Wednesday, May 8

7:45 AM – Welcome and Introductory Remarks
8:00 AM  LT Jenna Cope, MPH, RD, LD

8:00 AM - Sticks and Stones Break Bones, but Words Hurt Diabetes Outcomes: Improving Language for Diabetes Care and Education
8:30 AM  Ms. Kimberly Bisanz, MFCS, RDN, LD, CDE

Background: Diabetes is one of the leading causes of death and disability in the United States. It is a complex disease that relies heavily on self-management. Certain words or phrases can intentionally or unintentionally express bias and can subsequently impact the motivation and behaviors of people with diabetes. This can undermine diabetes self-management and ultimately influence diabetes outcomes.

Description: The American Diabetes Association and American Association of Diabetes Educators published a consensus report, "The Use of Language in Diabetes Care and Education" in 2017. The expert opinion is that healthcare providers should use language that is neutral, nonjudgmental, and based on facts, actions, or physiology/biology; is free from stigma; is strengths based, respectful, inclusive, and imparts hope; fosters collaboration between patients and providers; and is person-centered.

Lessons Learned: Person-first, strengths-based, empowering language can improve communication with people with diabetes leading to increased motivation, sense of well-being, and even health of people with diabetes.

Recommendations: All healthcare providers are encouraged to become familiar with preferred language surrounding diabetes to use amongst each other, in documentation, and with people with diabetes.

At the conclusion of this session participants will be able to:
1. List 3 factors, other than weight gain, that can contribute to the development of diabetes
2. Explain 2 ways language can plausibly impact diabetes outcomes
3. Identify at least 2 not recommended words he/she commonly uses in diabetes care & education along with corresponding better words

8:30 AM - Clinical Nutrition and Enteral Nutrition in the Indian Health Service
9:00 AM  LT Verdaleen Denetdale, RD, LD

In providing optimal nutrition in Indian Health Service, dietitians continuously utilize evidenced based recommendations to ensure patients receive adequate nutrition support. Dietitians within Indian Health Service are met with challenges due to remote areas, lack of modern amenities and lack of safe access to food and water. Current practices on the reservations include partnership with a multidisciplinary team, maintaining enteral nutrition supplements for oral and tube feeding use and following a standardized enteral nutrition process. Dietitians are instrumental in nutrition support and adapt to the
resources that are available within the American Indian communities. In addition, USPHS Dietitians apply their knowledge in clinical roles during deployments. While on deployments, USPHS Dietitians play a vital role in identifying methods during a disaster, coordinate logistics for enteral nutrition and provide a safe nutrition delivery for patients. This presentation will review evidenced based practice for Clinical Nutrition and Enteral Nutrition guidelines to assist Dietitians serving in underserved areas or during a deployment.

At the conclusion of this session participants will be able to:
4. Describe practical nutrition screening and assessment techniques for routine clinical practice utilizing tools to assess the clinical presentation.
5. Identity indications and contraindications for enteral nutrition (EN) in specific patient populations.
6. Identify guidelines and techniques for safe nutrition support delivery during a deployment.

9:00 AM - Video-Teleconference Nutrition Education in the BOP

**LCDR Heather Cline, MS, RD, CNSC**,

The use of Tele-Nutrition to teach inmate patients has revolutionized the delivery of nutrition care in the BOP. With minor coordination efforts, a single dietitian can educate groups or individuals at any BOP location nationwide. Video-teleconferencing is also being used for staff education and food safety training in the BOP food service arena. This equipment has allowed geographically distant dietitians, management, staff and patients to partner in ways never feasible before.

At the conclusion of this session participants will be able to:
1. Discuss tele-nutrition’s role in enhancing the delivery of nutrition care within the BOP.
2. Discuss the benefits and challenges of applying Tele-Nutrition, as well as possible future applications in the BOP.
3. Design a proposal for the use of Tele-Nutrition to healthcare models outside of the BOP experiencing similar geographic and/or human resource challenges.

9:30 AM - Restaurant Association Member Attitudes about Hiring Individuals with Criminal Backgrounds with Food Safety Training

**CDR Mitchel Holliday, EdD, RDN, FAND**

The United States has the highest incarceration rates of any nation in the world. Recidivism is a major issue affecting incarceration rates with nearly 77% of prisoners being arrested within five year of release. There is an increasing demand for qualified staff in the food service sector and an increased demand for those working in the food service sector to have certificates and certifications. Correctional food service training programs have attempted to utilize certificates and certifications to impact recidivism; however, no literature was found on if individuals responsible for hiring employees would be more likely to hire individuals with a criminal background who have obtained these certificates or certifications. The purpose of this presentation is to highlight research conducted to identify if a food handler certificate or food protection manager certification would increase the likelihood individuals with criminal backgrounds would be hired into different types of jobs in the food service sector.
At the conclusion of this session participants will be able to:
1. Describe current incarceration and recidivism rates within the United States
2. Discuss current correctional food service training programs
3. Summarize research findings conducted to identify if food handler certificates or food protection manager certification would increase the likelihood individuals with criminal backgrounds would be hired into different types of jobs in the food service sector


11:15 AM - Exhibit Theater: Arizonans Concerned About Smoking - Health Leadership Award Ceremony
11:45 AM

12:00 PM - Dietitian Luncheon, CPO Presentation and Awards
1:30 PM CAPT Suzan Gordon; LT Jenna Cope, MPH, RD, LD

CPO will provide important updates and discuss activities relevant to the professional growth of Dietitians and the Diet-PAC.

CPO will present awards and other acknowledgements.
CPO will facilitate the photograph with the Surgeon General.

1:30 PM General Mills: Better Health Through Better Partnerships: Encouraging Nutrient Dense Foods to Help Build Healthy Dietary Patterns
2:30 PM Dr. Jessica Campbell, PhD

This symposium will be a discussion for nutrition professionals to highlight industry's role in contributing nutrient dense foods to the food supply. This session will also address how partnerships among those in the food and public health sector help consumers build healthy dietary patterns as outlined by the Dietary Guidelines.

At the conclusion of this session participants will be able to:
1. Explain how the concept of nutrient density, and shifting to nutrient-dense foods helps meet Dietary Guideline recommendations.
2. Explain how ready-to-eat cereal and yogurt can help individuals meet dietary guideline recommendations including nutrients & food groups of need.
3. Discuss how industry can help bring nutrient density into the market place through product improvement & new product introduction, and how the Bell Institute collaborates with the nutrition community, including academics, dietitians, and other health professionals.

2:30 PM - Building a legacy of health for future generations: The Minnesota Food Charter
3:30 PM Ms. Stephanie Heim, MPH, RDN; Ms. Donna McDuffie, MPH, CPH, RDN, LN; Ms. Maxine Peterson, M.Ed – Teaching and Learning

The Minnesota Food Charter is a roadmap designed to guide policymakers and community leaders in providing Minnesotans with equal access to affordable, safe, and healthy food regardless of where they live. This access improves the health and wellbeing of residents and also has the potential to significantly improve the state's
economy. The strategies for policy and systems change described in the Food Charter are designed to reduce the risk and cost of obesity and diet-related diseases, like diabetes and heart disease; conserve state resources; and boost economic prosperity. The Food Charter is intended to guide planning, decision-making, and collaboration for agencies, organizations, policy-makers, and public and private entities across the state. Stephanie Heim with other Minnesota partners will provide an overview of the Food Charter and the work that went into creating this roadmap to equitable access to affordable, safe, and healthy food.

At the conclusion of this session participants will be able to:
1. Summarize why the Minnesota Food Charter is so important to the health and welfare of Minnesotans.
2. Identify why collaboration and partnership was an essential component of the successful development of the Minnesota Food Charter.
3. Explain how nutrition and dietetics professionals are involved in the food charter development process.

3:45 PM - Engaging Partners to Address Food Access on the Navajo Reservation

In the U.S. Surgeon General's interview with the Robert Wood Johnson Foundation, he stated, "Local conversations and finding common ground is key to building a Culture of Health." Partnering can expand resources, knowledge and voices to strengthen efforts toward improving health in communities. The Navajo Nation only has about ten grocery stores stretching across land that is about the size of West Virginia. Reported food insecurity rates are high and rates of obesity and type two diabetes are above the national average. In addition, sugar-sweetened beverages are commonly easier for community members to access than fresh fruits and vegetables.

This session will detail how community members and partners came together to improve the food environment in the Shiprock, New Mexico region of the Navajo Reservation. Attendees will hear a case study about how partners gained local government, community, and their local grocery store support to improve access to healthy food. In this session, attendees will also learn how local community members and partners from public, private, non-profit organizations started the first Shiprock Area Food Access Coalition, and how other communities can follow a similar model to improve community health.

At the conclusion of this session participants will be able to:
1. List statistics on food security based on the latest research in New Mexico and the Four Corners Region.
2. Describe how community members and partners in Shiprock, New Mexico worked to improve healthy food access with the only grocery store and gained support of local government to improve the food environment.
3. Discuss how local community members and partners from public, private, and non-profit organizations started the Shiprock Area Food Access Coalition, and how other communities can use similar practices to form local partnerships to improve health.

4:45 PM - Trauma-Informed Care and the Impact of Adverse Childhood Events (ACEs)

From 1995 to 1997, Kaiser Permanente conducted a large study in Southern California surveying the incidents of childhood experiences and the current health of over 17,000
individuals. This study, known as the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study, continues to be a part of CDC surveillance.

In brief, the study found that almost 2/3 of the participants reported at least 1 ACE and 1/5 reported 3 or more ACEs. The occurrence of ACEs among children is directly proportional to negative health and well-being outcomes across the lifespan, making ACEs and the importance of understanding their impact, a major public health concern.

At the conclusion of this session participants will be able to:
1. Identify what an ACE is and give several examples
2. Identify what resiliency is, and give several examples
3. Explain the need to integrate Trauma Informed Care into the healthcare setting

5:15 PM - Dietitian Closing Remarks and Category Day Evaluations
5:30 PM  

*LT Rachel Wapniak*