RESPONDING TO THE CHALLENGE

PROGRAM

Louisiana Dietetic Association
Food & Nutrition Conference & Expo
April 9-10, 2013
Hilton Lafayette
Lafayette, LA
# Table of Contents

Greetings ........................................................................................................................................ 1  
FNCE Planning Committee ........................................................................................................... 2  
General Information ..................................................................................................................... 3  
Evaluation Information ............................................................................................................... 4  
President’s Message .................................................................................................................... 10  
2012-2013 Board of Directors .................................................................................................. 11  
2013-2014 Board of Directors .................................................................................................. 12  
Award & Scholarship Recipients ............................................................................................... 13  
Annual Business Meeting Agenda ............................................................................................ 14  
Program Agenda ......................................................................................................................... 15  
Faculty Listing ............................................................................................................................. 18  
Sponsors & Door Prize Donors ................................................................................................... 19  
Exhibitors ..................................................................................................................................... 20  

**Speaker Handouts**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Georgia Kostas, MPH, RD, LD</td>
<td>21</td>
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<tr>
<td>Mary Lee Chin, MS, RD</td>
<td>38</td>
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<tr>
<td>April Stull, PhD, RD, LDN</td>
<td>47</td>
</tr>
<tr>
<td>Molly Kimball, RD, CSSD</td>
<td>49</td>
</tr>
<tr>
<td>Holly Clegg</td>
<td>54</td>
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<tr>
<td>Evelyn Crayton, EdD, RD, LD</td>
<td>55</td>
</tr>
<tr>
<td>Kate Rountree, RD, LDN</td>
<td>61</td>
</tr>
<tr>
<td>LBEDN</td>
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<tr>
<td>Heidi Greenwaldt, MS, RD, LD, CNSC</td>
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<tr>
<td>John Doucet, PhD</td>
<td>80</td>
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<tr>
<td>Ethan A. Bergman, PhD, RD, CD, FADA</td>
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Poster Sessions .......................................................................................................................... 93
It gives me great pleasure to welcome you to the 2013 Louisiana Dietetic Association’s Food and Nutrition Conference and Expo (LDA-FNCE). Our LDA-FNCE just gets better every year, and this year features an especially innovative and diverse range of session topics focusing on our theme, “Responding to the Challenge”. You are sure to learn something new regardless of your practice setting, with opportunities to expend your knowledge in areas like Nutritional Genetics, and the new Individualized Supervised Practice Plan, to name a few.

One of the best features of attending this year’s conference will be the opportunity to network with your fellow experts, colleagues, students and vendors. What better way to accomplish this than to attend the “Kick-off’ Poolside reception, immediately after an energizing session of Zumba. Have your exercise gear and your swim suits close at hand!!

I would like to thank the 2013 conference planning committee and the volunteers for all their help and hard work in putting together a conference full of great speakers, committed sponsors and fun networking opportunities. For me, this LDA-FNCE marks the continuation of an extraordinary journey and, as your next president, I look forward to advancing our dynamic and challenging work as food and nutrition professionals.

Cheryl L. Atkinson PhD, RDN, LDN
2012-2013 President –Elect
Chair, Conference Planning Committee 2012-2013
LDA 2013 FNCE Planning Committee

Annual Meeting Liaison
Cheryl Atkinson

LDA President
Brigett Scott

Education Chair
Jane Conley

Ditty Bags
Lafayette District
Southern University and A&M College Dietetic Interns

Awards
Monica Loughmiller

Scholarships
Melissa Miceli Reed

AND Foundation Chair
Becky Laskowski

FNCE Sub-Committee
Jane Conley
Diane Douglas
Margaret Jones
Jamie Mascari
Dan Morel
Lanah Brennan
Becky Laskowski
Becky Gautreaux
Monica Loughmiller
Melissa Miceli-Reed

LDA Office
Heather Gremillion
Bland O’Connor
General Information

Registration
Registration will be open Tuesday from 7:00 am—4:30 pm and Wednesday from 7:00 a.m.-12:00 p.m.

Badges
Badges must be worn at all times. **Badges are required for admittance to all FNCE events.** Please turn your badge in to the registration desk at the end of the conference so we can recycle them for next year.

Meeting Locations
All educational sessions will be held at the Hilton Lafayette.

Zumba Class
Join us for a Zumba class at 5:30 pm in the Maple Room on the 1st floor.

Welcome Reception
Come join us at 6:00 pm on Tuesday evening at the pool area at the Hilton Lafayette. Dinner will be provided.

Continental Breakfast
There will be continental breakfasts Tuesday morning from 7:00-8:00 a.m. and Wednesday morning from 7:00-8:00 a.m.

Exhibit Program
The exhibit program is located in Ballroom DEF. **Back by popular demand— the Exhibit Hall Grand Prizes!** Your ditty bag contains an Exhibitor Card. Take this card and visit each exhibit booth in order to have them sign your card. Drop your fully completed card at the box at the front of the exhibit hall. The Exhibitor Grand Door Prize will be drawn from these cards. You must be present to win! Drawing will take place at 2:30 p.m. in the education session immediately following the exhibit hall.

Please take time to visit our exhibitors and express your thanks for their participation and support of LDA. Additionally, please thank your local representative whom you see regularly at your practice site.

Door Prize Drawing
Door prizes will be drawn at the Business Meeting. You must be present to win!

Awards
LDA 2013 award winners and scholarship recipients will be honored at the Business Meeting & Awards Luncheon Wednesday beginning at 12:00 p.m. Please join us as we congratulate these special members of LDA!

Academy of Nutrition & Dietetics Foundation and LDA Scholarship Fundraiser
There will be a raffle to benefit the AND Foundation and the LDA Scholarship Fund. Gift baskets that have been donated by the LDA Districts will be on display adjacent to the registration desk. Be sure to stop by, view the baskets, and purchase your tickets! Tickets are $1 each, but look out for special purchasing opportunities! The drawing will take place at the close of the Business Meeting. You need not be present to win; but baskets will not be shipped.
Evaluations & CE Certificates

*Important! Please read!*

Because your program evaluations and comments are so vital to our conference planning, in order to receive your CPE certificates this year, you must first submit your program evaluation electronically.

*Program evaluations will be accessed via an emailed link and must be completed to receive your CPE certificates.*

A link will be emailed to all LDA FNCE registrants by April 26. You must use this link to access the online evaluations. Evaluations will remain active until May 24. After evaluations close, everyone who has completed an evaluation will be emailed their certificates of attendance.

Evaluation templates are included on the following pages so that you may record your impressions of each session and the conference as a whole while you are here. Remember, these paper evaluations should not be submitted. Please use these templates as a reference to complete the online evaluations.

These evaluations assist our program committee greatly and we appreciate your participation and cooperation.

If you have any questions regarding this process, or if you do not have Internet access at your home and/or place of employment, please see the registration desk.
## Tuesday’s Speakers/Programs

### 8:30-9:30 a.m.

**Getting Older—Staying Healthy**  
Georgia Kostas

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| Speaker Performance                  | 5              | 4     | 3       | 2        | 1                 | N/A            |
| Quality of Presentation as a Whole   | 5              | 4     | 3       | 2        | 1                 | N/A            |

### 9:30-10:30 a.m.

**The Sustainable American Dinner Plate: A Food Revolution on the Modern Table**  
Mary Lee Chin

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| Quality of Presentation as a Whole   | 5              | 4     | 3       | 2        | 1                 | N/A            |

### 10:45—11:45 a.m.

**The Power of Blueberries in Improving Risk Factors Associated with Metabolic Syndrome**  
April Stull

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**Tuesday’s Speakers/Programs, continued**

### 2:30—3:30 pm

**Eat Fit NOLA: Where Nutritious Meets Delicious**  
Molly Kimball

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### 3:30—4:30 pm

**Holly’s Trim & TERRIFIC Commandments for a Healthy Lifestyle**  
Holly Clegg

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**Wednesday’s Speakers/Programs**

### 8:00—9:00 am

**ISPP: The Alternative Pathway**  
Evelyn Crayton

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## Wednesday’s Speakers/Programs continued

### 9:00-10:00 am

**The Skinny on Bariatric Surgery—Nutritional Management of the Pre/Post-Operative Patient**  
Kate Rountree

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### 9:00-10:00 am

**The Role of Licensure in the Profession—An Update**  
LBEDN

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</tr>
<tr>
<td>Good Quality of A/V Materials &amp; Handouts (in electronic program book)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Speaker Has Mastery of Topic</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
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</table>

#### Speaker Performance

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
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</tbody>
</table>

#### Quality of Presentation as a Whole

<table>
<thead>
<tr>
<th>Excellent</th>
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### 10:00—11:00 am

**Enhancing Nutrition Therapy in the Critically Ill: How Dietitians Can Impact Delivery of Care**  
Heidi Greenwaldt

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content Useful in Your Practice</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Program Content Matched Objectives</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Appropriate Complexity of Content/Topic</td>
<td>5</td>
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<td>3</td>
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</tbody>
</table>
## PROGRAM EVALUATION TEMPLATES

### Wednesday’s Speakers/Programs, continued

**11:00 am—12:00 pm**

**Nutritional Genetics**

John Doucet

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>2</td>
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<td>N/A</td>
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### 12:00—1:00 pm

**Academy of Nutrition and Dietetics: What Does the Future Hold for Our Academy and Profession**

Ethan A. Bergman

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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### General Evaluations

**Educational Programming**

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Excellent</th>
<th>Good/ Moderate</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule of Programming/ Course Organization</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Practical Application of Programming</td>
<td>5</td>
<td>4</td>
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<td>1</td>
</tr>
<tr>
<td>Level/Complexity of Subject Matter</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Time Allowed for Discussion</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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**Events**

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Excellent</th>
<th>Good/ Moderate</th>
<th>Poor</th>
<th>Very Poor</th>
<th>N/A OR Did not Attend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday Continental Breakfast</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Boxed Lunch</td>
<td>5</td>
<td>4</td>
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<tr>
<td>Exhibit Hall</td>
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<td>4</td>
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<td>Poster Session</td>
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<td>4</td>
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<tr>
<td>Welcome Reception</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Wednesday Continental Breakfast</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<tr>
<td>Awards Luncheon</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>N/A</td>
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</tbody>
</table>
**PROGRAM EVALUATION TEMPLATES**

**General Evaluations continued**

<table>
<thead>
<tr>
<th>Meeting Facilities</th>
<th>Outstanding</th>
<th>Excellent</th>
<th>Good/Moderate</th>
<th>Poor</th>
<th>Very Poor</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Meeting Room Setup</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Personal Accommodations (Hotel Room)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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</tr>
<tr>
<td>Quality of Audio/Visual Equipment</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<tr>
<td>Convenience of location</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>Outstanding</th>
<th>Excellent</th>
<th>Good/Moderate</th>
<th>Poor</th>
<th>Very Poor</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Advance Meeting Registration</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Registration/Check-In</td>
<td>5</td>
<td>4</td>
<td>3</td>
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</tbody>
</table>

**General Demographics/Logistical Questions**

<table>
<thead>
<tr>
<th>Which best describes your place of employment?</th>
<th>Hospital/Clinical</th>
<th>Academic</th>
<th>Food Service</th>
<th>Private Practice/Consulting</th>
<th>Sales</th>
<th>Other Please list:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Years in Practice?</td>
<td>0 (Student)</td>
<td>1-2</td>
<td>3-5</td>
<td>5-10</td>
<td>10-20</td>
<td>&gt;20</td>
</tr>
<tr>
<td>How many LDA FNCEs have you previously attended?</td>
<td>None</td>
<td>1-3</td>
<td>4-6</td>
<td>7-10</td>
<td>10-15</td>
<td>&gt;15</td>
</tr>
<tr>
<td>How did you learn about this meeting?</td>
<td>Brochure in the mail</td>
<td>LDA &amp; ADA Updates (email blast)</td>
<td>LDA Website</td>
<td>Word of Mouth</td>
<td>From Employer</td>
<td>Other</td>
</tr>
<tr>
<td>Did your employer/school require you to attend this meeting?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Did your employer/school pay for your registration to attend this meeting?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Did your employer/school pay for your expenses to attend this meeting?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

In addition to the questions above, this year’s evaluation will also include in-depth questions regarding your conference attendance, what’s most attractive to you in a state conference and what your priorities are in order to determine whether or not to attend. We kindly request your thoughtfulness and time in answering these questions so that we can plan the best possible conference for you! This survey will also be sent to LDA members who have not attended this FNCE. Please encourage your students, colleagues and friends to respond to this survey.

Thank you.
Welcome to the 2013 Louisiana Dietetic Association’s Food and Nutrition Conference and Expo. I am excited about the wonderful program that Cheryl Atkinson and her committee have planned for us this year. I want to thank her for all of her hard work.

This year has been a great one for me. I want to thank all of you for giving me the opportunity to serve you as president of our wonderful affiliate. I have learned so many things through serving in this position and I want to encourage you all to serve our profession through our associations. Good work is being done and the more Registered Dietitians working together the better our outcomes will be. Let’s all Respond to the Challenge through diligence, research, and service. Together we can make a difference in the state, nation, and world.

Sincerely,

Brigett Scott, PhD, RD, LDN
LDA
BOARD OF DIRECTORS
JUNE 1, 2012- MAY 31, 2013

EXECUTIVE COMMITTEE (voting)

PRESIDENT.......................................................................................... .... Brigett Scott
PRESIDENT-ELECT ................................................................................. Cheryl Atkinson
SECRETARY ............................................................................................. Sherry Smith
TREASURER ............................................................................................. Margaret Jones
DELEGATE................................................................................................ Diane Douglas

PRESIDENTS OF AFFILIATED DISTRICT ASSOCIATIONS (voting)

AREA I
BAYOU ...................................................................................................... Melissa Riley
SOUTHEAST ............................................................................................. Ana Marie Park
NEW ORLEANS ........................................................................................ Teresa Brown

AREA II
BATON ROUGE ........................................................................................ Jamie Mascari
ACADIANA ............................................................................................... Lanah Brennan
SOUTHWEST ............................................................................................ Dan Morel

AREA III
CENLA ....................................................................................................... Kimber Wilburn
NORTHEAST ............................................................................................. Amanda Gordon
SHREVEPORT ........................................................................................... Emily Walker

STANDING COMMITTEE CHAIRS (voting)

FINANCE COMMITTEE .......................................................................... Margaret Jones
PUBLIC POLICY COORDINATOR ......................................................... Lori Roy
NOMINATING COMMITTEE CHAIR .................................................... April Cintron
PUBLIC RELATIONS/MARKETING COMMITTEE ............................. Kate Rountree & Yvette Quantz

SPECIAL COMMITTEE CHAIRS (non-voting)

ANDF STATE DEVELOPMENT .............................................................. Becky Laskowski
ANNUAL MEETING CHAIRMAN ......................................................... Cheryl Atkinson
AWARDS/HISTORIAN ......................................................................... Monica Loughmiller
DTR REPRESENTATIVE ........................................................................ Gayle Daniel
BYLAWS................................................................................................. Jennifer Duhon
MEMBERSHIP RECRUITMENT .......................................................... Becky Gautreaux
REIMBURSEMENT ............................................................................... Kim Albritton
SCHOLARSHIPS .................................................................................... Melissa Miceli-Reed
STATE POLICY REPRESENTATIVE ..................................................... Eljeana Quebedeaux
STATE PROFESSIONAL RECRUITMENT COORDINATOR ............. Ashley Roberts
STATE REGULATIONS SPECIALIST .................................................... Beth Sloan
WEB PAGE ............................................................................................. Vimala Nancy Rajapho

OTHER

CHAIR, COUNCIL ON PROFESSIONAL ISSUES/EDUCATION........ Jane Conley

EX-OFFICIO MEMBERS (non-voting)

LBEDN LIAISON ..................................................................................... Beth Fontenot
LDA LBEDN Liaison .............................................................................. Martina Musmeci Salles
EXECUTIVE COMMITTEE (voting)
- PRESIDENT.........................................................Cheryl Atkinson
- PRESIDENT-ELECT..........................................Diane Douglas
- SECRETARY.....................................................Sherry Smith
- TREASURER.....................................................Becky Laskowski
- DELEGATE........................................................Melissa Guillory

PRESIDENTS OF AFFILIATED DISTRICT ASSOCIATIONS (voting)
AREA I
- BAYOU.........................................................Becky Gautreaux
- SOUTHEAST...................................................Julina Robert
- NEW ORLEANS...............................................Eva LeBlanc

AREA II
- BATON ROUGE............................................Vimala "Nancy" Rajapho
- ACADIANA....................................................Alicia Rourk
- SOUTHWEST................................................Tonya McKnight

AREA III
- CENLA..........................................................Mary Ann Ward
- NORTHEAST...............................................Hannah Buffington
- SHREVEPORT...............................................Elizabeth Ollendike

STANDING COMMITTEE CHAIRS (voting)
- FINANCE COMMITTEE......................................Becky Laskowski
- PUBLIC POLICY COORDINATOR.......................Jennifer Duhon
- NOMINATING COMMITTEE CHAIR......................Kate Rountree

PUBLIC RELATIONS/MARKETING COMMITTEE

SPECIAL COMMITTEE CHAIRS (non-voting)
- ANDF STATE DEVELOPMENT..........................Becky Laskowski
- ANNUAL MEETING CHAIRMAN.........................Diane Douglas
- AWARDS/HISTORIAN.....................................Monica Loughmiller
- DTR REPRESENTATIVE.................................Gayle Daniel
- BYLAWS......................................................Brigett Scott
- MEMBERSHIP RECRUITMENT..........................Becky Gautreaux
- REIMBURSEMENT.........................................Beth Sloan
- SCHOLARSHIPS.............................................Melissa Miceli Reed
- STATE POLICY REPRESENTATIVE....................Eljeana Quebedeaux
- STATE PROFESSIONAL RECRUITMENT COORDINATOR...Ashley Roberts
- STATE REGULATIONS SPECIALIST
- WEB PAGE....................................................Vimala "Nancy" Rajapho

OTHER
- CHAIR, COUNCIL ON PROFESSIONAL ISSUES/EDUCATION......Jane Conley

EX-OFFICIO MEMBERS (non-voting)
- LBEDN LIAISON..............................................Beth Fontenot
- LDA LBEDN Liaison ........................................
Louisiana Dietetic Association
Award Recipients

OUTSTANDING DIETITIAN OF THE YEAR
Margaret Jones
Baton Rouge District

RECOGNIZED YOUNG DIETITIANS OF THE YEAR
Angelle Pate
Baton Rouge District

Alissa Schmidtke
New Orleans District

EMERGING DIETETIC LEADER
Eva LeBlanc
New Orleans District

RECOGNIZED DIETETIC TECHNICIAN OF THE YEAR
Gayle Daniel
Southeast District

50 YEAR MEMBERS
Germaine B Daigle
Irene F Gardemal
Gail M Johnson
Clare H Miller
Lenora D Tompkins
Ann D Williams

OUTSTANDING DIETETIC EDUCATOR AWARD—DIETETIC INTERNSHIP
Vadel Y. Shivers

OUTSTANDING DIETETIC STUDENT-DIETETIC INTERNSHIP
Jennifer Utley
Louisiana Tech University

OUTSTANDING DIETETIC STUDENT-DIDACTIC PROGRAM IN DIETETICS
Chantel Chatham
University of Louisiana at Lafayette

Scholarship Recipients

JUNIOR MERIT SCHOLARSHIP
Amber Sherrard
Louisiana Tech University

SENIOR MERIT SCHOLARSHIP
Clare Becker
Louisiana State University

IRENE TOLIVER PYBURN AWARD
Amanda DiCarlo
Louisiana State University

GRADUATE STUDY AWARDS
Kelly Kaminski
Louisiana Tech University

Danae Zarbuck
Louisiana Tech University

DIETETIC TECHNICIAN
Jenny Borgeson
Delgado Community College
Call to Order......................................................... Brigett Scott  
LDA President

Invocation............................................................. Cheryl Atkinson  
LDA President-Elect

Treasurer’s Report.................................................... Margaret Jones  
LDA Treasurer

President’s Report..................................................... Brigett Scott

Delegate’s Report..................................................... Diane Douglas  
AND Delegate

Legislative & Public Policy Report............................. Lori Roy  
LDA Policy Representative

Awards, Scholarships & New Member......................... Monica Loughmiller  
Recognition  
Awards Chair

Introduction of 2013-2014 Board of Directors... Cheryl Atkinson

Invitation to 2014 FNCE............................................ Diane Douglas  
LDA Annual Meeting Chair 2014

Adjourn
Program

Tuesday, April 9, 2013
7:00—4:30 p.m.
Registration
Portico Foyer

7:00—7:45 a.m.
Continental Breakfast
Portico Foyer
SPONSORED BY: REINHART FOODSERVICE

8:30—9:30 a.m.
Getting Older—Staying Healthy
Georgia Kostas, MPH, RD, LD
Does getting older mean losing health? Help your patients, loved ones, and yourself incorporate nutrition and lifestyle factors NOW that promote healthier, stronger aging, stronger bones and muscle, less chronic disease (osteoarthritis, sarcopenia, weight gain, high blood pressure, heart disease, diabetes), and better quality of life. New roles of protein and vital nutrients will be discussed.
SPONSORED BY: NATIONAL CATTLEMEN’S BEEF ASSOCIATION
CPE Credit 1.0  LEVEL 2; LNC 4190, 5100, 6030
Salon ABC

9:30—10:30 a.m.
The Sustainable American Dinner Plate: A Food Revolution on the Modern Table
Mary Lee Chin, MS, RD
Fixated on sustainability, safety and health, consumers are sourcing food in new ways and conferring automatic “health and environment halos.” A science-based assessment compares the claims and benefits of "back to basics" and modern agriculture food production methods. Attendees learn to separate fact from myth, and provide credible education to consumers as to the realities of food miles, and organic, conventional and biotech methods of food production; assessing the most popular consumer food sourcing trends using peer-reviewed science for nutritional content, economic and environmental measures.
SPONSORED BY: SOUTHEAST DAIRY INDUSTRY ASSOCIATION
CPE Credit 1.0  LEVEL 2; LNC 6010, 8018, 2010
Salon ABC

10:45—11:45 a.m.
The Power of Blueberries in Improving Risk Factors Associated with Metabolic Syndrome
April Stull, PhD, RD, LDN
Understand the historical use of blueberries and scientific evidence of its effective in treating and/or preventing conditions and diseases. Learn how blueberries may help future patients with the metabolic syndrome.
CPE Credit 1.0  LEVEL 2; LNC 9020, 5290, 5180
Salon ABC

12:00—2:30 p.m.
Boxed Lunch & Exhibits and Poster Sessions
Salon DEF
Use the blue ticket that you received at registration to pickup your box lunch.
Program (continued)

2:30—3:30 p.m.
Eat Fit NOLA: Where Nutritious Meets Delicious
Molly Kimball, RD, CSSD
Learn about the mutual benefits of partnering with local restaurants; the impact that identifying healthy menu items has on the community; specific criteria used to designate ‘healthy’ menu items; and strategies for working with local restaurant owners and chefs to implement similar programs in their area.
CPE Credit 1.0  LEVEL 2; LNC 4010, 4040
Salon ABC

3:30—4:30 p.m.
Holly's Trim & TERRIFIC Commandments for a Healthy Lifestyle
Holly Clegg
Author of the best selling Trim & TERRIFIC cookbook series
Holly Clegg is a best-selling author who has offered expert advice on quick, flavorful and healthy eating for nearly 20 years through her trim&TERRIFIC® cookbook series. Holly has promoted her healthy lifestyle recipes on national shows including Fox & Friends, NBC Weekend Today, and The 700 Club. Learn why it is important to focus on healthy lifestyle and nutrition with growing chronic disease prevalence; how Holly incorporates practical, healthy approach to nutrition in her books; and the importance of identifying ways to reach the population through current social media.
Sponsored by: Louisiana Sweet Potato Commission
CPE Credit 1.0  LEVEL 2; LNC 1090, 4100, 4040, 7120, 7210

5:30—6:15 p.m.
Zumba class
Zumba is a fun workout that involves dance and aerobic moves. Join us for a Zumba session with an instructor in Maple Room on the 1st floor!

6:00 p.m.—until
Welcome Reception & Dinner
Cash bar will be available.
Poolside Area

Wednesday, April 10, 2013
7:00 a.m.—12:00 p.m.
Registration
Portico Foyer

7:00—8:00 a.m.
Continental Breakfast
Portico Foyer
Sponsored by: Nutrition411.com

8:00—9:00 a.m.
ISPP: The Alternative Pathway
Evelyn Crayton, EdD, RD, LD
Learn about the significance of minority presence of Registered Dietitians to reduce health disparities, especially in rural communities; understand the process for participating in an Individual Supervised Practice Pathway (ISPP); learn about ways to locate new preceptors to increase the number of dietetic internship slots; and identify new rotation sites.
CPE Credit 1.0  LEVEL 1,2; LNC 1000
Salon ABC
**Program (continued)**

**CONCURRENT SESSIONS**

**Dietitian Track**

**9:00—10:00 a.m.**

The Skinny on Bariatric Surgery – Nutritional Management of the Pre/Post-Operative Patient

Kate Rountree, RD, LDN

Learn about the eating habits changes necessary in preparation of bariatric surgery; the rationale behind the pre-operative diet regimen; the diet progression following bariatric surgery; the micronutrient supplementation regimen following each bariatric procedure; and the main nutritional and weight loss concerns of a bariatric patient, both short and long term.

CPE Credit 1.0  LEVEL 2; LNC 3010, 5125, 5400

**Salon ABC**

**10:00—11:00 a.m.**

Enhancing Nutrition Therapy in the Critically Ill: How Dietitians Can Impact Delivery of Care

Heidi Greenwaldt, MS, RD, LD, CNSC

Learn about the benefits of early enteral nutrition in the critically ill; steps to consider when implementing a change to dietitian’s practices in the hospital setting; and the advantages of using electromagnetic technology with feeding tube placements.

SPONSORED BY: CORPAK MEDSYSTEMS

CPE Credit 1.0  LEVEL 1,2; LNC 5440, 5450, 5460

**Salon ABC**

**11:00 a.m.—12:00 p.m.**

Nutritional Genetics

John Doucet, PhD

Learn about fundamental concepts of biological inheritance; structure and function of genes and chromosomes, as well as their relationship; structure of the human genome; types of genes important to metabolism and nutrition; genetic bases of nutritional problems in humans; and goals, achievements, and promises of the field of nutrigenomics.

CPE Credit 1.0  LEVEL 1; LNC 2059, 2040

**Salon ABC**

**12:00—2:00 p.m.**

LDA Business Meeting and Awards Luncheon

Awards Winners Recognition

Recognition of 50 year members

LDA Business Meeting

**Salon DEF**

**12:00—1:00 p.m.: Lunch Presentation:**

Academy of Nutrition and Dietetics: What Does the Future Hold for Our Academy and Profession

Ethan A. Bergman, PhD, RD, CD, FADA

President, Academy of Nutrition and Dietetics

Learn about the member benefits associated with Academy of Nutrition and Dietetics membership; the decision to change the name of the organization; the many roles played by dietetics professionals in improving the health of the public; the activities of the organization related to public policy; and the activities of the Foundation.

CPE Credit 1.0  LEVEL 2; LNC 1010, 1070

**Salon DEF**
Faculty (listed alphabetically)

Ethan Bergman, PhD, RD, CD, FADA
President, Academy of Nutrition and Dietetics
Associate Dean, College of Education and Professional Studies
Professor, Food Science Nutrition
Central Washington University
Ellensburg, WA

Mary Lee Chin, MS, RD
Nutrition and Communications Media Consultant
Nutrition Edge Communications
Denver, CO

Holly Clegg
Author, Trim&TERRIFIC cookbook series
Baton Rouge, LA

Evelyn F. Crayton, EdD, RD, LD
Professor, Nutrition, Dietetics and Hospitality Mgt
Board of Directors, Academy of Nutrition and Dietetics (formerly, ADA)
Extension Family and Consumer Sciences
Auburn University
Auburn, AL

John P. Doucet, Ph.D.
Dean, College of Arts and Sciences
Distinguished Service Professor
Director, University Honors Program
McIlhenny Professor of Human and Environmental Genetics
Nicholls State University
Thibodaux, LA

Emily Efferson
Administrator, Louisiana Board of Examiners in Dietetics and Nutrition
Baton Rouge, LA

Heidi Greenwaldt MS, RD, LD, CNSC
Clinical Nutrition Manager
University of Minnesota Medical Center, Fairview
Minneapolis, MN

Molly Kimball, RD, CSSD
Sports and Lifestyle Nutritionist, Nutrition Manager, Elmwood Fitness Center
New Orleans, LA

Georgia Kostas, MPH, RD, LD
Nutrition Consultant, Speaker, Author
Specializing in Wellness, Weight, Cardiovascular, and Preventive Nutrition
Author, The Cooper Clinic Solution to the Diet Revolution: Step Up to the Plate! (2009)
Dallas, TX

Kate Rountree, RD, LDN
Owner, Consultant, Registered Dietitian
Rountree Dietetics
Lafayette, LA

April Joy Stull, Ph.D, RD
Assistant Professor, Division of Nutrition and Chronic Diseases and Botanical Research Center, Pennington Biomedical Research Center
Baton Rouge, LA

Paula Weeks, MS, RD, LDN
Regional Healthcare Specialist, CONCO-Reinhart FoodService
Board Chair, Louisiana Board of Examiners in Dietetics and Nutrition
Shreveport, LA
Sponsors

The success of the LDA FNCE depends, in large part, on the participation and support of our generous sponsors. LDA is very appreciative of the companies listed below that have supported the 2013 FNCE by educational or event sponsorship.

Carmichael’s
Corpak Medsystems
Louisiana Sweet Potato Commission
Nutrition411.com
Reinhart FoodService
Southeast Louisiana AHEC
Southeast United Dairy Industry Association
The National Cattleman’s Beef Association

Door Prizes

Below are the companies who have generously contributed door prizes. Prizes will be drawn throughout the conference and following the final session.

Academy Book Mart
Customized Nutrition Newsletters
Doerle Food Services, LLC
Learning Zone Express

Ditty Bags

by

Carmichael’s

Ditty Bag Donations

Heinz
Learning Zone Express
Nutrition411.com
Reinhart FoodService
SUDIA
Exhibitors

Below are the companies who are exhibiting this year listed alphabetically. Please be sure to visit each exhibit booth and thank them for supporting LDA.

Abbott Nutrition
Care Point Partners
Carmichael's
Corpak Medsystems
Customized Nutrition Newsletters
Doerle Food Services, LLC
LA Sweet Potato Commission
Most Delightful Foods
National Total Care Services, LLC
Nestle Health Science
Nicholls State Student Dietetic Association
Protec Carb
Reinhart FoodService
Southeast United Dairy Industry Association (SUDIA)
The University of Southern Mississippi Dept of Nutrition & Food Systems
The Wallin Group
Tuesday, April 9  
8:30—9:30 a.m. 

Getting Older—Staying Healthy  
Georgia Kostas, MPH, RD, LD 

CPE Credit 1.0  Level 2 

Program Learning Objectives: 
Participants will define and apply in their practice:  
1- Body changes as we age, and health and nutrition implications  
2- Preventive diet and lifestyle strategies to reduce the risk of chronic diseases  
   (obesity, muscle loss, heart disease, osteoporosis, hypertension, COPD)  
3- New roles of protein in chronic disease and healthier aging. 

This program is sponsored by  
National Cattlemen’s Beef Association
Getting Older, Staying Healthy

Georgia Kostas, MPH, RD, LD

Author, *The Cooper Clinic Solution to the Diet Revolution: Step Up to the Plate* (2009) - a healthy eating/wt loss guide

www.GeorgiaKostas.com

Thanks to LDA sponsor, Louisiana Beef Industry Council, partnering with Beef Check-off Program

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“I Forgot to Grow Old”

Fan Benno-Caris, age 95

---

Mom & Dad, ages 93 ... feel 53!

• Mentally active
• Attitude- Keep Smiling

---

Winner of the Gold Medal in Power Lifting - Arizona Senior Olympics, 2011

“A day without a workout is like a day without dessert”

---

Sharon Salomon, MS, RD!

“I like feeling powerful and strong...a firm handshake and carrying a 25 lb bag of dog food!”

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Inevitable?
**Age Healthfully**

- Preserve muscle/bone mass & strength
- Prevent chronic disease
- Stay active and mobile...with
  - optimal diet
  - optimal exercise
  - optimal protein intake

**Be Proactive to Prevent**

- Heart Attacks, Strokes, HBP
- Diabetes
- Obesity
- Osteoporosis and Sarcopenia
- Cancer
- Inactivity; immobility

Lifestyle Choices prevent chronic disease!

**Body Changes with Age**

**BODY COMP – less muscle (LBM); more fat**
- by age 70, can lose 40% muscle mass; by age 85, lose 50%
- Sarcopenia – ↓ muscle size & strength; fat infiltrates; ↑ body fat
- fat redistributes – ↑ “belly fat”; larger waistlines (health biomarker)

**SKELTAL CHANGES – less amt, quality, density**
- greater risk: osteoarthritis, osteoporosis, hip fractures, falls

**METABOLISM SLOWS DOWN**
- from less muscle & less physical activity; blood sugar increases
- muscle loss impairs CHO, fat, protein metabolism

**AEROBIC (OXYGEN) CAPACITY DECLINES**
- 65 yo, 30-40% less than young adult; if fit, greater VO2 max vs 20 yo

**IMMUNE SYSTEM WEAKENS**
- protein, B12, Fe, Zn, Mg, A, C, D

**MRI Images of Thigh Muscle: Sarcopenia**

Ages 30 to 60: 20% less muscle/nerves in thigh; we move slower.
Fit, healthy 20 yo male has 100+lbs muscle; 85 yo women: 25 lbs!

**How do I gain Muscle? Faster? As I grow older?**
(What Stimulates Muscle Anabolism?)

- HBV protein - type, amt, timing
- Essential aa (8-15g) - 15g in 4 oz meat or 16 oz milk
- Whey protein
- Leucine (beef, poultry, fish, dairy)
- Vit D sufficiency
- Exercise
- Hormones: Insulin, Testosterone, Growth

**Studies – Muscle Growth, Sarcopenia & Lean Protein**

1) HBV protein
   - stimulates muscle protein synthesis + strength
   - improves overall health *
   - prevents/delays/reduces chronic dx (CHD, diabetes, osteoporosis)

2) 4 oz lean beef acutely stimulates
   - protein synthesis by 50% in young and older adults without exercise (essential aa: leucine)
   - Increasing muscle mass and strength **

**Stuart Phillips Research**  
McMasters Univ – Toronto  
- 20 g of HBV protein builds muscle  
- 20 g per meal  
- Leucine is key  
- Dairy (HBV, whey, Ca, Vit D)- better than Soy  
- Beef more effective than Soy  
- Timing - 30" post-exercise & up to 24 hrs later  
- All studies: 20-35 g pro = 3-4 oz meat per meal  

**R. Wolfe’s Metabolic Studies**  
Univ of Ark - Little Rock  
- 15 gm ess. aa’s (in 35 gm protein) at 3 meals will maximize muscle protein synthesis  
(35 gm protein x 3 meals a day = 105 gm pro)  
- 105 gm protein/day for 70 kg body wt = 1.5 gm pro/kg BW  
- 1.5 gm pro/kg may be better than RDA of .8 g (RDA) or EAR of .66 g (EAR - 50% pop)  
Wolfe, R Am J Clin Nutr 2006, 84:475-82

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**D Paddon-Jones Studies:**  
**Physical Inactivity and Muscle**  
- 28 Days Inactivity (Young Adults)  
- 10 Days Inactivity (Older Adults)  
- 3 times more muscle loss 1/3 the time  
- All volunteers consumed the RDA for protein  

**Optimal Daily Protein Distribution**  
- Maximum rate of protein synthesis  
- Total Protein 90 g  
- 30 g at each meal  
- ~ 1.3 g/kg/day  
- Repeated maximal stimulation of protein synthesis: increase/maintenance of muscle mass  

**Amino Acid Composition of Beef**  
- 0.6 g in 1 cup  
- 2.3 g  
- 2.2 g in 4 eggs  
- 35 g total protein  
- ~ 4 oz beef: 90% lean  
- 15 g essential amino acids  

---

**Synergistic Effect of Protein and Exercise**  
- Young vs older  
- Fasting vs Protein + Exercise  
- Paddon-Jones et al. 2004  
- Kortebein et al. 2007  
- All volunteers consumed the RDA for protein  

---

**Synergistic Effect of Protein and Exercise**  
- Paddon-Jones et al. 2007 - slide used by permission from DPJ  
- Slide used with permission by Douglas Paddon-Jones, PhD, The University of Texas Medical Branch and Shriners Hospital for Children, Galveston, TX; nutritiondata.com
New Protein Roles: Aging

- Aging, muscle wasting, injury, illness, obesity, diabetes, osteoporosis, exercise training, intended wt loss require more protein
- Majority of pop consumes RDA of .8 gm pro/kg body wt. (7-8% of older pop. does not)*
- 1.1-1.2 g protein per kg BW may be ideal

* NHANES 2003-2004

52 New Studies*: Higher Protein Improves Wt Loss

- Moderate protein (30-33% of cal) for weight loss:
  - ↓ more body fat & belly fat*; retain more muscle
  - easier to stay on diet longer - more satiety, less appetite, thermogenesis, more muscle mass**
  - ↓ TG, ↓ LDL, ↑HDL, ↑LDL particle size
- Improved Insulin sensitivity and Ins resistance***
- Better glucose and lipid metabolism


Impact of Diet on Lipids

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<th>Atkins</th>
<th>ZONE</th>
<th>LEARN</th>
<th>Ornish</th>
<th>DASH</th>
<th>Portfolio</th>
<th>Smart Balance</th>
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<td>HDL-c</td>
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<td>13*</td>
<td>7.5</td>
<td>6.7</td>
<td>22</td>
<td></td>
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</table>

*Statistically significant improvement vs other diets 1,4 or control. 2,3
1 Statistically significant improvement vs DASH
2 Statistically significant improvement vs Ornish
3 Statistically significant improvement vs Zone

Role of Lean Protein & Heart Dx

- Highest protein intake had highest quality diets and lowest risk for CHD *
- Higher HDL and lower TG w/high pro diets
- 54 studies: lean, fat-trimmed beef does not raise LDL, when part of diet, low in sat fat**
- 1 oz lean beef = 3 gm total fat (1.5 g MUFA, .5 g stearic acid of 1.5 g sat fat)
- BOLD study and BOLD+ Study showed 4-5 oz lean beef in DASH diet lowered LDL like DASH

**Role of Protein & Bone Health**
- Protein and Calcium interact positively to affect bone health, if pro + Ca are ample
- Beef assoc with high levels of IGF-1 (Insulin-like growth factor), which is assoc with increased bone mineralization and fewer fractures *
- Middle-aged people who ate more protein, had fewer hip fractures **


**Research Indicates…**
A moderate serving of high-quality protein (20-30 g) with each meal (even breakfast!) can make a significant difference in healthy aging, body strength, and disease prevention.

**Protein, COPD, & Pulmonary Health**
- Protein & Calorie needs are higher
- Fewer carbs reduces carbon dioxide in body and increased resp. rate, which is fatiguing
- Protein needs increase up to 40-50% = 1.2-1.7 gm protein /kg BW
- 150 lb person needs 90-120 gm protein/day (in 6-9 oz meat/protein, 1 egg, 1 oz cheese, 2 c milk/yogurt, 3 WG bread; 2 veggies )

**Bottom Line: Protein Supports Optimal Health**
- Protein above RDA, within IOM's AMDR (5-35% cal)
- Improves muscle’s role in overall health and disease prevention and management : CHD, Type 2 diabetes, osteoporosis, obesity, COPD
- Slows loss of skeletal muscle protein/strength
- Optimizes metabolism (CHO, pro, fat & metab rate)
- Supports wt loss, maintenance, & management, along w/ calorie-control and exercise

**What is the optimal diet for healthy aging?**

**Tufts Univ My Plate for Older Adults**

26
Heart-Protective Foods

- Seafood
- Salmon
- Blueberries
- All Berries
- Spinach
- Red Grapes
- Olive & Canola Oils
- Tub Margarine
- Wholegrains
- Oatmeal
- Psyllium
- Lean beef
- Onion
- Garlic
- Beans
- Onion
- Garlic
- Beans
- Tomato
- Greens
- Broccoli
- Fiber
- Walnuts
- Almonds
- Apples
- Colorful Fruit / Veg
- Dark Chocolate
- Tea
- Wine
- Soy

Nutrient-dense foods!

Nutrient-rich foods Prevent Shortfalls

Nutrient Shortfalls:
- K, Ca, Vit D, fiber

Older Americans-
- Protein
- B12
- Zn
- Fe
- Mg

Take 5! Impact of Diet, Lifestyle, CHD

- Harvard Nurses Health Study (75,000 women; NHS, 2000)
  - Healthy weight (BMI < 25)
  - Phys activity (3 hrs/wk)
  - AHA/ DASH/ lowfat diet (WG, fiber, K, Mg, Ca, C, AO)
  - Alcohol < .5 drink/day
  - Do not smoke

- Diabetes Primary Prevention Trial
  - Healthy wt and diet, 3 WG & 3 dairy/day; 2-3 hrs ex/wk

DASH Diet

- 2-3 cups fruit +
- 2-3 cups veg +
- 3 wholegrains +
- 3 cups milk (1000 mg calcium) +
- ½ cup beans or 2-3 Tbsp nuts
- 5-6 oz lean meat, fish, poultry
- 1 tbsp healthy oils/fats

Lowers
- Blood Pressure, Cholesterol, TG, Weight

Mediterranean Diet

- 3 cups fruit +
- 2-3 cups veg +
- 3 wholegrains +
- 3 cups milk (1000 mg calcium) +
- ½ cup beans or 3 Tbsp nuts
- 3-5 oz lean beef, fish, poultry
- 2-3 Tbsp healthy oils/fats

Lowers
- Blood Pressure, Cholesterol, TG, Weight

BOLD - Beef in Optimal Lean Diet

- 2-3 cups fruit +
- 2-3 cups veg +
- 3 wholegrains +
- 3 cups milk (1000 mg calcium) +
- ½ cup beans or 2-3 Tbsp nuts
- 4.5 oz lean beef daily (9x/wk), fish, poultry
- 1 tbsp healthy oils/fats

Lowers
- BP, TG, LDL; ↑ HDL

Kris-Etherton, P. JACI 2011
Heart – Protective Nutrients
- Omega 3’s, mono & polyunsat fats
- Vitamins A,C,E; zinc, anti-ox, phytonutrients
- Calcium, Magnesium, Potassium
- Fiber – total and soluble
- Vitamin D3
- Nutrient-mix in Nutrient-dense foods

Nutrients Reduce CHD RF
- Lipids, blood glucose, c-reactive protein
- Blood Pressure
- Abdominal fat (WC ≤ 35” W; ≤ 40” M)
- Inflammation & oxidative stress
- Endothelial lining – function and structure
- Diet Quality – nutrient-rich vs calorie-rich/nut-poor

Lifestyle makes all the difference!

AHA & NCEP Guidelines

AHA – public health-prevention
- Cholesterol- 300/200 mg
- Fat- 7-10% sat fat (12-22 g)
  - 10-13 % monounsat
  - 10% polyunsat
- Carbs – 50-60%
- Protein – 10-15%
- Fiber – 25-30 gm
- Sodium – 1500 mg
- Sugar – 450 cal/week

NCEP – individual - therapeutic
- Cholesterol – 200 mg
- Fat- 7% sat fat (12-16 g)
  - 10-13 % monounsat
  - 10% polyunsat
- Carbs - 45-60%
- Protein – 10-15%
- Fiber – 25-30 g
- Sodium – 2300 mg
- Stanols – 2 daily

Seafood- 2x a week

Omega-3’s Lower CHD Death Risk
- CHD death risk by 40% (fish 2x/wk)
- arrhythmias
- triglycerides by 20-50% (3-4 g/d)
- growth of atherosclerotic plaque
- inflammation of arterial walls
- platelet aggregation
- endothelial lining- fn & structure

Omega-3’s
1 gram a day or 7 gms a week

Weekly
- 6 oz salmon
- 6 oz halibut, sole
- 2 tuna sandwiches
- 1 Tbsp Smart Balance Omega-3 spread daily
- 1 cup Smart Balance milk daily
- Total: 7.0 gms

AHA Goals: eat 6-8 oz oily fish/wk
Omega-3’s: 500 mg/day (no CAD)
1,000 mg/day (if CAD)
DHA-omega 3-fortified Foods

ALA-omega 3-fortified Foods

Milk
HBV Protein
Calcium
Phosphorous
Magnesium
Potassium
Vit A, Vit D,
Vit B1, B2, B3,
Vit B12
- Lowers BP
- Prevents Diabetes
- Builds Bone, Muscle
- Regulates fat burning

Drinking Milk

Prevent OSTEOPOROSIS
Slow down bone loss & sustain bone:
Do all you can as long as you can...

Major Risk Factors for Osteoporotic Fractures
- Age 55+
- Low bone density
- Prior adult fracture
- Parent-hip fracture
- Weight < 127 lbs.
- Inactivity
- Female
- Caucasian or Asian
- Petite
- High salt, caffeine

Recommendations (age 50+)
for Strong Bones
- Calcium – 1200 mg; Vit D3 – 600 IU (IOM)
- Vitamin D3 – 800-1000 IU (NOF), age 50+
- Based on lab: 1000-2000 IU Vit D3 / day
- Therapeutic: 50,000 IU Vit D3 – 6-8 wks
- Omega 3’s, protein, Vitamin K, Mg, folic acid

- Weight-bearing & resistance exercises
- Get tested- Vit D and bone density
Calcium Supplementation in 50+ yr olds
17 studies w/ 52,600 participants, 1200 mg Calcium, for 3-5 years

- Bone loss slowed by 20%
- Bone fracture risk ↓ by 12-16%
- Calcium + D (800 IU) - ↓ fractures by 16% (vs 13% reduction if less D)

* Benjamin, MP. The Lancet, August 23, 2007; 370(9588):657-666

Sunshine! & Vitamin D3

- bones; muscle
- arteries / heart
- immunity
- cognition
- diabetes prevention
- blood pressure
- cancer prevention
- autoimmune diseases

Get Tested for Vit D!

- Most Americans are low in Vit D3 blood levels.
- Most need supplement - 1000-2000 IU Vit D3 daily.
- Some are prescribed 50,000 IU Vit D3 once a week.

Vitamin B12

(in milk, eggs, fish, meat, poultry)

Over age 50 – take a B12 supplement!
Over 60 – you absorb 80% B12
Over 80 - you absorb 60% B12

Zinc

- Reduces infection
- Reduces oxidative stress-antioxidant
- Reduces inflammation
- Promotes healing
- Promotes eye health
- Promotes cognition, learning

Studied 49 seniors, ages 55-87, 1 year, ± zinc supplementation

29 Lean Beef Cuts
(3 oz have ≤10 g fat, ≤ 3 g sat fat, 150 calories)

- Eye Round - Roast or Steak
- Top Round - Roast or Steak
- Shank Cross Cuts
- Bottom Round - Roast, Steak or Western Griller
- Sirloin Tip - Center Roast, Steak or Side Steak
- Round Tip - Roast or Steak • Tri-Tip - Roast or Steak
- Chuck Shoulder Pot Roast or Steak
- Flank Steak
- Shoulder - Petite Tender or Medallions
- Flank Steak
- Tenderloin Roast & Steak
- T-Bone • Top Sirloin
- Brisket - Flat Half • 95% Lean Ground Beef

3-ounces of lean beef (154 calories)

- ≤ 10 % of calories (2,000-calories) supply
- ≥ 10 % of Daily Values for 10 nutrients:
  - 48% PROTEIN
  - 41% SELENIUM
  - 37% B12
  - 33% ZINC
  - 25% NIACIN
  - 20% B6
  - 19% PHOSPHORUS
  - 17% CHOLINE*
  - 12% IRON
  - 10% RIBOFLAVIN

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www.beefitswhatfordinner.com; beefnutrition.org
Beans
• lower cholesterol
• lower blood pressure
• stabilize blood sugar
• help lose weight
• antioxidant & nutrient-rich

Eat More Fruit & Veggies (2-3 cups of each daily)
• ½ plate per meal
• 3-5 colors / plate
• snacks, dessert
• red / green per meal

Wholegrains – 3 a Day
What can Brown Do for You!
• 100% wholewheat bread / cereals
• wholewheat or corn tortillas
• brown rice or wild rice
• Kashi
• oatmeal and oat cereal
• corn and popcorn
• bulgur / cracked wheat
• wholegrain barley / rye
• wholewheat crackers (ie Triscuits)
• quinoa

C-Reactive Protein
Lifestyle reduces oxidative stress, inflammation, endothelial lining dysfunction, unstable plaque

Fiber (20 – 35 gm)
• 5+ fruit/veg (1 cup ea) = 20
• 3+ wholegrains = 6 - 10
• ½ cup beans or high-fiber cereal = 6 - 10

Fiber increases Longevity - mortality, all causes (Arch Int Med. June 2011)
**Soluble Fiber**
- Oats (oatmeal, oat bran, Cheerios)
- Psyllium (sugar-free Metamucil powder, wafers)
- Apple/sauce, oranges, pears
- Dried beans/peas – ½ c daily

Oatmeal w/ 2 prunes, applesauce or frozen berries + milk + nuts

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**Healthy Oils**
- Olive or Canola Oils
- Olives, avocado
- Nuts; almonds, pistachios, walnuts
- Tub spreads
- Salmon; sardines

---

**Nuts**
Almonds, walnuts, pistachios, peanuts, pecans, macadamias, cashews, hazelnuts:
- Lower LDL, oxidized-LDL, and HBP
- Magnesium: lower Diabetes & HT risk
- Vit E, Mg, monounsaturated fats are heart-protective

2-3 tablespoons/day may lower CHD risk, as part of low sat fat, low cholesterol diet

---

**National Cholesterol Education Program**
Therapeutic Lifestyle Changes & LDL Reductions

<table>
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<tr>
<th>Dietary Component</th>
<th>Dietary Change</th>
<th>Approximate LDL Reduction</th>
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<tr>
<td>Major Diet &amp; Lifestyle Changes</td>
<td>Saturated fat</td>
<td>&lt; 7% of calories</td>
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<tr>
<td>Dietary cholesterol</td>
<td>&lt; 200 mg/day</td>
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<tr>
<td>Weight loss</td>
<td>10 pounds</td>
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<td>Therapeutic Options</td>
<td>Soluble fiber</td>
<td>5-10 g/day</td>
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<td>Plant stanol/sterol</td>
<td>2 g/day</td>
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<tr>
<td>Cumulative Estimate</td>
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**Plant Sterols/Stanols**

- CocoaVia
- IncrediOIL
- Healthy Heart
- NutraGold
- Solgar
- Minute Maid
- Heart Wise
- Benecol

---

**Saturated Fats & Trans Fat**

Zero isn’t zero (rounding adds up)
Avoid hydrogenated fats; solid fats, pastries, butter, commercial desserts, crusts. See labels.
DRINK MORE WATER!

9-11 cups/ day of fluids with
8 cups water +2 cups other liquids & in foods

Hidden Sugar

Think Your Drink: “Moderation”

AHA: ≤ 2 drinks/ day for men; one for women
1 drink = 5 oz wine = 12 oz lite beer =
1.5 oz liquor = 100 calories

Sodium Guidelines 2010

AHA – 1500 mg/ day for all ages
Dietary Guidelines for Americans 2010 –
- 1500 mg - if over 51 yrs old or at risk (overweight, renal, congestive heart failure, HBP, familial risk, African Amer)
- 2300 mg (= one teaspoon salt) – everyone else

HOW: – fresh foods first; then frozen; only low-salt canned
-No added salt; less processed/convenience foods
-Read food labels – swap to lower Na options
-Season without salt; choose salt-free seasonings and lemon

Potassium Sources (4700 mg target)

- Potatoes, baked with skin 1100 mg
- Sweet potato, baked 700
- Prunes or raisins ½ cup 650
- White Beans, ½ cup 600
- Tomato juice (Low Na), 1 cup 550
- Yogurt or Orange juice, 1 cup 500
- Banana, spinach-1/2c, milk-1 c 400

Strive for 9-10 foods @ 500 mg avg for each

Role of Magnesium

- normal muscle and nerve function
- healthy immune system
- bone health
- energy metabolism/ glucose metabolism
- protein synthesis
- heart rhythm
- normal blood pressure
- blood sugar & Insulin regulation
**Magnesium Sources**

DVI targets: 400 mg (men); 300 mg (women)

- 100% bran cereal, ½ cup: 95
- Halibut or oysters, 3 oz: 90
- Almonds, cashews, hazlenuts, 1 oz: 80
- Spinach, Swiss chard, ½ cup: 75
- Black Beans, limas, ½ cup: 65
- Oatmeal, ¼ cup: 55

**Our Challenge**

2 of 3 adults

1 of 3 children/teens are overweight or obese

**Waist, Not Weight**

Be wise about portion size.

1 cup = a baseball

3 ounces of cooked meat, poultry, or fish = a deck of cards

2 tablespoons = a golf ball

**Downsize Portions**

for weight and health

- Solid Fats
  - especially fried foods, fast foods, dressings,
  - refined grain snacks, desserts, alcohol, sodas, high-cal beverages,
  - high-fat meat/cheese, extras

- Alcohol

- Sugar

- Sodium

**Upsize**

- Fruit
- Vegetables
- Wholegrains
- Beans
- Nuts/seeds
- NF/LF Dairy
- Seafood
- Lean Protein
- Water

... more nutrient-rich, less calorie-dense, satisfying, filling foods
3 Combine Nutrient-rich Foods with Color and Variety

4) "3/4 RULE"

5) 1 mile a day burns 10 lbs a year!

Small Changes, Big Results

New Exercise Guidelines for Older Adults - Over 65

- **Cardio-Mod-intense** or **Cardio- Vigorous**
  - 30 minutes, 5x/wk and
  - 20 minutes, 3x/wk
- 8-10 **Strength** exercises,
  - 10-15 reps, 2-3x/wk and
- **Balance/Core** exercises
- **Stretching** – 5-10”/day

Push a little harder!

Exercise Strengthens Bones and Muscle, boosting

- **Balance**
- **Coordination**
- **Stability**
- **Strength**
- **Mobility**
- **Weight Control**

= **Quality of life**!
Exercise Improves
(at any weight!)
heart, BP, BG, lipids, strength, bones, stamina, weight, inflammation, insulin resistance, stress, depression, and
… feeling great!

Exercise Aids Cognition
- Walking 1.5 hours/wk, slowly (21-30 min/mile) improved cognitive skills in 70-81 yr olds
  (Weuve, 2004, Nurses Health Study)
- Fit older adults: better cognition (Deary, 2006, Neurology)
- Circulation to brain may be factor
- Obesity & middle fat linked to Alz and dementia
- Exer 15 min/day extended life 3 years in 400,000 Taiwan citizens, followed 22 yrs –
  (Lanost, Aug 14, 2011)

Exercise Variety, Optimal Benefits
- **Aerobic** (CHD, lungs, weight, stamina, balance)
- **Flexibility/stretching** (joints, range-of-motion)
- **Strength** (bones, muscles, core)
- **Balance** (reduces falls, hip & spine fractures; adds stability, coordination, functional fitness)
- **All-in-one**: yoga, pilates, aqua exercise, Zumba, bar/ballet classes, functional fitness, bands/cardio

Do not sit too long at a time
Chair exercises; get up, move every hour!

Healthy Active Lifestyles
- 10,000 Americans turn 65 daily since Jan 2011
- By 2030, one of five Americans over 65 yrs old.¹

Become pro-active
to age healthfully!

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¹ CDC : Healthy aging for older adults. June 20, 2017

“Take care of your body… it’s the home you live in…”
Sara Parks, RD, age 100
Secrets to Getting Older, Aging Healthfully

1) Eat better – nutrient-rich foods and 20-30 gm quality protein @ 3 meals a day
2) Lose 5-7% body (fat) wt; reduce WC (DPP: lowered risk of Diabetes by 58%; CHD, HT)
3) Move! – Aer-30 min, 5 x/week and RT- 2x/wk
4) Control lipids, glucose, blood pressure
5) Retain muscle and protect bones

Enjoy Life! Stay Engaged! Forget to Grow Old!

You can Help Change Lifestyles!
You can Help Change Lives!

“Become the Change You Wish to See in the World”

- Bill and Melinda Gates

Thank You

Questions?
georgia@georgiakostas.com

www.georgiakostas.com
Blog, book, handouts

Repeate maximal stimulation of protein synthesis
increase/maintenance of muscle mass
Tuesday, April 9  
9:30—10:30 a.m.

The Sustainable American Dinner Plate: A Food Revolution on the Modern Table  
Mary Lee Chin, MS, RD

CPE Credit 1.0  Level 2

Program Learning Objectives:
After this presentation, the attendee will be able to:

- Understand the impact of eco-friendly, sustainability, environmental concerns and food sourcing trends that affect consumer behavior on food purchases.
- Contrast the benefits, claims and realities of local, organic, small-scale, family-owned, natural foods, and big, modern, conventional, biotechnology and global foods and each method’s ability to deliver nutrition for the consumer and sustainability for the national and global environment.
- Provide practical consumer guidance regarding economic impact, efficiency and food mile costs, and nutrient composition of foods from local, regional, and national origins, food sourcing and production methods.

SPONSORED BY: SOUTHEAST DAIRY INDUSTRY ASSOCIATION
The Sustainable American Dinner Plate: A Revolution Putting Food on the Modern Table

Mary Lee Chin, MS, RD
Nutrition Edge Communications
maryleechinrd@gmail.com

Food Revolution-New meaning to how we choose to eat

• Food as pleasure and entertainment
• Food as health vs. sinful eating
• Food as social justice issues

Objectives

• Understand impact of nutrition and sustainability that affect consumer behavior of food purchases.
• Examine food production methods and food sourcing trends
• Compare benefits, claims and realities of local, small-scale, family-owned, organic and natural foods, and modern, conventional, biotechnology, processed global foods
• Evaluate economic impact, efficiency and food mile costs of how food is produced
• Provide consumer guidance and clarify misperceptions regarding nutrient composition of foods

Disclosure

What’s Hot 2013

National Restaurant Association 2013
1. Locally sourced meats and seafood
2. Locally grown produce
3. Healthy kids’ meals
4. Environmental sustainability
5. Children’s nutrition
6. New cuts of meat
7. Healthy and local sourcing (restaurant gardens)
8. Gluten-free cuisine
9. Sustainable seafood
10. Whole grain items in kids’ meals

Supermarket Guru 2013
1. Sustainability: Stop Wasting Food
2. Health & Wellness: Snacking & Mini-Meals - Discover Correct Portion Sizes
3. Health & Wellness: Booster Reality DB, HBP & CVD
4. Economy: New Proteins
5. Lifestyle: Breakfast Most Important Meal
6. Frozen Foods Evolve
7. Men in the Supermarket & the Kitchen
8. Mobile Apps: Allergens, Ripening Produce, Organics, and Start Cooking Your Meals
9. Millennials Go Retail
10. Transparency: Who is making our food?

Food Trends & More--much more

Beyond organics
• Natural
• Whole food
• Slow food
Beyond “Beyond organics”
• Clean food
• Certified food
• Urban farming
• Foraging
• Farm-direct - Cow-pooling, eggs
• Range-free or hormone-free, usually truthful - do not necessarily mean organic
• Kosher
Sustainable Food Production

“It’s not easy being green” – Kermit the Frog

- An integrated system of plant and animal production practices that will over the long term satisfy human food and fiber needs, while enhancing environmental quality and the natural resource base...
- Sustainable development meets the needs of the present without compromising the ability of future generations to meet their own needs.

Three Pillars of Sustainability

Sustainable development meets the needs of the present without compromising the ability of future generations to meet their own needs. Brundtland 1987

Agricultural Challenges

Apple-Earth

- Cut an apple into quarters. Put aside three of the quarters
- Slice remaining quarter in half. Put aside one of the slices
- Slice your eighth into four sections. Put aside three sections
- Take the 1/32nd piece that is left. Carefully peel it

What farms look like

Developing Food Demands

- Epidemic in developing nations
- 500,000 cases of blindness – VAO
- 1-2 M deaths/malnutrition
- 800 M chronically undernourished
- SNAP 1 in 7 participate
- WIC 50% infants born in US today
- 10 % hungry are homeless
- 36% have at least 1 person in household working
Food Fight
National conversation about food - how it is grown and produced.

Problem – two armed camps deeply suspicious of one another - shouting past each other

This more than conversation about tastes and health

“Something’s just not right - our air is clean, our water is pure, we all get plenty of exercise, everything we eat is organic and free range, yet nobody lives past 30”

Who do some food activists want Americans to believe the food industry is?

Co - existence
Conventional, Biotechnology, Organic
Courteous informed discourse

Best practices all food production to meet challenges

Commonalities
- Seed planted in ground
- Regulated by USDA, FDA, EPA
- One not more nutritious than others

6 - 8.6% spent on food
Modern Agriculture & Sustainability

- Family dairy farms 97%
- Energy practices
- Recycling
- Greenhouse gases
- Biodiversity
- Water conservation

Sustainable Farming

Sustainable farming practices commonly include:

- Crop rotations to mitigate weeds, disease, insect and other pest problems; alternative sources of soil nitrogen; soil erosion reduction; and reduce risk of water contamination by agricultural chemicals
- Pest control strategies not harmful to natural systems or people, techniques to reduce need for pesticides - scouting, use of resistant cultivars, timing of planting, biological pest controls
- Increased mechanical/biological weed control
- Soil and water conservation practices
- Strategic use of animal and green manures
- Use of natural or synthetic inputs in a way that poses no significant hazard to man, animals, or the environment

Organic Farming

- National Organic Program (NOP) regulations: From farms certified by a state or private entity (USDA )
- Produced without antibiotics, hormones, irradiation, bioengineering or synthetic inputs
- Uses cover crops, green manures, animal manures, crop rotation to fertilize, to maximize biological activity, maintain soil health
- Renewable resources, soil and water conservation, reduced tillage techniques to enhance environmental quality

Organic Sales Growth

U.S. organic food sales and annual growth, 2004-2013:

- Sales ($ billion)
- Annual growth (percent)

Perceptions

Consumers Associate Organic with Absence of Negatives, Primarily Three-Associated with the Growing Process

- Absence of pesticides
- Absence of herbicides
- Absence of growth hormones
- No artificial flavor-color-preservatives
- Absence of antibiotics
- Absence of genetically modified foods
- Absence of food irradiation

Source: USDA/AMS/NOP

References:


Note: The chart and graph data are based on statistical analysis and user responses, indicating the perceived benefits and associations of organic food.
Why Biotech?

DNA is a strand of genes, much like a strand of pearls. Traditional plant breeding combines many genes at once.

Plant biotechnology

Using plant biotechnology, a single gene may be added to the strand.

Typical Elements of a Biotech Product Safety Assessment

- Gene(s)
  - Source(s)
  - Molecular characterization
- Gene Product(s)
  - History of safe consumption
  - Function / specificity
  - Expression and exposure
  - Toxicology / Allergenicity
  - Ecological impact of the trait

Gene & Gene Product Safety

Crop & Environmental Safety

- Environmental Safety
  - Plant characterization
  - Gene Flow
  - Animal ecology
  - Microbial ecology
- Food / Feed Composition
  - Major food components
  - Key nutrients and anti-nutrients
  - Animal nutrition studies
  - Ecological impact of the plant

What is Local?

- No uniform national definition.
- Ranging <county to multiple states
  - Hartman: 100 miles vs. same state
  - Walmart: Same state-big producers
  - Whole Foods: Within 7 hours
    - PCC Natural Markets: WA, OR, Southern BC
    - Hedge: Coffee, bananas, chocolate
- Not as clearly defined as “organic”
Local Foods as Economic Driver

- Many see local foods and sustainable agriculture at the heart of rural revitalization, economic development, job creation, better health and nutrition, and food security
- One of the fastest-growing, most entrepreneurial area of agriculture today
- Denver Seed Commission

Perceived Quality of Locally Grown Relative to Domestic Fresh Produce

Perception/Assumption/Evaluation

- Taste and quality
- Nutritional Value
- Environment
- Safety
- Economics/Cost

Variables

Variables that determine the nutritional quality of foods

- Genotype and variety of product, climatic conditions, altitude, cultural practices, growing methods, maturity and ripeness at harvested
- Post harvest handling - storage, extent and type of processing, and distance transported

Quality Evaluation

The elusive concept
- Color
- Eye appeal
- Taste
- Smell
- Texture

Reality is not so simple as perceptions

Nutrition Research

London School of Hygiene & Tropical Medicine:
- 50 years of organic research
- 162 studies, 55 which were of “satisfactory quality”
- No significant nutritional difference between conventional and organic crops and livestock.
- No notable differences between conventional and organic crops with regard to vitamin C, magnesium, calcium, potassium, zinc and copper content.
- Organic crops did have higher levels of phosphorus, and conventionally produced crops had higher levels of nitrogen
- No differences in nutrient content were indicated in the livestock studies.
Stanford research
- Met analysis 237 studies comparing organic and conventionally grown food
- Found little evidence that organic foods are more nutritious
- Organic advocates-pesticide residues, omega-3-fatty acids

Nutrition Value - Grass vs. Grain

Environment – Food Miles
- While food miles for local are lower, carbon footprint may not be.
  - Fuel efficiency differences in transport
  - Transportation relatively small part of overall energy use and environmental impacts
- Some version of life cycle analysis is the gold standard for comparisons

Energy Usage
- Greenhouse gas
- Water
- Air
- Manure

Energy savings 2010
- Biotech crops contributed equivalent of removing 19.4 billion kg of carbon dioxide from atmosphere
- Equal to removing 8.6 million cars from roads for one year
Food Safety

- Hormones
- Antibiotics
- Pesticides
- Toxins
- Preservatives
- Food borne illnesses

Cost/Affordability

US Food Waste

Nutrition & Quality Strategies

Handle appropriately
- Consider cooling
- Consume in a few days
- Thermometer

Watch waste
- Love Food Hate Waste

Consumer Guidance

Local
Organic
Conventional
Biotech

Nutrition
Safety
Cost
Quality

Shared Values

In the consumer’s mind, the debate may be a desire to develop a more intimate relationship with food, seeking benefits & value, and related to good health for family and the world....
Tuesday, April 9
10:45—11:45 a.m.

The Power of Blueberries in Improving Risk Factors Associated with Metabolic Syndrome
April Stull, PhD, RD, LDN

CPE Credit 1.0   Level 2

Program Learning Objectives:
• Dietitians and nutritionist will gain a basic understanding on the historical use of blueberries and scientific evidence of its effectiveness in treating and/or preventing conditions and diseases.
• Dietitians and nutritionists will gain knowledge on how blueberries may help future patients with the metabolic syndrome.
The Power of Blueberries in improving risk factors associated with metabolic syndrome

Abstract

A diet rich in fruits and vegetables has been shown to have significant health benefits. In particular, increased consumption of blueberries has demonstrated beneficial health effects for cardiovascular disease (CVD) and certain components of the metabolic syndrome, such as hypertension, insulin resistance and/or type 2 diabetes. These health benefits from blueberries may be attributable to their phenolic bioactive compounds, such as anthocyanins, which also have antioxidant properties. Thus, given the concern regarding the ability to significantly increase and maintain an individual’s fruit and vegetable consumption long-term, the role of dietary supplementation with bioactive components contained in whole blueberries becomes not only an attractive, but a feasible daily dietary intervention.

At Pennington Biomedical Research Center, Dr. Stull and Colleagues conducted a double-blinded, randomized, and placebo-controlled clinical study to evaluate the effect of freeze-dried blueberry powder on insulin sensitivity in insulin-resistant men and women. After screening to determine study eligibility, baseline (week 0) insulin sensitivity was measured on 32 obese, non-diabetic, and insulin-resistant subjects using a high dose hyperinsulinemic-euglycemic clamp (insulin infusion of 120 mU·m⁻²·min⁻¹). Participants were randomized to consume either a 16oz smoothie containing 22.5g blueberry powder (blueberry group; n=15) or a smoothie of equal nutritional value without added blueberry powder (placebo group; n=17) twice daily for 6 weeks. Both groups were instructed to maintain their body weight by reducing ad libitum intake by an amount equal to the energy intake of the smoothies (approximately 500 kcal/day). Subjects were evaluated weekly for body weights and 3-day food records were periodically collected. At the end of study, insulin sensitivity was re-evaluated. The results indicated that the baseline study characteristics (i.e., age, glucose, insulin, lipid profile, and insulin sensitivity) did not differ significantly between groups. However, insulin sensitivity improved significantly more in the blueberry versus placebo groups from week 0 to week 6. In addition, insulin sensitivity was enhanced in the blueberry group without significant changes over time in body weight, body fat, and energy intake. In conclusion, daily dietary supplementation with 45g of freeze-dried blueberry powder improved insulin sensitivity in obese, non-diabetic, and insulin-resistant subjects significantly more than ad libitum dietary intake alone.

Louisiana Dietetic Association
2013 Food & Nutrition Conference & Exposition

Tuesday, April 9
2:30-3:30 pm

Eat Fit NOLA: Where Nutritious Meets Delicious
Molly Kimball, RD, CSSD

CPE Credit 1.0   Level 2

Learning Objectives/Attendees will learn:
• The mutual benefits of partnering with local restaurants
• The impact that identifying healthy menu items has on the community
• Specific criteria used to designate ‘healthy’ menu items
• Strategies for working with local restaurant owners and chefs to implement similar programs in their area
Eat Fit NOLA. where nutritious meets delicious.

Molly Kimball, RD, CSSD

Ochsner’s Eat Fit NOLA

Eat Fit NOLA: Nutrition Criteria

Entrée (with sides) or Entrée Salad:
• Less than 600 calories
• Less than 800 mg sodium
• Less than 10% of calories from saturated fat
• 0 grams trans fat
• No white refined starches
• Less than 5 grams (one teaspoon) of added sugar (e.g. honey, agave, sugar, etc)

Eat Fit NOLA Criteria, continued

Appetizer, Soup, Salad, or Dessert:
• Less than 300 calories
• Less than 400 mg sodium
• Less than 10% of calories from saturated fat
• Zero trans fats
• No white, refined starches
• Less than 5 grams (one teaspoon) of added sugar

AHA Heart-Check Program

• Calories - 700 calories or less
• Total Fat – No more than 30% calories from fat; no more than 26 grams fat
• Saturated Fat - Less than 10% calories from sat fat; 5 grams or less per meal
• Cholesterol - 105 milligrams or less cholesterol per meal
• Trans Fat - Less than 0.5 grams trans fat per meal
• Sodium - 900 mg or less sodium per meal; 800 mg or less starting 7.1.2013

Eat Fit NOLA: Restaurants
Coming Soon: More Eat Fit NOLA restaurants

Eat Fit NOLA: How it started

• An idea over dinner...
• Existing relationship between Ochsner & Commander’s Palace
• Support from Ochsner leadership to have broader community impact
• Ochsner leadership approval to dedicate resources to Eat Fit NOLA

Eat Fit NOLA: Initial Outreach

Eat Fit NOLA: The extra support from Muriel’s...
Eat Fit NOLA: How it works

- Outreach out to restaurant / restaurants reach out to us
- Identify existing items likely to fit with little/minimal modifications
- Restaurant sends recipes; analyze with Food Processor Database
- Work with chef/owner to modify recipes as needed, without compromising integrity of dish.
- Work with chef/owner to develop new menu items if wanted/needed.

Eat Fit NOLA: Sample Menus

Muriel's

Ye Olde College Inn

Eat Fit NOLA: Sample Menus

Antilles Internation

Eat Fit NOLA
Eat Fit NOLA: Cross-Promoting

- Restaurants offer Eat Fit NOLA specials; promote on website, & via social media
- Ochsner promotes via social media, e-blasts to 12,000+ employees, media events
- Rouses/Molly promote via weekly news segment on WGNO/ABC26, "In the Kitchen with Molly"
- Rouses in-store/ Eat Fit NOLA in the chefs' case

Eat Fit NOLA: Sales

- Muriel's: 40% increase in sales of Eat Fit NOLA menu items, compared to same time frame in 2012.
- Vega Tapas:
  - 3 Eat Fit NOLA items increased by 1.7 - 3.6%
  - 2 Eat Fit NOLA items increased by 4.5 – 5.3%
  - 1 Eat Fit NOLA item (Pescada Fresco) increased by 61%
- Ditali's: Salad sales increased overall after Eat Fit NOLA salads were introduced.

Eat Fit NOLA: Feedback

The Eat Fit NOLA salads are a hit! We have customers that come in just for them, and we get compliments all the time from people who appreciate the calorie count and nutrition info. We’re very satisfied with the positive response!

-Ditali’s

Any dish has to fit into our culture and withstand the "suspension of belief". In other words can all of us feel really good about selling this product? The Eat Fit NOLA menu passes the test and therefore has been successful. As our farm provides new and fresh items, I hope that we will add more Eat Fit NOLA items.

-Ye Olde College Inn

Eat Fit NOLA: Feedback

The Eat Fit NOLA menu items have been AMAZING!! The customers absolutely love them!

-Fresh Bar

I’m so happy to see Ochsner-approved restaurants! My husband has lost 45# and is militant about keeping it off, but the biggest downside is that he prefers to control his meals from our own kitchen, and I love going out to dinner! Luckily he is amenable to your "approved" venues, so please, please keep adding more restaurants!

-Times-Picayune reader

Eat Fit NOLA: Challenges

- Obtaining recipes from chefs/owners/managers
- Devoting the time/resources to nutritional analysis
- Continuing to increase awareness of Eat Fit NOLA

Eat Fit NOLA: More Info

www.ochsner.org/eatfit

Molly Kimball, RD CSSD
mkimball@ochsner.org
504.842.9572
Tuesday, April 9
3:30—4:30 pm

Holly's Trim & TERRIFIC Commandments for a Healthy Lifestyle
Holly Clegg

CPE Credit 1.0        Level 2

Program Learning Objectives:
- To learn the history of Holly Clegg's trim&TERRIFIC cookbooks and brand
- Why is it importance to focus on healthy lifestyle and nutrition with growing chronic disease prevalence
- How Holly incorporates practical, healthy approach to nutrition in her books
- The importance of identifying ways to reach the population through current social media

THIS PROGRAM IS SPONSORED BY
LOUISIANA SWEET POTATO COMMISSION
Wednesday, April 10
8:00-9:00 a.m.

ISPP: The Alternative Pathway
Evelyn Crayton, EdD, RD, LD

CPE Credit 1.0  Level 1,2

Program Learning Objectives:
- Verbalize the significance of increasing minority presence of Registered Dietitians to reduce health disparities, especially in rural communities.
- Identify and understand the process for participating in an ISPP
- Identify ways to locate new preceptors to increase the number of dietetic internship slots
- Identify new sites for rotations
An Alternative Pathway to Becoming a Registered Dietitian to Help Reduce Health Disparities

Evelyn F. Crayton, EdD, RD, LD, Auburn University; Jill White, EdD, RD, Dominican University; Ulric Chung, PhD, The Academy of Nutrition and Dietetics
Angela Douge, MPH, RD, Dominican University

Diversity in Programs

Pathways to Eligibility to sit for the RD Exam
Quality Oversight

Goal

1) A Goal of the Academy of Nutrition and Dietetics is to increase minority presence of Registered Dietitians in the association to help reduce health disparities and provide health equity especially in rural communities.
Challenge

2) This has been a challenge, considering the limited number of dietetic internships available to highly qualified individuals.

Minority

3) Minority populations have remained in relatively poor health when compared to the majority population. These minority groups, African Americans (Blacks), American Indians, Black immigrants from Africa, as well as Caribbean and Hispanics, are usually undeserved by our healthcare system.

Approval

4) Approval was sought from ACEND, formerly the Commission on the Accreditation of Dietetics Education (CADE) to pilot an Alternative Pathway Program, a partnership was formed between the Alabama Cooperative Extension System and the Dominican University of River Forest, Illinois near Chicago.

Criteria

A. Applications were evaluated to individualize the training program for Extension employees with degrees in Nutrition or closely related areas throughout the United States and the territories.
B. Specific internship qualifications must be met.
C. Applications were evaluated by the internship Director at the Dominican University.
D. An Individualized training program was designed to be completed within a year to three years, depending on the student’s needs.

Summary

5) This is a community-based program. It was recommended that all of the students needed extensive clinical training in Medical Nutrition Therapy. Fourteen persons were admitted in August 2011. One person has sat for the exam in March 2012 and passed with a score of 34 out of a possible 36.

Individualized Supervised Practice Pathways

- **Who:** Students who were not matched to internships
- **What:** Student apply to program
  - Locate their own sites or
  - Program may assist in locating sites
- **Existing practitioners may recruit and organize sites for programs**
- **Students may get credit for prior learning and work experience**
- **Students may receive financial reimbursement**
- **Students can work at their own pace**
- **Students can maintain full time employee**
Future Goals to Increase Diversity

- Articulation agreements with Community Colleges
- Coordinated program on Cultural Diversity
- Support for Students of Color in Dietetic/MBA Program
- Recruit persons with masters and doctorate degrees to become R.D.

Obstacles to increasing diversity in dietetics identified from research
- Lack of familiarity people in minority communities to field of Dietetics
- Marginalization and isolation of students of color within programs
- Profile of an RD that is not inclusive – need for alternative programs that value contribution of those from communities of color
B. White (2008)
- Lack of mentorship – Students directed towards non-RD careers in food service or community
- Lack of preparation and access to internships
- Lack of financial support and low RD salaries

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ISPP Programs

- Dominican University, River Forest, IL
  - Dr. Jill White, EdD, RD
    - jwhite@dom.edu
  - Fontbonne University, St. Louis, MO
    - Dr. Cheryl Houstin, PhD, RD, LD
    - choustin@fontbonne.edu
  - University of Nebraska-Lincoln, Lincoln, NE
    - Ms. Linda Young, MS, RD, LDN
    - lyoung@unl.edu
  - Bluffton University, Bluffton, OH
    - Dr. Deborah Myers, EdD, RD
    - myersd@bluffton.edu
  - Drexel University, Philadelphia, PA
    - Ms. Beth Leonberg, MS, RD, CSP, FADA, LDN
    - BLL26@drexel.edu
  - West Virginia University, Morgantown, WV
    - Megan Goddard, MPH, ME, RD, LD
    - mgoddard@wvu.edu

Angela Dougie, Evelyn Crayton, and Jill White
Sydney, Australia
September 1-September 9, 2013
ISPP Programs (cont’d)

- University of North Florida, Jacksonville, FL
  - Dr. Claudia Swainy-Fruto, PhD, RD, LD
  - c.swainy-fruto@unf.edu
- Iowa State University, Ames, IA
  - Joan Anderson, MS, RD
  - joananderson@iastate.edu
- Meredith College, Raleigh, NC
  - Cathleen Ostrowski, MS, RD, CDN
  - co@meredith.edu
- College of Saint Elizabeth, Morristown, NJ
  - Kathleen Carranza, MA, RD
  - kcarranza@cses.edu
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  - Dr. Raieen Aljilba, PhD, RD
  - raieen@sausage.edu
- Lipscomb University, Nashville, TN
  - Ms. Anne Lawreny, MS, RD, CDN
  - lowery@lipscomb.edu
- Baptist Health System Dietetic Internship, San Antonio, TX
  - Mr. Kevin Haubrick, MS, RD, LD
  - khaubrick@baptisthealthsystem.com
- University of Wisconsin-Green Bay, Green Bay, WI
  - Shelly Gabel, MS, RD, CD
  - gabels@uwgb.edu
Dietitian Track

Wednesday, April 10  
9:00-10:00 am

The Skinny on Bariatric Surgery:  
Nutritional Management of the Pre- and Post-Operative Bariatric Surgery Patient  
Kate Rountree, RD, LDN

CRE Credit 1.0    Level 2

Program Learning Objectives:
- Give a basic review of each bariatric procedure
- Review the eating habits changes necessary in preparation of bariatric surgery
- Review the rationale behind the pre-operative diet regimen
- Review the diet progression following bariatric surgery
- Review the micronutrient supplementation regimen following each bariatric procedure
- Review the main nutritional and weight loss concerns of a bariatric patient, both short and long term
The Skinny on Bariatric Surgery:
Nutritional Management of the Pre- and Post-Operative Surgical Weight Loss Patient

Kate H. Rountree, RD, LDN
Rountree Dietetics
LDA FNCE 2013

Objectives
• Give a basic review of each bariatric procedure
• Review the eating habits changes necessary in preparation of bariatric surgery
• Review the rationale behind the pre-operative diet regimen
• Review the diet progression following bariatric surgery
• Review the micronutrient supplementation regimen following each bariatric procedure
• Review the main nutritional and weight loss concerns of a bariatric patient, both short and long term

FDA Guidelines for Surgical Approval
• BMI 35-39.9 kg/m²
  ▫ + 2 co-morbidities
  ▫ CAD, DM, HTN, OSA, Arthritis, CHF, COPD
• BMI ≥ 40 kg/m²
• Feb 2011 FDA Approved usage of Lap-Band® for BMI 30-40 kg/m² with 1 co-morbidity

Restrictive Procedures
• Limit the amount of food a patient can ingest resulting in less caloric intake and weight loss.
• Nutrient deficiencies may result from a reduced intake of macro- and micronutrients.
• Adjustable Gastric Banding (AGB)
  ▫ Allergan Lap-Band®
  ▫ Ethicon Realize Band®
• Vertical Sleeve Gastrectomy (VSG)

Adjustable Gastric Banding (ABG)
• Band placed on the upper portion of the stomach creating a small pouch
• Band is tightened or loosened over time depending on the patient's tolerance and total intake
• Least invasive

Vertical Sleeve Gastrectomy (VSG)
• Approximately 85% of the stomach is removed², and a sleeve shaped stomach remains.
• A large production of the appetite stimulating hormone, Ghrelin, is reduced due to removal of the greater curvature of the stomach.
Malabsorptive Procedures

- These procedures limit intake by reducing the size of the stomach and also reduce absorption of nutrients by surgical redirection of the small intestine.
- Roux en Y gastric bypass (RNY)
- Biliopancreatic Diversion with Duodenal Switch (BPD/DS)

Roux en Y Gastric Bypass (RNY)

- A pouch is created using the upper portion of the stomach. (approximately 1 ounce volume in the early post-operative phase).
- Entire duodenum is bypassed and a small amount of the jejunum.
- Mild malabsorption of fats and proteins by delaying the mixing of food with bile and pancreatic enzymes.
- Bypassing also causes a reduction in absorption of B vitamins, calcium, and iron.
- Recent findings are showing that the RNY causes weight loss primarily through restriction with a small amount of malabsorption.

Biliopancreatic Diversion with Duodenal Switch (BPD/DS)

- A portion of the stomach is removed creating a large capacity sleeve.
- Approximately 60% of the small intestine is then bypassed reducing the mixing of food with pancreatic enzymes and bile.
- Possible deficiencies: fat soluble vitamins, protein, fat, calcium and iron.
- Weight loss is due primarily to malabsorption with some restriction.

Pre-Operative Eating Habit Changes

- Slower eating pace
- Chew thoroughly
- Smaller, thumbnail sized bites
- Eating every 4-6 hours
- Avoiding slider foods (AGB only)
- Separating beverages from meals and sipping frequently
- Avoiding carbonated and sweetened beverages

Pre-Operative Liver Reduction Diet

- The purpose of the pre-op diet is to encourage usage of stored glycogen in the liver, especially in presence of fatty liver disease.
- Typically it is low in fat and carbohydrates and high in protein.
- Liquid meal replacements may be used exclusively or as a replacement to certain meals.
- Duration of time on the diet is dependent on the surgical practice.

Post-Operative Diet Progression and Texture Advancement

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<th>Stage of Progression</th>
<th>Duration of time (days)</th>
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<tr>
<td>Clear Liquids</td>
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<tr>
<td>Full Liquids</td>
<td>10-14</td>
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<td>Puree</td>
<td>&gt;10</td>
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<tr>
<td>Soft/mechanically altered</td>
<td>&gt;14</td>
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### Post-Operative Nutritional Concerns

- Roux en Y gastric bypass and dumping syndrome
- Duodenal Switch and steatorrhea
- Adequate protein intake and preservation of lean body mass
- Adequate fluid intake and the risk of dehydration
- Prevention of micronutrient deficiencies utilizing supplementation

### References


<table>
<thead>
<tr>
<th>Supplement</th>
<th>AGB</th>
<th>RYGB</th>
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<tr>
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<td>BID</td>
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<td>1500-2000 mg/d</td>
<td>1500 mg/d</td>
<td>1800-2400 mg/d</td>
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<td>Vitamin B₁₂</td>
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<td>1000 µg/mo</td>
<td>350-500 µg/d</td>
<td>1000 µg/mo</td>
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<tr>
<td>B Complex (Optional)</td>
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<td>1/d</td>
<td>1/d</td>
<td>1/d</td>
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<tr>
<td>Iron (elemental)</td>
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<td>Minimum 18-27 mg/d</td>
<td>Minimum 18-27 mg/d</td>
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<td>Fat Soluble Vitamins A, D, and K</td>
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Student Track

Wednesday, April 10
9:00—10:00 am

The Role of Licensure in the Profession – An Update
Paula Weeks, MS, RD, LDN
Emily Efferson
Louisiana Board of Examiners in Dietetics and Nutrition
Members

CPE Credit 1.0 Level 1

Program Learning Objectives:
- State the purpose for licensure and regulation of dietetics
- Know the difference between licensure and registration
- Identify the necessary steps for attaining licensure in Louisiana
- Know the types of licensure available
What You Need To Know About Licensure In Louisiana

Louisiana Board of Examiners in Dietetics and Nutrition (LBEDN)

Louisiana Dietetic Association
Food & Nutrition Conference & Expo
April 9-10, 2013

Objectives

Attendees will be able to:
- State the purpose for licensure and regulation of dietetics
- Understand the difference between licensure and registration
- Identify the necessary steps for attaining licensure in Louisiana
- Know the types of licensure available

Importance of Licensing

- Currently, 46 states have statutory provisions regarding professional regulation of dietitians and/or nutritionists.
- Licensing dietitians and nutritionists assures the public that individuals disseminating nutrition advice have the appropriate education and experience.

LBEDN Staff

- Emily Efferson, Administrator
- Terry Martin, Administrative Assistant
- Carmen Quebedeaux, Clerical Assistant
- Heather Jones, Clerical Assistant
- Holly Freeman, Administrative Assistant
- Regina Breaux, Administrative Assistant
- Stephanie Hoover, Records Manager

Introduction of Board Members

- Paula Weeks – Chairperson; RD
- Jeanine S. Latham – Vice Chairperson; RD
- Terry Compton - Secretary/Treasurer; RN
- Beth Fontenot - LDA Liaison; RD
- Teena Bromell Doxey; RD
- Howard Wetsman - Medical Advisor; MD

Administrator’s Welcome
Licensure Statutes

- No Licensure
  - Arizona, Colorado, New Jersey, Wyoming
- Certification Only
  - Connecticut, Indiana, New York, Utah, Vermont, Washington, Wisconsin
- Licensure of Dietitian Only (not Nutritionist)
  - Arkansas, Georgia, Hawaii, Idaho, Iowa, Kansas, Maine, Missouri, New Hampshire, Ohio, Oklahoma, Oregon, South Carolina, Texas, West Virginia

The Louisiana Dietetics/Nutrition Practice Act of 1987

- Defines “dietetics/nutrition practice” and specifies that only licensed individuals practice dietetics
- Defines “licensed dietitian/nutritionist”
- Defines “provisionally licensed dietitian/nutritionist”
- Defines “registered dietitian”
- Establishes the licensure board
- Sets requirements for licensure
- Sets violations & penalties for unlicensed practice
- Defines “exempted areas”

No person shall use the titles “dietitian,” “dietician,” or “nutritionist” or any abbreviation or facsimile thereof unless he is licensed...or meets the exemptions...No person shall practice dietetics/nutrition, or provide nutrition care services unless licensed...

Purpose of the Louisiana Dietetics/Nutrition Practice Act of 1987

- “...to protect the health, safety, and welfare of the public by providing for the licensure and regulation of persons practicing the profession of dietetics and nutrition”
- Bottom Line – the Mission of LBEDN: To assure the public of qualified nutrition professionals in Louisiana

Louisiana RD Affiliations

- Academy of Nutrition & Dietetics (AND)-registered dietitian’s professional organization; supports state licensure to protect the title of dietitian and/or nutritionist
- Commission on Dietetic Registration (CDR)-the credentialing agency for the Academy of Nutrition & Dietetics
- LBEDN- State Licensure Board for RDs

AND Supports State Licensure

- Assures that people dispensing nutrition advice have proper education and experience
- Protects the public from unqualified people who would act as nutrition experts
- Obligates licensed individuals to promote the health of the public
Registration and Licensure
Not the same thing.....

**Registration**
- Dietitians are credentialed by the CDR
- The Academy of Nutrition & Dietetics is the organization that represents RDs
- Membership in The Academy is voluntary (important for reimbursement & many employment settings)

**Licensure**
- Licensure board protects consumers
- Mandatory in Louisiana
- LBEDN is a State agency (licensing body)
- Licensure laws vary by state

Types of Licenses

**Provisional**
- Provided to individuals who meet the educational/practice requirements, but have not taken or passed the CDR exam

**Full License**
- Provided to registered dietitians

Licensure Requirements

**Provisional LDN**
- Baccalaureate or higher degree from an accredited university with a major in human nutrition, food and nutrition, dietetics, or food systems management
- Completion of required supervised practice
- Can be issued before a person has taken or successfully completed the CDR examination
- Can be held for 5 years – annual renewal required
- Permits the holder to practice only under the supervision of a licensed dietitian/nutritionist

Supervision of a Provisional LDN

- Direct supervision: an LDN providing sufficient guidance and direction to enable a Provisional LDN to perform competently. The LDN needs to be readily available by telecommunications or in person and will review the Provisional LDN’s work quarterly and submit a written report to LBEDN annually.

Upgrading a Provisional License

- Upon successful completion of the registration examination, a Provisional LDN must request a licensure upgrade. *This process does not happen automatically.*
- A letter requesting an upgrade, $45 upgrade fee, and proof of successful completion of the examination by CDR must be submitted.

Licensed Dietitian/Nutritionist

- Baccalaureate or higher degree from an accredited university with a major in human nutrition, food and nutrition, dietetics, or food systems management
- Completion of required supervised practice
- Successful completion of CDR examination
About Your Licensure Fees

- LBEDN is financially self-sufficient and receives no state funds.
- Fees support LBEDN office, staff, and operations for obtaining and maintaining licensure.

Provisional Licensure Fees & Renewal

- **$95 Application Fee**
- **$30 Annual Renewal Fee** (April 15-June 30)
- **$55 Late Renewal Fee** (July 1-August 31)
- **$45 Upgrade Fee**
- Provisionally licensed individuals may renew online

Full Licensure Renewal & Fees

- **$90 Application Fee**
- **$60 Annual Renewal Fee** (April 15-June 30)
- **$85 Late Renewal Fee** (July 1-August 31)
- Fully licensed individuals may renew online

Initial Licensure Fees

(States with licensure and annual renewal)

- **$90 Application Fee**
- **$60 Annual Renewal Fee** (April 15-June 30)
- **$85 Late Renewal Fee** (July 1-August 31)

Renewal Fees

(States with licensure and annual renewal)

Continuing Education

- As long as the licensee meets CDR continuing education requirements and maintains RD status, LBEDN assumes continuing education needs are met with proof of a current CDR card.
Lessons Learned
Real-Life Scenarios

Questions?

Contact Information
Louisiana Board of Examiners in Dietetics and Nutrition
18550 Highland Road, Suite B
Baton Rouge, LA 70809
Phone: (225) 756-3490
Fax: (225) 756-3472
www.lbedn.org
Wednesday, April 10
10:00—11:00 a.m.

Enhancing Nutrition Therapy in the Critically Ill:
How Dietitians Can Impact Delivery of Care
Heidi Greenwaldt, MS, RD, LD, CNSC

CPE Credit 1.0 Level 1,2

Program Learning Objectives:
- Explain the benefits of early enteral nutrition in the critically ill.
- Identify at least 3 steps to consider when implementing a change to dietitian's practices in the hospital setting.
- Describe the advantages of using electromagnetic technology with feeding tube placements.

SPONSORED BY: CORPAK MEDSYSTEMS
Enhancing Nutrition Therapy in the Critically Ill: How Dietitians Can Impact the Delivery of Care

Heidi Greenwaldt MS, RD, LD, CNSC Clinical Nutrition Manager

April 10, 2013

Objectives

• Explain the benefits of early enteral nutrition in the critically ill.
• Identify at least 3 steps to consider when implementing a change to dietitian’s practices in the hospital setting.
• Describe the advantages of using electromagnetic technology with feeding tube placements.

ASPEN/SCCM Guidelines

A2. Nutrition support therapy in the form of enteral nutrition (EN) should be initiated in the critically ill patient who is unable to maintain volitional intake. (Grade: C)

A3. EN is the preferred route of feeding over parenteral nutrition (PN) for the critically ill patient who requires nutrition support therapy. (Grade: B)

A4. Enteral feeding should be started early within the first 24-48 hours following admission. (Grade: C) The feedings should be advanced toward goal over the next 48-72 hours. (Grade: E)

Timing: Window of Opportunity for Initiation

• Early feeding in critically ill patients
• Early defined as <36 hours from admission to ICU or post-op
• Early EN group outcomes:
  – Lower incidence of infection (p=0.0006)
  – Reduced LOS by 2.2 days (p=0.004)
  – Decreased mortality (not significant)
Timing: Window of Opportunity for Initiation

- Compared early EN vs NPO in GI surgery pts
- Early defined as <24 hours post-op GI surgery
- Early fed (EN or PO) group outcomes:
  - Reduced risk of anastomotic dehiscence (p=0.08)
  - Reduced infections (p=0.036)
  - Reduced LOS by 0.8 days (p=0.001)
  - Reduced mortality, wound infection and pneumonia not significant

7 Lewis SJ et al. BJM 2001; 323:1-5

Timing: Window of Opportunity for Initiation

- Early feeding in mechanically ventilated pts
- Early defined as <48 hours on mechanical vent
- Early EN group outcomes:
  - Reduced ICU mortality (p=0.01)
  - Reduced Hospital mortality (p=0.001)


Timing: Window of Opportunity for Advancement

- Delay in advancing patients to goal nutrient needs
  - Increased LOS (p=0.0001)
  - Increased infectious complications (p=0.004)
  - Increased days on mechanical vent (p=0.002)


ASPPN/SCCM Guidelines

A7. Either gastric or small bowel feeding is acceptable in the ICU setting. Critically ill patients should be fed via an enteral access tube placed in the small bowel if at high risk for aspiration or after showing intolerance to gastric feeding. (Grade: C) Withholding of enteral feeding for repeated high gastric residual volumes alone may be sufficient reason to switch to small bowel feeding (the definition for high gastric residual volume is likely to vary from one hospital to the next, as determined by individual institutional protocol). (Grade: E)

10 JPEN 2009; 33(3):277-316

Time to Feed Process Improvement at UMMC

- Participation in Canadian International Nutrition Survey in 2007 and 2008
- RDs began rounding with teams in the ICU
  - SICU 2008
  - MICU 2009
- ICU Feeding Protocol/Algorithm implemented 2009
- Bedside Feeding Tube Placement using Electromagnetic Technology implemented in 2011

11 12
Process Before Using Electromagnetic Technology

Time Delays with C-arm Placement

- 5 month data collection of feeding tube placements in the ICU showed 13.4% (n=29) placement delays
- Reasons for delays included:
  - 6.9% other procedures on pt caused FT to be postponed
  - 34.5% order entered incorrectly in EHR
  - 58.6% scheduling issues/prioritizes within radiology

Radiation Exposure

- 2010 FDA Press Release
  - “The U.S. Food and Drug Administration have announced an initiative to reduce unnecessary radiation exposure from three types of medical procedures: computed tomography (CT), nuclear medicine studies, and fluoroscopy.”
- FDA working with CMS to incorporate the initiative into regulations and guidelines

- Average placement time with fluoro is 3.7 minutes
- Random sample of 1 month showed 20% exceeded 5 minutes
- Average dose with FT placement is 120 mrem
- Average annual dose in Minnesota is 300 mrem
- Chest film is 2 mrem
- Rooms in ICU are not leaded, scatter field near patient is 4.5 mrem/min

Process of Implementation

- QAPI
  - Time delays
  - Radiation exposure
  - Patient Safety/Transport
  - Staffing time/costs
  - Scope of practice considerations

Advancing Dietitian’s Practice

- Academy of Nutrition and Dietetics Standards of Practice
- American Society for Parenteral and Enteral Nutrition Standards of Practice
- State Licensure
- Hospital Practices
Dietitian Standards of Practice

- Academy
  - Standard 3: Nutrition Intervention
    - RDs identify and implement appropriate, purposefully planned actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status for an individual, target group or the community at large.
- ASPEN and Dietitians in Nutrition Support
  - 3.10 Carries out the plan for nutrition support therapy
    - 3.10D With specialized training, demonstrated competency, and delineated clinical privileges may place nasoenteric access devices

Academy Decision Analysis Tool

- Part A: General Review
  - Describe the activity or service to be performed
  - Review the practice expectations (job description, policies and procedures) and core competencies for your level (DTR, RD, or RD Specialty/Advanced Practice) to determine whether the service or act is permitted.
  - Review the Code of Ethics, Standards of Practice in Nutrition Care, and Standards of Professional Performance for your practice level to determine whether the service or act is permitted.
  - Review any licensure laws to determine whether the activity is allowed or not explicitly restricted.

Dietitian Scope of Practice

- Minnesota State Licensure Board
  - Subd. 10. Nutrition care services. “Nutrition care services” means: (1) assessment of the nutritional needs of individuals or groups; (2) establishment of priorities, goals, and objectives to meet nutritional needs; (3) provision of nutrition counseling for both normal and therapeutic needs; (4) development, implementation, and management of nutrition care services; or (5) evaluation, adjustment, and maintenance of appropriate standards of quality in nutrition care.

Hospital Approval Process

- Hospital Supply Committees
  - PEC
  - TAC
- Hospital Medical Committees
  - Med Exec
  - Critical Care
- Nursing Leaders
  - Nurse Managers
  - Clinical Nurse Specialists
- Risk Management
- Human Resources
Training and Competency

- Review Hospital Policies
  - Bedside Feeding Tube Placement
  - Bridle
- Review Guidelines
  - ASPEN
  - CON
  - A.N.D. Evidence Analysis Library
- Observe 3 FT placements by Radiologist with fluoroscopy
- Review training video
- 10 successful placements with a Radiologist
- Annual competency

Learnings and Re-implementation

- Communication
  - TEAM STEPPS
- Order set for providers to ensure correct equipment used
- Indications for when to stop

Bedside Feeding Tube Placement

- Confirm orders for tube placement and use of the protocol.
- Review patient record for allergies, contraindications or high risk conditions present.
- RN notified and aware feeding tube team to place tube with electromagnetic device.
- Explain procedure to the patient and/or family

Equipment Needed

- Securement device
- Examination gloves
- Appropriate body fluid precaution equipment
- Feeding tube with stylet
- Electromagnetic placement device system
- Luer tip syringe - 60 milliliter (mL) or larger
- Viscous lidocaine 20 mL
- 5mL syringe
- Water
- Tincture of benzoin or skin prep
- Wash cloth/towel
- Prokinetic medication (e.g., Reglan) prn

Historical Data

- 2008 – 579 placed via fluoro (324 bedside or SPR)
- 2009 – 656 placed via fluoro (401 bedside or SPR)
- 2010 – ~680 placed via fluoro (~416 bedside or SPR)
- 2011 – ~688 placed via fluoro (~330 bedside or SPR), 91 placed by dietitians Jan - March
- 2012 – 454 placed via fluoro, 414 placed by dietitians

Current Process of Dietitians Placing Feeding Tubes

- Feeding Tube Team consists of 3 dietitians
- Additional 3 dietitians in process of training
- Schedule of 1 week coverage rotation (FT, Obs, Relief)
- Scrubs worn during FT coverage
- No RNs placing tubes at this time
- No standardized weekend coverage with electromagnetic technology machine
2012 Feeding Tube Placement Data

Benefits of Using Electromagnetic Technology
- Interdisciplinary Team
  - Dietitians take part in hands-on patient care
  - Integral role in patient outcomes
  - Improved communication with RNs, MDs

Benefits of Using Electromagnetic Technology
- Patient Safety
  - Provides the user with a real-time display to show the path of the feeding tube
    - Assists in knowing if the tube is coiling
    - Prevents lung placements/pneumothorax
  - Reduces radiation exposure

- Interdisciplinary Team
  - Dietitians take part in hands-on patient care
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  - Provides the user with a real-time display to show the path of the feeding tube
    - Assists in knowing if the tube is coiling
    - Prevents lung placements/pneumothorax
  - Reduces radiation exposure
Benefits of Using Electromagnetic Technology - Patient Outcomes

- Allows for 3-D visualization to help determine if the feeding tube is in the small bowel
- Improves time to feed and provide medications
- Reduces use of parenteral nutrition

Benefits of Using Electromagnetic Technology - Lower Costs

- Eliminates the need for patients to be transported
- Reduces clinician time in placement
- Reduces need for new placements due to "kinks"
- Utilizes appropriate staff for placement

Next Steps

- Increase coverage to include the Intermediate Care Unit?
- Investigate possibility for consistent weekend coverage?
- Decrease inappropriate tube feeding interruptions
Program Learning Objectives:

- Explain fundamental concepts of biological inheritance
- Define structure and function of genes and chromosomes, as well as their relationship
- Describe structure of the human genome
- Identify types of genes important to metabolism and nutrition
- Explain the genetic bases of nutritional problems in humans
- Exemplify goals, achievements, and promises of the field of nutrigenomics
Wednesday, April 10
12:00—1:00 p.m.: Lunch Presentation

Academy of Nutrition and Dietetics: What Does the Future Hold for Our Academy and Profession
Ethan A. Bergman, PhD, RD, CD, FADA
President, Academy of Nutrition and Dietetics

CPE Credit 1.0          Level 2

Program Learning Objectives:
- Understand the member benefits associated with Academy of Nutrition and Dietetics membership.
- Understand the decision to change the name of the organization
- Understand the many roles played by dietetics professionals in improving the health of the public.
- Understand the activities of the organization related to public policy.
- Understand the activities of the Foundation.
Ethan A. Bergman
PhD, RDN, CD, FADA
President, 2012-2013

Still Making History:
Academy of Nutrition and Dietetics

Positioned to Do Great Things

We Are Stronger When...
- Membership
- Preceptors
- Professional Development
- Policy and Advocacy/ANDPAC
- Foundation/Kids Eat Right
- Public Outreach
- Research
- More!

Our Goals Are Strategic
- Products
- Practice
- Skills
- Successes
- Leadership
- Value
- Knowledge
- Services
- Bright future
- Diverse
National Nutrition Month

Registered Dietitian Day

Making History: Academy Update

New: Optional Credential

Registered Dietitian Nutritionist

RDN

Making History: Academy Update

RD Day Contest

Carly Hill, RD
San Diego, Calif.

“Helping save the life of a young pediatric patient who had leukemia with medical nutrition therapy and using food as medicine.”

Making History: Academy Update

Fifth Straight Year at NASDAQ

http://www.nasdaq.com/about/marketsitetowervideo.aspx

Record-high Membership

https://www.facebook.com/AcademyofNutritionandDietetics

Making History: Academy Update
Something for Everyone

And still growing

Making History: Academy Update

Exclusive Member Benefits

- Academy Foundation Scholarships
- Participate in eMentoring
- Discounts on products, insurance
- Access to online Career Center
- Subscription to the Daily News
- DPG and MIG memberships
- Help from Knowledge Center RDs
- Position and Practice Papers
- Shop Online discounts
- Full access to www.eatright.org
- National Honors and Awards

Making History: Academy Update

Tangible Value

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<th>Member</th>
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<td>$225</td>
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<td>CPE in the Journal</td>
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<tr>
<td>Find a Registered Dietitian listing</td>
<td>$249</td>
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<tr>
<td>Evidence Analysis Library access</td>
<td>$400</td>
<td>Free</td>
</tr>
<tr>
<td>Membership Certificate</td>
<td>$20</td>
<td>Free</td>
</tr>
<tr>
<td>Nutrition Care Manual subscription</td>
<td>$315</td>
<td>$157</td>
</tr>
<tr>
<td>Post a job opening in EatRightCareers</td>
<td>$395</td>
<td>$195</td>
</tr>
<tr>
<td>Early bird FNCE registration</td>
<td>$679</td>
<td>$320</td>
</tr>
<tr>
<td>Professional Skills Review</td>
<td>$325</td>
<td>$100</td>
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</tbody>
</table>

Academy Membership: $226

This sampling of benefits alone adds up to more than $3,000 in savings!

Making History: Academy Update

Thank Preceptors...

April: National Preceptor Month
You make our profession possible

We need more preceptors

Making History: Academy Update

... And Be a Preceptor

- Recruiting 2,500 new preceptors
- Options and incentives

www.eatright.org/preceptors

Making History: Academy Update

Policy Priority Areas

- Two major areas:
  - Consumer and Community Issues
  - Professional Issues

March Journal: “The Academy of Nutrition and Dietetics’ Public Policy Priorities Overview”

Making History: Academy Update
Consumer and Community Issues

- Nutrition through the life cycle
- Health care equity
- Prevention and treatment of chronic disease
- Food and nutrition education, production, access and advocacy
- Nutrition monitoring and research

Professional Issues

- Licensure and protection of the public
- Workforce Demand
- Reimbursement
- Nutrition Informatics
- Outcome-driven nutrition services

How Do We Tackle These Issues?

- Partnerships and coalitions
- Relationships management
- Participate in the regulatory process
- Collaborate with affiliates and DPGs
- Incorporate Nutrition Informatics
- Member engagement

MNT Obesity Coverage Expansion

- Work with DPGs to collate research and develop strategy
- Collaborate with our partners to draft a bill and gain support with members of Congress
- Meet with top leaders at CMS
- Comment and critique on AHRQ and USPSTF recommendations for obesity coverage
- Activate members

Consumer and Community Issues

- Community Health
- Childhood Nutrition
- Senior Nutrition
- Food Insecurity and Hunger
- Chronic Illness Management and Research

Be Active in Advocacy

- @EatRightPIA
- www.facebook.com/eatrightANDPAC
ANDPAC Works for All of Us

- Only PAC focused on food, nutrition and health
- Members contribute to and benefit from ANDPAC
- Productive Congressional relationships get results

“Policy from the Ground Up”

Work locally to improve the health of our community...
...it becomes a national movement.

Helping Create a Profession

First meeting of Romanian Dietetic Association
June 2012

Extend Our Expertise

Research Highlights

- Increased understanding and use of research strengthens practice, provides better clinical services to patients and clients
- Online Toolkit: “Understanding the Basics of Research
- Dietetics Practice Based Research Network: brings practitioners and researchers together
- Health Informatics Infrastructure: empowering RDs to accelerate outcomes research
Blue Cross-Blue Shield and MNT

- Study published in January Managed Care
- First to show a private insurance company’s policy decision to cover MNT yields significant health benefits at small cost
- “MNT warrants serious consideration”

Making History: Academy Update

Nutrition Care Process Highlights

Are you using all NCP resources to your advantage?

- Electronic Health Records Toolkit
- Specialty area toolkits

Making History: Academy Update

EAL Highlights

- Evidence Analysis Library summarizes best nutritional research in accessible website
- Questions, conclusion statements, evidence summaries, supporting documentation
- Systematically developed statements based on scientific research to assist practitioner and patient decisions
- EAL resources include evidence-based practice nutrition toolkits, educator modules, presentations
- New in 2012 – NutriGuides: app for iPhone, iPad, Android ... More than 300 recommendations.

Making History: Academy Update

New Hospital Health Initiative

- Announced at FNCE 2012
- 24 states, 154 hospitals, more than 60 million meals
- Increase fruits and vegetables
- More healthy menu options
- Keep costs affordable
- Adjust how foods are prepared, marketed

Making History: Academy Update

Reduce Food Insecurity

- Identify game-changing innovations
- Aligning with Feeding America and National Dairy Council
- Through Foundation grants, RDs will provide resources, programs, expertise

Making History: Academy Update

Exercise Is Medicine Initiative

With American College of Sports Medicine

- Physical activity is integral to prevention and treatment of disease
- SCAN and WM DPGs collaborated
- Free toolkit being finalized

Making History: Academy Update
**Stay Competitive: Professional Development**

- Keep current
- Challenge ourselves
- Develop new skills
- Discover opportunities

**Advance Your Knowledge**

- Programming available at home, work
- Learn at your own pace
- Online training program: “Developing Your Role as a Leader”
  
  www.eatright.org/cpd

**FNCE: The Gold Standard**

- 99% come for education
- 20+ hours of CPE available
- Cutting-edge topics, research
- Popular new programming like point-counterpoint debates
- Networking opportunities
- October 19 to 22 in Houston
- www.eatright.org/fnce

**The Value of Volunteering**

- Put your talents to work
- Committees, task forces, boards
- Gain leadership skills
- Make a difference no matter your role
- Network with colleagues

**HOD: 75 Years of Service**

Moving Forward to Meet Future Needs for Profession

**Visioning Report Update**

**Vision for Education, Credentialing and Practice**

“This visioning report focuses on recommendations related to the future continuum of education, practice and credentialing from entry-level to advanced practice, designed to optimize the nation’s health and elevate the practice of nutrition and dietetics.”

“Change has to start somewhere and there is no time to waste. If the dietetics profession is not moving forward, it is being left behind.”

Council on Future Practice
HOD Mega Issues 2012-2013

Spring 2012: Continuum of Professional Progression and Growth  [www.eatright.org/hod]


Spring 2013: Hunger in America: Food and Nutrition Insecurity Affects All RDs and DTRs

Academy in the Media

30 billion impressions: print, broadcast, electronic

Academy videos being seen in health provider waiting rooms and online

Reaching 2.6 million viewers per month  [www.youtube.com/EatRightTV]

EatRight Radio

* EatRight.org/radio
* Free PSAs and regular segments for stations, websites, blogs
  * Targeted populations
  * Catalog of scripts for members to use in local markets

EatRightTV

* Academy videos being seen in health provider waiting rooms and online
* Reaching 2.6 million viewers per month  [www.youtube.com/EatRightTV]

Guidance in Acting Ethically

Hunger in America: Food and Nutrition Insecurity Affects All RDs and DTRs

Making History: Academy Update
Expanded, Updated Social Media
- facebook.com/EatRightNutrition
- facebook.com/AcademyofNutritionandDietetics
- facebook.com/KidsEatRight
- facebook.com/NatlNutritionMonth
- @FoodNutriMag
- @EatRight
- @eatrightFNCE
- @EatRightPro
- @kidseatright
- @EatrightPIA
- pinterest.com/FoodNutriMag
- pinterest.com/kidseatright

Reviews of Books and Apps
by Academy Spokespeople
- www.eatright.org/dietreviews
- www.eatright.org/appreviews

Easily and Safely Handle Food
- HomeFoodSafety.org
- Tip sheets, quizzes, educational materials
- RD Recipes video series
- Much more
- Is My Food Safe? app
- Cooking temperatures
- Shelf life of foods
- Kitchen Safety quiz

Books and Resources
- Print and web versions
- New apps
- Consumer imprint: Eat Right Press
- Nutrition Care Manual: resources replace traditional print manuals

Award-Winning Magazine
- FoodandNutritionMagazine.org
- And interactive website

Making History at the Journal
- New Editor-in-Chief: Linda Snetselaar, PhD, RD
- Select research, other articles posted pre-print at andjrn.org/inpress
- Journal’s Impact Factor is 3.586, increase of more than 10 percent over previous year
Journal Hot Topic Areas

- Malnutrition Resource Center
  malnutrition.andjrnl.org
- Topic Collections
  www.andjrnl.org
  - Childhood Obesity and Overweight
  - Nutrient Analysis and Menu Labeling
  - Nutritional Genomics
  - Cultural Competency
  - More

Making History: Academy Update

KIDS eat right.
Academy of Nutrition and Dietetics

Making History: Academy Update

Members Take Action

Educate, advocate, demonstrate expertise

www.eatright.org/volunteer
www.facebook.com/KidsEatRight
Twitter: @KidsEatRight

Making History: Academy Update

Kids Eat Right Toolkits

- Healthy Breakfast. Everywhere You Go.
- Healthy Snacking. In a Nutshell.
- Family Champions. One Change at a Time.
- Myth Busters. For Parents.
- Hunger in Our Community. What We Can Do.

Making History: Academy Update

Champions for Healthy Kids

- Ten years in partnership with General Mills Foundation
- $10,000 micro-grants annually to 50 nonprofits
- Innovative nutrition and physical activity programs for youth
- All enlist the expertise of a registered dietitian

Making History: Academy Update
Scholarships, Grants and Awards
- $515,000 through scholarships
- $175,000 through research funds
- $35,000 research grant funded through Food and Nutrition Research Endowment
- Endowment is fully funded by members

Childhood Obesity Research
Examples:
- BMI² study: “Brief Motivational Interviewing to Reduce Child Body Mass Index”
- NIH-funded Follow-Up to Healthy Lifestyles Research Study

You Make It Possible
- Goal: Increase numbers of member who donate
- Every dollar counts
- Goal: $75,000 by June 1

www.eatright.org/foundation/donate

Still Making History

Keep Making History
Academy of Nutrition and Dietetics
100th Anniversary
Founded as the American Dietetic Association 1917 – 2017
| 1  | Title: Teachers as Wellness Role Models  
    Author: Brigett Scott, PhD (c), RD, LDN |
| 2  | Title: College Student Acceptance of Fat-Free Brownie  
    Author: Mallisa Lovetro |
| 3  | Title: Plate Waste Study  
    Author: Darcel Garibaldi |
| 4  | Title: Women’s Volleyball Player Nutrition Knowledge  
    Author: Amber May |
| 5  | Title: Based on the USDA guidelines and Archdiocese of New Orleans, Which Nutrition Program, Public or Private has the healthier Nutritional Content?  
    Author: Sherana Kerry |
| 6  | Title: Portion Distortion with College Students  
    Author: Danielle Degruise |
| 7  | Title: Secrets to Food Diaries  
    Author: Tamara Houston |
| 8  | Title: Tongue Twisters  
    Author: Samy Roussel |
| 9  | Title: Soft Drinks, Coffee, College Galore!  
    Author: Stephanie Authement |
| 10 | Title: Dieting Methods and Behaviors  
    Author: Nikki Vu |
| 11 | Title: Staying Fit on Campus  
    Author: Tina Berberovich |
| 12 | Title: Sounds Delicious  
    Author: Michelle Newhouse |
| 13 | Title: Do Childhood Dining Patterns Influence Weight Status as a Young Adult?  
    Authors: K. Hoak B.S., L. Porche B.S.; Dietetic Intern |
| 14 | Title: Assessment of Weight Loss Goals and Associated Behaviors Among College Students  
    Authors: Camille Booker BS, DTR, Germaine Guy BS; Dietetic Interns |
| 15 | Title: The Influence of School Gardens on the Consumption of Fruits and Vegetables of Elementary School Students in Southern Louisiana  
    Authors: Derron Q. Mulmore BS, & Jacqui Roberts BS, Southern University Dietetic Interns |
| 16 | Title: Are college students at risk for food insecurity?  
    Authors: Morgan Amsterburg, B.A.A, B.S & Marquetta Anderson, B.S; Dietetic Interns |
| 17 | Title: Energy drinks vs. water consumption and perceived physical well-being post workout  
    Author(s): Courtney Jumonville, BS & Kelsey Knott, BS; Dietetic Interns |

Abstract titles continue on next page.
<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18</strong> Comparing the Relationship between Breakfast consumption and Body Mass Index (BMI) in College Students</td>
<td>Alexis Motley, MS and Debra Hollingsworth, PhD, RD, LDN</td>
</tr>
<tr>
<td><strong>19</strong> The Effect Of Nutrition Education On Dietary Compliance In Galactosemic Children</td>
<td>Caitlin White, MS and Debra Hollingsworth, PhD, RD, LDN</td>
</tr>
<tr>
<td><strong>20</strong> Reduced-Fat, Reduced-Sugar, Low-Sodium Brownies: Nutritional Quality, Cost Effectiveness, and Consumer Acceptability</td>
<td>Ashish Pokharel¹, Abigail Hennigan¹, Rebecca Switzer¹, Pei Liu²</td>
</tr>
<tr>
<td><strong>21</strong> Healthy Granola Bars: Low in Fat, Low in Sugar, and High in Fiber</td>
<td>Christen Donohoe¹, Becky McDonald¹, Brittany Smith¹, Pei Liu²</td>
</tr>
<tr>
<td><strong>22</strong> Portion Distortion Between Dietetic And Non-Dietetic College Students</td>
<td>Talbot Flournoy, Grey Rogers, Katelyn Mustain, Jenny Utley &amp; Kara Yoder, Louisiana Tech University Dietetic Interns</td>
</tr>
<tr>
<td><strong>23</strong> Fruit and Vegetable Consumption of Middle School and High School Students Under the USDA’S New School Lunch Guidelines</td>
<td>Chrystal Meginley, Derrick Neshem, Jessica Hayes, and Carly Hill, Louisiana Tech University Dietetic Interns</td>
</tr>
<tr>
<td><strong>24</strong> Looking the Part: Examining Relationships Between Body Mass Index and Job Satisfaction, Salary, and Area of Practice in North Louisiana Registered Dietitians</td>
<td>Tamika Byrd, Jamie Irwin, Rhiannon McClure, Chelsey Naquin, Alyssa Werglarz, Dietetic Interns; Masters of Nutrition Students</td>
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<td><strong>25</strong> Technology and Apps: How can they help the Dietitian?</td>
<td>Block: R.M. Fournet, PhD, RD, LDN, A. Roberts, MS, RD, LDN, L. Toups, M. Mistric, R. Hubbard, K. Johnson. College of Nursing and Allied Health Professions, University of Louisiana at Lafayette, Lafayette, LA, Director and Professors in Dietetics, Internship Program Interns.</td>
</tr>
<tr>
<td><strong>26</strong> Nursing Perspectives: Teaming up with the Registered Dietitian on the ABC’s of Dieting and Weight Management</td>
<td>Block: R.M. Fournet, PhD, RD, LDN, A. Roberts, MS, RD, LDN, A. Cloud, C. Elkins, K. LeJeune, M. Mason, D. Pierce, College of Nursing and Allied Health Professions, University of Louisiana at Lafayette, Lafayette, LA, University of Louisiana at Lafayette, Internship Program.</td>
</tr>
<tr>
<td><strong>27</strong> Common Unity = Community: Lifespan Interventions through Nutrition Education</td>
<td>Block: R.M. Fournet, C.M. Foret, J. Landry, College of Nursing, University of Louisiana at Lafayette, Lafayette, LA, Kinesiology, University of Louisiana at Lafayette, Lafayette, LA, Picard Center for Child Development and Lifelong Learning, University of Louisiana at Lafayette, LA</td>
</tr>
<tr>
<td><strong>28</strong> Bridging a Gap: Providing Nutrition Education and Counseling in the University Community</td>
<td>Roberts, A., Fournet, R., Burkhardt, A., Horstman, V., Huffman, L. University of Louisiana at Lafayette</td>
</tr>
</tbody>
</table>

Abstract titles continue on next page.
Poster Session
Poster Titles and Participants

29  Title: Drug and nutrient interaction knowledge differences between nursing and nutrition students at Louisiana Tech University
Authors: Jie Chen, Gwen Constantino, Kelly Kaminski, Nathan Lonidier and Danae Zarbuck, Dietetic Interns at Louisiana Tech University
Abstract:
Good Nutrition is linked to learning readiness, academic achievement, decreased discipline issues, and decreased emotional issues in students. Teachers are their students’ main role model for seven hours five days a week. They have the potential to make an impact on their students’ health through role modeling healthy behaviors, as well as impact the academic achievement of those students. The purpose of this project was to determine if an individualized wellness program provided to elementary school faculty could be viewed by those faculty members as beneficial for their own health and to their ability to be better wellness role models for their students. The program consisted of individualized nutrition assessments, meal plans, and group classes. After four months of participating the faculty was surveyed. The faculty expressed that they did view the program as beneficial for their own health (especially in maintaining a healthier weight). They recommend having a similar program for parents. The faculty also stated that the wellness program prepared them to be better role models.
Abstract:
The purpose of my project was to find out if college students would find a brownie in which the fat was replaced to be an acceptable product. According to the CDC, 32.6% of all people ages 20-39 were obese. Most college students fall into this age group. It is important that we find healthier, acceptable alternatives to our normal fattening snacks. A taste test was performed using a regular brownie and fat free brownie. Each college student tasted each brownie and then filled out an evaluation sheet ranking the appearance, odor, color, taste, and mouth feel and then state whether the product was acceptable or not. A total of 32 college students participated. Only 8 out of 32 students stated that the fat-free brownies were not acceptable so 75% of the students thought the fat-free brownies were acceptable. All 32 students thought that the regular brownies were acceptable. Modifying the fat in many of the popular snack foods on campus may lead to students eating healthier snacks.
Poster Session Abstracts

Plate Waste Study
Author(s): Darcel Garibaldi
Affiliation: Nicholls State University

Abstract:
Children that usually eat lunch at school do not consume their fruits and vegetables, and if they do it is only certain fruits and vegetables. The purpose of this study is to determine fruits and vegetables consumption of 3rd graders by completing a plate waste study using photography. Two schools cafeteria’s will be monitored two days each to observe the children’s lunch plates by taking pictures of them as they threw them away. The photos will be analyzed to determine the consumption of the fruits and vegetables. Study is still going on and results will be presented in poster at the completion of the study.
Women’s Volleyball Player Nutrition Knowledge
Author(s): Amber May
Affiliation: Nicholls State University

Abstract:
Student athletes need to have an understanding of nutrition is to their health and their performance. This survey will determine the nutrition knowledge and access to healthy foods among female volleyball players at Nicholls State University. An email survey of Nicholls State University woman’s volleyball team was conducted to obtain information regarding to their nutritional knowledge of student athletics. Thirty-two players received a survey through the school’s email. Data collection is ongoing and the results will be presented in poster format.
Over 70% of students qualify or utilize the free lunch program in public schools. Students with low-income economic backgrounds depend on the meals provided by the schools for breakfast and lunch to supplement for the meals not being received at home. The nutritional quality and content of what is served at school plays a major role in the health of our youth. To ensure adequate nutrients and minerals are being met within the schools, the United States Department of Agriculture has set guidelines for state funded schools to maintain and Archdiocese has also set standards for charter or private schools to follow. Through research provided by USDA, CDC, Archdiocese of New Orleans as well as interviews from elementary school cafeteria managers. The nutritional content for one consecutive week from each school menu Public and Private will be analyzed with ESHA software. Based on nutritional content information analyzed it is evident that private schools did not supply students with adequate nutrients such as dietary fiber and carbs. Public schools met most of the nutritional content required by the USDA but lacked in areas such as total fat and dietary fiber. Although public schools provided a menu and based on that given menu guidelines were met, but after interviewing cafeteria managers some aspects of their school lunch needed to be re-evaluated, such as; salt added, extra condiments, added sugars, and desserts sold after lunch.
Poster Session Abstracts

Portion Distortion with College Students
Author: Danielle Degruise
Affiliation: Nicholls State University

Obesity remains a prominent concern with 35.7% of the U.S. population being obese. Recent attempts have been made to link obesity to portion size. The purpose of this study was to determine if Nicholls State University (NSU) students know correct portion sizes of certain foods and juice. Thirty-one students, ages 18-39 participated. Each participant filled out a consent form and a questionnaire prior to entering four testing stations to self-serve peanuts, rice, mixed vegetables, and orange juice. Each participant was allowed to use their choice of utensil to serve each item onto a plate in each of the stations. Participants poured their own orange juice into a clear 16 oz plastic cup. The amounts of food and drinks were then measured in volume using appropriate measuring utensil. As a result the peanuts were equally over-estimated as they were correctly estimated at 39%. Portions of orange juice were over-estimated 84%, mixed vegetables were over-estimated by only 26%, but rice was 68% overestimated. In conclusion, rice and orange juice tended to be over-estimated in portion size consistently more than the mixed vegetables and the peanuts. Overall, portion sizes were over-estimated indicating that NSU students do not know the correct portion sizes of foods and may be over-consuming calories.
Approximately 36 percent of U.S. college students are currently overweight. The purpose of this study was to determine the effectiveness of food journaling among college students at Nicholls State University. The university is predominately a commuter school and students are pressed for time due to work, family or many other obligations. An online questionnaire was administered via email link and flyers posted were posted throughout campus. Student participation was also solicited at the student union and computer lab. A total of 101 completed responses were gathered. The respondents’ data was analyzed using Beta from survey monkey. Results showed that most students have used a food journal. Forty percent of the students recorded their dietary intake for a 1 week or less duration. The most common source of journaling used were written and Smartphone applications. Findings also show that 73 percent have thought about keeping a food journal. The two leading intentions of keeping a food journal were to maintain a healthy lifestyle and self-awareness and mindfulness. Only 16 percent of respondents have ever taken a nutrition course. Most students have not taken a nutrition course at this university. Data supports that all students should be required to take a nutritional course at this university to increase student nutritional knowledge due to a large number of students interested in increasing health and nutritional knowledge.
The objective of this study was to examine relationships of food preference based on fat content. Subjects' ability to distinguish which recipes were high, medium, and low in fat. Thirty-three college students participated ranging in age from 18-44 years old. About half claimed to know how to cook using low fat methods, and about 53% claimed to purchase low fat foods. Two food items were used in the study, brownies and cheesecake, in which each participant was given three plates of each labeled 1-3. The participants ranked each based on four categories: aroma, texture, taste, and mouth feel, giving each plate a total possible score between 0 and 40. They were asked to determine which of the three were high, medium, and low in fat. The results for both food items were consistently associated with the amount of fat in each recipe. The higher fat items were scored higher in all areas of quality. The ability to distinguish which plate was low fat differed between the cheesecake and the brownie recipes. Twenty-nine percent correctly identified the low fat brownies and 67.6% were able to distinguish the low fat cheesecake. With these results I have concluded that there was a distinguishable difference between the low, medium, and high fat recipes. Food industries should try harder to prepare low fat foods items that are more acceptable and desirable to consumers.
The purpose of this study was to examine the amount of soft drinks and coffee consumed and the health and weight status of college students. An online questionnaire consisting of 22 questions was sent to students at Nicholls State University. The results indicated that those individuals that drank coffee and soft drinks daily during the semester increased their consumption of both during final exam week. The students that got sick during the previous three months did not have an increase in the amount of soft drinks consumed. Those who drank more soft drinks and coffee tended to weigh more than those who didn’t consume larger amounts. Students may benefit from education of moderate caffeine consumption especially during final exams. This will help future research by making people aware that this problem exists for college students. Future research may want to include energy drinks to make a better comparison.
The purpose of this study is to describe Nicholls State University students dieting methods and behaviors. According to the National College Health Risk Behavior Survey in 2011, about 20.5% of college students in the United States are overweight and obese. A questionnaire consisting fifteen questions was sent to Nicholls’ students. Fifty-five percent of the students who participated in the survey want to lose weight. Most of the students either exercise to lose weight (43.85%), diet to lose weight (37.69%), or do nothing at all (38.46%). Sixty percent of the results stated that they were successful at losing weight but 41.54% say they have stayed the same weight since beginning college. Fifty-four percent of the students reported that they were of normal weight, but after using the BMI to calculate their actual weight, only 45% were of normal weight. Sixty-two percent were able to guess their weight status correctly. There is a need for weight loss and nutrition knowledge among this group of students.
Many studies have been conducted to determine how student characteristics relate to the use of campus recreation centers. Nicholls State University recently opened a recreation center. This study was designed to determine which students currently enrolled at the university frequent the facility, and how it impacts their quality of life. This research is valuable because it may help the university determine if the recreation center is beneficial to the students and the university. A questionnaire was distributed to students in the recreation facility, as well as in the student union. The average BMI of the students was 25, and 76% of the students who took the questionnaire did use the recreation center. The new facility made 65% of students feel more at home on campus, and 54% of students said that working out in the new facility improved their quality of life. The results also showed that 58% of the students who took the questionnaire were going to increase the amount they worked out because of the new recreation center. Of the students who didn’t go to the recreation center 77% said the reason was they were too busy. Also, 91% of students felt comfortable working out at the fitness center, but those who didn’t said it was because they didn’t want to be watched while working out. From these results it can be said that having a student recreation center on campus is greatly benefit the students in many different aspects in their college career.
Research shows that visual and advertisement strategies help increase taste perception. The purpose of this experiment was to determine if a more detailed description of a vegetable dish would help increase the taste perception of the dish. This project is important to help increase the consumption of fruits and vegetables in our country. Flyers were posted around the campus to recruit subjects for a taste testing. Each participant sampled two bowls of the same vegetable stir-fry dish. One was labeled “A” and called vegetable stir-fry and one was labeled “B” and called Asian garlic and ginger stir-fry. The participants were asked to rate each dish on a scale of one to five and asked which dish was preferred or if they were about the same. Out of 34 participants, 95% said they liked eating vegetables. Approximately 53% said they preferred plate A and 26% preferred plate B. The hypothesis was incorrect. A majority of the participants preferred the non-descriptive dish versus the descriptive dish. The results showed that a description impacted the taste of the dish because the majority chose a preferred dish instead of stating that they were the same dish. The descriptive dish might have influenced participants because of the ingredients listed. This research is important to improve knowledge on ways to encourage consumption of fruits and vegetables in youth and adult populations.
Poster Session Abstracts

Do Childhood Dining Patterns Influence Weight Status as a Young Adult?

Author(s): K. Hoak B.S., L. Porche B.S.; Dietetic Intern
Affiliation: Southern University and A&M College, Baton Rouge, LA

Abstract
Learning Outcome: Participants should be able to state two childhood dining environment factors that may contribute to a healthy BMI during young adulthood.

Background: Many studies have shown that family meal patterns play an important role in child/adolescent emotional, social, and physical health. However, these studies do not follow children/adolescents into young adulthood. Recently hectic family schedules are allowing more and more children to consume unhealthy, fast food meals quite often, which is a factor in the ever-growing issue of childhood obesity. Studies have shown that overweight and obese children are more likely to become overweight and obese adults. But is the opposite true as well? Are young adults who consumed their meals at home around a dinner table as children less likely to become overweight and obese adults?

Objectives: This research attempts to examine the relationship between dining environment as a child/adolescent and weight status as a young adult.

Methods/Materials: Recruitment of 80 young adults aged 18 to 25 years old was conducted via Facebook and email and participants were given access to an online survey. Consent was obtained from each participant prior to completing the survey. Due to missing responses 2 surveys were rejected, which reduced the actual sample size to 78 young adults. The data was exported from the survey into a spreadsheet for analysis.

Results: Data was collected over a one week time period. Demographic findings of the survey revealed that 77.9% of the participants were female and 92.5% selected White/Caucasian as their race/ethnicity. The average BMI was 24, which is within a healthy range. The results showed that for a majority of the questions the most common answer was ‘Sometimes’. The one revealing question was regarding television viewing while eating dinner. 50% of those with a healthy BMI stated they ‘Never’ watched television during dinner, while only 32% of those of an overweight BMI (25-29.9) ‘Never’ watched television during dinner. The inverse was also true. While only 10% of those with a healthy BMI ‘Always’ watched television while eating dinner, 16% of the overweight respondents ‘Always’ watched television while eating dinner.

Conclusion: While this study may not show childhood dining patterns to be a hugely significant factor in young adult weight status, it does indicate that it has an influence.
Assessment of Weight Loss Goals and Associated Behaviors Among College Students
Author(s): Camille Booker BS, DTR, Germaine Guy BS; Dietetic Interns
Affiliation: Southern University and A&M College, Baton Rouge, LA.

Abstract
Learning Outcome: Participants will be able to identify common weight loss strategies and views regarding nutrition among college students.

Background: The prevalence of obesity and weight gain among college students is increasing. This may be attributed to stress, changes in diet, and less time for exercise. Despite extensive research done on this topic, little is known about their personal habits and perception concerning weight loss and nutrition.

Objective: To assess the weight loss goals, eating and exercise habits, and opinions regarding the importance of nutrition among college students.

Methods: College students (n=103; male=44, female=59) from Texas and Louisiana successfully completed a self-administered online survey consisting of questions regarding weight loss goals and strategies, frequency of exercise, sources of nutrition and health information, perceptions of weight loss, and demographic information. The survey was administered via email and Facebook and data was collected from January 5th -27th, 2013. Consent was gained from participants at the beginning of each survey.

Results: Results indicated that 68% of participants desired to lose weight with the most popular weight loss goal being less than 10 pounds. Diet and exercise were the most common strategies used to achieve weight loss. 40.4% of participants ate away out at least 2-3 times a week. Approximately 93% of the participants considered nutrition as an important factor for weight loss. The majority of the participants (66%) obtained their nutrition and health information from either a nutrition professional or from the internet/TV/social media.

Conclusion: Many college students are not at their desired weight. Frequently eating away from home and lack of exercise may prevent them from achieving their goal weight. Social media via school websites could be utilized to disseminate information encouraging healthier habits.
**Poster Session Abstracts**

The Influence of School Gardens on the Consumption of Fruits and Vegetables of Elementary School Students in Southern Louisiana

Author(s): Derron Q. Mulmore BS, & Jacqui Roberts BS, Southern University Dietetic Interns
Affiliation: Southern University and A&M College, Baton Rouge, Louisiana 70813

Abstract

Learning Outcomes: To identify if having a garden exhibited a difference in the consumption of fruits and vegetables between garden and non-garden participants.

Introduction: School gardens have become popular trends in several East Baton Rouge Parish Schools with students, teachers, and volunteers caring for and increasing the education and consumption of fruits and vegetables.

Background: A school gardening program would appear to be the ideal scenario to increase elementary school students’ consumption of fruits and vegetables. However, not all school gardens seem to produce this model outcome. Previous studies examining the influence of school gardens on students have found that garden participation has resulted in minor differences in comparison to schools without a garden.

Objective: The purpose of this research project was to determine if having a school garden influences the attitudes and behaviors towards the consumption of fruits and vegetables in elementary school students.

Methods and Materials: The population for this project was 150 students ages 8-10 (3rd – 5th grades) attending University Terrace, Bernard Terrace, Progress, and Sharon Hills elementary schools. The schools were divided into two groups. The garden group, University Terrace and Bernard Terrace elementary schools, participated in a school garden project. The non-garden group, Progress and Sharon Hills elementary schools, were not involved in a school garden project. Anonymous paper surveys were used to gather the data. Consent was given for participation in this survey.

Results: The data from the garden surveys were evaluated to determine the influence a school garden has on the students’ attitudes and behaviors towards the consumption of fruit and vegetables. Data collected from the surveys provided similar results with little variation.

Conclusion: This research demonstrates that elementary school students are willing to eat a variety of fresh fruits and vegetables whether or not they participate in a school gardening program.
Are college students at risk for food insecurity?

Author(s): Morgan Amsterburg, B.A.A, B.S & Marquetta Anderson, B.S; Dietetic Interns
Affiliation: Southern University A&M College, Baton Rouge, La

Abstract text:

Learning Outcomes
To explore food insecurity among different types of college students through a pilot study.

Background
Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods or being able to obtain acceptable foods in socially acceptable ways (1). According to the United States Department of Agriculture (USDA) 2011 report, more than 85.1 million households were food insecure in the United States for the whole year. Food insecurity research is done in other high risk populations such as children or pregnant women but is not touched upon for college students. Focusing research in this area may benefit students in need that society is not aware of. Food insecurity has been associated with depression, mental health issues, weight gain/obesity, and lower educational achievements (2). College students may be experiencing some of the non-nutrition complications from food insecurity.

Objectives
To assess food disparity among college students. The segment of college students evaluated for the survey was: vocational students, undergraduate students, and graduate students.

Methods: We utilized questions from the United States Department of Agriculture food insecurity survey and included additional questions about the state where the school is located and student profile. Consent was gained prior to the participants taking the survey. We used SurveyMonkey to compile the questions and distributed the survey via Facebook. The survey consisted of 10 questions that took approximately 5 minutes to complete.

Participants
Twenty-six responses were recorded. Participants were ≥ 17 years of age.

Results
Twenty-six participant total responded to the survey; 1 vocational, 8 undergraduate and 17 graduate students. Worry about running out of money to buy food was reported never true 61.54%, sometimes true 26.92%, and often true 11.54%. Food that was purchased did not last and lack of funds to gain more food was reported often true 3.85%, sometimes true 11.54%, and never true 84.62%. Response to the question of affording to eat balanced meals, often true 8%, sometimes true 36%, and never true 56% of the time. Meals size or skipping meals were reported 25% some months and 16.67% only 1 to 2 months out of a 12 month period. 23.08% of participants responded yes to eating less because of inadequate funds. Only 3.85% of people experienced hunger and losing weight because of money. About 11% of responses reported not eating for a whole day because of lack of funds for food.

Conclusion: Food insecurity among college students is a substantial concern that should be investigated further. Adequate money to purchase healthy food and concern about finances were the areas of need identified from the research conducted.

Limitations
The small population of the study does not provide a diverse amount of responses. A study similar to this but in a much larger scale could be beneficial by providing more information relating to college students and adequate quality nutrition.
Poster Session Abstracts

Energy drinks vs. water consumption and perceived physical well-being post workout
Author(s): Courtney Jumonville, BS & Kelsey Knott, BS; Dietetic Interns
Affiliation: Southern University A&M College, Baton Rouge, La

Abstract text:
Background: Water and Energy drinks are one of the top drinks consumed when working out, and are considered to help enhance athletic performance. Water is essential in body functioning, by replacing water lost through sweat when working out and helps to rehydrate the body and maintain normal bodily functions. Energy drinks are highly caffeinated beverages and are said to have benefits such as increased energy, stamina, weight loss, enhanced physical and mental performance. Moderate levels of caffeine before and during exercise can be safe and effective but energy drinks contain more than just caffeine; i.e. caffeine, taurine, guarana, B-vitamins and herbs. Consuming energy drinks can cause nervousness, irritability, abnormal heart rhythms and a crash like effect later on. No such evidence backs up that ingredients in energy drinks enhance athletic performance.

Objectives
To evaluate if energy drinks are perceived to enhance energy performance by comparing those who consume energy drinks versus those who consume water when working out.
Determine if energy drinkers have the “crash” effect after completing their workout, compared to water consumers.
Compare the length of workout from the energy drink and water consumers.

Methods
Data was obtained from a group of gym members who were 18 years old and older from Rick’s Gym in Paincourtville, LA through a select paper survey, and online to all who were regular gym goers. Survey questions captured data regarding whether participants consumed water or energy drinks, the duration of exercise and what types of exercise. All participants gave consent before participating in the survey.

Results
Seventy-nine total participants were involved with the survey. Of those who consumed energy drinks, 35% did so before/during/after a workout, 27% consume 1-2 energy drinks before/during/after a workout and 2% consumed 3-4 energy drinks. 18% of those who reported consuming energy drinks, 5% reported a feeling of fatigue/crash effect after a workout. Water consumers were about 92% of the survey participants, 3% reported feeling fatigued and a crash-like effect after working out. 6% reported never consuming water when working out.

Conclusions
In conclusion there is no statistical evidence that shows physical well-being post workout in consumption of energy drinks vs. water. Results show 5 % energy drinker’s crash/ feel tired post workout and 3 % water drinkers feel crash/ tired post workout. More exercisers choose water to help them stay hydrated B/D/A exercise. Further research may be needed for a better observation of physical well-being post –workout. Majority of both Energy Drink and Water consumers had a workout length of 1-1.5 hrs and did a mixture of cardio and weights.
Limitations – small sample of energy drink consumers compared to water consumers.
Comparing the Relationship between Breakfast consumption and Body Mass Index (BMI) in College Students

Authors: Alexis Motley, MS and Debra Hollingsworth, PhD, RD, LDN
Affiliation: McNeese State University

Abstract Text:
More than 72.5 million American adults are classified as being obese according to their body mass index (BMI). Within the last decade, obesity has increased in young adults aged 18-29 years of age while also affecting college students across the United States. One major factor due to these overwhelming statistics is breakfast consumption; students entering college have stated that it is hard to find time to consume breakfast daily. Only 15 percent of college students actually take the time to consume this meal. Breakfast is recognized as the most important meal of the day. The main purpose of this research was to determine if college students who consume breakfast daily have a lower BMI than college students who skip breakfast. The researcher collected two hundred and four surveys from students at McNeese State University in Lake Charles, Louisiana. The instrument used to gather information was a survey containing six questions to be answered by traditional college students that was developed by the researcher. The questionnaire included questions on age, sex, and year in school and whether or not the student consumes breakfast. The researcher then used chi-square tests to analyze the data that was collected. Upon completion of the data collection, the researcher statistically analyzed the data using a Chi-squared test. After completing the Chi-squared test, the observed $x^2$ was found to be 0.118. The critical $x^2$ for a degrees of freedom of 1 with a $p=.05$ was found to be 3.84. It was necessary to fail to reject the null hypothesis that breakfast has no significant effect on BMI in McNeese State University. Maybe skipping breakfast does cause overweight/obesity (BMI 25 or greater) or maybe obesity causes skipping breakfast. There may be a third factor known as variable X that causes both obesity and skipping breakfast. There were several disadvantages to the study. Many students on campus were not willing to complete the survey. Those students did not want to self report their height and weight. Future research designs would benefit from including the technical college students in the local area and including more than four categories in the research students.
Poster Session Abstracts

The Effect of Nutrition Education on Dietary Compliance in Galactosemic Children
Authors: Caitlin White, MS and Debra Hollingsworth, PhD, RD, LDN
Affiliation: McNeese State University

Abstract
Lifelong dietary compliance is the most difficult challenge for individuals living with Galactosemia. Classic Galactosemia is an autosomal recessive disorder that develops at birth after the infant has digested galactose. People with this disease cannot metabolize galactose because they have a deficiency of galactose-1-phosphate uridylytransferase (Bosch et al., 2004). Unfortunately, the only effective treatment of Galactosemia consists of extreme dietary restrictions. Because of the severity of the condition, it is important for patients to have a clear understanding of their diet, and the consequences of non-compliance. The purpose of this study is to determine if nutrition education is an effective method for improving dietary compliance in patients with Galactosemia. The study was completed between January 2012 and April 2012 using a survey that assessed various forms of nutrition education, and which form of nutrition education was the most effective in improving dietary compliance. Thirty-one parents with children affected by Galactosemia completed the survey anonymously. The survey was created for the purpose of this study, and included questions regarding age of child, how effective nutrition education received by the child was, and which tools helped increase compliance in these children. The results indicated that 61% of parents of Galactosemic children strongly agree that their child is complaint with the Galactosemic diet. There was no identified correlation between the quality of nutritional education received and the particular type of nutrition education based on the critical value of r at 0.05 (0.335). There was a moderate correlation (0.444) between dietary compliance and the use of “parents as role models” as the form of education. There was no correlation identified with any other educational tool and dietary compliance using the calculated r value at 0.05 (0.355). The results of this study suggest that “parents as role models” is an effective educational tool in improving dietary compliance in Galactosemic children. More research is still needed to better understand if nutrition education effects dietary compliance in adolescents affected with an inborn error of metabolism.
Abstract:
Americans enjoy consuming snacks between, or with meals. Traditional recipes for snacks like this are generally high in sugar, fat, and sodium. A modification in the sugar, fat, and sodium content of the recipe can reduce the total calories in the food. This can also help reduce risk for various chronic diseases including obesity, cardiovascular disease, and diabetes. This research project endeavored to modify a brownie recipe to make it reduced-fat (25% less than the original product), reduced-sugar (25% less than the original product), and low-sodium (≤140mg of sodium per serving). A brownie was modified by replacing half the amount of butter with applesauce, half the sugar with Stevia®, and the salt with lemon juice and a minimal amount of salt. Upon analyzing the multiple modifications in relationship to nutrition, cost effectiveness, and overall acceptance, a modification recipe was chosen. The development modifications were evaluated by 7 untrained panelists. Descriptive statistics were used to summarize the data. Paired-sample T-test was conducted to explore the difference among products. Upon comparing the final modification to the original recipe and a comparable commercial brownie mix product (Betty Crocker Fudge Brownies®), it was found that not only was the commercial product similar in nutritional content, it was more cost effective, and was the overall acceptable product to untrained panelists (p<.05). Results from this study could help consumers in choosing a product that meets quality characteristics, nutritional characteristics, cost effectiveness, and overall acceptability. In the future this study would modify other characteristics and further research fat, sugar, and sodium substitutes to create a healthier and more acceptable product.
Healthy Granola Bars: Low in Fat, Low in Sugar, and High in Fiber
Author(s): Christen Donohoe1, Becky McDonald1, Brittany Smith1, Pei Liu2
Affiliation: 1Undergraduate Students, School of Human Ecology, Louisiana Tech University
2Assistant Professor, School of Human Ecology, Louisiana Tech University

Abstract
Granola bars are a popular breakfast and snack item in the United States. However, many of the commercial products available are not healthy. These products are often high in sugar and fat and low in fiber. High sugar and low fiber intakes can lead to type two diabetes, and high fat intake can lead to cardiovascular disease. The purpose of this project was to develop a healthy granola bar recipe that is high in fiber, low in sugar, low in fat, and taste comparable to the commercially produced bars. A three-day development phase was conducted in the study. Final recipe was reproduced three times for consistency. A total of 7 evaluators participated in the sensory evaluation tests during three replication days. Sweetness, tenderness, and overall acceptability were used to evaluate samples. Descriptive statistics for data summary and inferential statistics such as paired-sample T-test were conducted to explore differences among variables. There was no significant difference between recipes in sweetness, tenderness, and overall acceptability. Participants evaluated the final recipe as sweet (n=6, 28.6%), extremely tender (n=4, 19.0%), and chewy (n=3, 14.3%). Results may help people to eat healthier by consuming products with high in fiber, low in sugar, and low in fat.
Abstract:
The study aimed to determine the differences in portion distortion of common food items between Louisiana Tech University dietetic majors and non-dietetics majors; and the difference in portion distortion between freshman, sophomore, junior, and senior dietetic majors and non-dietetic majors at Louisiana Tech University. Seventy-seven Louisiana Tech undergraduate students participated in the study, which consisted of dietetic majors (n=47) or non-majors (n=50). Two sample plates of food with various assigned portion sizes, based on United States Department of Agriculture’s (USDA) Dietary Guidelines for Americans standard serving sizes, were displayed for the participants to complete surveys either during classes for dietetic majors or at the University quadrangle for non-majors. After completing the surveys the participants were separated into nutrition majors and non-majors and then by grade classification: freshman, sophomore, junior, and senior. Statistical analysis using a t-test and ANOVA were used to test differences between dietetics majors and non-dietetics majors and ANOVA was used to analyze results based on survey results and grade classification. There was found to be a significant difference between the estimation of the correct portion sizes for chicken, milk and fruit between dietetics majors and non-dietetics majors. There was also found to be a significant difference between freshman, sophomore, juniors and seniors for the displayed portion of fruit, chicken, rice and milk between dietetics majors and non-dietetics majors.
Poster Session Abstracts

Fruit and Vegetable Consumption of Middle School and High School Students Under the USDA’S New School Lunch Guidelines
Authors: Louisiana Tech Dietetic Interns: Chrystal Meginley, Derrick Neshem, Jessica Hayes, and Carly Hill

Childhood obesity is a growing epidemic within the United States and throughout the world. Researchers have determined that interventions based within the school system are one of the best ways to counter-act this epidemic. In January 2012, the United States Department of Agriculture (USDA) revised the school lunch guidelines to incorporate more fruits, vegetables, and whole grains that are offered to students. Each school is to provide a fruit and/or a vegetable to each student and the student is required to take one of each from the lunch line. The objective for this study was to determine fruit and vegetable waste in relation to the new school guidelines. Fruit and vegetable consumption versus waste was determined by conducting a plate waste study in Rapides Parish at Pineville High School and Brame Middle School. A total of 481 trays were analyzed. Serving size models were used as standards to demonstrate appropriate portion size of fruits and vegetables the students received. A fruit and vegetable collection sheet was used to tally which fruits or vegetables each student had for each lunch. Before students disposed of trays, pictures were taken of the trays to determine waste. Data was entered into an Excel spreadsheet and averaged. Results showed that a total of 311 fruits and 178 vegetables were gathered by students at lunch. Results showed that there was little difference between student age and waste; 63.5% chose a fruit and 36.5% chose a vegetable at lunch. In conclusion, 30-50% of all fruits and vegetables taken during lunch were wasted at both schools.
Poster Session Abstracts

Looking the Part: Examining Relationships Between Body Mass Index and Job Satisfaction, Salary, and Area of Practice in North Louisiana Registered Dietitians

Tamika Byrd, Jamie Irwin, Rhiannon McClure, Chelsey Naquin, Alyssa Werglarz
Dietetic Interns; Masters of Nutrition Students
Louisiana Tech University

Job satisfaction among health care providers has been studied extensively, but recent studies have found that overweight dietitians may be perceived as less effective (Cant, 2009; Lovell, Parker, Slater, 2012). The purpose of this pilot study was to determine if the weight status of dietitians in North Louisiana have any correlation with their perceived job satisfaction, salary range, or the area of practice that they have chosen. Inclusion criteria for this study required that survey respondents be a registered and licensed dietitian, must be working full-time in a nutrition-related field, and be located in north Louisiana. Participants (n=23) were contacted through e-mail to complete an online survey. A total of 68 emails were sent with a response rate of 34%. The survey included five questions on job satisfaction, and one question each on education level, years of practice, and salary. Respondents were overwhelmingly Caucasian (96%), had a body mass index (BMI) <25 (61%), had a master's degree (57%), and practiced in acute clinical settings (52%). Height and weight were self-reported and used to calculate BMI. Using Pearson's correlation coefficient, there were no significant relationships found between BMI and job satisfaction (r=0.37) or BMI and salary (r=0.43). A t-test was used to evaluated BMI and area of practice, which also had no relationship (p > 0.1 in all areas with more than one response). This study had a low response rate and was not representative of the north Louisiana dietitian population. Another limitation of this study is that the survey was designed by researchers and it was not validated: feedback was received after the survey was sent that the wording was confusing. Confusion may have skewed some of the responses. Research has found that patients do not feel as confident in the competency of overweight nurses or doctors. In a profession that focuses on the use of food for optimal health, overweight dietitians may feel discrimination from supervisors, peers, and clients. This could lead to lower rates of job satisfaction, lower salary, and to leave areas of practice where there is more pressure to maintain an ideal body weight, such as counseling for weight loss.
Abstract:
The growing number of technology based resources provides healthcare professionals and clients with a vast amount of information available. It is the responsibility of our profession to identify the numerous apps that can be used to provide education and hands-on opportunities which enhance patient success. The purpose of this project was to identify common apps used by preceptors and dietetic interns and find apps that could be referred to clients to help them achieve their specific nutrition goals. Four interns evaluated nutrition related phone apps. Specific apps were chosen that met the following criteria: all apps must be free or have a minimal cost, they must be rated four stars or more, they must be user friendly, have credible information, be reliable, and cover a variety of nutrition related topics. An interactive presentation was held for dietetic professionals showcasing the apps that were evaluated. The interns presented an overview of each app and gave a demonstration of how each one works. Time was provided for the audience to have the opportunity to complete simple assessments, NCP, food records, and a clinical and management based case study using prospective apps. A survey was conducted after the presentation regarding the usefulness and likelihood of recommendations to clients. Overall, the participants were receptive to the technology presented and felt that use of apps could improve client satisfaction, added to their professional development, and enriched the dietetic curriculum. Many stated that they would now begin to use apps as a resource to help clients.
Abstract:
Teaming up with health care members is essential in the profession of the registered dietitian, registered nurse, and students studying in these disciplines. In many undergraduate curriculums the program of dietetics is found in College of Nursing and/or Allied Health, where collaboration in the hospital setting is most valued. Communication can be assimilated through continuing education programs presented by dietetic program faculty and interns. Professors in Dietetics, private practice dietitians, and dietetic interns developed and presented at a nursing continuing education workshop to meet the following objectives: to discuss popular fad diets with taste testing and to update medical nutrition therapy through evidence based practices. Feedback from this workshop reflected that nursing professionals identified that this nutrition information increased their knowledge and changed their skills or attitudes. Survey results revealed 111 participants expressed that this experience would lead to a change in their nursing performance and provided improvement in patient care. Of the 111 participants, 56.5% plan to implement the information to their patients, 52.1% will use the information for personal benefit, 28.3% would share this information with family members and friends, and 4.3% will incorporate into nursing student lessons. Additional feedback revealed that the dietetic interns offered a new approach in collaboration between dietitians and nurses by providing an enthusiastic presentation on the latest evidenced-based research. The incorporation of the interdisciplinary team produced an overall positive impact on communication strategies aimed at lifestyle changes and health promotion as quoted, “because it came from the source…the dietitians themselves.”
Poster Session Abstracts

**Common Unity = Community: Lifespan Interventions through Nutrition Education**

Author Block: R.M. Fournet, C.M. Foret, J. Landry, College of Nursing, University of Louisiana at Lafayette, Lafayette, LA, Kinesiology, University of Louisiana at Lafayette, Lafayette, LA, Picard Center for Child Development and Lifelong Learning, University of Louisiana at Lafayette, LA

Abstract:
All age groups should have opportunities to make healthy choices to live healthy lives. Achieving optimal health is attainable by preventing many health disparities. A model was developed called, “Common Unity=Community”, which describes coordinated interventions that target multiple components of healthy active living for a variety of populations. Obesity and lack of physical activity are two major concerns across all populations of society. Nutrition innovative techniques that are realistic and usable are needed to impact today’s preventable diseases. Teaching populations a variety of options and providing community-based interventions are avenues to change health behaviors for better health outcomes. Community partnerships foster ownership within the community and assist in the dissemination of nutrition and wellness education for obesity prevention and physical activity. Such partnerships include local health care providers, school systems, volunteer organizations (Kiwanis), university systems, national youth organizations, and faith-based organizations. Utilizing community resources will provide for greater access to school grounds, parks, playgrounds, and fitness facilities; teachable gardens in after school programs and community gardens in neighborhoods. Intervention modalities include: education skill sets that address access and opportunities to be physically active and increase physical fitness; wellness education to improve nutritional choices; and preparation, preservation, and dissemination of healthy foods within the community. Evidence-based intervention modalities are designed for the prevention of obesity and increase of physical activity at the community level. Creating “common unity” of agencies/organizations, community members and evidence-based practices produce the conduit to achieving intervention goals.
Poster Session Abstracts

Bridging a Gap: Providing Nutrition Education and Counseling in the University Community
Authors: Roberts, A., Fournet, R., Burkhardt, A., Horstman, V., Huffman, L. University of Louisiana at Lafayette

Abstract:
The University of Louisiana at Lafayette bridges a gap in nutrition education and counseling by providing services to the university community through ongoing nutrition counseling on campus at Student Health Services (SHS).

ACEND standards require programs to provide projects that allow interns to transform evidence based practice into consumer trends and education material for the prescribed audience. Collaboration with SHS includes necessary competencies which promotes active participation and teamwork in individual and group settings. Interns design and implement presentations to target population groups. The nutrition counseling services proves to be an effective interdisciplinary endeavor among the university student body, dietetics faculty, and staff of SHS as all are in support of the program goals.

Physicians and nurses refer and schedule university students needing nutrition services to Dietetics for education and counseling. Sessions are scheduled monthly throughout the year and allow interns to integrate the nutrition care process into the clinic. Faculty has the opportunity to provide one-on-one support with nutrition counseling and follow-up sessions that range from medical nutrition therapy for weight management, hypercholesterolemia, gluten intolerance for a wide variety of cultures and disciplines. On average, SHS refers 50 students per semester. The average body mass index (BMI) of students referred for nutrition counseling is 35, classified as obese.

An assessment tool, which integrates the nutrition care process into the clinic, has been developed. Interns educate the students and counsel by promoting behavior changes through goal setting and lifestyle modification techniques.
Drug and nutrient interaction knowledge differences between nursing and nutrition students at Louisiana Tech University

Author: Jie Chen, Gwen Constantino, Kelly Kaminski, Nathan Lonidier and Danae Zarbuck, Dietetic Interns at Louisiana Tech University

Abstract

Background In healthcare, it is important for medical staff to be aware of how various foods interact with medications taken by patients. Nutrition and nursing students need to be educated on these interactions, as they will need to apply this knowledge once they are practicing in their profession.

Objective

To determine if nursing majors and nutrition majors have equal or different knowledge levels about food and drug interactions.

Participants/Setting

One-hundred twenty Louisiana Tech University students. Fifty-one nutrition majors and 69 nursing majors were surveyed for this study. From our sample of 120, nine were freshmen, 32 were sophomores, 47 were juniors and 32 were seniors. Participants were recruited from nutrition and nursing classes offered at Louisiana Tech University. Data was collected over a two day period in February 2013.

Methods

A ten multiple-choice survey was administered to students during their class period. Survey questions addressed known interactions between food or nutrients and commonly prescribed medications. Surveys were then collected and hand-graded by researchers. Using SPSS 21.0, data was analyzed through an independent t-test and one-way ANOVA test.

Results

No significant difference (P= 0.104) was found between the overall knowledge concerning food and drug interactions between nutrition and nursing majors. There was no significant difference (P= 0.085) in knowledge between the grade levels of nutrition majors. There was no significant difference (P= 0.403) in knowledge between grade levels of nursing students.

Conclusion

Food and drug interaction knowledge is important. The overall knowledge on this subject among nutrition and nursing students is low. More education is needed concerning food and drug interactions among undergraduate students. Limitations of this study were that there was no pilot study conducted to validate the effectiveness of the survey questions and the group sample size varied between the grade levels. Another limitation was that for one statistical test, the single freshman nursing major had to be eliminated from the analysis.
Thanks for attending the LDA 2013 Food & Nutrition Conference & Exposition.

We hope to see you next year!