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CENTER *for* HEALTHY LIVING



Healthy children in a healthy world.

We advance health and healthy living for children and families through cutting-edge research, innovative community-based programs, and dissemination of evidence-based practices.

STRATEGIC PLAN GOALS



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TEXAS RESEARCH-TO-POLICY COLLABORATION PROJECT

go.uth.edu/TXRPCProject

Nursing Contact Hour Disclosures

- This activity provides 1.5 contact hour(s) of nursing professional development.

Requirements for Completion:

- Attend the session
- Complete online evaluation form

Cizik School of Nursing at UHealth is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation

Continuing Education

Nursing CEUs

- To receive nursing continuing professional development hours, complete the required online evaluation after the presentation by scanning the QR code below.
- **Please download your certificate before exiting the evaluation.**



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CHES/MCHES® credit

- You will receive an evaluation and instructions within one week following the webinar if you indicated upon registering that you would like to request CHES/MCHES® credit

RD/RDN CPEUs

- This activity will award 1.25 CPE credits for RD/DTR professions. You will receive a certificate following the webinar if you indicated upon registering that you would like to request RD/RDN CPEUs. Please note that takes 4-6 weeks for the CDR to review the applications

Learning Objectives:

- Describe the principles of culinary medicine and the food as medicine model in the context of primary prevention and community pediatrics.
- Explain how food as medicine strategies can be integrated into patient care and health promotion.
- Apply Building Culinary Medicine as a Catalyst Framework to enhance clinical practice, community health initiatives, and patient education.

Conflicts of Interest to Disclose:

- Neither the Planning Committee members nor the presenters today have disclosed any relevant financial relationships related to the planning or implementation of this CNE activity. We have no COI to disclose to you.

Reporting of Perceived Bias:

Commercial bias may occur when a CNE activity promotes one or more products (drugs, devices, services, software, hardware, etc.).

The ANCC COA is interested in the opinions and perceptions of participants at CNE activities.

Today's evaluation form will ask you to inform us of any perceived bias in the presentation today.



Shreela and Vibhu Sharma Endowment for Excellence in Community Nutrition, Climate Health, and Sustainability Fellows



Melinda Rushing



Jennifer Aiyer



Brittni Naylor



Fangyu Li



Nivedhitha
Parthasarathy



Victoria
Kwentua



Iheyinwa Odum-Nwabueze



Heather Jones



Che (Qi) Xue



Rebecca Gyawu



2025-2026 Shreela and Vibhu Sharma Endowment for Excellence in Community Nutrition, Climate Health, and Sustainability Fellows



Excellence in Climate, Health, and Sustainability Fellows:

Katherine Joseph
Tyson Murray

Excellence in Community Nutrition, Health, and Wellness Fellow:

Zihan Yang



CELEBRATING 10 YEARS



Funding for this event from: Nader Endowment





Past Nader Lectureship Speakers



Thomas Robinson, MD,
PhD (2016)



Elsie Taveras, MD, MPH
(2017)



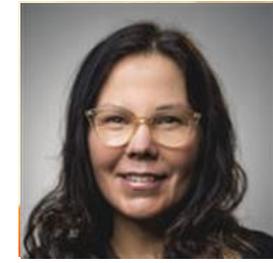
Steven Abrams, MD
(2018)



Radek Bukowski, MD,
PhD (2018)



Julie Lumeng, MD
(2019)



Jennifer Orlet Fisher, PhD
(2020)



Rafael Pérez-Escamilla, PhD
(2021)



Angela Odoms-Young, PhD
(2022)



Cynthia Osborne, PhD, MPP, MA
(2023)



Kofi Essel, MD, MPH, FAAP
(2024)



KEYNOTE PRESENTATION



Dr. Jaclyn Albin, CCMS, DipABLM

Associate Professor of Internal Medicine, Pediatrics
& Public Health

Director & Certified Culinary Medicine Specialist,
Culinary Medicine Program, UT Southwestern
Medical Center

Medical Director, Food is Medicine Innovation,
Center for Innovation and Value, Parkland Health

September 23, 2025 | 12 PM CT

A close-up photograph of a person's hands holding a large bunch of fresh green herbs, likely mint, against a blurred background of a white lab coat. The text is overlaid on the image.

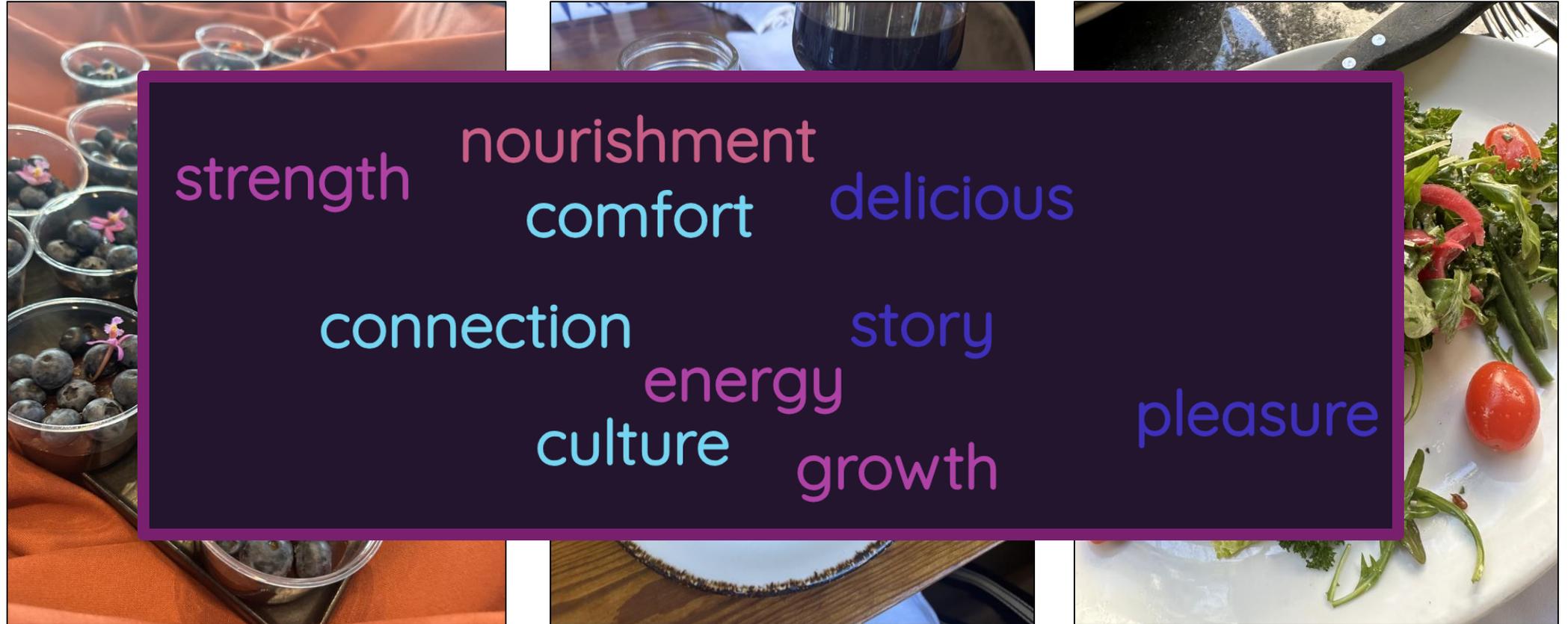
Culinary Medicine as Catalyst: Bridging Public Health, Primary Care, and Community Partnership

Jaclyn Lewis Albin, MD, CCMS, DipABLM

Associate Professor of Pediatrics, Internal Medicine & Public Health

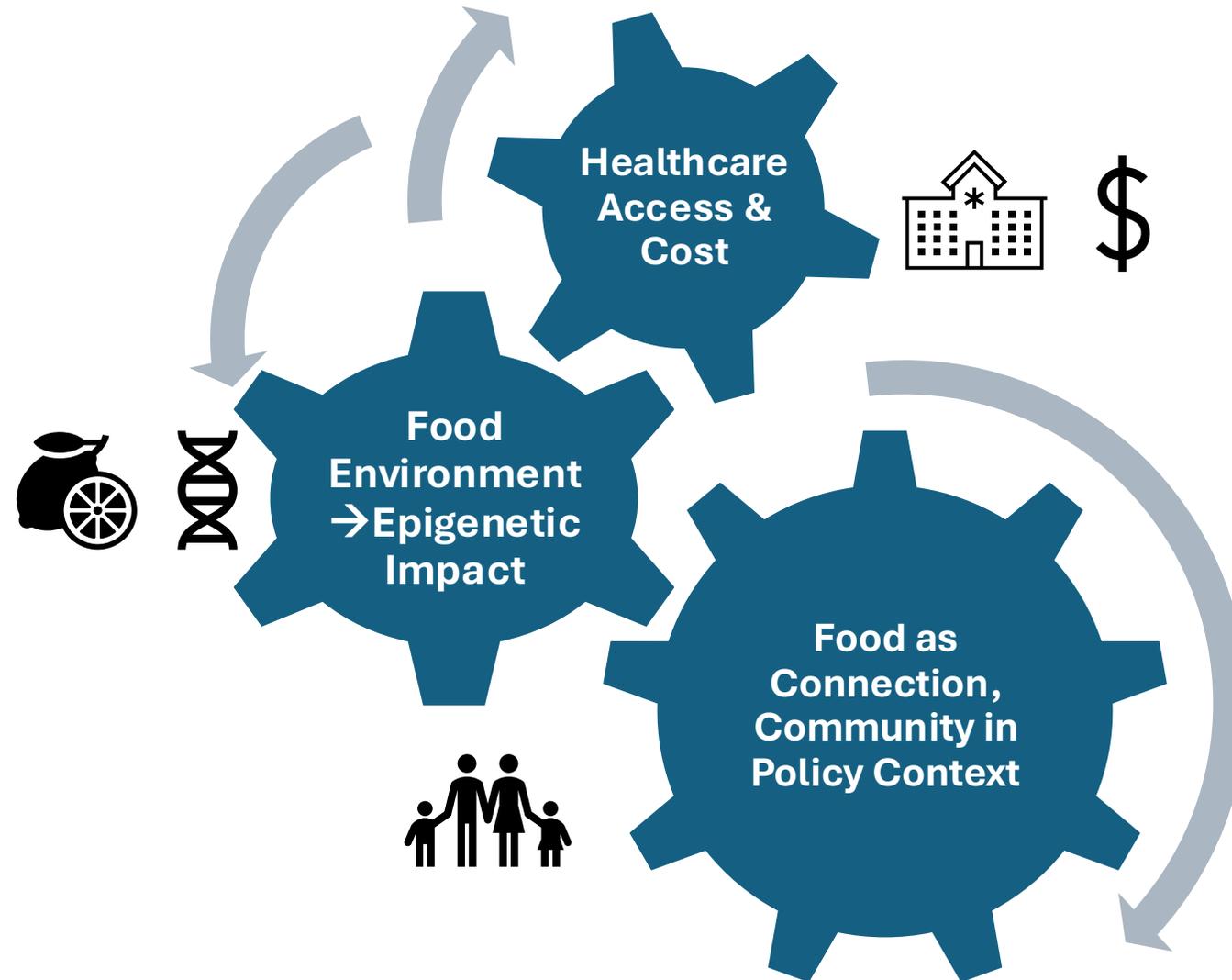
UT Southwestern Medical Center

Let's talk about food!



Note: All photos in this presentation are my personal photos, used with permission, or open-source stock images.

More Than Just Food



It's no secret that poor dietary and lifestyle habits are the leading modifiable risk factors for chronic diseases, such as type 2 diabetes, CVD, and some types of cancer. Plenty of research supports these associations. A study published in the *Journal of the American Medical Association* found that diseases relating to diet were the leading causes of death in the United States.¹ Internationally, nutrient-rich dietary patterns are associated with a reduced risk of death from all causes.²

While for decades dietitians have been spreading the word and educating clients and patients about how diet either can contribute to or help prevent disease, historically, doctors haven't been so interested in listening or studying nutrition science. But that's changing. Enter the emerging field of culinary medicine. Although a consensus definition has yet to be established, culinary medicine is essentially an evidence-based field of medicine that blends the art of food and cooking with the science of medicine.³

The Goldring Center for Culinary Medicine (GCCM) at Tulane University's School of Medicine, founded in 2012, was the first teaching kitchen operating within a medical school. Now, 11 years later, doctors, medical students, chefs, nurses, and dietitians are listening more than ever. But, according to Jaclyn Albin, MD, FACP, FAAP, an associate professor of internal medicine and pediatrics and director and certified culinary medicine specialist in the culinary medicine program at the UT Southwestern (UTSW) Medical Center and Children's Health System of Texas, in Dallas, "It's still in the early days. Much more needs to be done in terms of sustainable funding for educational programs and insurance coverage for patient care in teaching kitchens." Albin, a tireless supporter and promoter of culinary medicine, says, "There's tremendous potential for advocacy in the area of culinary medicine."

Nutrition Education in Medical Schools

Many individuals in the medical field acknowledge that an evidence-practice gap exists between the knowledge and skill required to counsel patients and the level of nutrition education provided to

A Collaboration,
Not a Competition,
Between Physicians
and Dietitians

By **Densie Webb, PhD, RD**



Culinary Medicine

Culinary Medicine as Catalyst



WHAT



HOW



- Equips clinicians, patients, and communities
- Delivers practical food → healthy choices easier
- Bridges medical & nutrition guidance → real-world application
- Serves as a scalable catalyst for innovation

Building Culinary Medicine (UTSW & Beyond!)



Personal Experiences Drive Professional Passion



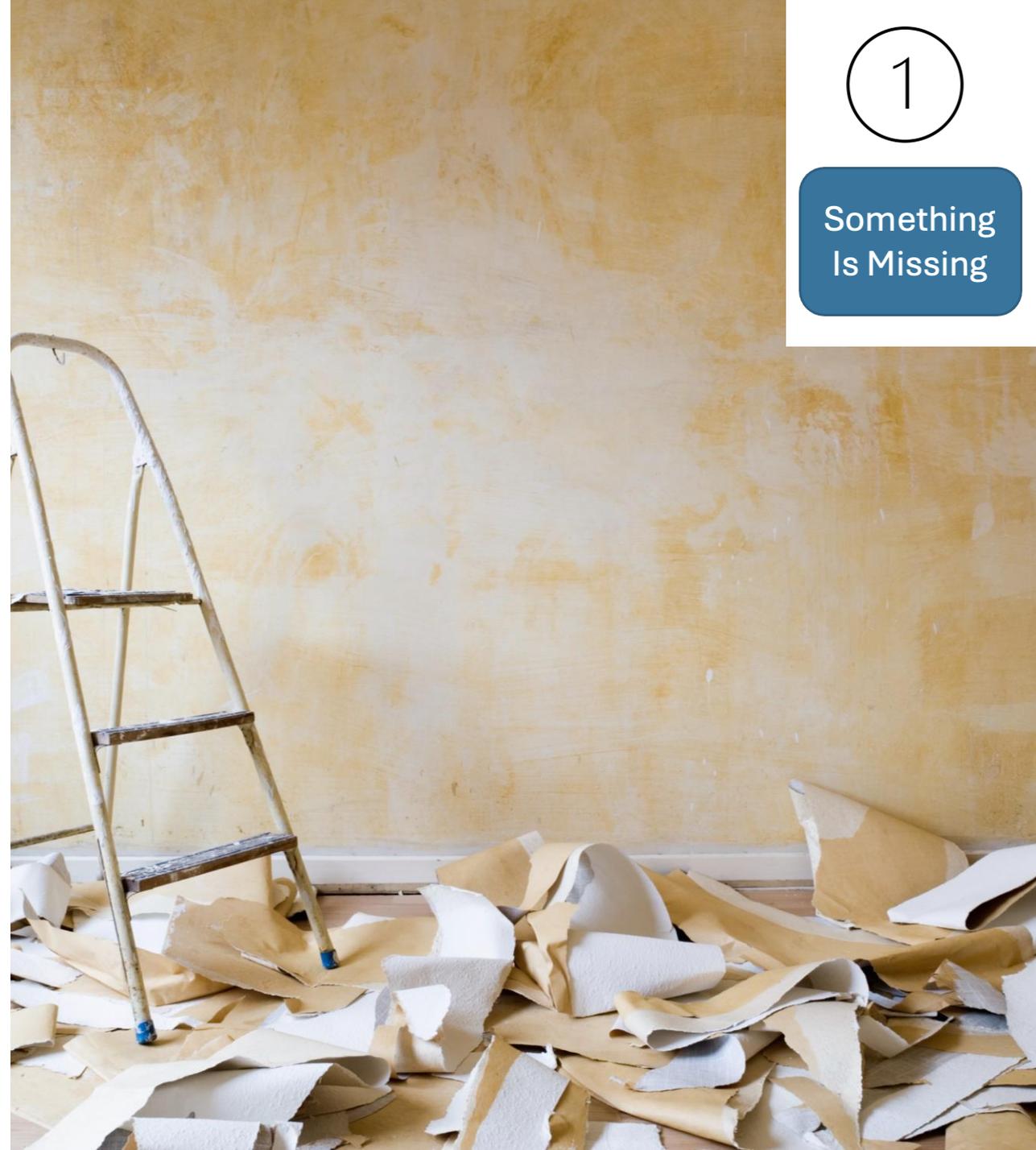
1

Something
Is Missing

What's your story?

Define Program WHY:

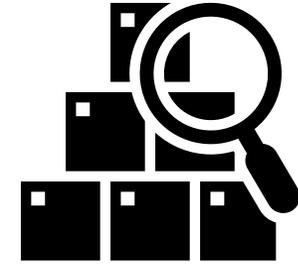
- Unmet/unaddressed need (*gaps*)
- Something isn't working (*brokenness*)
- Inefficiency (*brokenness, cont.*)
- Imbalance of resources & demand (*spring cleaning*)



1

Something
Is Missing

Take Inventory



1. Existing or related programs

- Health system (other depts, etc.)
- Community based orgs

2. Other stakeholders

- Internal and external
- Align values

3. Needs assessment

- Don't make assumptions
- Ask and believe

Homework
& Friends



Homework Often *Isn't* Comfortable

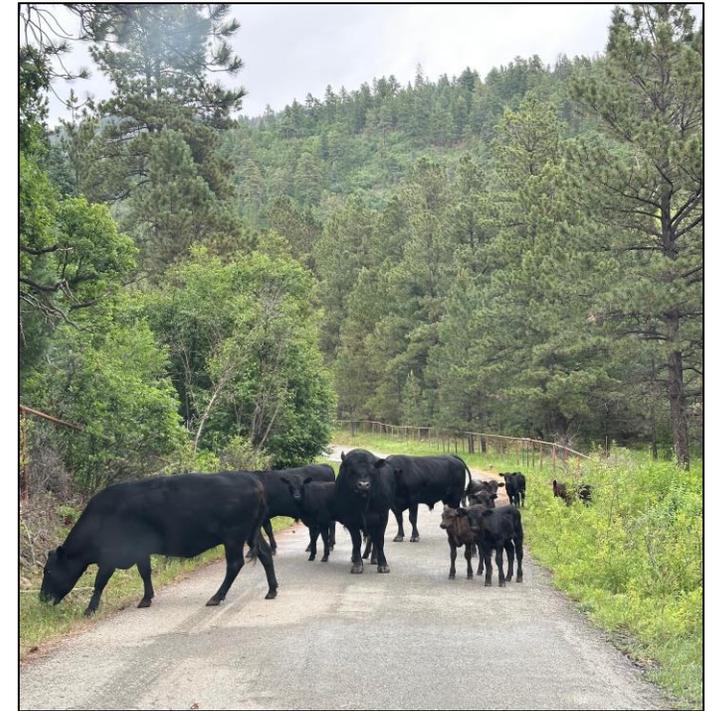
2



Extra Load,
Few Resources



Building Trust is an Art



New Barriers
and Slowdowns

Training the Next Generation



Medical Learners:

- Interprofessional interest and engagement across the health system → team-based care
- Relevant at all levels of training
- Power expansion to community and patients (*now AND later!*)

3

Education:
Workforce
Development

Magallanes E, Sen A, Siler M, Albin J. Nutrition from the kitchen: culinary medicine impacts students' counseling confidence. *BMC Med Educ.* 2021. Newman C, Yan J, Messiah SE, Albin J. Culinary Medicine as Innovative Nutrition Education for Medical Students: A Scoping Review. *Acad Med.* 2023. Eisenberg DM, Cole A, Maile EJ, et al. Proposed Nutrition Competencies for Medical Students and Physician Trainees: A Consensus Statement. *JAMA Netw Open.* 2024.

Engaging Public Health Learners



Strategic program implementation and evaluation



Community partner builders and resource mapping



Policy analysts and advocates



Toolkit designers



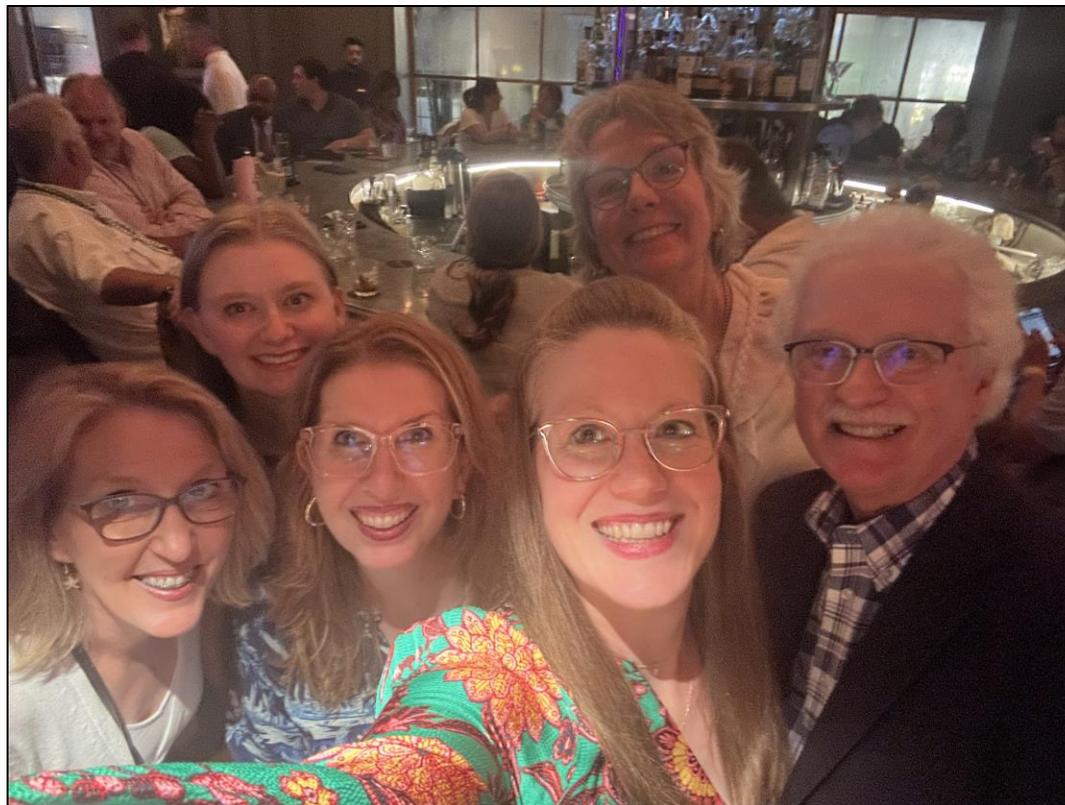
Research team members

3

Education:
Workforce
Development

Learners often drive institutional progress and creative innovation efforts.

North Carolina – culinary medicine curricular integration AND certification for dietetic students and interns



West Virginia – early adopter in longitudinal integration of nutrition and culinary medicine education while contributing to national certification standards design.

North Texas – Dietitians leading novel curricular and patient care innovation!



Community partnership is key to improving public health by:

- Ensure we identify the **right goals**
- Improve **quality** of care
- Represent **every voice** & experience
- Translate discovery & build **trust**

Community
Partnership

4

The Power of Existing Partnerships

SETTING THE TABLE

Our vision is to strengthen families by building nutrition-stable communities.



CROSSROADS

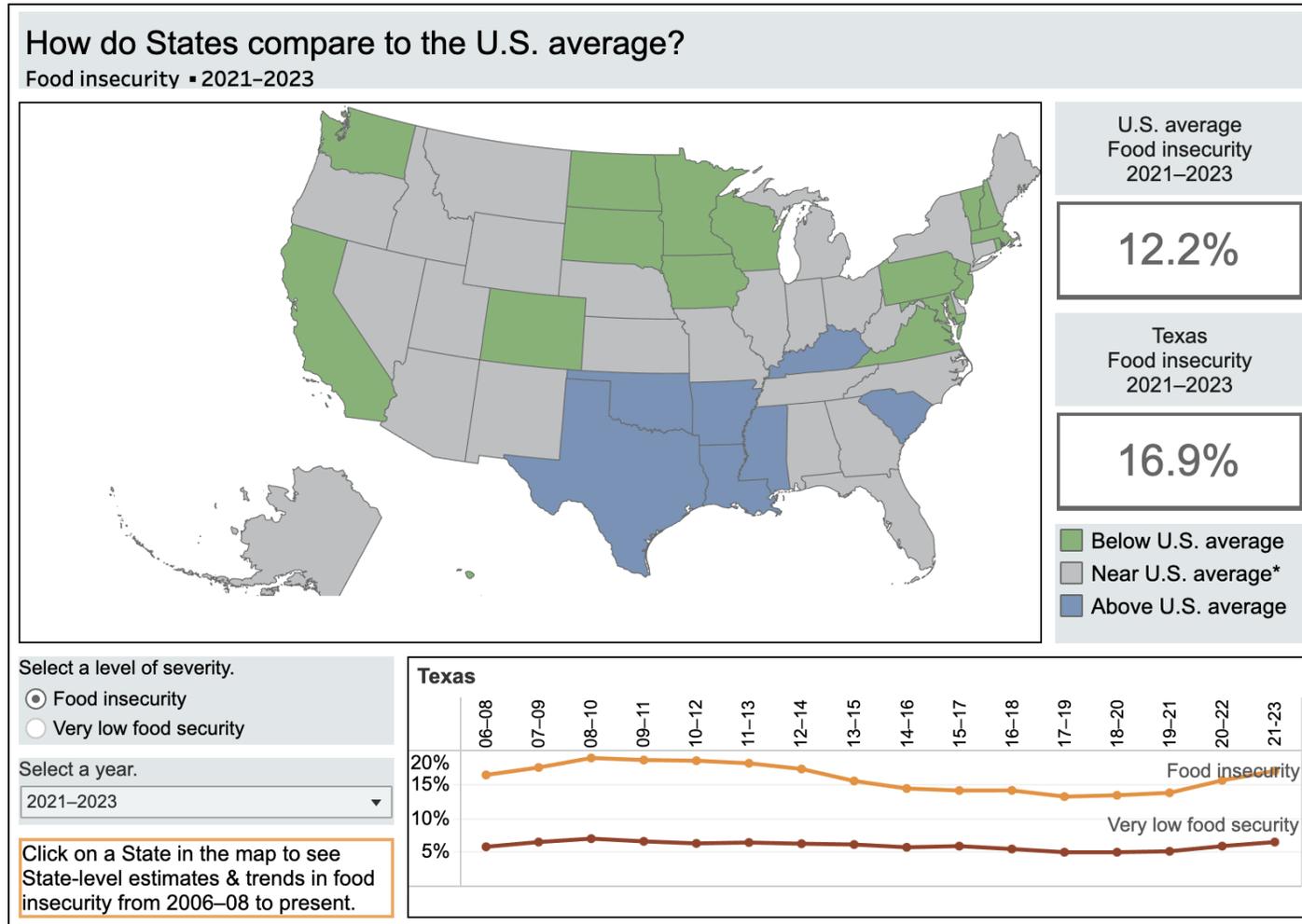
Strong Families. Changed Communities.

Community
Partnership

4

With gratitude to Sandi Pruitt, Tammy Leonard, Heather Kitzman, Benaye Wadkins Chambers & many more

Not the Silver Medal We Want



Community Partnership

Food Pantry Client Recipe Preferences & Kitchen Equipment Accessibility

- Food demos: sample, recipes, survey
- >200 shopper surveys
- Many shoppers ***lacked access*** to common kitchen tools:
 - measuring spoons (43% ownership)
 - baking sheets (48% ownership)

Community
Partnership

4

Cheng S, McConnell I, et al. Improving the Nutritional Impact of Food Pantry Programs. 2024. *Abstract presented at 3 national conf: ACTS, ACPM, and ACCM.*

Supported by the National Center for Advancing Translational Sciences of the National Institutes of Health under award number UL1TR003163.

Live food demonstrations with **samples** increased a recipe's **appeal** and people's **intention to cook** it.

Food pantry shoppers are motivated to cook **simple, nutritious** recipes.

Scan to download
the full poster and
additional resources



UTSouthwestern
Medical Center
Culinary Medicine Program

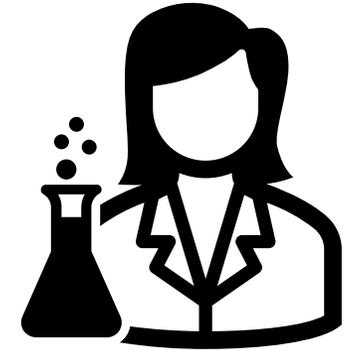
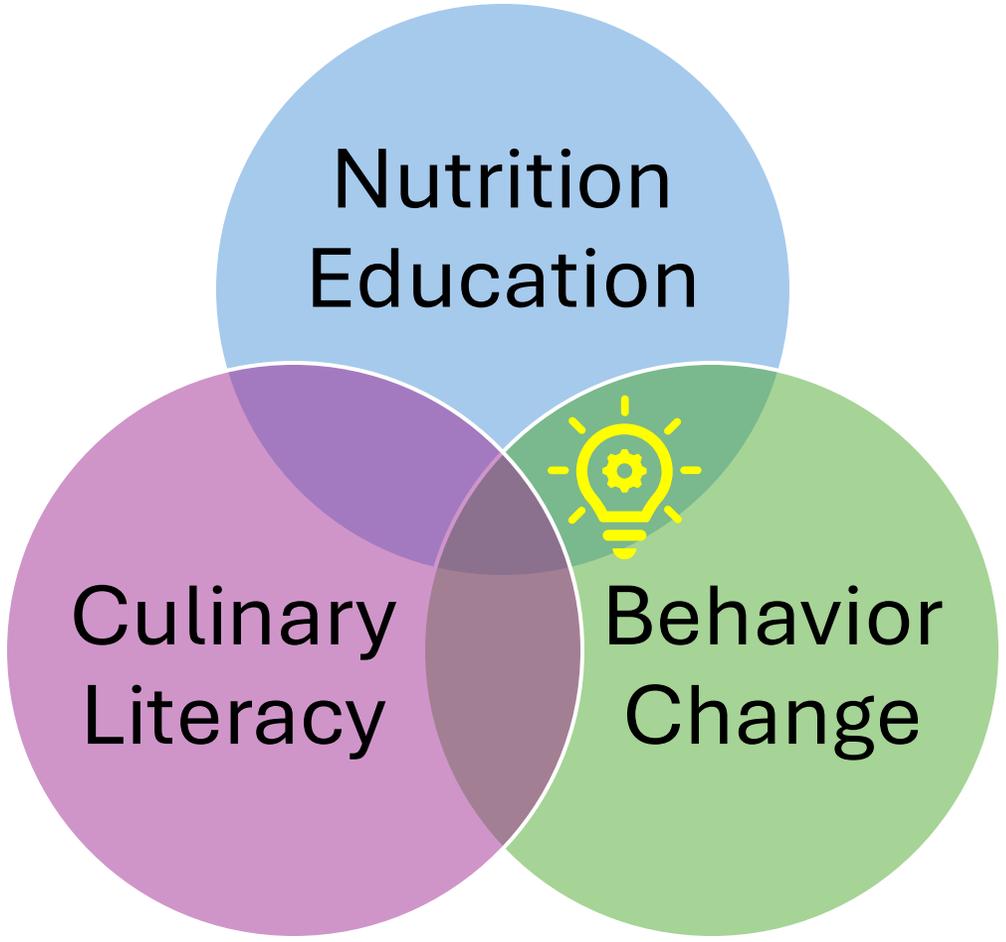
 **CROSSROADS**
Strong Families. Changed Communities.

Authentic Partnerships → Growth



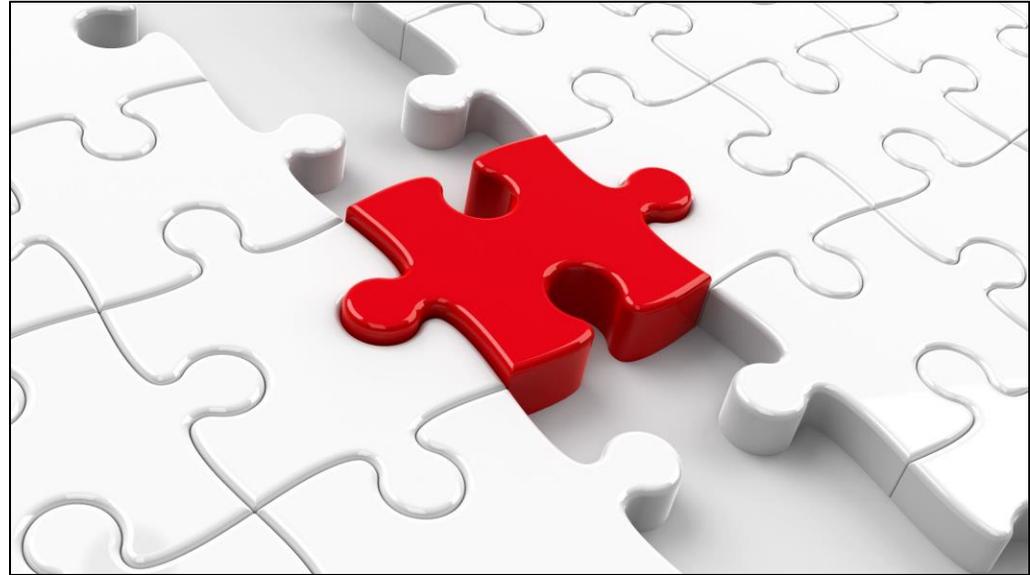
Community Partnership

Food Access Alone Is Not Enough



Pilots & Research: Evaluate *all* the things

- Track Health Outcomes
- AND
- Community Impact
 - Food access
 - Social connection
 - Policy shifts
 - Organizational growth



5

Pilots &
Research

Grow the Evidence



Medically tailored groceries



Fruit & Veggie Rx + cooking class



Community health worker support & coaching



Nutrition info & resources via pharmacies



CM group medical visits

5

Pilots &
Research

McGuire MF, Chen PM, Smith-Morris C, Albin J, Siler MD, Lopez MA, Pruitt SL, Merrill VC, Bowen ME. Redesigning Recruitment and Engagement Strategies for Virtual Culinary Medicine and Medical Nutrition Interventions in a Randomized Trial of Patients with Uncontrolled Type 2 Diabetes. *Nutrients*. 2023.

Food is Medicine: FRESH Study

How can the charitable food system promote sustainable food access that supports health and promotes lifestyle change?

Is just the nourishing food enough for change in health?



ADD a coach for goal setting in shopping, cooking

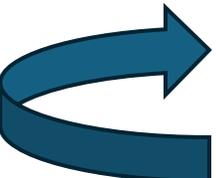
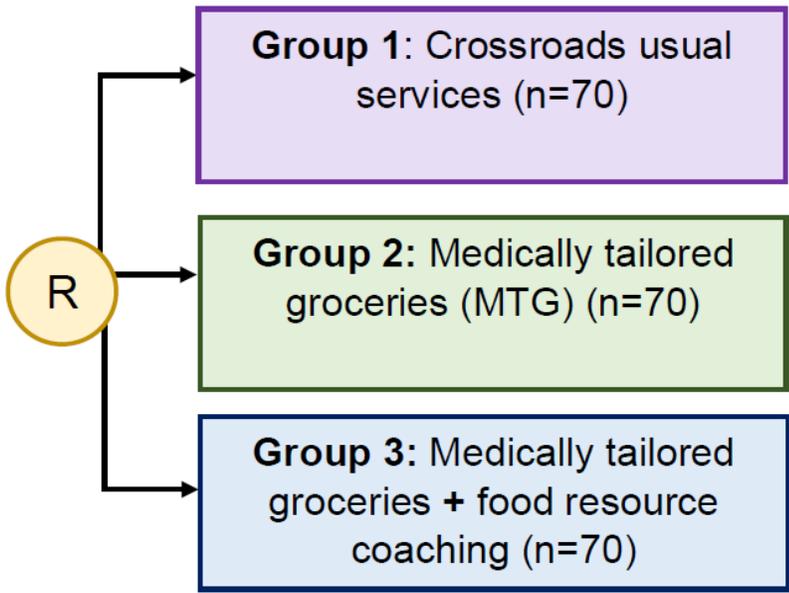
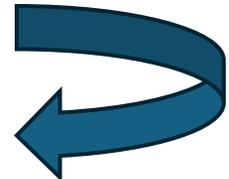


Figure 1. FRESH study design



Make healthy, balanced food default + recipes



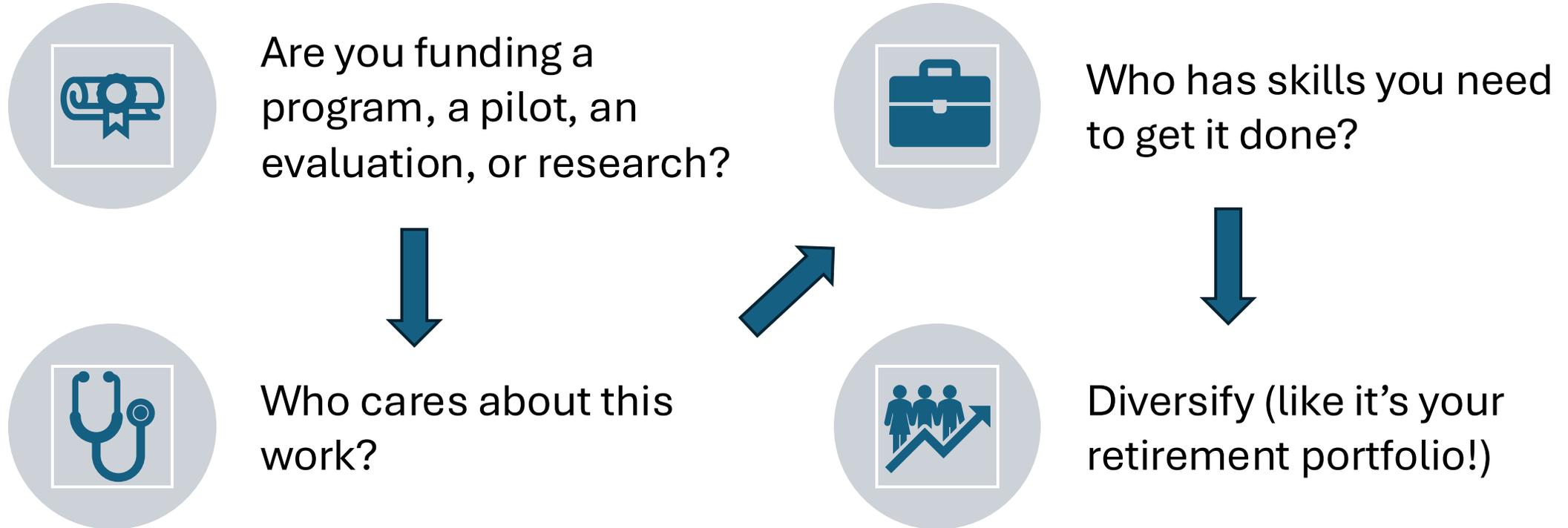
5

Pilots & Research

Many thanks to co-MPIs
Kelseanna Hollis Hansen,
PhD & Tammy Leonard, PhD

Albin J, Leonard T, Wong W, et al. Providing medically tailored groceries and food resource coaching through the charitable food system to patients of a safety-net clinic in Dallas, Texas: a randomised controlled trial protocol. *BMJ Open*. 2025.

Evaluation Funding Wins and Woes



Learn, Collaborate & Speak Up

6

Approach

Approach existing
resources with
curiosity

Define

Define
“stakeholders”
broadly

Share

Share your insights,
opinions, and
questions

Learn About Successful Food Policies

- NSLP: >30 million children annually

<https://www.fns.usda.gov/nslp/factsheet>



Stakeholders
& Advocacy

6

Am I Eligible for WIC?

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.

[How to Apply](#)

[Learn More About WIC](#)

- WIC: considered an early “food as medicine” program

<https://www.fns.usda.gov/wic>

Understand Barriers

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE



SNAP PARTICIPANTS' BARRIERS TO HEALTHY EATING



88% of SNAP participants report facing challenges to a healthy diet



61% reported cost of healthy foods as a barrier

SNAP participants who struggled to afford healthy foods were **more than 2x as likely** to experience food insecurity.

It's HARD.

It's EXPENSIVE.

Stakeholders & Advocacy

6

Barriers for SNAP Participants

SNAP participants who struggled to afford healthy foods were **more than 2x as likely** to experience food insecurity.

OTHER CHALLENGES TO EATING A HEALTHY DIET



Time to prepare meals from scratch | **30%**



Physical disability or limitations | **15%**



Transportation to the grocery store | **19%**



Storage for fresh or cooked foods | **14%**



Distance to the grocery store | **18%**



Kitchen equipment | **11%**



Knowledge about healthy foods | **16%**



Cooking skills | **11%**

Stakeholders
& Advocacy

6

Collaborate to Intersect Disciplines



+



+



+



FOOD

NUTRITION
EDUCATION

CULINARY
LITERACY

BEHAVIOR
CHANGE SCIENCE

Stakeholders
& Advocacy

6

Hollis-Hansen K, McElrone M, **Albin J**, Landry MJ. Ensuring that Behavioral Strategies, Nutrition and Culinary Education Are Key Components of Food is Medicine. *J Nutr Educ Behav*. 2025.

Make Some Noise

Annals of Internal Medicine

IDEAS AND OPINIONS

Prescription for Change: Health Care Professionals and Advocacy for Farm Bill Reform

Christina Badaracco, MPH, RD, LDN; Farshad F. Marvasti, MD, MPH; Jaclyn Albin, MD; and Olivia Thomas, MS, RD, LDN

With the current farm bill having expired in September 2024 and forthcoming elections imposing uncertainty on the future of its various programs, all eyes have been on the U.S. House and Senate agriculture committees as they work toward draft bills. At the same time, recent congressional events brought major attention—from all political affiliations—to the toxicity of the current U.S. food supply; corporate influences on our food and health care industries; and potential for improvements in food production, marketing, and consumption to improve health. To help stem the tide of diet-related diseases, health care professionals can lead advocacy for farm bill reform, given that the myriad problems in our food system are strongly connected to health.

HISTORY OF THE U.S. FARM BILL

NEGATIVE EFFECTS ON HEALTH

Farm bill programs affect nutrition and health in many ways. Crops produced in abundance with support from taxpayer-funded commodity and crop insurance subsidies contradict dietary recommendations. These subsidy structures primarily benefit large agribusinesses that produce major commodity crops (such as corn and soy), contributing to agricultural industry consolidation. And most of these commodities are not even consumed as food; for example, more than a third of our corn is used for ethanol (5). Commodity crops that do end up in the food supply are predominantly used in heavily processed foods—those that we recommend minimizing. Meanwhile, recommended foods, which are more costly to produce and bring to market, receive relatively little support through the farm bill and cannot compete with subsidized processed foods.

Stakeholders
& Advocacy

6

HEALTH AFFAIRS FOREFRONT

RELATED TOPICS:

FOOD | SYSTEMS OF CARE | ACCESS TO CARE | MEDICINE | MARKETS | HEALTH DISPARITIES
| HEALTH CARE PROVIDERS | PATIENT OUTCOMES | CHRONIC DISEASE

A Recipe For Successful Food Is Medicine Programs: Food Plus People

[Olivia Thomas](#), [Jacob Mirsky](#), [Norma Gonzalez](#), [Benaye Wadkins](#), [Jaclyn Albin](#)

OCTOBER 11, 2024

10.1377/forefront.20241010.808752





Policy → Structural Change → Amplified Impact

Primary Care Needs Help

ARTICLE



Primary Care in Peril: How Clinicians View the Problems and Solutions

Authors: Erin E. Sullivan, PhD, Rebecca S. Etz, PhD, Martha M. Gonzalez, Sarah R. Reves, MSN, FNP-C, Jordyn Deubel, Kurt C. Stange, MD, PhD, Larry A. Green, MD, Asaf Bitton, MD, MPH, Elizabeth P. Griffiths, MD, MPH, Christine A. Sinsky, MD, FACP, and Mark Linzer, MD [Author Info & Affiliations](#)

Published May 17, 2023 | NEJM Catal Innov Care Deliv 2023;4(6) | DOI: 10.1056/CAT.23.0029

VOL. 4 NO. 6 | **Copyright © 2023**

“The findings showed severe staff shortages, financial stress, difficulty providing accessible care, challenges in sustaining telehealth, and mental exhaustion due to the growing patient burdens in mental health, untreated chronic disease, and acute care delays.”

7

Clinical
Innovation

Sullivan, E. E., Etz, R. S., Gonzalez, M. M., et al. Primary care in peril: How clinicians view the problems and solutions. *NEJM Catalyst Innovations in Care Delivery*. 2023.

Impact on Child Health



7

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Innovation

AMA Join or Renew 🔍 👤

PHYSICIAN HEALTH

Most pediatricians have burnout. Here's what it takes to fix that.

By [Marc Zarefsky](#) Contributing News Writer

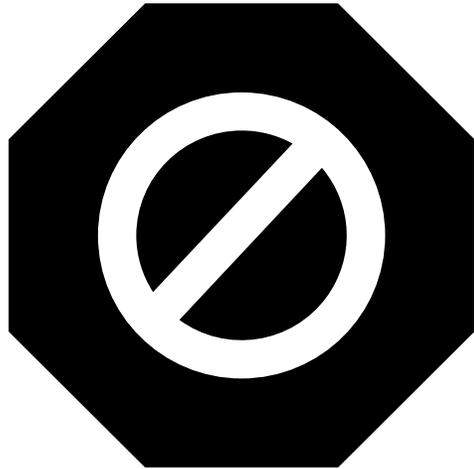
Jan 8, 2024 | 4 Min Read

HEALTH SYSTEM SPOTLIGHT Subscribe +

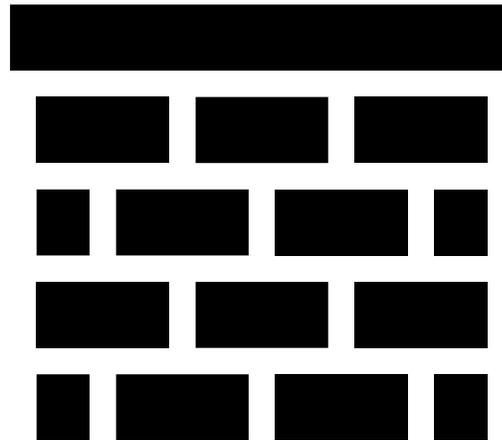
In 2022, 55% of pediatricians reported experiencing burnout, and a staggering 48% said they did not feel valued.

<https://www.ama-assn.org/practice-management/physician-health/most-pediatricians-have-burnout-here-s-what-it-takes-fix>

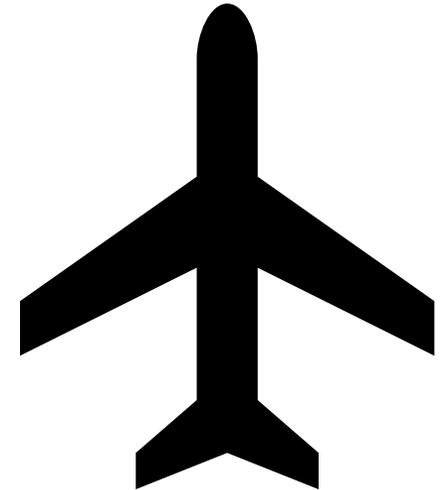
Consider Clinical Innovation



STOP what
isn't working



Look for a
window



Build as
you fly

Patients Want MORE

Communication: <50% get clear nutrition advice

Open-minded: patients want food interventions*

Health Priority: diet-related conditions at the top

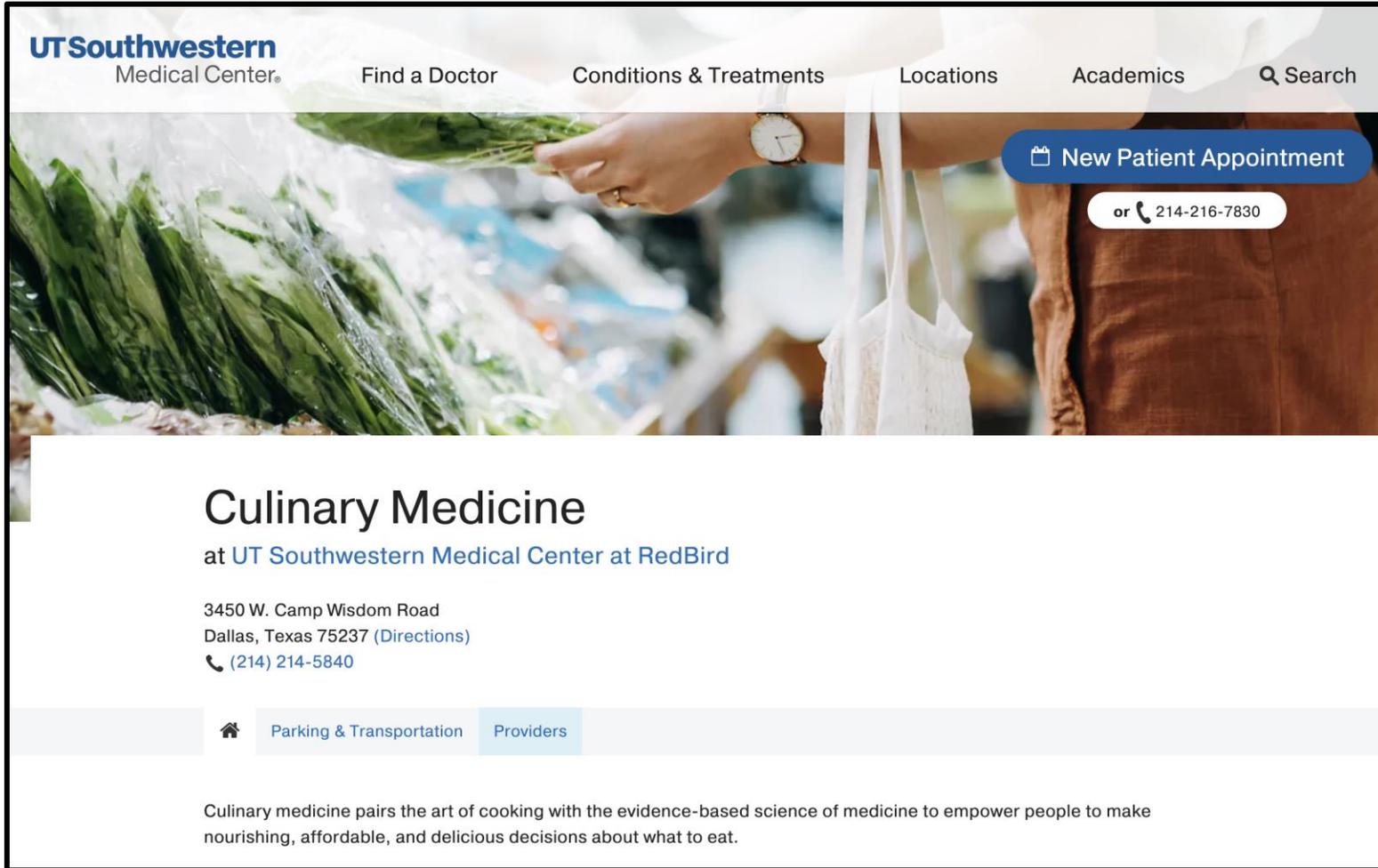
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***ESP if food insecure**

Ridberg, R., Reedy Sharib, J., Garfield, K., et al. Food Is Medicine in the US: A National Survey of Public Perceptions of Care, Practices, and Policies. *Health Affairs* 2025.

Culinary Medicine Service Line



The screenshot shows the website for the Culinary Medicine service line at UT Southwestern Medical Center at RedBird. The header includes the UT Southwestern Medical Center logo and navigation links for 'Find a Doctor', 'Conditions & Treatments', 'Locations', 'Academics', and 'Search'. A prominent blue button for 'New Patient Appointment' is accompanied by the phone number '(214) 216-7830'. The main content area features the title 'Culinary Medicine' and the location 'at UT Southwestern Medical Center at RedBird'. Below this, the address '3450 W. Camp Wisdom Road, Dallas, Texas 75237' and phone number '(214) 214-5840' are provided. A navigation bar at the bottom of the main content area includes links for 'Parking & Transportation' and 'Providers'. A descriptive paragraph at the bottom states: 'Culinary medicine pairs the art of cooking with the evidence-based science of medicine to empower people to make nourishing, affordable, and delicious decisions about what to eat.'

UT Southwestern
Medical Center

Find a Doctor Conditions & Treatments Locations Academics Search

New Patient Appointment
or (214) 216-7830

Culinary Medicine

at UT Southwestern Medical Center at RedBird

3450 W. Camp Wisdom Road
Dallas, Texas 75237 (Directions)
(214) 214-5840

Parking & Transportation Providers

Culinary medicine pairs the art of cooking with the evidence-based science of medicine to empower people to make nourishing, affordable, and delicious decisions about what to eat.

7

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<https://utswmed.org/locations/ut-southwestern-medical-center-redbird/culinary-medicine-med-ctr-redbird/>

ARTICLE



A Novel Culinary Medicine Service Line: Practical Strategy for Food as Medicine

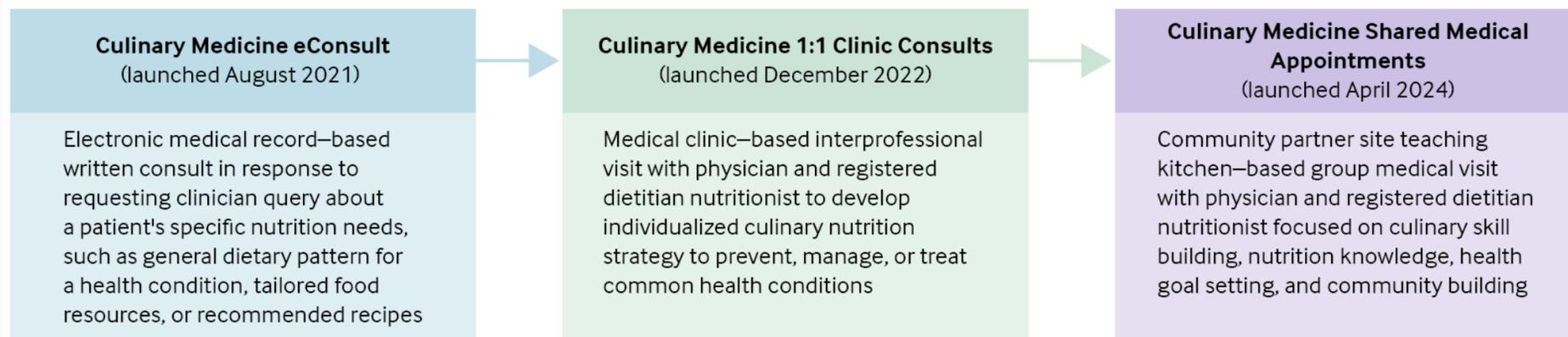
An initiative developed at the University of Texas Southwestern Medical Center integrates culinary medicine into clinical care through traditional reimbursement codes to support its model, which features three components: a culinary medicine electronic consult, a one-to-one interprofessional clinic consult, and a multiweek program of shared medical appointments (group visits) for patients in a community-based teaching kitchen.

Authors: Jaclyn Albin, MD, CCMS, DipABLM ^{ID}, Willis Wong, MD, MBA, MS, Milette Siler, MBA-HC, RDN, LD, CCMS, Michael E. Bowen, MD, MPH, MSCS, and Heather Kitzman, PhD [Author Info & Affiliations](#)

NEJM Catalyst | August 13, 2025 | [Copyright © 2025](#)

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Albin JL, Siler M, Kitzman H. [Culinary Medicine eConsults Pair Nutrition and Medicine: A Feasibility Pilot](#). *Nutrients*. 2023 Jun 20;15(12). doi: 10.3390/nu15122816.

Albin J, Wong W, Siler M, Bowen M, Kitzman H. [A Novel Culinary Medicine Service Line: Practical Strategy for Food as Medicine](#). *NEJM Catalyst*. September 2025.

Community Co-Led Shared Medical Appointments



SMA

- Physician/RDN team
- Community co-planned and hosted
- Group class billable through insurance
- 6-part series

7

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Supported by the National Center for Advancing Translational Sciences of the National Institutes of Health under award number UL1TR003163.

Clinic in the Kitchen: *It's Just More FUN!*

“A lot of people think it’s very hard to eat healthy. But it is not! It’s very, very simple!”



“It’s life changing...I wanted to feel better, to sleep better. I wanted more energy. It’s meant so much to me.”

7

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Hands-on Cooking Builds Skills & Self-Efficacy

- **Experiential learning**

*“Being able to do things **hands-on**, even if only part of the recipe we did ourselves, for me it makes it **much more real and more plausible to do it at home.**”*

- **Addressing social isolation**

*“I think **connecting with other people** who are also going through this struggle... connecting with them kind of helps you, **gives you encouragement.**”*

- **Implementation and Behavior Change**

*“I use the trick to cut **meat in half** in tacos and then make up the rest with beans and mushrooms. I have made them twice and we like them!”*



7

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Share, Sustain, & Grow

NEW Questions:

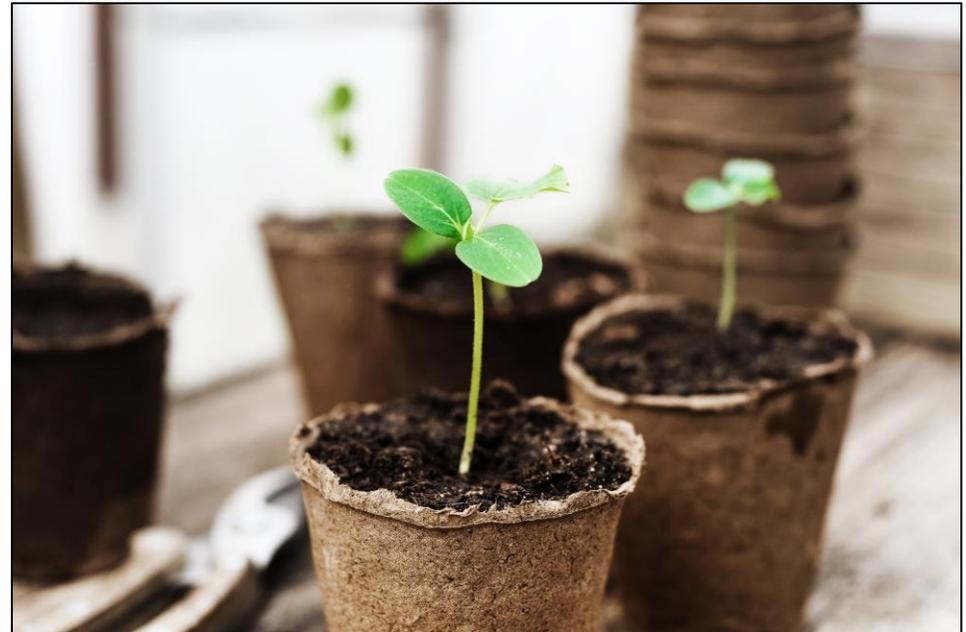
- Can we **expand** to Oncology, Gastroenterology, and Pediatrics?
- Can we **train** other health system stakeholders to replicate the model?

KEY Strategies:

- Funding diversity
- Flexibility
- Sharing the stories + data

Sharing &
Scaling

8



Partner to Advocate for Community Needs & Build Collaboration

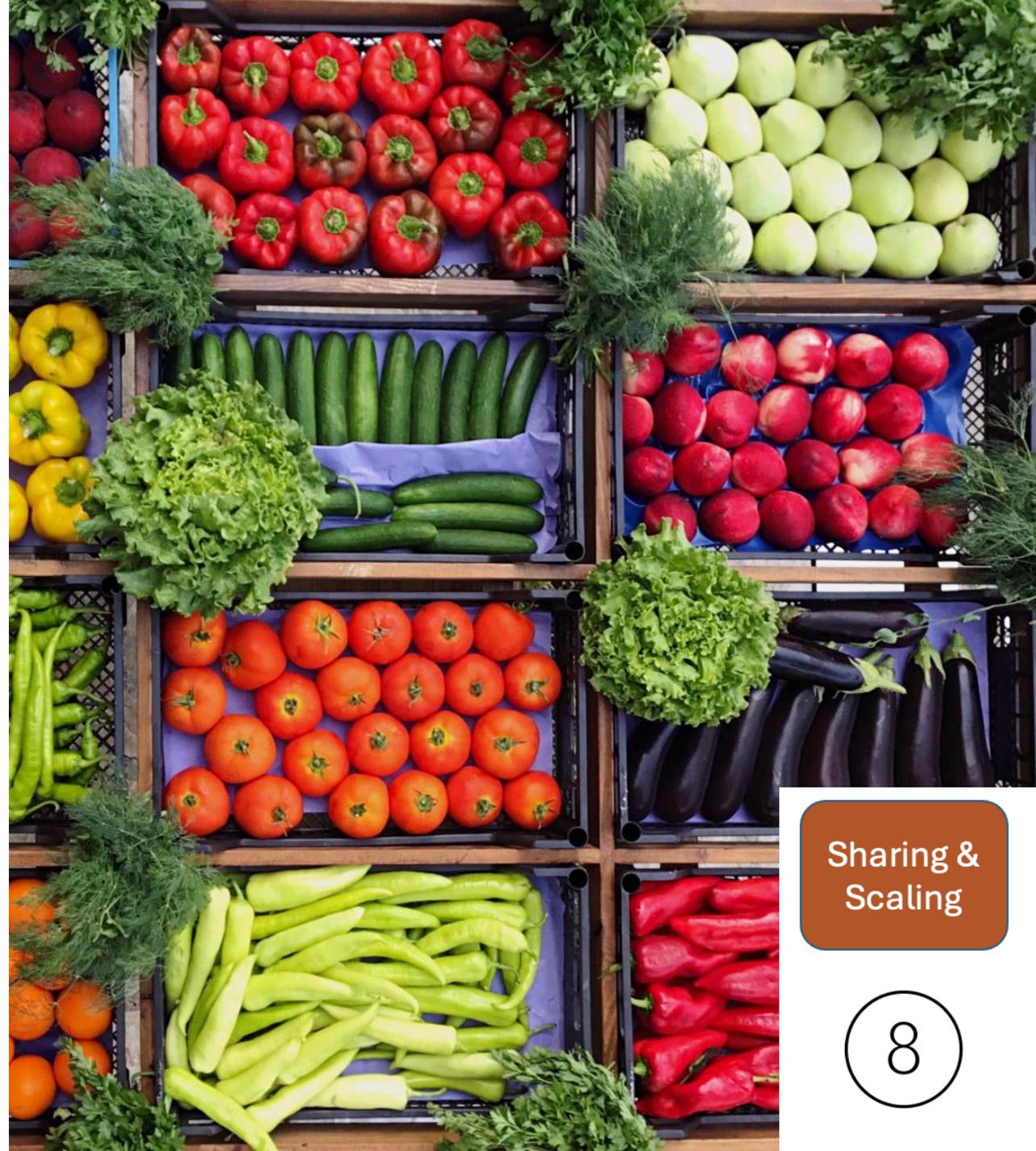


- Consider “adopting” a local community organization
- Ask about their needs for volunteers, evaluation, funding
- Build trust, learn bidirectionally, and the opportunities will flow

Sharing &
Scaling

Collaboration Possibilities

- Local health fairs
- Faith-based orgs
- Community Centers
- Charitable Food System
- Local Farmers
- Schools & childcare orgs

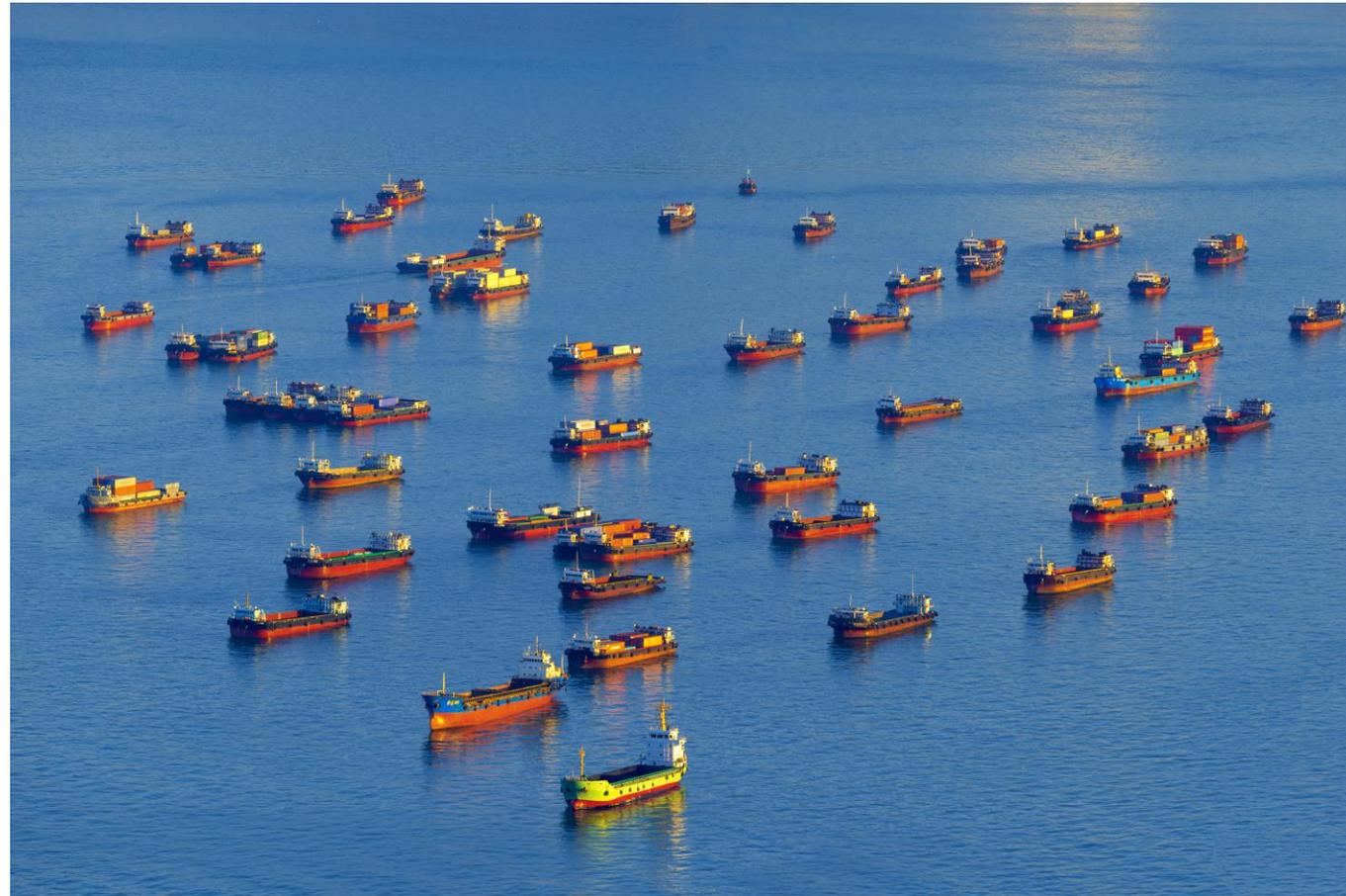


Sharing &
Scaling

8

All Boats Rise

(and then hopefully sail in the same direction!)



Lessons Learned

- **If it feels hard (*but also FUN*), you're probably doing it **right****
- **Ask**, and ask again
- Seek **diverse input** and experience
- Be willing to **pivot** (often)
- **Tenacity** is an **essential ingredient** for most new things

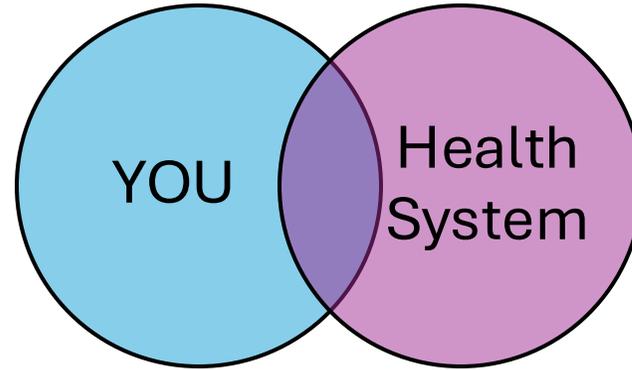


Keeping the Fire Alive

- Be a **visionary leader** for BIG, long-term change
- **Stay connected** to the needs of your local community in the **here and now**
- **Model** the things for which you advocate



Next Steps



Understand

Work to understand hidden needs and problems of your institution – can your ideas be a solution?

Strengths

Capitalize on strengths of team members, program, and community

Values Brand

Start small and build your brand around your objectives and values, aligning with clarity

Partners

Look for partners who also want more, believe in innovation, and are willing to be a little weird for it!

Catalyze YOUR Community



**Start with
the Gap**



**Find Your
Friends**



**Pilot, Then
Prove It**



**Center
Community**



**Think Beyond
the Kitchen**



A seat for everyone at the table

- Jaclyn.Albin@utsouthwestern.edu
- <https://www.linkedin.com/in/jaclyn-albin-mp-doc/>
- Instagram @jlalbinmd



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