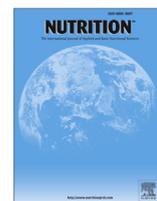


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## Correspondence

### VI Latin American Workshop on Leadership in Nutrition, Cuba 2012: The first harvest

To the Editor:

In the mid-1990s, led by Professors Ricardo Uauy and Juan Rivera, a group of Latin-American public health nutrition leaders envisioned that leadership development focused on young investigators was essential for combating the major nutrition challenges in Latin America. In 1997, the first Taller Latinoamericano de Liderazgo en Nutrición (Latin American Workshop on Leadership in Nutrition) was held. Since then, these workshops have occurred every 3 y, preceding the Latin American Nutrition Society (SLAN) Conference. Here are the main discussions and concerns from the participants selected for the VI Latin American Nutrition Leadership Workshop held in Cuba in 2012.

1. Community participation. We understand that this is an essential element for the success of nutrition interventions. The interplay between community participation, beyond the role of the community as a beneficiary, and interdisciplinary collaboration was dynamically illustrated throughout the workshop. It was recognized that throughout the region, multiple actions have been undertaken to combat nutritional problems, such as national programs and community-based interventions.
2. Research into action through leadership. Is “knowledge” essential to leadership? We became concerned that science would not be enough to accomplish the changes necessary to promote good nutrition. In this sense, Dr. Juan Rivera opened a discussion about the concept “Research with Mission” in Public Health [1]. He questioned us about how to translate research into action and to pay special attention to research questions that are a priority for our region, even when scientific evidence is scant. Overall, we concluded that “knowledge” goes far beyond scientific results and that leadership is more than instruction. It is authenticity and the ability to inspire and motivate others. Leadership is fundamental to nutrition research because sound communication skills are essential for convincing policymakers and stakeholders. The importance of finding and training emerging young leaders to address nutritional problems remains crucial.
3. Conflict of interest. In the near future, most if not all of us will have a leadership position at a university; in local, state, or national government; in a research institute; or in the private sector. Thus, it is natural to think about the ethical issues surrounding conflict of interest. We would like to highlight the

contribution of one participant, Fabio da Silva Gomes, who has a clear position on avoiding conflicts of interest, as an ethical imperative. We strongly recommend his publications on this topic [2–4]. Unlike previous workshops, this workshop was accomplished without any financial support from unhealthy commodity industries. We thank the organizers who accomplished this by showing that, yes, it is possible!

4. The role of women in nutrition research. This workshop addressed a paradigm shift regarding the transition of the integration of women in nutrition and the challenge to succeed and lead in this field, despite the issue of gender. This discussion was enriched with the majority of workshop participants being women. We discussed the importance of female leadership in nutrition research, having Dr. Patricia Constante Jaime as one example of not only of how to be leader, but also a female role model.
5. Latin American commitment. We realized we are all Latin Americans with very distinct backgrounds. Do these different realities affect our capacities to collaborate together? Do these political, economic, cultural, and idiosyncratic realities affect the nutrition problems of the region? Cultural expressions, policies and idiosyncrasies of the participants, displayed throughout the workshop, not only allowed us to embrace the differences, but also to identify similarities in our nutrition-related work. We realized that geopolitical borders are not limits for nutritional problems in the context of increasing globalization, nor barriers toward seeking solutions in our region.
6. Collaboration and leadership in nutrition research. At the beginning of the workshop, we did not know what to expect beyond already familiar nutrition-related themes. However, most of the workshop was spent discussing intangible leadership skills. Skills that we need to develop, but that are not found in scientific books, articles, laboratories, or universities. Throughout the workshop, we realized the challenges to becoming “real leaders”. We agreed that solving the complex nutritional problems in Latin America requires interdisciplinary collaboration by all societal sectors (e.g., families, community, academia, government, and food industry) in prioritizing public health.

Was the VI Latin American Workshop on Leadership in Nutrition a success? We agree in saying: YES! The workshop encouraged us to strengthen and develop capabilities as well as to reflect on many topics related to nutrition leadership. Beyond that, it has joined us, compressed distances, promoted partnership and friendship. One of the most interesting challenges and concerns for our future will be to preserve this Latin American nutrition network among participants. Now it is our turn to put minds and hearts into action and achieve concrete products and collaborations. In summary, this letter is the

first concrete product of this workshop. We believe that as selected participants, and thus, as potential young nutrition leaders we have much more to give; converting efforts into real benefits for the entire population, but with a special focus on the most socioeconomically vulnerable groups.

We acknowledge all those who made this workshop possible, and those who offered us the chance to be part of this meeting in a country as wonderful as Cuba. In gratitude we hope to harvest and share the best fruits from this sowing.

*Note:* This letter reflects the opinions of all workshop participants.

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## Pressure ulcers and malnutrition: A devastating and common association

Pressure ulcers (PU) are a major health-care challenge, not just in developing countries but in the United States as well. The Joint Commission estimated that in 2007 between 1.3 and 3 million people were diagnosed with PUs in the United States [1]. The estimated annual cost of care in 2008 was \$3.3 billion [2,3], with PUs being one of the most devastating nosocomial complications behind the ballooning of health care costs not

only in the United States [3] but worldwide [4]. The association between nutritional status, specifically malnutrition, and PU has been established and validated by multiple authors [1,5], including the work by Brito et al. appearing in this issue of *Nutrition*.

The above-mentioned work portrays a very grim picture, as does a previous multicenter study from Brazil published in 2001, which reported the incidence of malnutrition in Brazilian hospitals at 48% [6]; in this new cohort, the incidence of malnutrition has increased to 52%, and the incidence of severe malnutrition has gone from 12.6% to 22.4%. Beyond reporting the association between malnutrition and PUs, this work highlights the difficulty in recognizing and treating malnutrition in institutionalized patients even in an environment of heightened awareness such as the one in these Brazilian hospitals. Similarly, a high incidence (>20%) of malnutrition has been reported from industrialized countries [7]. An Australian paper from 2010 [1] reports the incidence of PUs in malnourished patients was 36% versus 16% in nonmalnourished patients, indicating how widespread this problem is.

It is important to recognize that the success of the nutritional care of institutionalized patients depends not only on the exclusive work of a nutrition support team, but also on the work of the nursing staff, who, as the closest providers to the patients, are in the best position to provide and care for them. This success will lead to a safer and higher quality care with a positive impact on the patients' outcomes.

Finally, in order to truly have an impact on the incidence of malnutrition and PUs, home care, nursing homes, hospitals, long-term acute-care facilities, and other health-care institutions must include clear parameters for screening for nutritional risk and comprehensive recommendations for the treatment of malnutrition in their guidelines for the prevention and management of PUs.

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