Wellness and Prevention

HOD Fall Meeting Backgrounder

Fall 2016 HOD Meeting

October 15, 2016

Capitalizing on our strengths to create a future where credentialed food and nutrition practitioners play an integral role in wellness and prevention

What is Wellness and Prevention?

Before we can develop solutions to this mega issue, we first must determine what is meant by “wellness and prevention.” While there is some universal agreement around definitions of “prevention,” (see table below) there is not one universally accepted definition of wellness.

Many organizations have defined wellness as indicated below. This is not an all-inclusive list but rather a sampling of the many definitions that currently exist.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Definition</th>
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<tr>
<td>World Health Organization</td>
<td>“Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realisation of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfillment of one’s role expectations in the family, community, place of worship, workplace and other settings.”¹</td>
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<td>Merriam Webster Dictionary</td>
<td>Wellness is the “quality or state of being healthy.”³</td>
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<td>National Wellness Institute</td>
<td>“An active process through which people become aware of, and makes choices toward, a more successful existence.” The National Wellness Institute created the six dimensions of wellness model which includes emotional, spiritual, intellectual, social, physical and occupational health.⁴</td>
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<td>Mega Issue proposal submitted by SCAN and supported by Pediatric Nutrition DPG, Food and Culinary Professionals DPG and Weight Management DPG</td>
<td>Wellness is an interdisciplinary practice with professionals expected to address the whole person along the continuum of optimum health to illness. RDNs and NDTRs are a part of this interdisciplinary practice, but are not the only practitioners addressing nutrition and wellness.⁵</td>
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<td>Primary prevention refers to the approaches that aim to prevent the disease risk factors (e.g., obesity, less-healthy dietary intake patterns, physical inactivity). Secondary prevention involves “early detection and prompt intervention” of health issues or diseases</td>
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Hence, working in “wellness” may mean different things to different practitioners and the roles that RDNs and NDTRs might assume could run along a wide range of practice areas.

**Why the focus on wellness and prevention?**

Health, wellness and prevention of disease have catapulted to the forefront of consumers’ and the nation’s attention due to several external drivers:

- A transformation in health care is underway, with primary care leading the way and the concepts of prevention, wellness and public health growing in popularity.\(^7\)
- Consumers are increasingly interested in health, wellness and prevention; 33% of consumers today use health apps with the most frequent use related to fitness (59%) and diet/nutrition (52%).\(^8\)
- Consumers are actively using foods as medicine, including functional and fortified foods, to address their health concerns and medical conditions.\(^9\)
- Food industries are overhauling products to cater to consumers’ desires for safe and healthy foods;\(^10\) For example, General Mills has pledged to reduce sodium by 20% across 10 key U.S. key retail product categories.\(^11\)
- Food retailers are increasingly investing in health and wellness; 70% of those surveyed perceive health and wellness programs as a significant growth opportunity and envision pharmacists and dietitians as taking the lead.\(^12\)
- The Patient Protection and Affordable Care Act (ACA) was signed into law March 2010 and changed the focus of health care from disease treatment to disease prevention. The ACA allows for increasing access to clinical preventative services without cost-sharing (i.e., no co-pays); funding to create healthier communities, incentives for worksite wellness programs; restaurant menu labeling for chain restaurants with at least 20 outlets, and funding to support innovation in prevention and public health.\(^13,14\)
- The ACA established the Prevention and Public Health Fund to provide expanded and sustained national investments in prevention and public health, to improve health outcomes, and to enhance health care quality. To date, the Fund has invested in a broad range of evidence-based activities including community and clinical prevention initiatives; research, surveillance and tracking; public health infrastructure; immunizations and screenings; tobacco prevention; and public health workforce and training. In January 2016, $932M was distributed from the Fund to specific agencies to conduct these important activities.\(^15\)
- The National Prevention Strategy represents a shift in health care from problem-based medicine to prevention and wellness endorsed by the U.S. legislature and the Surgeon General. The National Prevention Strategy’s vision is to “improve the health and quality of life for individuals, families and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness.” Two of the seven priorities address nutrition and healthy living: healthy eating and active living.\(^16\)
• The United States Preventative Services Taskforce (USPSTF) recommends healthful diet and physical activity behavioral counseling for cardiovascular disease prevention in adults with known risk factors and screening of all adults and children for obesity. Adults with a body mass index of 30 kg/m² or higher should be referred to intensive, multicomponent behavioral interventions (grade B); children 6-18 years old with obesity should be offered or referred to intensive, multicomponent behavioral interventions to improve weight status (grade B).  

• A leading health indicator for Healthy People 2020 aims to promote health and reduce chronic disease through a healthy diet and healthy body weight.  

• The National Diabetes Prevention Program is a partnership of public and private organizations working to prevent type 2 diabetes. “The Diabetes Prevention Program is a structured lifestyle intervention that includes dietary coaching, lifestyle intervention, and moderate physical activity, all with the goal of preventing the onset of diabetes in individuals who are pre-diabetic.” The Centers for Medicare and Medicaid Services (CMS) declared in March 2016 that a pilot of the Diabetes Prevention Program resulted in a cost savings that reduced Medicare spending. CMS is proposing to expand the program to Medicare beneficiaries.  

• Health care costs could be dramatically reduced by reductions in obesity and related risk factors; the estimated annual medical cost of obesity in the U.S. was $147 billion in 2008; the medical costs for obese individuals were $1,429 (or approximately 42%) higher than for those of normal weight.  

• Medical Nutrition Therapy (MNT) provided by a RDN results in both statistically and clinically significant weight loss in otherwise healthy overweight and obesity adults.  

In this evolving and shifting environment, it is imperative that credentialed food and nutrition practitioners establish themselves as essential providers in wellness and prevention services and programs.
Mega Issue Question: How can we as Academy members capitalize on our strengths to create a future where credentialed food and nutrition practitioners play an integral role in wellness and prevention?

Objectives: **

1. Identify opportunities for credentialed food and nutrition practitioners in the area of wellness and prevention services and programs.
2. Identify the skills and strengths needed by credentialed dietetics practitioners to play an integral role in the area of wellness and prevention.
3. Design strategies and action steps that individual members and the Academy can take to create the desired future for credentialed food and nutrition practitioners in wellness and prevention.

**Objectives 1 and 2 will be addressed during the Fall HOD Meeting. Objective 3 will be addressed during the months following the meeting as delegates use the appreciative inquiry process to involve a broad base of members in designing the “solutions” to the mega issue.

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

Jobs for credentialed dietetics practitioners will be different in the future than today’s jobs. External factors and funding opportunities are driving the focus to wellness and prevention. Credentialed dietetics practitioners in all areas of practice must seize these opportunities in wellness and prevention.

Work Settings for Credentialed Dietetics Practitioners

- The 2015 Compensation and Benefits Survey\(^2\) indicates the majority of RDNs work in acute-care inpatient (23%), ambulatory/ outpatient care facility (15%), and long-term, extended-care or assisted-living facilities (10%).
- The majority of NDTRs work in acute-care, inpatient facilities (32%) and long-term, extended care or assisted-living facilities (26%).
- Respondents from the 2015 Compensation and Benefits Survey\(^2\) indicate that 7% of RDNs and 10% of NDTRs work in community/ public health settings; 15% of RDNs and 1% of NDTRs work in ambulatory/outpatient work settings.
Ten percent (10%) of RDNs and 15% of NDTRs\textsuperscript{22} indicate their practice area as community nutrition; 11% of RDNs and 17% of NDTRs’ practice area is food and nutrition management; and eight percent (8%) of RDNs and three percent (3%) of NDTRs’ area of practice is consultation and business.

Wellness and prevention spans all work settings and practice areas but may be most accurately reflected in the community/public health and ambulatory/outpatient setting, as well as community, food and nutrition management and consultation and business practice areas.

Supply and Demand

- The United States Department of Labor estimates that the employment of dietitians and nutritionists is expected to grow by 16% during 2014-2024, which is faster than average growth for all occupations (7%).\textsuperscript{23}
- The profession of nutrition and dietetics is continuing to age (2015: median age of 49 years; 35% are 55 or older; 2005: median age of 44 years; 15% 55 or older) (Academy’s 2015 and 2013 Compensation and Benefits Survey), and the anticipated attrition rate of 2 to 5% will impact the future supply of nutrition and dietetics practitioners.\textsuperscript{24}
- It is estimated that half of all veteran RDs ($\geq 6$ years registered) will retire by 2023.\textsuperscript{25}
- The Workforce Demand Study of 2012 estimates that approximately 75% of the demand for dietetics services would be met by the 2020 supply of dietetics workforce which left 25% as an unmet need.\textsuperscript{26}
- With increasing demand and an aging profession, a shortage of credentialed dietetics practitioners is expected.

ACEND Proposed Future Education Model

In February 2015, the Accreditation Council for Education in Nutrition and Dietetics (ACEND) Board released recommendations for future education in nutrition and dietetics.\textsuperscript{27} ACEND recommended moving the educational preparation of entry-level RDNs to the master’s level, moving the educational preparation of entry-level NDTRs to the bachelor’s level, and creating a new program for nutrition health workers at the associate’s degree level. ACEND:

- Identified a need to fill the gap relating to health promotion, health coaching, wellness, and public health nutrition.
- Acknowledged 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.
- Revealed an emergence of many non-traditional practice settings for the field of nutrition and dietetics and an expanding scope of practice for those working in the profession.
- Acknowledged that health care professionals need to work more interprofessionally.
- Affirmed its support for an associate’s degree prepared nutrition and dietetics practitioner, nutrition health worker, who would provide support in the community setting by working in collaboration and under the supervision of RDNs (with Masters level), focusing on health promotion and monitoring plan of care, building relationships in the community, and collecting basic assessment data (Hemoglobin, BP, blood glucose level, weight).
Scope of Practice

- “Legal scopes of practice for the health care professions establish which professionals may provide which health care services, in which settings, and under which guidelines or parameters. With few exceptions, determining scopes of practice is a state-based activity.”

- The focus area of wellness and prevention is not restricted to the scope of practice of RDNs, and in fact, many health care professions provide services within this area legally. For example, Non-RDN health coaches or nurses are able to provide generalized nutrition education that is available to the public but are not able to provide individualized medical nutrition therapy.

- RDNs have competitors in the marketplace for nutrition-related services; however, clinical RDNs in heavily regulated facilities generally are protected from a serious competitive threat. The marketplace in which nonclinical RDNs operate is substantially less regulated, and these RDNs face competition in supplying nutrition services from traditional health care providers, nontraditional and holistic health care providers, and other professionals, including personal trainers. In areas such as prevention and wellness, an array of competitors is supplying clients with personalized health education and nutrition counseling where it is profitable and legal for them to do so.

- The Academy is acutely aware of the competition RDNs and NDTRs face and is actively engaged in developing new strategies for succeeding in this competitive environment and in ensuring that only genuinely qualified and licensed RDNs practice dietetics in states that require licensure.

- The scope of practice for the RDN focuses on “food and nutrition and related services developed, directed and provided by RDNs to protect the public, community and populations; enhance the health and wellbeing of patients/clients; and deliver quality products, programs and services, including Medical Nutrition Therapy (MNT), across all focus areas”, including wellness and prevention.

- The scope of practice for the NDTR focuses on “food and nutrition and related services provided by DTRs (NDTRs) who work under the supervision of an RDN when in direct patient/client nutrition care and who may work independently in providing general nutrition education to healthy populations, consulting to foodservice business and industry, conducting nutrient analysis, data collection and research and managing food and nutrition services in a variety of settings.”

- The Standards of Practice and Professional Performance for RDNs in Public Health and Community Nutrition indicates that RDNs at competent, proficient and expert levels of practice: focus (nutrition) interventions on prevention approaches; implement health promotion and disease prevention activities that are based on population’s nutritional status; communicates principles of disease prevention and behavioral change appropriate to the client or population.
Health Coaches

- Health coaching has become fairly common today in the health care arena.\textsuperscript{32}
- There are people with various credentials, including RDNs,\textsuperscript{28} who coach others on the benefits of eating healthy, exercising, losing weight, managing stress, or quitting the use of tobacco.\textsuperscript{31}
- Coaching may be provided on an individual basis or for a group, occur face-to-face or with the use of technology.\textsuperscript{32}
- One example of a digital coaching program is Your Digital Health Advisor, which is a web-based tracking tool from Walgreens and WebMD that allows an individual to manage their healthy lifestyle; live coaching with health experts is also available.\textsuperscript{33}
- Health coaches are able to provide generalized nutrition education that is available to the public and play a vital role in the wellness and prevention arena.

Credentials currently held by RDNs and other health coaches include:

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<tr>
<th>Credentialing Agency</th>
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<tr>
<td>Wellcoaches Corporation</td>
<td>Wellcoaches Certified Professionals (WCP)</td>
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<tr>
<td></td>
<td>Wellcoaches Certified Health Coach</td>
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<tr>
<td></td>
<td>Wellcoaches Certified Wellness Coach</td>
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<tr>
<td>Health Science Institute</td>
<td>Registered Health Coach (RHC)</td>
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<td></td>
<td>Chronic Care Professional (CCP)</td>
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<tr>
<td>National Commission for Health Education Credentialing, Inc.</td>
<td>Certified Health Education Specialist (CHES)</td>
</tr>
<tr>
<td>*National Consortium for Credentialing Health and Wellness Coaches (NCHWC)</td>
<td>*Health and Wellness Coach (HWC)</td>
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<tr>
<td>American College of Sports Medicine</td>
<td>ACSM Certified Personal Trainer\textsuperscript{sm} (CPT)</td>
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<td>ACSM Certified Health/Fitness Specialist (HFS)</td>
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<tr>
<td>American Council on Exercise</td>
<td>ACE-certified Lifestyle &amp; Weight Management Coach</td>
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<td>ACE-certified Personal Trainer</td>
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<td>ACE-certified Group Fitness Instructor</td>
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<tr>
<td></td>
<td>ACE-certified Advanced Health &amp; Fitness Specialist</td>
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<tr>
<td>American Institute of Health Care Professionals</td>
<td>Health Care Life Coach-Certified (HCLC-C)</td>
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*Currently working on education standards and credentialing criteria – not yet a credential.
Worksite Wellness Programs

Wellness programs are an important component of employer benefit programs as they offer employees and their families options for pursuing healthier lifestyles.

- According to the Centers for Disease Control and Prevention (CDC), “a workplace health program is a health promotion activity or organization-wide policy designed to promote healthy behaviors and improve health outcomes while at work.”
- “Worksite wellness programs will benefit from a multidisciplinary team approach with the RDN as a vital team member or positioned as a team leader when appropriate.”
- There is no standard job description or certification requirements for worksite wellness practitioners. All health practitioners are expected to practice competently within their respective fields.
- The Scope of Practice for the RDN indicates that RDNs are leaders in evidence-based nutrition practices that address wellness and disease prevention at all stages of the lifespan.
- Credentialed dietetics practitioners need to promote themselves as wellness experts as they have the skills and expertise needed to meet the needs of general wellness and worksite wellness programs.

School Wellness

- Schools across the country participating in the National School Breakfast and Lunch Programs are required to have a local wellness policy that includes goals for nutrition education and promotion, physical activity and other activities promoting student wellness.
- Guidelines are set for foods and beverages available on school campuses.
- The local wellness policy should be developed, implemented, evaluated and communicated to the public with involvement from diverse stakeholders, including students, parents, school staff, health professionals and the community.
- RDNs and NDTRs have an opportunity to be involved with school wellness.
Retail Settings

- Food retailers are increasingly investing in health and wellness; 70% of those surveyed perceive health and wellness programs as a significant growth opportunity and envision pharmacists and dietitians as taking the lead.\textsuperscript{12}
- Food retailers are designing their health and wellness programs (e.g., recipes, classes, counseling services) to engage both sick and well consumers.\textsuperscript{12}
- Supermarket dietitians are increasing in numbers and can impact public health by reaching millions of shoppers; It is estimated that there are 1000 RDNs in supermarkets across the country.\textsuperscript{36}
- 95% of supermarkets hire dietitians at the corporate, regional and store levels.\textsuperscript{12}
- Supermarket RDNs help consumers make healthier choices; educate at the point of purchase; make healthier options more affordable; teach basic culinary skills; and increase exposure to new foods by offering samples.\textsuperscript{36}
- Retail clinics, usually found in grocery stores and pharmacies, first emerged 15 years ago and are typically staffed by physician assistants and registered nurses who work under the remote supervision of a medical doctor.
- Retail clinics are expanding their services to include behavioral health screening and more comprehensive primary care. For example, Rite Aid Redi Clinic offers Weigh Forward\textsuperscript{®}, a medically-supervised weight loss program that provides patients with comprehensive information and counseling on diet/nutrition, physical activity and behavior modification. The program offers access to a digital platform which provides physical activity trackers and e-coaching by dietitians and trainers.\textsuperscript{37}

Community Health Workers

- A community Health Worker is a “frontline public health worker who is a trusted member of/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.”\textsuperscript{38}
- A community health worker can work with RDNs and NDTRs to increase health and nutrition knowledge through outreach, education, informal counseling, social support and advocacy.
- A community health worker is an integral member of the interdisciplinary team in public health and community settings and can help promote wellness and prevention in the community.

CDC Funded Programs

- CDC funds all 50 states, the District of Columbia, and communities to advance the nation’s chronic disease prevention and health promotion efforts. Funded programs include the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (State Public Health Actions), and the Programs to Reduce Obesity in High Obesity Areas (High Obesity). These two cooperative agreements
support CDC’s Division of Nutrition, Physical Activity, and Obesity’s efforts nationwide to make healthy living easier for all Americans through physical activity and healthy nutrition strategies.39

- CDC provides funding to all 50 states to reduce the risk factors associated with childhood obesity, manage chronic conditions in schools, and promote the well-being and healthy development of all children and youth.40

- RDNs and NDTRs are and have the opportunity to be involved with these prevention initiatives.

**Payment for Nutrition Services**

With the passage of the ACA, access to preventative nutrition services by the general public has improved.

- The ACA covers an annual wellness visit for Medicare beneficiaries to establish a personalized prevention plan for each individual. The annual visit consists of screenings, development of a screening map and counseling for at-risk chronic conditions. RDNs are identified as one of the medical professionals, working under the direct supervision of a physician, who can provide the screenings and counseling.41

- The ACA requires most insurance providers to expand access to preventative services and eliminate the cost-sharing (i.e., co-payments) for services when delivered by in-network providers. Preventative care is defined as those services recommended by the USPSTF with an A or B rating, including healthy diet counseling to prevent cardiovascular disease and obesity screening and counseling.42

- The Preventing Diabetes in Medicare Act, introduced to the United States House of Representatives (2015) and Senate (2016), if enacted will extend MNT services for people with pre-diabetes and risk factors for developing Type 2 diabetes.43

- Various Academy resources are available to promote the integration of RDN services into primary care practices and emerging health care delivery models.44
Academy’s Second Century

The Academy is about to celebrate its 100th anniversary and has embarked on development of a new vision for the Second Century. Collaboration opportunity areas for the September 2016 Nutrition Impact Summit have been identified and three of the opportunity areas touch on wellness and prevention. These opportunity areas include:

**EXPAND PREVENTIVE HEALTH CARE & TRANSFORM TREATMENT**- Improve health outcomes and decrease health disparities by accelerating the shift to a preventive health care model and using evidence-based nutrition interventions.

1. Identify and scale innovative health and wellness models that emphasize primary and secondary preventive care
2. Expand and scale the use of health technology innovations to improve nutrition and health outcomes
3. Accelerate and scale innovation in food and dietary approaches to disease management

**BUILD CAPACITY**- Embed evidence-based nutrition knowledge broadly throughout the food, wellness and health care systems and expand knowledge of food science and food systems through redefined RD credentialing programs and a world-class training center offering certificate programs and lifelong learning opportunities.

1. Expand education, training and credentialing for a workforce that meets global needs of the future
2. Equip health and wellness professionals, educators and community leaders to deliver best-in-class nutrition education and care

**SCALE NUTRITION SOLUTIONS**- Partner to create a culture that supports health & wellness through empowering practitioners to implement and scale culturally-relevant and appealing solutions that address the food and nutrition challenges facing consumers.

Create and scale solutions and programs through innovations in technology and partnerships focused on:

- Consumers
- Communities
• Organizations
• Populations

More information on the Academy’s Second Century and the opportunity areas will be posted at: http://www.eatrightfoundation.org/secondcentury/. A brief webinar and all-member survey will be available in late August to explain the Second Century initiative and gather members’ feedback. A Briefing Paper will be released to the membership in September.

ACEND Dietetic Internships and Coordinated Programs
ACEND accredited dietetic internships and coordinated programs have a designated emphasis area. Many accredited dietetic internships and coordinated programs are already focusing on wellness and prevention and have the following emphasis or concentration areas:

• Community nutrition, health promotion and wellness
• Community nutrition education and wellness
• Community wellness
• Health and wellness
• Health and wellness specialty
• Health promotion and education
• Health promotion and wellness
• Health promotion/ disease prevention
• Health promotion/ disease prevention and treatment
• Medical Nutrition Therapy and Health and Wellness
• Nutrition and Community Wellness
• Wellness
• Wellness Nutrition
• Wellness Promotion
• Worksite wellness and health promotion
• Culturally competent health promotion and disease prevention

For more info, visit www.eatrightacend.org/acend.

Committee for Public Health/ Community Nutrition
The Committee for Public Health/ Community Nutrition (CPHCN) was created as a result of the HOD’s 2013 dialogue on food and nutrition insecurity. The CPHCN promotes and supports issues and activities related to public health nutrition and community nutrition that impact the Academy and the profession. With the focus on improving the health of the public, this committee is poised with the expertise to help the Academy promote the wellness and prevention agenda. Specifically, the CPHCN is charged with:

• Overseeing the Board of Directors and HOD action plan for public health nutrition and community nutrition and collaborating with Academy organizational units and external organizations to achieve the desired outcomes for the Academy and profession.
• Seeking input and feedback from relevant Academy organizational units and external organizations on issues related to public health nutrition and community nutrition.
• Providing direction to the profession for pursuing job opportunities in public health nutrition and community nutrition.
More information on the CPHCN can be found at: https://www.eatrightpro.org/resource/leadership/volunteering/committees-and-task-forces/public-health-community-nutrition-committee

Council on Future Practice Change Drivers

The Academy’s Council on Future Practice identified 10 change drivers impacting the profession in the next 10-15 years. Two of the 10 change drivers specifically focus on wellness and prevention. **Change Driver 6: Health care in the U.S. increasingly focuses on population health to improve effectiveness and reach and slow the growth of health care costs.** The Patient Protection and Affordable Care Act promotes population health by its focus on better care, better health and lower costs. A culture change is revolutionizing institutions as they move to engage people at every level of their organizations in shifting their focus towards health promotion and disease prevention and creating a culture of health as part of their daily practices. This culture of health will present tremendous opportunities for RDNs and NDTRs.

**Change Driver 8: Nutrition and medical nutrition therapy (MNT) become even more critical in current and future emerging health care models for their pivotal roles in wellness, health promotion, disease prevention and disease management.** The public’s explosion of interest in nutrition and wellness is transforming food retailers, who are positioning themselves as health care destinations. As health care is disrupted and transitions from the medical model to one of prevention and wellness and, nutrition, RDNs and NDTRs are poised to take center stage in health promotion and disease-prevention programs in worksites and other community-based settings.

For more information on the change drivers, visit www.eatrightpro.org/visioning

CDR Essential Practice Competencies

The Commission on Dietetic Registration’s (CDR) professional development portfolio (PDP) allows each individual practitioner to identify his or her knowledge and skills needed for professional competence. The essential practice competencies provide a structured guide to help identify, evaluate and develop the behaviors required for continued competence. Two of the spheres of the essential practice competencies address wellness and prevention:

- **Sphere 8: Food, Nutrition and Dietetics and Physical Activity**- uses current knowledge and skills to convey the specific application of food and nutrition sciences and physical activity in the dietetics profession.
- **Sphere 12: Community and Population Health**- provides nutrition and dietetic services to promote health and wellness and to prevent disease in communities and populations.

Specific competencies and performance indicators can be found at: https://www.cdrnet.org/competencies.
Dietetic Practice Groups

Several Dietetic Practice Groups (DPGs) are involved in wellness and prevention activities. Some of the DPGs currently involved include:

- Dietitians in Integrative and Functional Medicine promotes the integration of conventional nutrition practices with evidence-based alternatives through education, research and practice.
- Food and Culinary Professionals DPG advances culinary initiatives and issues and has a retail and restaurant sub-group and supermarket sub-group.
- Hunger, Environmental and Nutrition DPG promotes optimal nutrition and well-being, acknowledging the interdependence of food and water security, health, agriculture and the environment.
- Nutrition Entrepreneurs DPG members consist of authors, coaches, speakers, media consultants and those who work in corporate health and private practice; the DPG has a coaches sub-group and corporate wellness sub-group.
- Pediatric Nutrition DPG is committed to promoting nutritional well-being as part of a healthy lifestyle for all infants, children and adolescents; the DPG has a diabetes, wellness and weight management sub-group.
- Public Health/ Community Nutrition DPG serves the public through the promotion of optimal nutrition, health and well-being.
- School Nutrition Services DPG consists of members working in child nutrition programs and interested in creating healthier school environments.
- Sports, Cardiovascular and Wellness Nutrition (SCAN) DPG consists of members with expertise in sports and physical activity, cardiovascular health, wellness, and disordered eating and eating disorders; the DPG has a wellness/ cardiovascular sub-group.
- Vegetarian Nutrition DPG focuses on information and resources for plant-based diets, which have become a greater focus in wellness and prevention programs for individuals and global health.
- The Weight Management DPG focuses on the science and application of weight management prevention and treatment for all ages; the DPG has a pediatric weight management sub-group and a weight and wellness coaching sub-group.

More information on these DPGs can be found on their individual websites, which can be located at: www.eatrightpro.org/resources/membership/academy-groups/dietetic-practice-groups

Job Descriptions

The Academy has published Job Descriptions: Models for Careers in Dietetics, 3rd edition, which moves beyond traditional roles in dietetics and includes job descriptions for new and creative positions. Job descriptions that may be applicable to wellness and prevention include:

- Culinary nutritionist
- Retail dietitian
- Food bank nutrition and wellness manager
- Health/ lifestyle coach
• School nutrition and wellness coordinator

The publication can be purchased by members and non-members of the Academy at: www.eatrightstore.org/product/424F36F9-B3F2-4A2D-9FEF-681BF75AA791

**Kids Eat Right**

The Academy’s Foundation is committed to promoting a healthy today and tomorrow for children. The Kids Eat Right campaign was created to support public education projects and programs that address the national health concern of obesity among children. Several toolkits and consumer resources are available through the Kids Eat Right campaign to promote healthy eating and wellness for children and families. Toolkits currently available for RDNs and NDTRs to use in educating children and their families on healthy eating and wellness include:

- My Plate: How Do I Rate?
- Healthy Schools: It’s a Team Effort
- Healthy Eating from the Ground Up
- Family Meals Any Time
- Family Champions One Change at a Time
- Healthy Breakfast Everywhere You Go
- Healthy Snacking in a Nutshell

More information on the Kids Eat Right campaign can be found at: www.eatrightfoundation.org/foundation/kidseatright/

**Position and Practice Papers**

Multiple Academy Position and Practice papers focus on wellness and prevention. Examples include:

- The Role of Nutrition in Health Promotion and Chronic Disease Prevention
- Total Diet Approach to Healthy Eating
- Functional Foods

For a complete listing of position and practice papers, visit www.eatrightpro.org/resources/practice/position-and-practice-papers.

**Policy and Advocacy Efforts**

The Academy is committed to advancing the profession through policy and advocacy efforts. Current priorities areas for 2015-2017 are inclusive of wellness and prevention and consist of:

- Disease Prevention and Treatment
- Lifecycle Nutrition
- Healthy Food Systems and Access
• Quality Health Care

The Academy’s most recent advocacy efforts include mobilization around the Treat and Reduce Obesity Act and Preventing Diabetes in Medicare Act and Child Nutrition Reauthorization, each of which include a prevention and wellness component. For more information on the public policy priority areas, visit [www.eatrightpro.org/resource/advocacy/action-center/getting-started/legislative-and-public-policy-priority-areas](http://www.eatrightpro.org/resource/advocacy/action-center/getting-started/legislative-and-public-policy-priority-areas).

**Professional Development**

The Center for Lifelong Learning offers several opportunities for professional development in wellness and prevention. Current online certificate of training programs in wellness and prevention include:

- Culinary Nutrition
- Food Allergies: Cutting through the Clutter
- Restaurant Menu Labeling: The Impact on the Environment of Nutrition and Dietetics
- Supermarket Business and Industry Skills to Thrive in Retail Dietetics
- Vegetarian Nutrition

The full listing of online certificate of training programs can be found at: [www.eatrightpro.org/resource/career/professional-development/distance-learning/online-learning](http://www.eatrightpro.org/resource/career/professional-development/distance-learning/online-learning).

In addition, a wellness and prevention education track is offered at the Food & Nutrition Conference & Expo™.

**Conclusion**

The time is now for credentialed dietetics practitioners to seize the opportunities that wellness and prevention provide. Credentialed dietetics practitioners who focus on prevention and wellness have the ability to reduce health care expenditures, as prevention is often significantly less costly than treatment. Credentialed dietetics practitioners have an opportunity to lead and practice in community and public health settings, focusing on wellness and prevention of disease, and as part of interprofessional teams.

**Call to Action:** Will you be a part of this future? What will credentialed dietetics practitioners’ roles in wellness and prevention look like in the future? What strengths or skills are needed by credentialed dietetics practitioners to work in these roles? What will it take for individuals to create the desired future where credential dietetics practitioners are integral to health and wellness?
References


33. Walgreens Your Digital Health Advisor [www.walgreens.com/steps/brhc-loggedout.jsp](http://www.walgreens.com/steps/brhc-loggedout.jsp)


