of cooking rooted in place. Only looking at the most popular dishes isn't always enough. The first step is to create culturally appropriate food media so that this education can be shared. It requires understanding the aspects of culture RDNs serve beyond broad demographic categories — regionality, ethnic history, ingredient sources, and cooking materials.



When Representation Becomes Appropriation

Cultural appropriation is adopting elements from a marginalized culture, often without understanding, respecting, or acknowledging the original meaning. When food media takes cultural foods and modifies them incorrectly, they disrespect the culture and those who were ostracized for it. (5) In dietetics, cultural appropriation happens when practitioners write recipes or create products from a marginalized culture using inauthentic ingredients, methods, or substitutions. Or claim the recipe as their own and then benefit monetarily or professionally.

Common modifications—such as substituting white rice with brown rice, ground pork with turkey, or deep-frying with oven-frying—are frequently made to improve nutritional profiles by increasing fiber and reducing saturated fat. However, when dietitians profit from these altered versions, they implicitly suggest that traditional culinary practices are inferior or require "improvement" to meet health standards defined by the dominant culture.

The core issue is not the pursuit of health itself, but rather the professional benefit derived from perpetuating stereotypes. These practices often suggest that a culture's traditional diet, and by extension its people, must be modified to become "healthier" or more acceptable to mainstream society.

From Awareness to Action

1. Do the appropriate research.

Creating content related to a specific culture requires research on the more culturally attentive version of the food. There are often many ways to make traditional recipes, but there are usually consistencies in the steps and ingredients. When changing a recipe to make it healthier or to match patient goals, acknowledge the traditional inspiration and credit the source.

2. Learn the pronunciation. This is a bare minimum requirement. Global foods are just that, global. English is not the primary language everywhere in the world. If dietitians are including recipes, ingredients, techniques, and inspiration that utilize terms in another language, learn to pronounce these words in the original language, with the English translation in parentheses.

3. Don't group cultural foods together. India, China, and Vietnam are all in Asia, but all of these cuisines are entirely distinct. Instead of saying "Asian-inspired", lean into the original culture by saying "Korean-Inspired" or "Thai-Inspired".

4. Provide respectful substitutions. If an ingredient is hard to find, offer alternatives that respect the integrity of the dish without entirely erasing its roots.

Food media has the power to shape not only what people eat, but how they understand the cultures and communities behind those foods. As RDNs, we have a responsibility to make that influence one that respects rather than erases. Culturally appropriate food media does not require perfection—it requires curiosity, research, humility, and a willingness to let communities speak for themselves. When we do this well, food can remain what it has always been: a way to share knowledge, preserve history, and bring people together.

OAXACAN SIPS

BY CHRISTINE CHENG

I recently had the pleasure of visiting Oaxaca with some of my friends in August. While the city is known widely for the production and distillation of mezcal, there were a couple of other fantastic drinks for those who are not alcoholically inclined.

TEJATE



A drink made with maize, mamey pits, cacao beans, and flor de cacao, our guide stated that this beverage was commonly the sole item for some Oaxacan breakfasts. The fats from the ingredients mix with the flor de cacao and form a foamy, thick creamy layer, which definitely kept me full for a couple hours after. It has a great, slightly spiced and sweet refreshing flavor, but may be a little bit unusual texture-wise for some.

HORCHATA CON TUNA

During tours in the traditional markets in Oaxaca, our guide told us that the horchata was traditionally made without milk before spanish colonization. A refreshing, lactose-intolerant safe rice drink mimics having milk with the color and richness of milk, while also being colored and flavored with the vibrant cactus fruit, called tuna. Topped with nuts and containing a sweet treat of honeydew, this drink was needed for the hot summer days.



AGUA POTABLE

One thing we learned about our stay in Oaxaca is that the city itself doesn't have its own water supply. Therefore, all drinking water is usually bought in water bottles, and the faucet tap is not potable. Conservation is also important as all water is brought in by recognizable trucks, which fill up tanks and cisterns in the city, and some houses work with a schedule for water availability. Many signs and practices definitely emphasized the water saving efforts of Oaxaca.

CHOCOLATE CALIENTE

Without cows, chocolate drinks were traditionally made with water instead of milk. The water lends a drink that is warming with spices and cacao, focusing more on the flavors of the beans rather than having an indulgent milk pull focus. I'd say this was my favorite drink here!



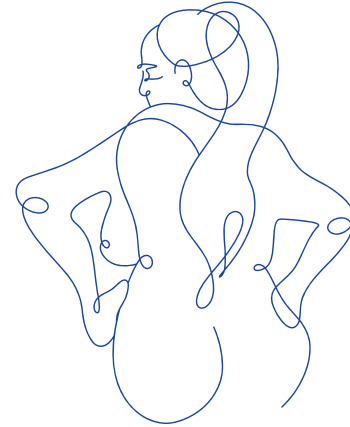
Weight Inclusivity in the Era of GLP-1 Medications

By Sarde Gumalo

Weight inclusivity and the use of GLP-1 medications may seem diametrically opposed at face value, but I would argue that there can—and should—be a world where the two go hand in hand.

As GLP-1 use rapidly increases nationwide, dietitians have had to claim and quickly define their role in supporting patients through medication use and accompanying changes in appetite, eating patterns, and weight. Advocating for dietitian support alongside GLP-1 treatment is one conversation in itself. At the same time, there has been a dearth of conversation around where this leaves dietitians who practice from a weight-inclusive approach. How do Health at Every Size (HAES) practitioners fit into the era of GLP-1s?

Note: The phrases “GLP-1s” or “GLP-1 medications” are used broadly in this text to refer to a range of drugs that include GLP-1 receptor agonists and related incretin-based medications, such as dual GIP/GLP-1 receptor agonists.



In theory, a HAES practitioner should not necessarily have to turn away a client who has lost weight while using a GLP-1 medication. After all, the concept of HAES encompasses every size, including individuals in smaller bodies. But what could that working relationship actually look like? Sam Previtte, registered dietitian, certified intuitive eating counselor, and founder of Find Food Freedom, discusses what a non-diet, weight-inclusive approach can look like in practice for clients who are using or considering GLP-1 medications on a recent episode of It's Beyond the Food with Stephanie Dodier (1). Here are some takeaways I gleaned from the episode:

Weight can be discussed, but not as a measure of progress or health.

As long as the client consents to a HAES, weight-neutral approach and remains comfortable working with you, there is still potential for many meaningful conversations around weight. It is understandable to desire a smaller body in a society that heavily idealizes thinness, and thoughts about using a GLP-1 may arise even for clients who otherwise align with a weight-inclusive approach. Helping clients navigate the decision-making process, explore any cognitive dissonance, and anticipate changes when medication is initiated can help them feel supported through a significant transition. For example, if a client experiences significant weight loss, it can be useful to explore what they think or feel when others comment on their body and whether those comments bring up body image concerns.

While some may experience attention that feels positive, it is also common to feel discomfort or mixed feelings when other people react to your body changing. Here are some guiding questions RDs can use to give clients room to have a nuanced experience (2):

- What has your relationship to your body been like since your body has changed?
- How are you feeling about yourself? Are you feeling differently?
- Are your interactions changing? How is in relationship to other people?

Emphasizing adequate nourishment

Much of the work with a client using a GLP-1 may revolve around ensuring they remain adequately nourished, particularly as medication changes hunger, fullness, and satisfaction cues. Protein, energy, and micronutrient needs can be assessed alongside GI symptoms, hydration, and the maintenance of strength and physical function.

Addressing changes in hunger, fullness, and satisfaction.

Hunger: When hunger cues become less noticeable, clients may benefit from structured mealtimes or reminders set on their phone to eat so that they are not unintentionally underfueling.

Fullness: Earlier fullness can make it more difficult to consume adequate amounts of food. Discussing what adequate nourishment looks like, while considering an individual's energy and activity needs, can help clients meet their nutritional needs without relying solely on fullness cues.

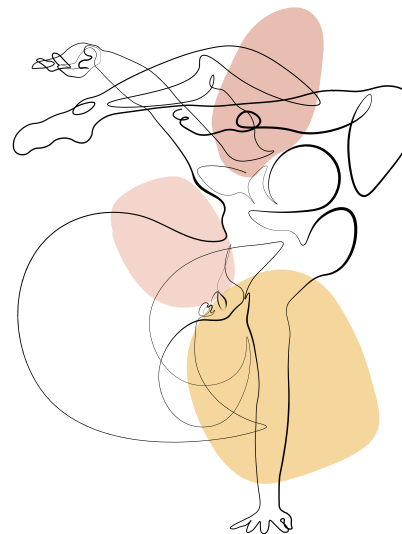
Satisfaction: If medication use changes food satisfaction or interest in eating, practitioners can help clients explore ways to maintain pleasure, variety, and enjoyment around food. It is also worth checking in to ensure that diminished food satisfaction is not spilling over into other areas of life.

Exploring health-promoting behaviors independent of weight.

Weight loss can easily become the primary marker of “success” for both patients and providers, potentially overshadowing other factors that contribute to health and well-being. Weight-inclusive practitioners can instead emphasize behaviors and outcomes such as consistent nourishment, food variety, hydration, stress management, sleep, enjoyable movement, and rest.

Talking about food noise and body image.

Addressing food noise and body image concerns before, during, and after GLP-1 use is important because these concerns may influence a person's decision to pursue weight-loss medication in the first place. GLP-1 medications may reduce what people describe as “food noise,” but medication-related changes in appetite do not necessarily resolve the underlying thoughts, beliefs, or emotions surrounding food and body image. As Previte explains, “Food noise is either genuine hunger — meaning the client is underfueling — or it is unprocessed guilt and shame around food rooted in diet culture conditioning.” She cautions that practitioners who view the medication's effect on food noise as a complete solution may leave clients less prepared if the medication is discontinued. This becomes particularly relevant given reported GLP-1 discontinuation rates ranging from 37% to 81% (3). Working through body image concerns before, during, and after GLP-1 use can give clients a stronger foundation to navigate changes if medication is discontinued for any reason.



Why Weight-Inclusive Care Still Matters

If working with a HAES or weight-inclusive dietitian can be meaningful for people using GLP-1 medications, why is it so important that these practitioners are included in the picture in the first place?

Beyond the potential for body image concerns to go unaddressed when GLP-1s are prescribed, there is a broader issue: a lack of standardized screening for eating disorder (ED) risk. Primary care, endocrinology, obesity medicine, cardiology, and telehealth weight-management services may not be designed to thoroughly assess ED history, particularly among people in larger bodies whose eating disorders may go undetected (4).

Patients may benefit from ED screening before medication initiation and throughout treatment. Just as importantly, care should include conversations about what happens if the medication is discontinued, particularly given the high rates of discontinuation reported in the literature (3). Because discontinuation may be accompanied by weight regain, patients deserve access to practitioners who can support them without reinforcing weight stigma—including weight-inclusive dietitians and dietitians who specialize in eating disorders.

At the same time, weight-inclusive dietitians and eating disorder specialists may sometimes engage in “reflexive rejection” of GLP-1 medications (3). While this response may come from legitimate concerns about diet culture, weight stigma, or eating disorder risk, automatically dismissing a medication that a client is considering can create another barrier to individualized care. It may also reinforce the divide between metabolic care and weight-inclusive practice rather than creating space for multidisciplinary, wraparound support.

Bridging this divide does not require weight-inclusive practitioners to abandon their values or endorse weight loss as a measure of health. Rather, it asks us to make room for more nuanced conversations about why someone wants to use a GLP-1, what they hope to gain from it, how medication affects their relationship with food and their body, and how they can remain adequately nourished and supported throughout the process.

As GLP-1 medications become increasingly prevalent, dietitians have an opportunity to move beyond an either-or framework: either embrace weight loss or reject it entirely. There is another option. We can approach weight with neutrality, support patients in making informed decisions, and continue to center nourishment, function, body image, and quality of life regardless of what happens on the scale.

As the noise of diet culture and thinness grows louder alongside the rise of GLP-1 use, practitioners who approach weight with neutrality have an opportunity to bring something different to the conversation: **calm, clarity, and care that does not depend on a number.**

See references on page 9

In the Field:

Highlights from Student Site Placement Rotations



VAMA NAIK — TISCH FOOD CENTER

My internship at the Tisch Food Center has opened me up to a lot of opportunities to interact with K-12 educators and principals throughout the NYC area and listen to their successes and struggles with implementing nutrition education within their schools. I have also been fortunate to transition my spring internship position to a part time research assistant position for the summer and fall, where I have been learning important skills such as qualitative coding and data mapping/visualization. My most memorable experience was attending the Food and Nutrition Summit, where I saw firsthand the incredible work happening in classrooms across the city through teacher presentations, vendor booths, and staff award ceremonies



VY PHAN — NATIONAL EATING DISORDER ASSOCIATION

I was at NEDA (the National Eating Disorder Association) and my role was a curriculum developer, where I created slideshow presentations for thirty minute sessions which were then presented as monthly seminars. It was a remote position, but I didn't find any difficulty in communicating with my preceptors. I liked NEDA because it provided support and education on the national level - including low income patients. Something I learned through research is that people often miss is that eating disorders can affect anyone and everyone, not just a common image or stereotype that may come to mind with eating disorders.



GABRIELLA MONTINOLA — NUTMEG NUTRITION

I learned a lot about gastrointestinal conditions! Part of my rotation involved reading a book co-written by my preceptor, "Comprehensive Nutrition Therapy for Co-Occurring Gastrointestinal & Eating Disorders" by Janelle Smith, Emily Arkin, and Beth Rosen. We discussed different disorders and treatments at length. One project I worked on was a case study about a person (who has celiac disease and IBS). Although presented as one individual, the case was actually a composite based on the experiences of several clients. My favorite aspect was just getting to learn more about GI nutrition! I'm also grateful to my preceptor, Meghan, for walking me through what it's like to run a private practice.



MERRELL QUINTIN — RACHEL NAAR NUTRITION

During my rotation at Rachel Naar Nutrition, I gained valuable exposure to a weight-inclusive, trauma-informed approach to nutrition counseling, with a particular focus on eating disorders and gastrointestinal conditions. I had the opportunity to participate in case discussions and develop educational resources on topics including disordered eating, GI health, and the gut-brain connection. This experience deepened my understanding of how a client's relationship with food, nervous system, and lived experiences can all influence nutrition and GI symptoms. I especially valued learning from a motivated and supportive team that approaches care with curiosity, compassion, and an emphasis on meeting each client where they are.

Harlem Grown

Summer Squash Salad

I'm sharing a recipe that I enjoyed often during my rotation at Harlem Grown. Another intern, Grace Vallette, developed it. I found myself making it over and over again at home to use up an overabundance of summer squash. The best part is it's no-cook and very versatile. Use whatever fresh herbs you have on hand, and add any base you like. Here we use orzo, but quinoa or another pasta or grain would be equally delicious. - Sarde Gumalo

Ingredients:

- 3 cups of yellow summer squash and/or zucchini (about 2–3 squash and/or zucchini), thinly ribboned or diced
- 2 tablespoons of chopped dates and/or honey
- 1/4 cup extra-virgin olive oil
- 2 tbsp fresh lime or lemon juice
- 1 tsp smoked paprika
- 1 tsp toasted cumin
- 1/2 tsp coriander
- Pinch of cayenne pepper
- 1 minced garlic clove
- 1/4 cup chopped fresh mint and cilantro
- Dash of preserved lemon (optional)



Instructions:

1. Slice the squash into thin ribbons or small cubes. Salt lightly and set in a colander for 10 minutes to draw out excess moisture, then rinse and pat dry.
2. In a bowl, whisk together the olive oil, citrus juice, honey and/or dates, and the spices until emulsified.
3. Toss the squash with the dressing, herbs, garlic, and preserved lemon.
4. Refrigerate for at least 30 to 60 minutes so the squash can absorb the flavors and slightly soften before serving cold.

Making Room at the Table: Culture and Representation in Food Media

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