

Thursday, April 9, 2020

**Webinar: Enhancing Diversity in the Dietetics Profession: Stories from
RD/RDNS with Disabilities (PART 1)**

Research Dietetic Practice Group

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Redefining Communication Access

SLIDE 1

>> MARIA: Okay, everybody welcome to the research Dietetics practice group webinar, today we are, going to be, going through our first of three webinars. This webinar is titled "Enhancing Diversity in the Dietetics Profession Stories from RD/RDNs with Disabilities (Part 1)." Our first speaker, is going to be Neva Cochran, Neva?

NEVA COCHRAN: Thanks, Maria. And, hello everyone, thank you for joining us today. The URL to access, closed captions is in the chat box. If you want to click on it, captions will appear, actually, on a different page, than the slides we just learned this morning. But you will be able to read the text, and these are available, for those with a hearing loss or anyone who has a problem hearing or understanding, me or any of the speakers. And I also understand the transcript will be available, of the entire,

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webinar, after the fact, and will be posted so everyone can access, along with a PDF of the slides. You can also use the chat box to ask a question, any time during the webinar, which will be answered at the end.

As was said I'm Neva Cochran, a Registered Dietitian, and consultant in Dallas Texas, and the Moderator for today's webinar which is part one of two parts of stories from RD. I served as a leader for the Academy at the district, affiliate and national level for many years. When I was a member of the Academy's Diversity Committee from 1994, to 1996, I helped create the first Diversity Philosophy Statement for our organization. I've also served as a mentor for Dr. Suzanne Domel Baxter, one of today's three speakers for her Capstone Project for the Diversity Leaders Program.

Before we begin, with our speakers and the rest of the information, I would like to briefly share with you, how I as a dietitian without a disability became an advocate for dietitians with disabilities. It all began four years ago, in February 2016, when a young Academy member, Tracy Williams, e-mailed me, after hearing me speak, on a DBC, DPG webinar about starting my own business. After completing her BS in Dietetics, she had been unable to match with an internship, and wanted my advice. She believed that part of the reason was due to her disability. We had a call, the following week. And in my efforts to help her forge a career in nutrition without an RD credential, I connected her with several colleagues. This included Dr. Suzanne Domel Baxter, in December of 2016, whom I have known since we were both young dietitians in Dallas. I remembered that she had developed a disability late in her career. So with Suzi on board, we accelerated and we are off and running.

SLIDE 2

We've had several successes with the latest being the series of webinars, funded

by an Academy Diversity mini-grant awarded to the Research Dietetic Practice Group with Dr. Baxter as project director; today's webinar is the first in the series.

SLIDE 3

The purpose of our webinar is to learn from Academy RD/RDN members with disabilities, as they share their stories, and answer questions.

SLIDE 4

The three learning objectives are listed here.

One, state an ethical take-away point, concerning non-maleficence and RD/RDNs and disabilities.

Two, describe two benefits that RD/RDNs with disabilities can uniquely provide to the profession.

And three, explain two ways RD/RDNs without disabilities can interact and work more effectively with RDs with disabilities.

SLIDE 5

Our webinar will include:

the Academy's Diversity and Inclusion Statement.

Diversity statistics for the U.S. and the Academy.

Our Code of Ethics, related to the disability issue,

then we'll follow with our speakers' unique stories,

And end with the public service announcement, titled "I Can",

and finally, an opportunity for you to ask questions.

SLIDE 6

So here is the Academy's Diversity and Inclusion Statement. And it reads, "The Academy encourages diversity and inclusion by striving to recognize, respect and include differences in ability, age, creed, culture, ethnicity, gender, gender identity, political affiliation, race, religion, sexual orientation, size, and socioeconomic characteristics, in the nutrition and dietetics profession". And that was one of the things that I did, when I was a member of the Diversity Committee back in the 90s, that is when we shaped this philosophy, and I still see words that I created, in this definition, which is kind of exciting! All these years later...

SLIDE 7

This table shows, gender and race ethnicity statistics for the United States population from the 2018 American Community Survey, for RD/RDNs using February 2020 Commission on Dietetic Registration data, and for nutrition and dietetic students using the Accreditation Council for Education in Nutrition and Dietetics abbreviated, ACEND in 2018, the latest years available. The only area where current RDs are similar to U.S. statistics for white individuals, with men and all other races and ethnicities underrepresented -- underrepresented. Note that between 1998, and 2018, the percentage of white students and interns decreased by 10%, and for black individuals by 2%, but increased 2% for both the men and Asians and by 8 points for Hispanics and Latinos. So diversity for gender and race ethnicity is improving somewhat for students and interns. And in the CDR column note that 11% and 14% respectively, did **not** report gender and race ethnicity. On your online CDR profile page please make sure to indicate your gender and your race, ethnicity, so our current diversity information can be more accurate.

SLIDE 8

NEVA COCHRAN: Before providing statistics, concerning disability, I want to provide the legal definition. According to the Americans with Disabilities Act, disability is defined as "a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or is regarded as having such an impairment."

SLIDE 9

According to the University of New Hampshire's Institute on Disability, among the civilian non-institutionalized population in the United States, in 2017,... the disability rate was 13.2% — almost 43 million people. Disability rates were similar by gender, at just under 13%. And disability rates by race, ethnicity, were highest for African-Americans, at 14.1%, Caucasians at 14%, and non-Hispanic others at 12.5%, and lowest, for Hispanics at 8.9%, and Asians at 7%.

SLIDE 10

By type, disability rates in the United States were greatest for ambulatory at 4.9%, and cognitive at 4.5% followed by independent living at 3.7%, at least for hearing at 2%, vision at 2%, and self-care at 1.8%.

SLIDE 11

For the first time ever, through the efforts primarily of Dr. Baxter, the Academy's 2019 Compensation and Benefit Survey of the Dietetics profession included disability questions. Of the 37,440 dietetics practitioners sent the survey, a total of 8,765 usable responses were received, a response rate of 23%. The survey sample was stratified

by registration type, either RD/RDN or NDTR, membership status either member or nonmember, and availability of an e-mail address. Results were weighted to accurately reflect true population proportions. Of the 16% that responded that they were currently not working in the field of Dietetics, 3% cited disability or health problems as the reason. In response to the disability and health questions -- 1% are blind, deaf, or have a severe vision or hearing impairment, and 1% have a condition, that substantially limits one or more basic physical activities. Due to a physical mental or emotional condition lasting six months or more, 2% have a difficulty, -- have had difficulty learning, remembering or concentrating; and 1% have difficulty working at a job or business.

SLIDE 12

The latest revision of the Code of Ethics for the Academy and CDR went into effect June 1st, 2018. The Code of Ethics includes four principles: non-maleficence, autonomy, beneficence, and justice. Under each of these four principles are numerous standards. So by accepting membership in the Academy, and/or accepting and maintaining CDR credentials, all nutrition and dietetics practitioners agree to abide by this code.

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So our learning objective for ethics in this webinar is to, "*State an ethical take-away point concerning non-maleficence and RD/RDNs with disability.*" The Code's first principle is "*Competence and professional development in practice.*" The definition of non-maleficence is the intent to not inflict harm.

SLIDE 14

This slide shows the Code's 8 standards for nutrition and dietetics practitioners for the non-maleficence principle on a variety of topics.

SLIDE 15

Of these eight standards, **G**, is perhaps the best ethical take-away point concerning non-maleficence and RD/RDNs with disabilities. Quote, "*Act in a caring and respectful manner, mindful of individual differences, cultural and ethnic diversity.*" As you listen to our speakers today, please keep this in mind and how the standard applies to the practice of dietetics.

SLIDE 16

We asked our speakers to cover several points in their stories, including why they chose nutrition and dietetics as a profession, their current professional position and any accommodations they use for it, their greatest success as an RD, what dietitians with disabilities can uniquely provide to the profession, ways RDs with and without disabilities can effectively work together, and how the Academy has helped them in their career.

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Our first speaker is Liz Dunn. Liz received her Bachelor's degree and completed a Coordinated Masters Dietetic Internship at the University of Pittsburgh, where she now works as a Research Associate. Liz is a Registered Dietitian, adaptive athlete, member of the Texas Stampede Wheelchair Rugby Team, and creator of Adapting Nutrition. Liz, we're looking forward to sharing your story!

>> LIZ DUNN. Thank you, hello!

NEVA COCHRAN: Hi.

>> LIZ DUNN: A little bit more about my background. I was in a car accident in 2010 in which I broke my neck, resulting in a spinal cord injury, so my injury, not only affected the use of my legs, but also a portion of both my arms, so I have some strength in my shoulders, and biceps; but do not have use of triceps, or um... finger function. So I have difficulties with my hands as well. And then I use a wheelchair, to get around. Many people also don't realize that spinal cord injuries affect more than just muscle function. They can also affect bladder and bowel function, lung function, ability to sweat, and many other things, also.

And then how I became a registered dietitian -- it actually wasn't until after my injury that I realized, that I wanted to be an RD. So during my initial rehabilitation, I was told because I was so active and healthy prior to my injury, it allowed me to heal better, following my surgeries and that played a role in my recovery. I was always interested in food and nutrition, but hadn't been aware of what a registered dietitian was, prior to this. But in rehab, I had the opportunity to speak with a few RDs throughout the process; and because of them, I decided to switch majors to Nutrition and Dietetics.

I took about two years off of school, to um, spend a little more time in rehab and get used to living with my injury. So after about those two years, I went back to school, full-time at University of Pittsburgh, as a junior, in the Nutrition and Dietetics program -- and like you mentioned, it was there, I completed both my undergraduate degree and decided to stay and apply, and was accepted to -- their Coordinated Masters Program. I graduated in 2016, so I've been a registered dietitian for about 3 and a half years.

Since graduating, I've spent quite a bit of time volunteering, with collegiate sports nutrition programs. You did mention I'm an adaptive athlete. So I'm very interested in

sports nutrition; however, the last year or so, I've been working as the Research Associate at University of Pittsburgh assisting with data collection for spinal cord injury research studies. And um, to talk a little bit about accommodations I've needed throughout the process. For my current position, I need very few accommodations. Being able to work from home is the main concern I had right now in that -- so most of the data collection, I do takes place over the phone. So I was provided with a headset, which allows me to use both my hands, to go through pages or anything, because I mentioned my hand function is affected. So those are my main two accommodations for this job.

But, throughout school, and my internship, I needed many more. Most of them were fairly simple, this was from extra time on exams, because my dexterity isn't best, so just writing took me a little longer to complete, depending on the exams. A wheelchair-accessible desk, was another important accommodation. It wasn't until my internship, that I required a few more accommodations to get through the Program. So during my clinical rotations, I was given a touchscreen tablet to chart on, because my dexterity issues, again, makes using a regular computer difficult; and then I also had to decrease my hours slightly during the internship year, just because full-time was a little difficult on my body. So it was starting to negatively affect my health. I just cut down one day a week during the program. It extended my time that it took for me to graduate, but I still completed all the required tasks. And all of these experiences were great learning opportunities for me, and my instructors as well... they all did a great job, just listening to any of my needs. We kind of did a lot of problem-solving as things went on in the program. I wasn't always sure what accommodations I would need until we got there. Because it was new to me, and them as well. But they were definitely instrumental in helping me finish the program.

So since becoming a registered dietitian, they wanted us to mention, a big success that we've had. For me, this isn't related to my work in the field, but nutrition is a huge part of it. So I am a wheelchair rugby athlete, and I've spent the last several years training in hopes of making the Tokyo 2020 paralympic Team. And I'm very close to that. So this year I actually made the USA Wheelchair Rugby Training Squad, and I still have hopes of making the Paralympic team, but with the delay of the games until 2021, we will have to wait to find out more as I'm sure you can imagine -- there are a lot of unknowns in that area right now. But, I'm not sure, how long -- I plan to train and try to compete at this level for, but I know I'll be able to use these experiences to help other athletes in the future, because that's the population that I would love to work with.

So a little bit more about living with my disability... So it's forced me to become very good at adapting to different situations. And looking at things a little differently. It also allows me to relate to others, in different ways. So at one point, during my clinical rotation, in my internship, I was actually able to see patients on the spinal cord injury rehab floor. I was able to really relate with them, because I had been in their position. And that's just one great thing about having dietitians with disabilities, we're able to bring a different perspective into the profession. And connect with clients, and patients, in different ways that others might not be able to.

Um, so about interactions between dietitians with and without disabilities and those with disabilities -- they should be no different than interactions with anyone else in the profession. We all come from different backgrounds and have different experiences. And have different areas of expertise. So I think that we can learn from each other in all those ways and it just comes down to the learning about the individual -- there are such a wide variety of disabilities that exist and they affect

everyone in different ways. So just getting to know that person, know where they're coming from, what their background is -- that can definitely be beneficial for dietitians in general.

And then finally, just to talk about being an Academy member and how it's benefited me. I, first, joined because it was a requirement for my school program. But I quickly found out there were many benefits to maintaining membership. So over the years, I've made many connections with other registered dietitians, and had opportunities that I wouldn't have, had I not been a member, from attending FNCE multiple times, as well as a SCAN symposium. And just getting these connections have helped me learn and grow as a nutrition professional. Just the opportunity to be able to volunteer in projects and webinars like this one, to just raise awareness for dietitians with disabilities out there.

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NEVA COCHRAN: Thank you so much, Liz, for sharing your inspiring story. (A pause), Jordan Griffing is our second speaker. Jordan received her Bachelor's and Master's degrees from Baylor University in Waco, Texas, and completed an Internship at Iowa State University. Jordan works as a neonatal ICU dietitian at Driscoll Children's Hospital in Corpus Christi Texas. She is a Registered and Licensed Dietitian and a Certified Nutrition Support Clinician. She is also a member of ASPEN, and Secretary for the Academy's Latinos and Hispanics in Nutrition and Dietetics Member Interest Group. So Jordan, you can take it away now!

>> JORDAN GRIFFING: All right. Hello everyone! I'm Jordan, and, I've been a registered dietitian, for almost five years. When I was a freshman at Baylor, I was unsure, as many are, about what I wanted to do. And I knew I wanted to be in the

medical field in some capacity, due to living with chronic illnesses my entire life. But I didn't really have the passion to go through medical school, without a clear goal. So I visited with a career counselor, and took a combination of a Myers-Briggs personality test and an aptitude test that pointed out the most popular careers based on my personality, and this was the first one. So I started researching what I could do in the field and I took introductory nutrition courses the next semester, and I was hooked.

Describing my disability concisely is quite difficult. I was born with congenital muscle and nerve damage that closely mirrors muscular dystrophy and have other orthopedic birth defects which are the root of my disability. I, however, also developed several other invisible illnesses during my childhood which still affect me to this day, the main ones fibromyalgia and dysautonomia, which inhibits the body to regulate things you don't think about very often like keeping your temperature consistent, your pulse, blood pressure, and nerve sensitivity. About ten years ago, I used a wheelchair for the first time in between gates at an airport and since then I've had to use it progressively more, now using it almost full-time at work. And other times, if there's going to be a lot of walking or standing, as hard as the transition has been, this tool has allowed me to still go out in public and continue to hold down a full-time job.

I'm actually about two weeks into a new job, and I already feel so supported. In previous positions I've asked for things like speech to text software so that when my hands are acting up I can still type and do my job. At my most recent job, when I first started our office was really close to the patient rooms, so I was able to be more ambulatory, and I could easily come back to my office for breaks. But after a few months, we moved offices to the other side of a separate hospital building; and my physical stamina just couldn't keep up and that's when I started using my wheelchair at work. Other accommodations that I've asked for in the past were automatic opening

doors for the heavier office doors, but those never came to fruition.

I have been pursuing my dream to be in the NICU since I was an undergrad and first started delving into the world of nutrition. I've worked extremely hard, and I've had to be very patient in some uncomfortable situations, to get where I am, but the fact that I've made it and I'm now about two weeks into being in a Level 4 NICU setting is by far my biggest professional accomplishment.

I believe that any medical professional with disabilities is a huge resource in any setting, but particularly clinical. As Liz said, like, we have a different and personal perspective in understanding of the patients, and we understand that, and can relate to that more so than healthier counterparts, because they've, literally, never shared that experience. I have had a literal lifetime of hospitals and doctors' offices. And I know how I've been treated, and how things look on the other side. I have insight into making their experience less scary, and can meet them on their level. I also think it's really great, in the general medical field, for disabled persons to be hired, because employees also need to understand how to deal with their patients and coworkers. If I had a dollar for every time a doctor or other high-up medical professional questioned my ability to work, even though I'm in a wheelchair -- I wouldn't need to work.

I don't think there's a blanket statement, or generalization that can be made, as far as how nondisabled dietitians can interact with those with disabilities as it largely depends on the person... for me, 95% of the time I want to be treated like everyone else and not have conversations constantly surrounding my issues. If I had to boil it down to something simple, it would be to consider how they would want to be treated. And I bet it isn't their wish to be a big spectacle or always having to have accommodations be made public. At the end of the day, we want to be treated with the same respect and dignity that our healthy counterparts get to enjoy daily. However, in the past, it has

always meant a lot when someone asks about my condition or wants to look it up, to better understand what I go through, but timing is key. I've had people ask these very personal questions, about what is wrong with me while grabbing lunch in a buffet line, full of other people. So find a time where you can be private with that person and always let them know it's okay if they don't feel comfortable answering.

Um, being in the Academy has given me an incredible network of friends, and colleagues. I have been fortunate enough to attend FNCE for the past two years and as other members, I get the opportunity to further my knowledge base with the monthly magazines. But without the Academy, I would have never gotten in contact with this disability group and be able to be in a front row seat to change. Change doesn't happen overnight or with a single person, and it's not always comfortable, but if participating in this webinar changes even one person's mind about disabled people, then it was worth it. I've had both incredible and traumatic experiences due to my disabilities, and if I want to prevent the traumatic situations for others, I have to be willing to do my part to bring awareness and light to things healthy individuals often don't think of. That's it.

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NEVA COCHRAN: Jordan, we are so grateful that you were able to be with us, to share your personal journey and just -- for me, it's just been a delight getting to know you, over the past almost year. And -- I say that with all of the people that are taking part in these webinars, it's been such a blessing to me to be involved and see how inspiring they are as -- you know, as dietetic practitioners. So now -- and I'm sorry, I didn't change your slide, and I -- but I will change to Suzi's slide. Our final speaker is Dr. Suzi Baxter, who is my colleague who has been working with me together for over

three years, on this issue. She received her Bachelor's degree and completed a Coordinated Undergraduate Program at Texas Christian University, she received her Master's and Ph.D. From Texas Woman's University and completed a Post Doctoral Fellowship in Pediatric Nutrition Research at the Medical College of Georgia. She is a Registered and Licensed Dietitian, and Fellow of the Academy. Dr. Baxter is an Affiliate Research Professor at the University of South Carolina. As Principal Investigator, on research grants funded mainly by the National Institutes of Health, her primary research has concerned the accuracy of dietary recalls by children. She has authored 90 peer-reviewed articles, 5 chapters, 179 poster or podium presentations and 84 invited presentations. She had to resign her Research Professor position in late 2016 due to an acquired disability. She is the current Diversity Liaison for the South Carolina Academy, past Diversity Liaison for the Research DPG and was a member of the Academy's 2017 to 2019 Diversity Leaders Program. Suzi, we are eager to hear you share your story!

>> DR. BAXTER:

(A pause).

NEVA COCHRAN: Maria, are you still muted?

(A pause) DR. BAXTER: Okay.

NEVA COCHRAN: Here we go.

>> DR. BAXTER: Thank you, Neva for that introduction, and I also want to thank Liz and Jordan for sharing their stories. And say that I have learned so much from the two of you, and I admire you two so much. And I appreciate you, for everything that you're doing for the change in the Academy.

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DR. BAXTER: I, myself, was diagnosed with primary erythromelalgia, in 2010. The diagnosis took two years, to confirm; because it's so rare. And it included two trips to Mayo Clinic in Rochester, Minnesota. Erythromelalgia, is an episodic peripheral disease characterized by red painful extremities that are often precipitated by exertion or heat. For me, other pain triggers, include the following for even just a few minutes: exposure to loud environments, riding in a car, walking, standing, and anything that puts pressure on the palms of my hands or the soles of my feet. There is no known cure, so I have to make lifestyle changes, to try to avoid pain triggers. I can no longer drive a car. I ride in a car, only when necessary. And I'm usually bare-footed unless I'm out of the house, and then I wear soft, fluffy thongs.

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I became a registered dietitian, for many reasons. To be honest, I did not want to go to college, and I was not ready to go, perhaps, due to traumatic family events, as a high school senior. My widowed mother remarried, and my family blended in August, but then she separated and divorced by the spring. My grandfather was very ill with lung cancer, and he died the summer right after I graduated. But my mother and her friends said that I couldn't waste my brain, so I let my mother pick where I went to college. She picked one in Indiana. Now, for a girl born and raised in North Texas, I was truly a cow out of pasture! I decided to major in home economics, because I believed I would never graduate. I barely made it through the fall semester. After much begging, my mother let me stay home for the spring semester, take classes at a community college, visit local colleges, and decide what to do. One class assignment was to volunteer, for 40 hours, in a career area of interest, and write a paper. I had always loved baking and had received an Easy Bake Oven one Christmas as a child.

So my mom and I had narrowed down my career interests. A member of our church was a clinical registered dietitian, but clinical didn't interest me, so she connected me with the food service RD for the local school district from which I had graduated. That is where I spent 40 volunteer hours for my class assignment, and the rest is history. I've been an RD for almost four decades, since 1981.

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My Research Professor career was almost at its peak in 2010 when my disability was diagnosed. My job was to write grants, and obtain extramural funding to conduct research and pay for the majority of my salary and fringe, plus all salary and fringe of the staff who I hired and supervised. I usually traveled to five total meetings annually, whether they were state, national or international, to present research results, and to Washington, D.C., three times, annually, to review and score research grants submitted to the National Institutes of Health. I was always writing, submitting and revising research manuscripts for publication, I worked 50 to 65 hours each week, to accomplish my work and volunteer duties. When my disability hit, I had to make drastic work and lifestyle changes to try to avoid pain episodes. I was able to flex my hours and work from home, which helped initially. I used a power wheelchair or scooter at the office. However, it eventually got to the point that I had made all lifestyle changes possible, but the pain episodes continued to interfere with my ability to concentrate and work. I was forced to decrease to part-time, and then had to completely resign at the end of 2016, due to my disability. Much of this was because, I could not sleep due to the pain, and/or sleep on a regular schedule. In 2017, I was honored, with a lifetime award, the Monsen Award for Outstanding Research Literature. The Monsen Award, from the Foundation and our Journal, recognizes a body of research that encompasses a major

component of the recipient's professional efforts. The work benefits the profession and the world, and the research is publicized -- published, in a recognized peer-reviewed scientific journal of quality, including the Journal of the Academy of Nutrition and Dietetics. And the award winner must be a member of the Academy.

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As much as the Monsen Award honored me, the success of which I am most proud, is the Foundation's Amy Joye Memorial Research Award. I chaired fundraising and the Task Force which established criteria for this award. Amy grew up in South Carolina, earned a Bachelor's from Clemson, and Masters from Georgia State where she completed a Coordinated Program. She became an RD in 1996. When I transferred to the University of South Carolina, in August 2003, Amy was my first full-time hire, as Research Associate. I was so impressed with Amy that I promoted her to Project Director within a year. Soon after, Amy had a heart ablation in December of 2004. What should have been a routine medical procedure turned into a medical tragedy, due to medical error, that led to cardiac arrest, and resulted in severe brain damage. Amy was in a semialert, comatose state for several years. She passed away in June 2009, at age 49 -- 41. At my request, in 2007, to honor Amy, and her love for life and her profession, the South Carolina and Georgia Affiliates, together with Amy's family and friends, began to raise the \$50,000 minimum to create an endowed fund through the Foundation.

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We reached the \$50,000 minimum in March, 2009. In 2010, the Foundation made the first Amy Joye memorial research award, of \$5,000. Each year since, an

award of \$5,000 has been made. We continue to raise funds, with the hope of increasing the award to \$10,000 per year.

RDs and RD/RDNs with disabilities are of tremendous value to the dietetics profession because they offer unique perspectives that disabilities have on working, living, shopping, and eating -- which people without disabilities may not realize, or even imagine. This can help to broaden the scope of perspectives available to tackle challenges in the workplace and/or related to eating. RDs and RD/RDNs who live with disabilities often develop unique skill sets not found in people without disabilities. RDs and RDNs with disabilities are often more likely to stay at their jobs longer, which decreases costs that employers have when replacing and training new hires.

I offer some suggestions to interact and work more effectively with RDs and RDNs with disabilities. Give us a chance by interviewing and hiring us, if we are qualified for the position. Treat us as people. Give us your respect instead of your pity. Before helping us, or doing something for us, ask us how you can help us. For example: If you see an individual in a wheelchair, or a scooter, struggling to open a door, to enter a building or room, ask if you can open the door for us. In public places, please use a regular stall in the bathroom, instead of the one designated for an individual with a disability.

And finally, being an Academy member has benefited my career in countless ways. I'll quickly share ten examples. First, I received a large fellowship from the Foundation for two consecutive years, while conducting research for my Ph.D. Second, as President of the South Carolina Affiliate, I learned leadership and networking skills which benefited me as principal investigator on research grants when hiring and supervising numerous dietetics practitioners. Third, I've attended FNCE annually since 1990, before it was even called FNCE, and presented research, explored

the exhibit hall, and networked. Fourth, reviewing abstracts for FNCE for a decade helped me learn to write quality abstracts. Fifth, serving on our Journal's Editorial Board since 2007 and reviewing manuscripts improved my ability to write research manuscripts. Sixth, serving as a member, and then chair, of our Foundation's Scholarship and Awards Committee, improved my ability to write memorable letters of recommendation, and has encouraged me to continue to donate, whether it's funds or items for silent auctions, at FNCE, or at affiliate annual meetings. Seventh, my disability qualified me to apply for the Academy's Diversity Leaders Program, and I was fortunate to be one of four people selected for the 2017 to 2019 program. My Capstone Project for this Program had many components and with Neva Cochran as my mentor, it started the train moving to help ensure that the Academy has a place at the professional table for dietetics practitioners with disabilities. Eighth, serving as Diversity Liaison first, for the Research DPG, and now the South Carolina Affiliate, has made me eligible to apply for Academy Diversity mini grants, and Diversity promotion grants, to help keep this train moving! Ninth, I have mentored another RD, since October 2017, through the Research DPG Mentoring Program. This has been an oasis in my research desert since I resigned my Research Professor position due to my disability at the end of 2016. And tenth, finally, just something as simple as one afternoon of volunteering at a nutrition booth in a mall, early in my career resulted in me meeting an RD who then asked me to apply for, and hired me, to supervise her public health Women Infants and Children team. I simply cannot imagine my career without being an Academy member, either before or after I acquired my disability. Thank you, for allowing me to share my story.

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NEVA COCHRAN: Suzi, thank you for sharing that story of endurance and productivity! And thank you, for all that you have done, together, with me, to further this cause! And now, we have a short, one-minute captioned public service announcement titled "I Can" created by the Campaign for Disability Employment, a collaborative effort among several disability and business organizations working to change attitudes about disability and employment.

[ON VIDEO].

NEVA COCHRAN: Okay. Um... I'm sorry, I'm trying to get back to the -- my screen, I -- Maria, can you hear me? Oh, good, now it's coming!

>> I don't know, is there some place that you can get the ... but I don't know....

NEVA COCHRAN: Okay. Thank you. I'm not sure, if everyone else, could hear -- if no one could hear the audio, I think there's -- there is audio with it, and I will tell you, you will be receiving, a PDF of the slides, and you will be able to click on this link, that's on this slide. And you will be able, to listen to it, in its -- it's a really inspiring PSA, and I'm sorry, there is -- there are some issues with us showing this PSA, through the webinar platform, and we thought we had it figured out so we had audio, but, I mean, video, but no audio, but anyway, you can watch it when you get the PDF of the slides.

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For more information about becoming an Academy member, you can e-mail membership@eatright.org.

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And, also, the recording of today's captioned webinar will be available online with a transcript and certificates on the Academy webinar archive. Note there are two

certificates depending on whether you watch the webinar live or recorded. The certificate without code 175 is for the live webinar; the certificate with code 175 is for the recorded webinar.

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Now we would like to take a few minutes to answer any questions, and so, I'm looking, to see if there are any questions, other than -- is there no audio with the video? We have lots of wonderful comments that people have said about how the stories are very inspiring, how, they really, enjoyed the webinar, and the speakers, and thank you, such spectacular stories. Anyway, if the speakers have not scrolled through the comments, I would really like for you to do that. One final comment.... says, "Thank you for doing this webinar, I think sometimes those of us with disabilities feel alone, no matter what career field, and it is always comforting to know that there is more of us, thank you, again, for sharing your stories" - okay, here I have a question.

>> How can dietetic programs do a better job recruiting students with disabilities?

Would one of you-all like to try to address that? Liz, or Jordan? Be sure to unmute.

Okay. They're not speaking, are you all there?

This is Liz --

NEVA COCHRAN: Great.

>> LIZ DUNN: I can't think -- just because I found the program so I'm not sure, how to think of an answer to help recruit it, maybe, just -- include people in photos or something like that, just to show that there are other people out there, just try to get the word out there, that there are other dietitians living with disabilities so that they know it's an option.

NEVA COCHRAN: Okay.

>> LIZ DUNN: I don't know if that's a good answer.

NEVA COCHRAN: Yeah, I think that's always helpful. I think one of the other things is when we're looking at recruitment and retention programs that maybe having some dietitians with disabilities going out to the high schools or the community colleges, where they're, you know, looking to recruit, you know, including some dietitians with disabilities among those that are doing that kind of outreach -- would be helpful.

Did you have anything -- add, Suzi or Jordan?

>> JORDAN GRIFFING: I think it was a good answer -- I found my program too, but I think, just in general, like, when advertising or whatever, for your program, just incorporating things like, being inclusive. And encouraging diversity and things like that, and having an open concept of it. Because, usually, if they make it a point, to include it, they're typically more... willing to be accommodating, I've found.

NEVA COCHRAN: Yeah, thank you. There's another question --

>>> There's a comment also.

>> DR. BAXTER: Yes, my comment, is that Neva, and -- and I, and another person authored an article that we believe was in this month's issue of our Journal that talks about dietitians with disabilities. And it has a large section in there, about students with disabilities and what you can do for students with disabilities. And a lot of that has to do with the office for disabilities that is at the university; and so, ask for support from that office, and you will get -- and should, by law -- get a lot of support from that office. And that should be very helpful with recruit -- both recruiting and retaining those students. Because just know, you are -- you are not alone, when it comes to helping a student who has disabilities. It's not up to the nutrition department, to have to pay for any accommodations. Any reasonable accommodations, that are needed, you

know, the University -- at large -- not the nutrition department, is the one who's responsible. And there are many different funds out there that can help in paying for those accommodations, for which the university can apply.

NEVA COCHRAN: Thanks, that's a great point, Suzi. Be on the lookout, I haven't gotten my journal yet, but be on the lookout for the article. I'm sorry, I'm having trouble because the chat box keeps jumping around! And, I -- I had a question, up here, someone asked if we were going to be featuring other disabilities like ADD and ADHD in the second webinar, and I'm sorry, but no, we aren't, most of our -- the ones that we have identified so far, in this group, are all people, with mobility issues. But certainly, we are willing to expand. But there are three other speakers, again, two of them are eating-disorder dietitians, so I think it will be pretty fascinating to hear their stories as well. I think there was another -- let me go down, and see... Still getting all these kudos about how wonderful you-all are. Perhaps, some sort of mentorship within the Academy for those with -- entering the field could be helpful to bring interested students into the field. Yes.

I feel there should be a statement in the advertising about being inclusive; I would not know -- have known internships are willing to adapt to various disabilities, that's a good point.

Is there any specific LISTSERVs or organizations we should send job announcements to for recruiting RDNs?

>> DR. BAXTER: Can I say something else, Maria.

>> MARIA: Yes, go ahead, Suzi.

>> DR. BAXTER: The article gives a link to an online manual about internships, just in general, that, internships should be available to individuals with disabilities. About what a bonus that should be; so I would say look for that in the article that's going

to be appearing in -- we think in this month's issue or maybe it will be in May if not in April. And the other thing, our third webinar in this series is the JAN, the Job Accommodation Network, and that will be full of information about how individuals with disabilities, who want to work, full-time, or part-time, how they can, you know, -- all about accommodations. And working. So, that will be full of information!

NEVA COCHRAN: Someone said "JAN is a great resource!" Some questions -- same question on disabilities like dyslexia. I wasn't familiar with it, then got an internship to work with one who had that diagnosis and had an interesting experience...

Okay.

Wow!

This has been, incredible, we're at the top of the hour, so, I think we -- we need to go. I don't see anymore questions, here. Are we able to save these comments? Maria?

MARIA: I don't think so, no.

NEVA COCHRAN: Okay, I was just going to see if I can take a copy and paste, I'm copying and pasting right now, so don't get off until I get that done.

>> MARIA: We may be able to take a screenshot. Somebody suggested.

>> That was Dorothy Rowe -- thank you so much for that advice!

NEVA COCHRAN: Let me just see if I have anything else to say here. Oh! I need to click and tell you that our second webinar, is coming up next Friday April 17, and that will be at 11:00 a.m., central time, 1 hour earlier, and featuring three additional RD/RDNs with disabilities sharing their stories, and our third webinar will be on April 23rd at 1:00 p.m. central time and they will feature -- I think as Suzi already said, two speakers from the Job Accommodation Network with for tips for hiring RD

RD/RDNs with disabilities, so thanks, again, and have a great rest of your day, we really appreciate you joining us!

>> MARIA: Thank you, so much, Neva, this has been such an incredibly informative webinar, and, again, we will post the slides, it will be a PDF -- of the slides from this webinar onto the RDPG Web site and also will be on the Academy's Web site as well. The certificate for CEUs will be available, and the transcript from the webinar, with all of the wonderful stories, and Neva's wonderful information, will be available, as well. So -- but please reach out with any questions, and we do look forward to seeing you, in part 2, that is next... Thursday, if I recall -- but, thank you, for attending, everyone. And stay healthy. And keep practicing social distancing!

NEVA COCHRAN: Oh, I want to say one more thing. I think there are some dietitians with disabilities on the -- the call -- on the webinar today. If you want to get in contact with me so you can join our group, you can e-mail me -- you can e-mail me through my Web site, which is Neva Cochran RD.com, there's a contact, NevaCochranRD.com. I do want, if anybody is interested in joining us, we would love to have you.

>> MARIA: Great, thank you so much Neva!

>> NEVA COCHRAN: Thank you.

>> MARIA: All right. You-all have a wonderful day!