

Championing Nutrition and Dietetics Practitioners in Roles of Leadership in Public Health

HOD Backgrounder

House of Delegates

Fall 2017

Introduction

Nutrition and dietetics practitioners must be well-equipped to pursue higher level positions and lead organizations to create a culture of health promotion and disease prevention in the public health arena. The mega issue of Public Health was discussed during the fall 2012 HOD meeting. Dialogues during the fall 2003, spring 2010, and fall 2014 HOD meetings focused on applying leadership and management skills in all areas of practice. In addition, the attributes of leadership and management have been identified as fundamental skills and areas of improvement in almost every mega issue discussion. The Academy and its organizational units over the years have created resources and learning opportunities for nutrition and dietetics practitioners to hone in on these skills. This backgrounder is not intended to review past mega issue discussions, but to set the stage for the conversation moving forward.

In order to promote health and disease prevention and meet public health practice needs in the next 3-5 years, nutrition and dietetic practitioners must be in leadership positions to sustain national policy efforts. Now is the time to move beyond the leadership conversation to capitalize on the opportunities to serve in and advocate for influential positions. While elected local, state, and federal legislators are public health influencers, the current dialogue will focus on other roles in organizations, institutions, and government.

Public Health Nutrition

Public health nutrition is the application of nutrition and public health principles to design programs, systems, policies, and environments that aim to improve or maintain the optimal health of populations and targeted groups.

Mega Issue Question:

How can nutrition and dietetics practitioners secure influential public health positions in institutions, organizations, and government bodies?

Meeting Objectives:

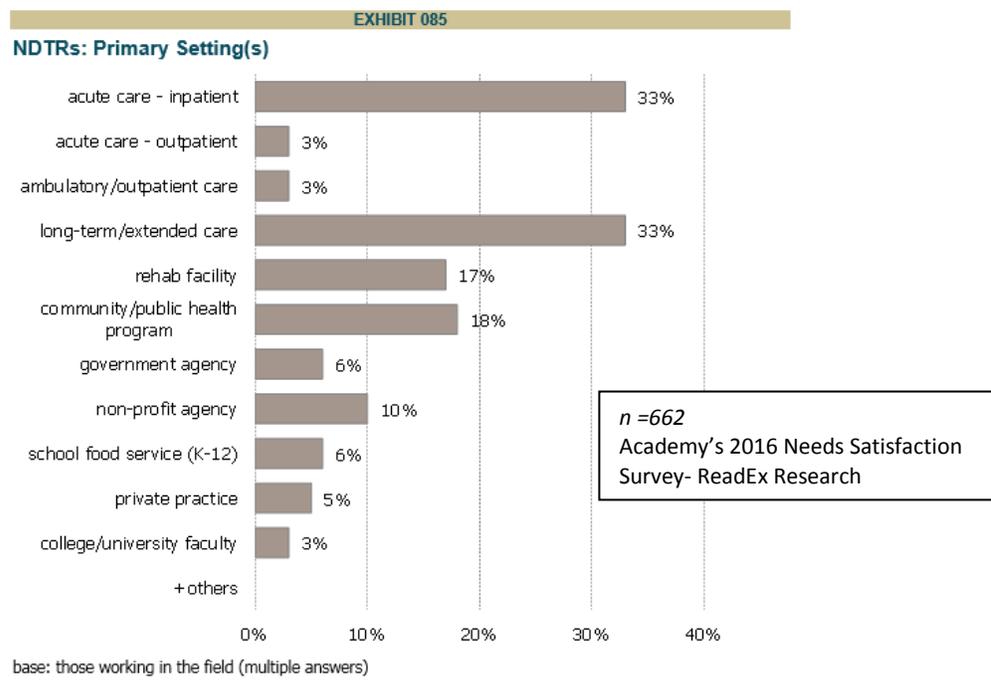
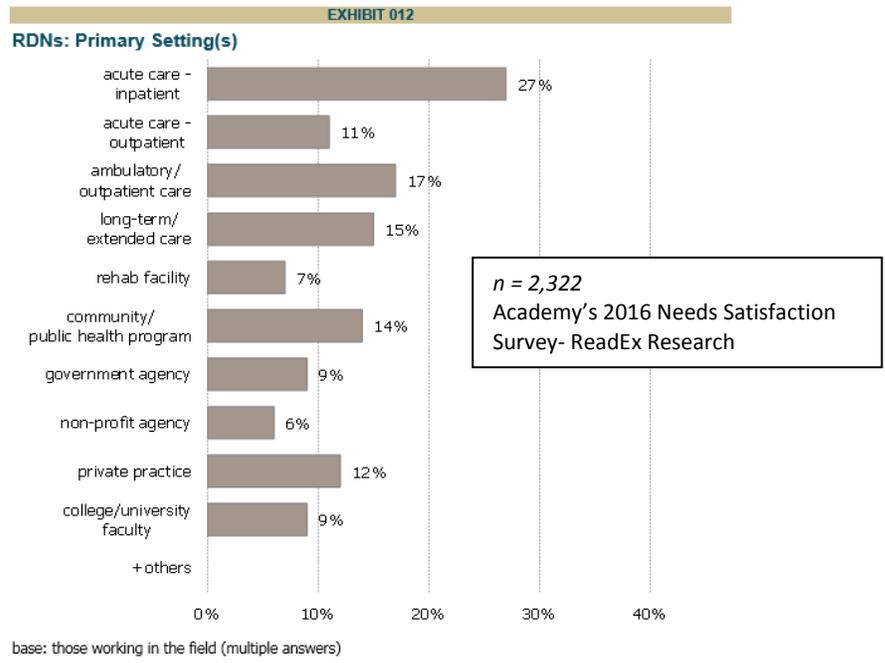
Participants will be able to:

1. Understand the relevance of public health leadership roles to the profession.
2. Recognize themes or significant trends among leaders that facilitated their rise to public health leadership.
3. Stimulate discussions on what systems, structures, and collaborations must be in place to help nutrition and dietetics practitioners pursue this high level of leadership.
4. Identify key action steps nutrition and dietetics practitioners can take to:
 - a. prepare for and pursue public health leadership positions
 - b. advocate for current and future opportunities.

Question #1:

What do we know about the current realities and evolving dynamics of our members, marketplace, industry, and the profession that is relevant to this decision?

According to the *Academy's 2016 Needs Satisfaction Survey (1)*, when asked to indicate all of the practice areas in which RDNs and NDTRs spend at least 20% of their time, the results were as follows [Exhibits 012 and 085]:



Who are Dietetics Practitioners?

Demographics from the *2015 Compensation and Benefits Survey (2)*.

- **Sex:** 95% of practitioners are female.
- **Age:** Median age is 49 years; 35% are 55 or older, and 21% are under 35.
- **Race:** 4% indicated they are of Hispanic heritage; 9% indicated a race other than White (4% Asian, 4% Black/African American, and 1% other).
- **Education:** 48% of practicing RDNs hold master's degrees, and 4% doctoral degrees, as their highest level of attainment. Among practicing NDTRs, 43% hold a bachelor's degree or higher.

Work Setting-Community/Public Health Focus

From the responses of the *Academy's 2016 Needs Satisfaction Survey (1)* and the *2015 Compensation and Benefits Survey (2)*, between 7-14% of RDNs and 10-18% of NDTRs note they work in community and public health. However, nutrition and dietetics practitioners in other work settings could be working in public health areas.

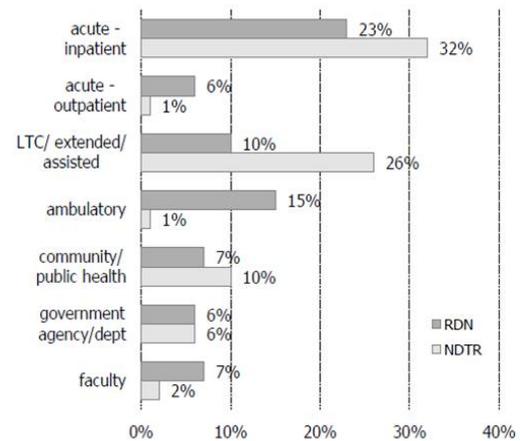
- 83 of the 119 public health respondents noted working in the government sector.

What Responsibilities Do Dietetics Practitioners Have?

According to the *2015 Compensation and Benefits Survey (2)*:

- 24% percent of RDNs and 18% of NDTRs hold executive, director, or management positions
 - 2% RDNs are at the executive level
- 17% of RDNs and 21% of NDTRs are supervisors or coordinators.

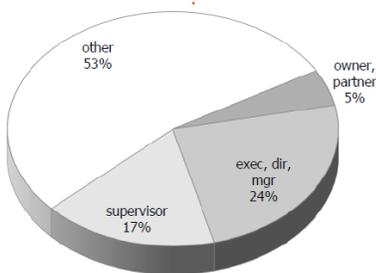
Exhibit 2.8
Work Setting - Top Mentions



base: 4,555 practicing RDNs, 636 practicing NDTRs

2015 Compensation and Benefits Survey

Exhibit 2.13
Responsibility Level



base: 5,229 practitioners
See Exhibit 7.22 for supporting data

Both graphics from the 2015 Compensation and Benefits Survey

Exhibit 7.22
Responsibility Level
What is this position's responsibility level?

	ALL RESPONDENTS				PRACTITIONERS				not currently in dietetics
	total	REGISTRATION STATUS RDN	REGISTRATION STATUS NDTR	REGISTRATION STATUS not	total	REGISTRATION STATUS RDN	REGISTRATION STATUS NDTR	REGISTRATION STATUS not	
base: practitioners*	5229	4555	636	38	5229	4555	636	38	
	100%	100%	100%	100%	100%	100%	100%	100%	
owner or partner	260	245	11	4	260	245	11	4	
	5%	5%	2%	11%	5%	5%	2%	11%	
executive	79	77	1	1	79	77	1	1	
	2%	2%	0%	3%	2%	2%	0%	3%	
director or manager	1138	1010	117	11	1138	1010	117	11	
	22%	22%	18%	29%	22%	22%	18%	29%	
supervisor or coordinator	911	771	132	8	911	771	132	8	
	17%	17%	21%	21%	17%	17%	21%	21%	
other	2772	2394	365	13	2772	2394	365	13	
	53%	53%	57%	34%	53%	53%	57%	34%	
no answer	69	58	10	1	69	58	10	1	
	1%	1%	2%	3%	1%	1%	2%	3%	

* "practitioners" excludes those not currently in dietetics

Public Health Responsibilities

- 23 of the 119 (19%) respondents reported responsibilities as a director, manager, or higher.
- 92 of 119 (77%) respondents reported responsibilities as a supervisor, coordinator, or staff.

Years of Experience

The typical (median) RDN practitioner has 19 years of work experience in dietetics/nutrition (excluding time taken off to return to school, raise a family, or work in other areas); the typical NDTR practitioner has 18 years of experience.

- When looking at public health as a practice area, 59 of the 119 respondents (50%) have been in the field 20+ years and 54 of the respondents reported being in their position for 10+ years (2).

Compensation

As in past surveys, factors showing the strongest association with compensation levels include number of years of experience, level of supervisory responsibility, budget responsibility, and practice area: clinical and community positions tend to pay less, whereas business, management, education, and research positions pay more (2).

Trends in the Profession and Workforce

Data from the *2015 Compensation and Benefits Survey* indicated over one-third of respondents were 55 or older (2) and based upon historical workforce data, the anticipated attrition rate of 2% to 5% will impact the future supply of nutrition and dietetics practitioners (3).

- The *Workforce Demand Study* also noted the demand for nutrition and dietetics services is predicted to increase due to health care reform and the expansion of health care services to an additional 30 million people (3).
- Without an adequate supply of credentialed nutrition and dietetics practitioners, the competitive space for RDNs and NDTRs may be challenged (4).
- Leadership positions, particularly those within government and government-sponsored organizations, are being threatened through position elimination or the hiring of non-nutrition professionals related to cultural competence, aging workforce, health care, and personnel costs (5).
- Furthermore, current discussions within the national political arena around changes to the Affordable Care Act (ACA) may impact these previous projections in ways we cannot yet anticipate.

The Council on Future Practice's (CFP) *Visioning Report 2017: A Preferred Path Forward for the Nutrition and Dietetics Profession* (6) identified change drivers recognizing opportunities for the dietetics practitioner now and in the future. The recommendations within the report are not meant to be all-inclusive, but rather specific, actionable items that can be pursued in the next 10-15 years to advance the profession. The table below lists the change drivers that have leadership and public health components. The full list can be found in **Appendix A**.

Select Change Drivers from the CFP *Visioning Report 2017: A Preferred Path Forward for the Nutrition and Dietetics Profession* (6)

Change Drivers	Associated Trends
<p>Aging Population Dramatically Impacts Society</p>	<ul style="list-style-type: none"> • Increasing rates of obesity and chronic diseases among older adults dramatically impact the health care system and the economic burden of disease. • Demand for health care services is increasing dramatically although fewer funds are available to cover the cost. • Disease prevention and health maintenance for the aging population are increasingly the focus to improve quality of life and care and contain costs. • An aging workforce impacts the economy, businesses, families, and health professions.
<p>Embracing America’s Diversity</p>	<ul style="list-style-type: none"> • Community health workers and other lay educators will continue to be used to reduce health disparities and as a solution to the lack of diversity in the health care workforce. • As the U.S. population grows more diverse, stark differences between what health providers intend to convey in written and oral communications and what patients understand may increase and further exacerbate health disparities. • Health equity is an increasingly important public health priority because of evolving U.S. racial and ethnic demographics.
<p>Consumer Awareness of Food Choice Ramifications Increases</p>	<ul style="list-style-type: none"> • Agricultural challenges and rapidly changing technology present entrepreneurial opportunities as food companies seek innovative ways to meet consumer demand for healthy foods and demonstrate their social responsibility. • Siloed approaches to agriculture, health, sustainability, and economics are being abandoned for transdisciplinary solutions to reduce hunger, poverty, disease, and environmental destruction. • There is a growing interdependence of countries around the world in sustaining the planet’s national resources. • Consumers demand increasing levels of food transparency to meet their health, social justice, and environmental stewardship aspirations.
<p>Population Health and Health Promotion Become Priorities</p>	<ul style="list-style-type: none"> • Evidence-based and multifactorial interventions that access levels of influence at the policy, systems, and environmental level of the social ecological framework are essential to address population health priorities. • Institutions, organizations, and governments are increasingly striving for policy changes that are informed by research, help create a culture of health, and make healthy choices the easy choices. • The ACA paves the way for tremendous growth and unprecedented opportunities in workplace health promotion and disease prevention interventions. • Hospitals redefine their roles in the continuum of health care services and become immersed in the daily culture of the communities they serve.

Creating Collaborative-Ready Health Professionals	<ul style="list-style-type: none"> • Transdisciplinary professionalism is becoming an essential ideology for a 21st century health care system. • Interprofessional education (IPE) is an increasingly essential strategy for preparing the health care workforce for a patient-centered, coordinated, and effective health care system. • A resurgence of interest in IPE has occurred with the goal of team-based care becoming the norm in health care. • Many difficulties and challenges exist to the successful implementation of IPE, but innovative approaches can help overcome some of the challenges.
Food Becomes Medicine in the Continuum of Health	<ul style="list-style-type: none"> • Innovations by food and nutrition-related industries are capitalizing on consumer’s growing passion for nutrition and health. • Unprecedented opportunities to lead preventive aspects of health arise from health care reform and emerging models of health care. • Nutrition and MNT are poised for primetime with the high prevalence of obesity and its related diseases.

Public Health Employment Trends

A 2012 systematic review suggested that the U.S. public health workforce is facing several urgent priorities (7):

- developing an ethnically/racially diverse workforce for a diverse nation
- recruiting and retaining highly trained, well-prepared employees, as well as succession planning
- building public health workforce infrastructure while also recognizing the continued shortage of public health workers
- ensuring job satisfaction including competitive salaries, career advancement, and strong organizational cultures.

Public health promotes and protects the health of people and the communities where they live, learn, work, and play--American Public Health Association

Studies have identified that balancing workforce management, and recruitment and retention initiatives, against anticipated retirements in public health may present challenges (5). A 2009 study found retirement rates for nutrition and dietetics practitioners in public health may be similar to the overall public health workforce (8). With a societal shift toward health promotion and disease prevention, and an aging workforce, nutrition and dietetics practitioners need to be positioned to qualify for these leadership roles.

Question #2:
What do we know about the needs, wants, and expectations of members, customers, and other stakeholders related to this issue?

Expectations of RDNs and NDTRs

The themes most frequently tallied regarding major challenges to the profession from the *Academy’s 2016 Needs Satisfaction Survey* (1) are familiar ones from prior surveys: gaining respect from the medical profession and from the public; competition from "nutritionists" and other non-credentialed people; information found on the Internet or in the media; compensation; and getting reimbursement.

Expectations of Stakeholders

The Accreditation Council for Education in Nutrition and Dietetics (ACEND) interviewed stakeholders representing healthcare administration (pharmacy, nursing), deans of allied health colleges, employers of less traditional roles (communications, marketing, and management), physicians, educators in allied health graduate programs, and researchers regarding their needs with employment of current and future practitioners (9). There is an increased focus on disease prevention and integrative healthcare; and the need for more knowledge in emerging areas such as genomics, telehealth, behavioral counseling, diet order writing, and informatics.

Below are the themes, several of which are also vital to the role of the RDN and NDTR in public health (9):

- Health care professionals will work more interprofessionally.
- Employers indicated the need for improved communication skills in nutrition and dietetics practitioners and an improved ability to understand the patient's community and cultural ecosystem.
- Practitioners need to be able to read and apply scientific knowledge and interpret this knowledge for the public. Employers also expressed a desire for stronger organizational leadership, project management, communication, patient assessment, and practice skills.
- Many of the stakeholders identified gaps in current competencies in areas of research, communication, leadership/management skills, cultural care, interprofessional work, basic food and culinary preparation, and sustainability.
- Employers indicated that more time might be needed in the preparation of future nutrition and dietetics practitioners to assure application of knowledge and demonstration of skills needed for effective practice.
- Stakeholders identified the importance of associate and bachelor's level prepared graduates for roles in community health, wellness, and management.
- Employers identified the need for preparing undergraduates with transferable skills in leadership, business, and management; and they expressed the need for faculty prepared at the doctoral level.

Integration of Public Health and Primary Care

An effort has been made to integrate public health and clinical care. The Health Resources and Services Administration's (HRSA's) top priorities match many of the trends identified through the profession's environmental scans (10).

- Health Equity
- Public Health and Primary Care
- Research, Evaluation, and Data
- Workforce
- Collaboration

Allied health professions have worked to integrate public health and primary care. A 2015 position statement from the American Academy of Family Physicians encouraged members to become informed about the importance, the value, and the movement for integration of primary care and public health (11). Additionally, the call urged all national, state, federal, and private sector institutions to partner with primary care and public health partners to ensure a more integrated delivery system is provided to improve population health (11). Current and future nutrition and dietetics practitioners not only need to be aware of the areas of integration, but must be willing to expand skills and boundaries to meet the needs of society and the profession.

Question #3:

What do we know about the capacity and strategic position of the Academy in terms of its ability to address this issue?

Academy Vision (12)

A world where all people thrive through the transformative power of food and nutrition

Academy Mission (12)

Accelerate improvements in global health and well-being through food and nutrition

Principle Directly Related to the Current Mega Issue and Workforce Capacity and Capability

Amplify the contribution of nutrition practitioners and ***expand*** workforce capacity and capability.

Strategic Planning

- The Academy Board of Directors is finalizing a new Strategic Plan that includes three areas where the Academy will focus efforts to accelerate progress towards achieving the vision and mission:
 - Prevention and Well-being
 - Health Care and Health Systems
 - Food and Nutrition Safety and Security

**The new strategic plan will be unveiled during the 2017 Food & Nutrition Conference & Expo™ (FNCE®).*

As the mission and vision align closely with public health goals, so will the programs and projects that drive the work of the Academy in the future.

Alliances

The Academy of Nutrition and Dietetics forms alliances with other organizations for special projects and to participate in coalitions with shared goals and objectives. A list of current Academy alliances can be viewed on the Academy's website at: <http://www.eatrightpro.org/resources/about-us/alliances-and-collaborations/other-academy-alliances>. In addition, the Dietetic Practice Groups (DPGs), the Policy Initiatives and Advocacy team, the Quality Management team, and other Academy teams also have formal relationships with external organizations and workgroups. As the new strategic plan advances, the Academy will continue to expand these relationships to meet our shared goals.

Advocacy and Public Policy Efforts

Advocacy within the Academy involves member leaders on the Legislative and Public Policy Committee and the Academy of Nutrition and Dietetics Political Action Committee; Affiliates, Dietetic Practice Groups and Member Interest Groups; and thousands of grassroots members. Academy members work on a broad range of issues, improving America's nutrition and health status. The health of our nation is influenced by public health policies and by policies in many other sectors (13). Public policy decisions impact resources, and affect every area of the profession from funding of programs to reimbursement of services and beyond.

The Academy has identified the following [evidence-based priority areas](#) in public policy (14):

- **Disease prevention and treatment**, including cancer, cardiovascular health, diabetes and pre-diabetes, HIV/AIDS, obesity and weight, and access to healthcare.
- **Lifecycle nutrition**, including prenatal and maternal health, early childhood nutrition, and nutrition for school-age students as well as older adults.
- **Healthy food systems and access**, including food security, supply and management of food systems, food safety, dietary supplements and food fortification, food and menu labeling, and nutrition education.
- **Quality healthcare**, including healthcare equity, consumer protection and licensure, workforce demand, research and monitoring, lowering healthcare costs, and quality measures.

The Committee for Public Health/Community Nutrition

The Committee for Public Health/Community Nutrition (CPHCN) promotes public health and community nutrition to internal and external partners, the public, the profession, and the Academy (15).

While early efforts have been focused on food security, the committee is also tasked with:

- keeping members aware of public health and community nutrition’s accomplishments, relevance, and impact
- providing a formal mechanism to integrate a public health and community nutrition perspective in all Academy initiatives and activities
- representing the Academy’s interests in public health and community nutrition when working with external partners.

The committee’s work and resources can be found at:

<http://www.eatrightpro.org/resource/leadership/volunteering/committees-and-task-forces/public-health-community-nutrition-committee>

The Public Health/Community Nutrition Practice Group

The Public Health/Community Nutrition Practice Group (PHCNPG) offers networking, continuing professional education, resources, and volunteer opportunities. Their members work in partnership with health professionals, community leaders, and other key stakeholders to serve the public through the promotion of optimal nutrition, health, and well-being.

- **Vision:** *Optimizing the population's health through the application of public health nutrition and community nutrition principles and interventions*
- **Mission:** *Empowering members to be leaders in the practice of public health nutrition and community*

PHCNPG’s work and resources can be found at: <http://www.phcnpg.org/page/resources>.

Continuing Professional Education

As a result of the spring 2010 HOD Mega Issue dialogue on Management and Leadership across Practice, the *Center for Lifelong Learning* created three online certificate of training programs:

- Developing Your Role as a Leader (Level 1)
- Advancing Your Role as a Leader (Level 2)
- Executive Management (Level 2)

These resources can be found at:

<http://www.eatrightpro.org/resource/career/professional-development/distance-learning/online-learning>. In addition, a new Level 3 Advanced Practice track in Leadership will be held as a part of FNCE® 2017 to provide additional high-level leadership training.



New Online Certificate of Training Program: Public Health Nutrition

The newly launched Level 2 program consists of five modules covering the foundations of public health nutrition, including developing, implementing, and evaluating a public health nutrition plan, and more. The program was developed by the Academy's Center for Lifelong Learning and planned with the Association of State Public Health Nutritionists, Committee for Public Health/Community Nutrition, and the Public Health and Community Nutrition Dietetic Practice Group. The program can be found at: <http://www.eatrightstore.org/collections/public-health-nutrition>.

Academy Foundation Public Health Activities

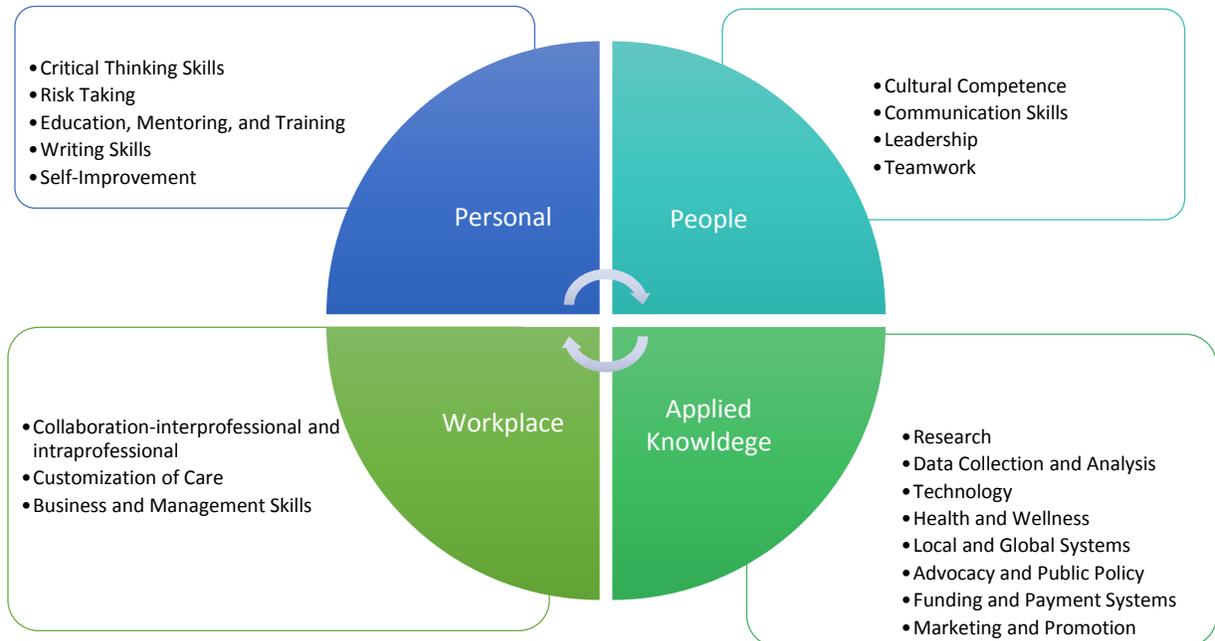
- *Kids Eat Right*
A consumer website, www.kidseatright.org, which is filled with age-appropriate, Academy-approved tips, articles, recipes, and videos to help families shop smart, cook healthy and eat right.
- *Feeding America*
The Foundation has completed several collaborative projects with Feeding America since 2012. The Foundation is entering its third year of evaluating the Healthy Cities program, which aims to deliver four critical services for children facing food insecurity (nutritious food, nutrition education, health screenings, and safe places to play) to create opportunities for optimal physical and cognitive development. The 2015-2016 program was implemented through food banks with community partners in Cleveland, Houston and New Orleans.
- *Meet the Challenge*
Since 2012, the Foundation and the Iowa Department of Education have collaborated on the Meet the Challenge program to implement RD Coach expertise to over 100 schools in Iowa to assist in applying for USDA's HealthierUS School Challenge awards.
- *Hunger Free Communities*
Through support from the General Mills Foundation, a fellow was selected who collaborated with food security, nutrition, and health economics experts from around the world to develop and validate:
 - a food and nutrition security community assessment facilitator guide tailored for existing data and community characteristics
 - a decision process that allows communities to consider financial, impact, and uncertainty criteria to rank a list of potential food and nutrition interventions
 - food and nutrition security assessment tool recommendations
 - an infrastructure assessment for communities to collect data and evaluate impact with the Academy of Nutrition and Dietetics' Health Informatics Infrastructure (ANDHII) platform.
- *Gardens for Health International Fellowship*
Gardens for Health International (GFHI) is a non-profit organization whose innovative approach works to bridge the gap between health and agriculture. Based in Rwanda with an office in Boston, their core program works to integrate agricultural support and comprehensive health education into the clinical treatment of malnutrition. GFHI works in partnership with 18 health centers in two districts of Rwanda.
 - Through the support of the Foundation Nutrition Education for the Public and Research Endowment funds, a fellow was tasked with developing and overseeing the implementation of a unique antenatal care program (ANC) to improve nutritional outcomes for women and infants in a targeted village in Rwanda.

Future Practice

The mega issue for spring 2017 was Future Practice. As a result of the dialogue, an All-Member Call to Action for Future Practice (16) was released to help members capitalize on skills needed to advance future practice. Many of these are the same areas that are needed to advance public health.

All-Member Call to Action for Future Practice

The House of Delegates challenges all existing and new credentialed nutrition and dietetics practitioners, in all areas of practice, to take action to elevate and expand their competencies in the following areas to achieve the desired vision of future practice.



All credentialed nutrition and dietetics practitioners will develop strategies to create and achieve a future vision that will better meet the needs of clients, customers, the profession, and society of the future by (16):

- i. Using the [Second Century Initiative](#) and the Council on Future Practice's [Visioning Report 2017: Preferred Path Forward for the Nutrition and Dietetics Profession](#) to imagine and create the future of nutrition and dietetics.
- ii. Expanding leadership skills, collaborative skills, and communication skills by utilizing current programs; and by creating new educational opportunities through collaboration with Academy groups (such as Affiliates, DPGs, MIGs) and external stakeholders.
- iii. Taking personal action to gain new skills, knowledge, and education as life-long learners.
- iv. Being assertive and visionary leaders of the profession of nutrition and dietetics by having the strength, confidence, and courage to be risk-takers.

Other Resources

- A dedicated page to public health resources on the Academy's website at: <http://www.eatrightpro.org/resources/practice/practice-resources/public-health-and-community>.
- For additional information on public health, leadership, or management, review past HOD backgrounders at: <https://www.eatrightpro.org/resource/leadership/house-of-delegates/mega-issues-and-backgrounders/archived-mega-issue-backgrounders>.

Standards of Practice and Standards of Professional Performance for the RDN in Public Health and Community Nutrition

The Public Health/Community Nutrition Dietetic Practice Group of the Academy of Nutrition and Dietetics, under the guidance of the Academy Quality Management Committee, has developed Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) in Public Health and Community Nutrition (17). The individuals that would be creating and/or filling higher level roles in the public health arena would be at the expert level, but it is vital that nutrition and dietetics practitioners advance along the continuum (18) so they are prepared to step into these roles.

The expert practitioner exhibits a set of characteristics that include **leadership and vision, and demonstrates effectiveness in planning, achieving, evaluating, and communicating targeted outcomes**. An expert practitioner may have an expanded or specialist role or both, and may possess an advanced credential, if available, in a focus area of practice (17). Generally, the practice is more complex and the practitioner has a high degree of professional autonomy and responsibility.

Review Appendix B-Academy of Nutrition and Dietetics: Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Public Health and Community Nutrition

Figures 1 and 2 relates to levels of practice and career progression in Public Health and Community Nutrition

[http://jandonline.org/article/S2212-2672\(15\)01108-9/fulltext](http://jandonline.org/article/S2212-2672(15)01108-9/fulltext)

Review Appendix C- Nutrition and Dietetics Career Development Guide

<https://www.eatrightpro.org/resource/career/career-development/career-toolbox/dietetics-career-development-guide>

Below are examples of ways in which practitioners are using the Academy of Nutrition and Dietetics: Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Public Health and Community Nutrition across different practice areas (17).

Role	<i>Examples of use of the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) documents by registered dietitian nutritionists (RDNs) in different practice roles</i>
Clinical practitioner	An RDN with responsibility for the nutrition component of the hospital's community education program uses the SOP and SOPP for RDNs in Public Health and Community Nutrition (PHCN) as a resource for personal development to improve competence in providing services to individuals participating in classes for the community and outreach activities. This RDN networks with a community and public health RDN for mentoring on preventative program content, leads to continuing education programs, and resources.
Clinical nutrition manager	A hospital's clinical nutrition manager (CNM) represents the hospital on a community coalition workgroup addressing access to healthy food. The CNM meets with public health RDNs to increase knowledge in PHCN, nutrition surveillance for the community, food assistance programs, food access, and best practices in policies, systems, and environmental change interventions. In reviewing the PHCN SOP SOPP, the CNM notes the use of logic models to plan nutrition programs and interventions that may have application in the hospital and seeks additional training.
Food and nutrition services manger	A food and nutrition manager obtains a contract to provide congregate and home delivered meals to a local senior center. The contract includes having staff RDNs oversee menu planning, complying with regulations, and providing nutrition education at the meal site. The PHCN SOP SOPP were reviewed to evaluate competency level on topics, such as cultural competency, senior feeding programs, engagement of the target population in the planning and delivery of services, and additional funding for programming.
Retail RDN	An RDN working for a grocery chain in the community reports receiving more requests to participate in community initiatives to increase healthy food access, such as working with sustainable, local agriculture, ²⁶ in community gardens, and improving the healthfulness of foods donated to food banks. The RDN reviews the SOP and SOPP to identify ways to gain more knowledge and skills to increase effectiveness in responding to these requests. The retail RDN partners with PHCN RDNs to identify sources of continuing education and resources to help with addressing needs of target populations.
Public health practitioner, community nutrition practitioner	An RDN working in public health and community nutrition programs or in policy, system, and environmental approaches develops and designs population approaches in alignment with the SOP and SOPP to standardize quality improvement methods and maximize public health and community nutrition program and policy outcomes. The RDN wants to become more active in advocating for changes in regulations related to nutrition and uses the SOP and SOPP to create a professional development plan to address gaps in competencies.
Researcher	A research RDN works with a state education department to assess changes in student food intake as a result of new federal meal guidelines. The RDN uses the SOP and SOPP as a resource in designing the research protocol and evaluation methodology using current evidence-based knowledge tools as it relates to school foodservice and disparities in food intake across grade and free/reduced-price lunch status. The SOP and SOPP may also be used for identifying the need for staff development and/or collaboration with a colleague more experienced in public health and community nutrition school nutrition research.
Nutrition educator	An RDN working in nutrition education with a food bank reviews the SOP and SOPP for ideas on expanding knowledge and skills to qualify for leadership roles with nonprofit organizations serving individuals with food insecurity. Using the indicators in the SOP SOPP, the RDN identifies knowledge and skills to develop, revises professional development plan, and seeks mentorship to advance his or her career

Figure 7. Case examples of Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Public Health and Community Nutrition.

The change drivers from the CFP *Visioning Report 2017: A Preferred Path Forward for the Nutrition and Dietetics Profession*, along with the All-Member Call to Action for Future Practice, and the Academy's mission and vision pave a path for practitioners to capitalize on the opportunities and serve in influential positions in public health. In addition the SOP/SOPPs can provide insights for nutrition and dietetics practitioners on what they need to do to practice at the expert level in public health nutrition.

Question #4:

What ethical/legal implications, if any, surround this issue?

The Academy of Nutrition and Dietetics/Commission on Dietetic Registration Code of Ethics (19) guides RDNs and NDTRs in their professional practice and conduct.

Legal Implications

The RDN or NDTR must operate within the directives of applicable federal and state laws and regulations, as well as policies and procedures established by the organization in which they are employed (20, 21).

The RDN or NDTR manager must be aware of and understand all potential legal risks associated with:

- contract negotiations
- human resource management
- business communications
- marketing and promotion
- confidentiality requirements
- compliance with regulations and standards
- survey readiness
- quality assurance and performance improvement
- customer service and customer satisfaction.

The RDN or NDTR manager is accountable for ensuring their area or department meets all regulations and standards and is responsible for the actions of his or her subordinates.

Conclusion

The Academy and its members have laid the foundation to help nutrition and dietetics practitioners meet the needs of a changing society to create and fill influential public health positions. Nutrition and dietetics practitioners are strategically positioned to positively influence the existence of career ladders and high-level opportunities for RDNs and NDTRs in public health. Once again, it is time to move beyond the leadership conversation to capitalize on the opportunities to serve in and advocate for influential positions.

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