Constituent Responses – Question 1

What do you want/need from the HOD?

Affiliate:

Deb Sheets - Minnesota

1. Would like to know what policies are being shaped regarding reimbursement for services and future changes to our credentialing and academic model and how this will impact our students and professionals. Additionally, what actions we are taking against others or for ourselves to prevent non-dietitians that are trying to take over our jobs (chiropractors, wellness coaches, etc.). These 2 questions are my big questions for our profession: what are we doing to stay relevant and advance our profession, and how are we overcoming everyone else that says that they are the nutrition expert.

2. I'm not exactly clear about HOD mission/vision, structure, operating procedures; if I'm not alone maybe others could use a short refresher? Other than that, I see HOD as our local representation and conduit to the Academy.

Ben Atkinson - Washington

1. With all the work being done I still see a huge problem with patients not being referred or seen by Dietitians. The disconnect between inpatient and outpatient might be to blame as professionals are separated in their offices/wards. Diabetes, Kidney Failure, and obese clients are not being connected to Dietetic Care. Do we need more outpatient RD's, do we need better information out to all Americans through social media, or just via Medical Professionals.

2. If you communicate through academy wide emails, consider using an email from this address or using a specific section in the Eat Right Weekly. Maybe you do, but I don't always read it...In other words, clearly identify that it is you and what issues you are advocating for.

3. Need them to understand that I, as I believe most members, feel more represented by our practice groups than by AND as a whole. We are just too diverse for it to be any other way. I want the practice groups to have more autonomy and be able to respond more quickly to their members changing needs.

4. I was pleased to see the topic of diversity through-out the HOD background material. I also appreciated the group's acknowledgment that more timely outcomes/ deliverables are needed. What I want to see is movement on understanding and valuing diversity within ANDs leadership. Moving beyond ear marking pockets of scholarship money, I would like to see requiring anti-bias and anti-racism training for all AND leaders. This will start to change the language that is used throughout AND. ACEND could follow what CEPH, the accrediting body over schools of public health, did when they added a Foundational Competency that reads, "6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels." I think it would move our profession forwards to teach our students that there are systems-level pressures and health care provider biases that influence individuals' food and nutrition options and health care. A similar CDR competency could be added for practicing RDs.

5. After reading the backgrounder, I mostly recognize I am NOT an expert on how an organization such as the HOD should run. I do feel like it has adapted over the years and it seems we have a better system of communicating with members and getting feedback form members (Always difficult to do). I would say the responses form delegates in the delegate survey are things i find important: transparency, responsiveness and flexibility. The two things i "want" from the HOD are reciprocal communication and dedication to running our association with integrity. I feel the HOD has been doing this.

6. I would love the House of Delegates to regularly and nimbly poll the opinion of the Academy members at large in each state. I think we need to be more quickly responsive to political issues impacting health, nutrition and food policy, and if we cannot quickly identify grassroots concerns and facilitate that voice into a strong political voice, we are losing the power of the Academy members to boost the vision of AND, and we are losing the Academy member's faith in AND to be relevant on the political stage.

7. Governance! I need the HOD to determine the RDN viewpoint, determine our membership criteria and respond to nutrition issues. I like the set-up of members at this time as representative. I believe Governance takes time for some issues. Fast responses may not allow for thorough but not prolonged discussion. I like the ways where online forums/discussions take place before the HOD to allow voices to be heard and to "polish" a recommendation, procedure, act, policy etc. I think the HOD "meets" twice yearly. Is there any action that cannot wait for a 6 month review period followed by a decision? Change does need to occur at times but good change considers all the voices and actions that might result. I do get lots of emails but as an RDN it is up to me to respond (or not) to my profession. As a member I need to be informed even if I choose not to act on a specific issue. I am not a member of the HOD but I do participate in practice group activities. I appreciate so much the efforts of all of those in the HOD.

8. To be honest, I feel like the profession has not left the traditional role mentality which is not where the best paying jobs are. It would be great if it was able to service a very broad perspective of positions outside the traditional food-touching ones--business, marketing, writing, informatics. These are jobs you grow into and because of that, they occur much later in a career so the salaries are much better, yet I feel like there is little emphasis or support on them. Most of what I see is still very food oriented.

9. An emphasis on getting RD's licensed in every State. Reimbursement for Inpatient MNT
Constituent Responses – Question 1
What do you want/need from the HOD?

Mary O’Meara - New York

1. Clear and concise communication
2. Engage and increase membership
3. Make EAL more user friendly; it needs to be easier
4. A National Campaign to distinguish between RDN vs “Health/Nutrition Coaches” to increase public knowledge; not a mega issue but an immediate issue.

Mary Wells – Arkansas

- Continued support and strong voice for our current and future profession and professionals.
- Continued information on legislation affecting nutrition and dietetic professionals – love the action alerts!
- I would like to see how and/or how much HOD communicates with other healthcare professionals and educators about our profession. For example, the focus area of “Health Care and Health Systems” of AND’s strategic plan- how can we work more directly with HOD representative(s) in educating healthcare students and professionals in our area- Are dietitians utilized in education classes and programs for RN, APN, MD, DO? Can we be better utilized in this education realm? And thereafter, how can we ensure dietitians are being properly utilized by healthcare systems in our areas? For example, there is 1 doctor for x amount of patients, there is 1 nurse for x amounts of doctors... what would be a goal of 1 dietitian for x amounts of doctors/patients. This comes to mind after discussion with the new medical college here in Fort Smith as well as plans for future programs here including nursing and therapy services- a lot of opportunity for RD’s that I see.

Naomi Trostler – Iowa

The few responses to the questions I by AAND members who are practicing outside the US suggest they are concerned with the broader aspect of practice: look for the HOD to lead in innovations in practice, research, evaluation and promotion futuristic aspects of dietetic practice; develop global collaborations; lead in protection for the profession; leadership in global nutrition and dietetics practice issues; develop mega issues that relate to diversity and global outcomes of practice.

I want the HOD to:
- Seek input from Academy members on issues affecting the profession globally, like: unauthorized practice of the profession, increased professional competition, new technologies and environmental trends affecting our role
- Respond to changing needs of the profession and provide directions that can be adopted as a model in different countries

Mallory Mount – West Virginia

I would love for the HOD to tackle (again) pressing issues like:

- Low internship match rate
- Securing better reimbursement/salary opportunities for RDNs and DTRs
- Promoting diversity in both our professional but also our type of work (i.e., there is the perception among my interns that dietitians work inpatient... so that’s often true, but we all know there are zillions of other opportunities outside of there too)
- Scope creep from other practitioners; or, perhaps we need to adjust our thinking about this and help other practitioners support the work of the RDN (like how can we train and license people who have an interest in nutrition but know just enough to be dangerous? Or have I just lost it completely and this is wildly unrealistic?)
- We have a bit of a PR problem with nutrition research right now. Case in point: Brian Wansink having been removed of all duties at Cornell due to 13 of his studies being retracted... then there’s the idea that we built a profession on the low-fat craze and now nobody knows what to believe about saturated fat (it’s good! It’s bad! It’s neutral! It’s none/all of the above)

--> basically, how can we regain the public’s trust that nutrition is a legit profession and we are here to help, not to take all your carbs/fat/whatever away (except your sugar-sweetened beverages, nobody needs to drink that stuff ;)

If it seems like we’ve been here before, it’s because we have. Basically the whole time I have been in the field. How can HOD help? I agree with the governance report that it would be nice to have some kind of deliverables, but I’m not sure what.

- Concise information
- Easier to watch videos than to read a lot of information; short video clips would be very helpful
- Side note, which is totally my own thinking, but we need to get dietitians back on the map in foodservice management. From my experience, the dietitian is NOT valued. It has been overcome with chefs and certified dietary managers. Dietitians bring a lot to the table when it comes to foodservice operations.
- Feedback from Dietetic Intern: First, Looking back at my experience with the match process and results I would have loved to apply and go with a distance program the process of finding preceptors in the area I was looking and knowing exactly what a preceptors requirements and objects where was never 100% clear to me. Many of the dietitians I talked to didn’t know what it all entailed even after reading up on the given materials. I think the HOD would really be able to help fill this gap for students wanting to do
Constituent Responses – Question 1

What do you want/need from the HOD?

distance programs by networking and making sure applicants know what they should be asking. Another thought that came to mind while reading the Respective body roles was these distance intern who are actively searching for experience is a great place to fill the volunteer void. It would beneficial/helpful for both ends. (maybe a website to connect both ends and getting “all access internships” to broadcast it would be a great way to make it all connect)

I LOVE THE EAT RIGHT WEEKLY NEWS LETTER! - Keep that going

Second, now looking more at my current role as a Dietetic Intern. I am currently working on my Masters portion of this internship. In order for the HOD to get engaged with the future, new opportunities, etc. I think they have the right idea with targeting the new players to our field (Dietetic Interns/Masters students). I know there are a ton of people out there that want to help students like me and get involved and I love making the connections, learning, and networking. HOD could help fill that gap of finding the right connections if they were informed with the projects that the new players are working on. For example, my thesis is trying to incorporate breastfeeding/lactation into our educational programs. It is an area I see lacking in our field and also a very useful one for PREVENTION (one of the three focus areas). I am using my intern and testing their knowledge to see if they are meeting the Academy’s basic objectives. The HOD can help students with projects by directing them to the right people.

Michele Tilton – California

1. Need for transparency, “tell us what actions has the HOD taken as evidence of governance,” ”what evidence do we have of the HOD at work?” We need a direct line of communication with HOD and responses back to questions quicker.
2. Elevate the profession, move the profession forward with respect to what RD’s do and equal pay for gender. Use media and online platforms to teach HCP’s about RD’s. Use schools to educate Nutrition& health students about HOD governance and profession
3. Many members requested the HOD take quicker action in response to changes in our environment and Mega Issues, after reading the background and learning that topics require 3 years before plan implementation. “Fewer words are needed on paper and more action taken”.
4. Appreciative of HOD’s work and action in CA, please bring us ideas from other states.
5. Help us improve cultural awareness and diversity in each state, CA is diverse - diversity is required in CAND and HOD with respect to educating professionals and the communities

- whatever we create and report…. cut out 1/2 the words. HOD members have WAY too much to read. Backgrounder
- don’t need to be so LO N G
- we have asked for promotion of the RDN and NDTR in the media, ... very little visibility of the RDN... better than 1980, but still under represented in the professions.
- recruitment...if we want diverse thinkers we need to look at a broader base for under grad recruitment...and back it down to high school... more creative individuals
- Delegates should attend the local dietetics group board meetings to give updates (You already do this Michele, thank you!).
- I would like to ensure that HOD is representing members and not just AND. Decisions should be made in the best interest of the members and our profession. It would seem appropriate to bring mega issues to a vote of the membership. Mega issues ought to come to a vote of the members, not just the HOD.

Staci Cardenas – Kansas

- Simplified and Effective Communication
- With a decreased membership and volunteer base, it becomes increasingly important to be agile. Improved functionality.
- Results? What has been accomplished?
- Delegates need tangible and meaningful work to take back to membership. The mega-issues are broad and are not necessarily topics a majority of the membership are passionate about. Short term and long term goal strategies will assist in increasing attention to the work of the HOD. The focus is on issues 3 to 5 years from now. However, there are immediate issues within the profession, which will strike interest and also initiate membership involvement.

Amanda Jones – Oklahoma

With reading over the background the focus is about communication and some people feel there’s a communication overload which I can see from email however social media communication responding alerts those are helpful to have possibly 2 to 3 times only because of how busy everybody is if you are not reminded you forget. I feel how our House of Delegates representative comes back, communicates us with us for highlights and a way further explains if a person is not up on the topic of what’s currently going on. I feel the house of delegate representative should be able to explain to the fellow dietitians current trends or where we are trying to make the best effort as an organization.

I would like to know if the HOD also works with federal lobbyists on issues such as nutrition facts labeling, improvement to and restrictions on nutrition supplement programs, etc.
Constituent Responses – Question 1

What do you want/need from the HOD?

_Athena Evans – Colorado_

- a national newsletter of sorts from AND combining all the important messages (HOD, Public Policy, etc.)
- Assistance from AND in negotiating reimbursement is needed by our members
- Promotion of RDNs to the public
- State affiliates appreciate when AND steps in to do what it can to encourage members to become active in the association.
- State affiliates rely heavily on our volunteers to keep fellow–Colorado dietitians in-the-loop, educated, and networking. More visible national level help would be great.
- Developing, strategizing, and sustaining more internships for nutrition students. Lots of students but only limited programs and spots.
- Anything and everything on reimbursement.
- “What is being done by AND to help RDs get better reimbursement rates?”. This is what I’m hearing nationwide, not just from RDs in Colorado. There is also a big confusion among a lot of RDs taking insurance as to when they are able to use diagnosis codes.
- I work in community nutrition programs and always appreciate AND’s promotion of public policy via the public policy issues麻将. I feel that AND could continue to market the importance of public policy, specifically how community nutrition programs have the ability to affect all dietitians, regardless of their practice, which in turn would bring RDs to the table when political events need their support. Perhaps there could be some simplistic webinars/resource on things such as the farm bill and how it exactly works, how bills become law, etc.
- Sometimes it seems like subjects are less “subjects on the ground” and too overarching.
- It can be hard to want to give input when you need a lot of time to read through several materials to even give input. Quick information so you can get more input back.
- How to get more RDs to recognize the value of being an Academy member on a national level so it can also help those of us in states that have a large population that are not members of AND.

_Angela Tetteris – Pennsylvania_

1. Representation of the entire membership, easy and efficient opportunities for member input, improved and timely communication
2. Succinct updates on current issues, topics and goals, and rapid response and flexibility to “hot topics”.
3. Positioning the RDN as the nutrition expert within the medical/healthcare communities to increase referrals and professional recognition.
4. Strong focus on legislation and public policy to increase awareness and participation as well as a strong national push for reimbursement.
5. Encourage member involvement through CEU opportunities.
6. Faster action on “hot topics” – “it seems to take YEARS to get things done and changed. The world is moving at a much faster pace today and the HOD also needs to move at a faster pace”
7. “I know that the main role of the HOD is to govern the Academy, but I think the role should be expanded. There are issues that emerge from the membership occasionally that the Academy needs to address ASAP (e.g. sponsorship/corporate issues that surfaced a few yrs. ago). The HOD delegate could be conduit to communicate these issues to the Academy. This way, members would feel that they are being “heard” by the Academy in a timely manner.”
8. Address role of health coaches. Address the term “nutritionist”.
9. Consider allowing non-Academy members to be part of their state affiliates. “We are losing members and money by not offering a way to include those who feel the current membership dues and benefits are suboptimal to meet their needs and expectations. In order to help capture this group of professionals I propose another category of membership be designed with a lower price tag, more to offer than a journal the millennials feel is antiquated in its information and adding additional benefits (free webinars, more free tool kits such as competency tracking and monitoring for managers related to physical focused exam, order writing privileges, many other hot new topics). An increase in a subclass of members paying a lower price would offset perceived loss of revenue. It might actually increase revenue to the Academy and affiliates. I am sure there are many other services millennials would like to see for their dollars spent on professional organizations. I am an old timer so have limited insight into what they want. However, I listen to their complaints about why they do not join and am vested in understanding how to better meet their needs and wants and lead them to join.”
10. Address the title and opportunities for NDTR through real involvement of the NDTR community.
11. Look at what other like organizations are doing to deal with decreased volunteer availability.
12. Guidance for community involvement in our localities to further nutrition and the RDN.
13. More work in preventative health care and the role of nutrition and the RDN.
14. Clear and timely focus on the annual HOD initiatives.
15. The HOD should vote on the issues not simply advise the HLT.
16. Allow the membership to vote on “mega issues”

_Katherine Capen – Indiana_

As an educator I see the risk for losing the profession. Preceptors and Institutions are so busy that is difficult for them to take on the training of dietetic interns. Some places want a university faculty member to be present in the facility while the interns are there or the school to pay the facility to take on intern training. The ACEND requirements to run a dietetic internship are not compatible with the university standards to meet tenure; it is well known that one can’t achieve tenure if running an internship. Some places have gotten around that by hiring a RD staff member to manage the internship. This is problematic as this is a staff position not an academic one. The cost of tuition for potential interns is so expensive. Interns are coming in with huge debt load from undergraduate and now we add in the internship year. The current salary for RDN may not be attractive enough to draw in future
Constituent Responses – Question 1

What do you want/need from the HOD?

Interns. Without an strong incoming membership bases the conversations at HOD might not matter For many years it has been evident that the professional expertise of the Registered Dietitian is not as respected as other members of the health care team, especially when the registration education, hands on training requirements, and necessary continuing education are taken into consideration. This is evidenced by the salary of the RD remaining relatively static and the fact that even though we have less Registered Dietitians in the work force, a national shortage of professionals has not occurred. I have experienced on several occasions that if RD’s aren’t available for hire, the job is divided among the existing staff, or if an RD resigns, the position is eliminated to save budget dollars. With the future indicating the need for a Masters degree and the expense of an education at this time, it is possible that the number of individuals who seek out a Dietetics degree and a position as a Registered Dietitian may continue to decline.

My concern is that our membership seems to be shrinking and it is harder to find volunteers to serve on the district boards. Are we not meeting needs of the membership when it comes to mega issues and communicating the value of membership? I think the HOD needs to look at the makeup of the membership to determine where and why we are losing members.

More action. Once HOD mega issue feedback is collected, what is there to “show for it” on progress? Feels like we talk about one and move on to the next. Have the HOD represent diversity in who is serving to represent a diverse population we are serving. Begin a HOD mentoring type program where aging or experienced members mentor young leaders to bring them in under their wing.

I think a mega issue is that not all states have licensure, and there should be collective support from AND until all states secure licensure. It’s hard to bring value to our profession and move to a Masters minimum, but yet not have this credentialing in place in all states to protect the public and our profession. States don’t have the ability to go at it alone and it is costly for lobbyists.

Jennifer Jackson – Oregon

Leadership to advance our profession. It appears to me that the HOD gets too stuck in governance and issues. What if we were more forward facing and focused on opportunities vs. issues. It’s hard to see where our profession has advanced and grown. We should be leading, not responding to issues.

I want the HOD to address the big overriding issues facing our profession to provide guidance and resources that lead practitioners into the future and enable them to practice at the top of their license. I am concerned that all the committees that used to report to the HOD now report to the BOD. The HOD is responsible to govern the profession and the BOD the organization. These functions are both vital and if all committees report to the BOD then the organization focus would seem to “trump” the professional needs/focus.

I don’t know

Outcomes that have sustained or evergreen impact

Impact on day-to-day issues for members, less

busy-work Member issues committee with accountability to the HOD

Jessica Kiel – Maryland

• Greater transparency about the different issues that are being brought to the attention of the HLT (perhaps have a database of what is submitted each year/quarter searchable by state and practice area?)
• The ability to actually submit a topic/concern for consideration and receive feedback as to why it was/was not chosen as a mega issue or simply as a concern to be addressed.
• More frequent updates and communication--but please make sure it is easy to access and digest! Please not just a notification telling me I have to go to a separate website, log-in, and then try to search and find it.
• Work on both long and short-term goals, planning, and actions. Plan for the future, but also have actionable items that the HOD delegate can bring back to their membership and begin to implement on a local level.

Suzanne Henson – Alabama

• To be up to date on current issues that affect our profession.
• Billable services for inpatient nutrition assessments.

Adair Lindsay – District of Columbia

I want the HOD to be on the leading edge of our profession by understanding what is MOST important to Academy members and bring that perspective to Academy leaders.

I want the HOD to utilize all technologies to make it easier to gain insight from Academy members and report out HOD deliverables. It can be quite a larger task for Delegates to compile input/report back, which may be a deterrent to volunteering of potential/future Delegates.
Constituent Responses – Question 1

What do you want/need from the HOD?

I would also like more real-time access to HOD proceedings/outputs. Sometimes it feels delayed when reported out by each delegate.

- A clear/transparent understanding of what the HOD does.
- A clear/transparent understanding of how to should provide feedback/input when relevant issues arise.
- Communication regarding what issues are being discussed by the HOD, what decisions are made, and what the next steps are for follow up/action.
- Transparency about how HOD decisions are made.
- A more local perspective (i.e. how does the Academy's Strategic Plan coincide directly with what is happening where I live/work?)
- A more dynamic HOD presence on Facebook or Twitter
- A forum for discussion about Mega Issues and a more effective and efficient way to solicit member input and generate member discussion -- especially regarding upcoming opportunities to support/address it (e.g., maybe such a forum would have alerted members to attend the Mayor's Maternal & Infant Health Summit which was Sept 6th.)
- A dynamic forum for discussion with a proactive slant for engagement in AND strategic focus areas

Tina Shepard – Arizona

- Open lines of communication. Easily accessible information regarding current issues, timelines, and calls for action.
- Fast, fluid, & flexible! Are you kidding? This 7 page document was so general, it was useless. The dietitians missed reimbursement when Medicaid & Medicare started and they have never regained opportunities for insurance payments. The document fails to note anything like universal healthcare. Dietitians will again get little or nothing to anticipate & will be too late to get anything.
- I realize this is not specifically a HOD function, but perhaps it can be brought to the board through the HOD? I would like to see the elections be more transparent. We don't know the results of elections other than the final outcome. It would be nice to know the vote counts, and to see the vote counts tally throughout the election period. This will allow for the opportunity for some healthy competition to campaign and rally for the candidates we'd like. And it would make the elections more open and engaging.
- I need the HOD to be as diverse as able, in order to represent the population of the US, and our undergraduate students. The current structure of internships severely limits the ability of diverse and first generation students to complete internships. The only way that this will continue to be at the forefront is diverse representation in HOD
- I would like the HOD to have more voting power on more substantive issues. The HOD is supposed to be representative of membership. They should be able to vote on issues governing the profession. Currently the votes related to the mega issues are pointless at best.
- I was Arizona's delegate when ADA changed their name to the Academy, and when they instituted RDN. Delegates were not aware of these changes until they were announced publically. However, the delegates, as representatives for the members, were getting all the questions from the members about these changes. We did not have the background information or the Academy Board’s rationale as to why these decisions were made until a few days after they had already taken place. I feel both of these would have been perfect opportunities to poll the membership and gather member input prior to implementing the changes. I realize the HOD is designed to govern the Academy. But these 2 issues affected everyone working in this profession, members and non-members.
- I would like the HOD to take some very specific steps towards creating a culture of valuing diversity included 1) Creating a delegate spot for each Mega Interest Group, and potentially more than one spot for MIG's which have re-organized and represent multiple ethnic or demographic identities. Our MIG's are where people have self-identified on the basis of their cultural, gender or age-based identity and leadership in these MIG's are in-tune to the potential for inequities which may disproportionately impact their MIG membership. Including a spot for a representative from the Academy’s Diversity Committee as a voting delegate, in order to create continuity between the Diversity Committee’s Strategic Plan and the HOD, and to ensure that matters relating to diversity and inclusion are always present, voiced and considered at every meeting. 3) No HOD meeting should pass without tangible progress being made to continuously assess and implement practices which promote diversity and inclusion. I believe that making investments and specific steps towards increasing diversity at a sizeable level is the single most important thing we need to remain focused on if dietetics is to be adaptable, resilient and relevant in food systems and healthcare. 4) Increased representation from educators, possibly through increased number of delegates from NDEP. Educators are at the heart of our professional pipeline and are also in tuned to barriers to higher education, beyond the Academy’s control, which negatively impact efforts to increase diversity. Educators are also more likely to be continuously subject to diversity and inclusion trainings and professional development opportunities. Educators are in tuned to the experiences of sometimes hundreds of future dietetic professionals through their interactions on campus and in dietetics classes. I do not think 1 NDEP delegate is sufficient.
- I would like the HOD to make some very specific, and routine efforts, to engage membership and ensure that every member understands the role of HOD and how to bring issues forward to have their voice heard. Again, this responsibility should be held at the national level. Delegates should not be the only people sharing HOD news and updates with their state because that de-centralizes the system and opens the door for decreased engagement if the state does not have a culture of engagement. I do still think that inquiries from the delegate to the affiliate group membership is effective but I also think there should be a centralized push to solicit feedback from those members who are not engaged with any sub-groups, even their state. This could be handled in the way that Action Alerts emails seek to solicit national engagement.

Tina Maxwell – Texas
Constituent Responses – Question 1

What do you want/need from the HOD?

1. Do not like surprises of the State going to Regions vs District nor the lack of input. HOD needs to improve this for West Texas. Getting info out on legislation, licensure, and Reimbursement to help the dietitians in their jobs.
2. Just to stay informed and have an easy way to contact them if I need something specific.
3. Continue to promote our strategic plan and grow
4. As an organization, we need to be committed to science-based practice. Too often now both in clinical settings and hot nutrition topics in the media, I see members “off script” and making recommendations and telling patients/clients/consumers information based on emotion or the popular media interpretation of science vs. the peer-reviewed evidence. This is a serious issue that the Academy needs to address. Otherwise, we are no different than the mail-order certificate nutritionists and will lose the respect of the scientific and medical establishment.
5. Improvements in diversity/recruitment efforts to encourage more POC into the profession.
6. Monitor the pulse of the membership and provide valuable communication at the national level without excessive layers.
7. continued dissemination of knowledge & information regarding the Academy and our practice
8. updates through the newsletter or webinars, as well as presentations at regional meetings
9. At this point in time and with the current structure, the HOD is providing what I, as a 40+ year member practicing in community nutrition, want and need.
10. support for the RD profession to move forward as the leaders in nutrition care
11. To represent all aspects of dietetics
12. Continued communication FROM the HOD, such as this excellent webinar you did.
13. Increased transparency, local impact of strategic plan and goals for the profession

Angela Lemond – Texas

- To represent us to the public as the nutrition experts and help them understand the difference between us and nutritionists or health coaches
- More communication on local issues.
- Continued support in regards to always being available to listen to input, ideas, etc. as you are now.
- Foreword: I am a recent graduate (May 2018) and new RDN who is looking to become more interactive with the Academy or organizations at the national to the local level. This past HOD Webinar was the first I have attended. I have been familiarizing myself with the Governance section on the Academy’s website and have been subscribed to e-mail newsletters for a while now. I understand some of my wants/needs from the HOD are currently present and in action, but I will go ahead and answer to the best of my ability. From the HOD, I want transparency, open and easy communication, accessible interaction via technology, evidence-based mindsets, and absence of conflicts of interest. I want the HOD to interact with all levels of political representation i.e. local representatives all the way up to national.
- I want the HOD to put more emphasis on CURRENT research. As a current dietetics student, I feel as though current dietitians have NOT kept up to date on their research. I want the HOD to make it necessary for future/current dietitians be educated on the most up to date research. I understand that this is an expectation for current dietitians, but I don’t believe there are enough requirements upholding these rules for dietitians. Greater awareness for how the “mega issues” are chosen and if the membership agrees. I also think a greater awareness of what the delegates do is important.
- Continued communication of issues and action steps
- Be open to inspiring change - we need to be open to partnering with industry, technology; more communication on the outcome of the meetings and what the actionables are
- The main issue I currently have is getting paid for my services, aka, insurance. It would make my job a lot easier if we could bill for more hours and more diagnostic codes were covered.

Karen Beathard – Texas

1. More connections with government agencies who are making food and nutrition decisions that we as a profession need to be a part of and minutes from those meetings.
2. An online tool for the local and state affiliates to use to support member involvement and activities at the state level (example: Member Planet)
3. Continued updates on what is going on at the Academy level to help advance our profession.
4. More information on the progress of prior mega issues.
5. Vigilant protection of the term dietitian
6. Representation to push the profession forward and make dietitians the leaders in nutrition
7. Continue to keep us updated on legislation and sending action alert reminders
8. A plan to encourage diversity of all kinds in the profession
9. Open discussions, current mega issues, communication in multiple forms, access to share my thoughts, openness to new ideas, ability to open job opportunities
10. Writing privileges at all Texas acute care facilities
11. Ability to voice concerns regarding accreditation and recertification
12. To serve as an advocate for dietitians by increasing public awareness of how a dietitian is different than a health coach or nutritionist.
13. More transparency, discussion on strategic plan and goals for the profession

RoseAnna Holliday – Idaho

1. The HOD is our voice. The mega issue of designing an HOD to best support our profession and strategic plan requires obtaining a diverse representation of our field from many cultures and areas of practice. I know there are many RDNs with opportunities to advance our profession and priorities are going to be different for every member. We need to encourage advocacy from all sectors.
2. HOD should provide voices and representation from all over the country and provide a check and balance of sorts to the board of directors. They should be powerful state representation on a national level. They should be the driving force behind how we steer the national organization and transfer that communication back to a
Constituent Responses – Question 1

What do you want/need from the HOD?

state level.
3. How we will keep afloat without biasing our profession (including taking money from big manufacturing companies) while still being open to emerging science and ideas (including functional medicine and messaging that goes beyond the age-old “moderation” theme).
4. The Academy needs to really think about our stance on accepting donations from biased organizations. How can we represent optimal health in our messaging without being influenced by big business if they are helping keep our organization afloat? There is clearly a conflict here that the Academy needs to think about and potentially take a stance on. What is our policy? Do members see it and feel comfortable with it? Can we operate without them? In regards to a “mega” issue that really stands out to me and is the constant feedback I hear from non-members in not supporting the organization.

Tammy Randall – Ohio

- Communication from our delegate about issues the HOD is considering. A way to state other concerns local members might have.
- Forward thinking, real time responses, alignment with future practice and issues, active interaction and engagement with future, new, and current members.
- I like that is gives all members a voice through their respective delegates, local association and any specialty group they belong to. I think that should continue. I think that voice is crucial to being a driver to the organization as a whole.
- From reading the backgrounder, I’m afraid that instead of listening to the “popular vote”/voice, the members of the Board are more like the electoral college. I would rather that the Voice have more sway, versus a smaller group making decisions.
- I am not involved directly with my local group or HOD, but I do try to stay updated on current professional issues. I feel one of the biggest issues facing our profession is the lack of reimbursement by insurance companies, Medicare, and Medicaid. I feel strides have been made to see the value RDNs and NDTRs can provide. However, I feel there is a long way to go. I often make the comment, “dietitians are underutilized”. I work in LTC/SNF setting, and very often are time in the facilities is limited d/t administration enforcing limited hours for the RDN. Another challenge is keeping dietetics professionals up to date with current trends, and successfully communicating evidence based information to other health care professionals.

Elizabeth Hilliard – North Dakota

Continue to advocate for nutrition experts
Since I am retired and not longer an RD or licensed, I don’t keep up on all the issues. I really only read the info as much as I used to.
To properly represent me the HOD should address the management of our association (nationally related to lobbying, contacts/relationship with state org, etc.) and content-wise it should address what our emphasis should be in the area of nutrition.
I expect the HOD to listen to the constituents whom the issue will have the greatest impact. Nevertheless, each RDN is expected to do more with less. I am not sure that this is an issue that the HOD can address.

Katie Bark – Montana

1. Dietetic Intern: A few things that I would like to see from the House of Delegates-
   * a push for more environmental sustainable initiatives
   * a push for removing unhealthy sponsors/stakeholders - this could increase transparency
   * increase efficiency of communication to members of academy's successes
   * connect college student members to the volunteering sector - this could increase connections
   * push for interning hours spent with the academy to include a chance at connecting with the HOD.

2. Past Affiliate President: It is vital that we generate and support membership in the Academy at this point in our history as an organization representing the profession. Not being able to capture the contribution of newer professionals or emerging professionals in our organization will hamper us in being a positive and effective force in healthcare, the environment and the overall well-being of people and communities. That being said, I hear that membership dues are often viewed as a hindrance to membership and value for the cost of membership is often questioned in what one receives as benefits in return. I think the Academy has made great strides in improving the benefits side of this equation, but could there be another structure for determining membership rates that might be in line with the area of dietetics a professional is working in. Some work environments in dietetic practice pay quite differently than others. Maybe a sliding scale fee schedule would not be viewed a practical or fair, but we do need to address the potential loss of new professionals no becoming members because of this barrier.

3. RDN with 5 years exp; on Board of Directors:
   *To know that the HOD delegate body reflects and represents the diversity and interests of the field.
   *Multiple avenues and approaches to provide input to HOD (see next question for additional details).
   *Transparency (to all members) in sharing how priority areas are identified and how member feedback is implemented.
   *Resources and tools to share information out to general membership (blog language, handouts, etc.)

4. Dietetic Intern: An ability to take feedback from members and produce visible change, advances with technology and analytics for the academy.
Constituent Responses – Question 1

What do you want/need from the HOD?

5. Dietetic Intern: I want the HOD to recognize sustainable food systems as a model of health for our communities. At this current point in time, our agricultural system could not sustain the Dietary guideline recommendations of fruit and vegetable intake. Small and medium sized farms cannot survive because our current food system supports only those foods that are grown by a few given corporations. We must start building the infrastructure that supports local sustainable food and in turn will support a movement of health. By connecting with produce that is nutrient dense, seasonal, and local the food environment and food choices will begin to change.

6. RDN with 5-10 years exp; BOD: I would like regular, succinct updates on what the academy is doing as well as easy ways to have my voice heard. I would also like the HOD to work to address issues that impact the issues that matter to dietitians today.

7. Retired with over 40 years of experience: Focus an issues that help to increase salaries for RDNs.

Adrienne White – Maine

- The House of Delegates does not exist to serve the individual member, but to serve the Academy as a whole. In the days before web-based surveys, emails, etc. the communications role of the delegate was probably paramount. Today, the councils, committees and task forces that currently utilize the outcomes of the HOD dialogue sessions could probably get most of that input directly from members all across the country, using surveys, without the delegate as the middle man. The HOD does not “decide” things. So the primary current role of the HOD is to advise. It’s possible that a much smaller group of people could process, summarize, discuss that data, and make recommendations, without such a large undertaking as the HOD meetings of today. Perhaps this is the advisory council model referred to in the background?
- The HOD and other governing bodies of the Academy need to reorganize the workflow, with a priority on being fast, fluid, and flexible. The timeline somehow needs to be shortened from identification of a mega-issue to the eventual outcome as implemented by of the dialogue sessions by the various councils, committees and task forces. As acknowledged in the backgrounder, and from a past delegate’s experience, years would go by in the mega-issue process. Does that meet our needs in 2018?
- People are used to voicing their concerns and ideas individually now—and not necessarily through a representative. It’s so easy to tweet an opinion/idea or comment. Obviously we’d still need some representatives for leadership etc. so not sure exactly how it would all work. The current system seems very old school and a huge turn-off for members especially younger members who wonder why they can’t weigh in on their own.
- The HOD should be more visible to the Academy members as a whole. It is great to have the affiliate delegates in touch with their members, however there could be more communication from the HOD to the Academy members as a whole.
- Could HOD meetings end with completed motions or even completed votes—how was this done in the old days before the Internet? By facilitating such an extended process of chatting on forums, developing and voting on motions?
- It could be more effective to have smaller groups of delegates work on mega-issues of interest to their affiliate or on those that they have some expertise.
- Technology can help to speed things up and be cheaper, but those who had been delegates in the past thought technology gets in the way and found face-to-face meetings far more effective at promoting the meaningful exchange of ideas without getting bogged down in process.
- Advocacy for community nutrition professions. I find AND focuses primarily on clinical nutrition and food service. I would also like information on the new competencies and ideas for evaluating those competencies as a preceptor.
- Have the HOD look at the make-up of the group by industry types. Putting theory into practice is an important piece of ensuring adequate representation.
- HOD should represent the majority opinions and expertise of the membership of the state affiliate. I know that the process describes not using opinions, but knowledge to drive decisions, and I agree with this concept. But I know that sometimes it is also important to consider the beliefs of the members as formed through their knowledge. This representation means that the delegates find ways to gather and summarize the input from members - sometimes on general issues, but also as answers to specific questions.

Valerie Shurley – Wisconsin

More frequent, but concise information. Give us the “bullet points” of your meetings, plans, etc.

- I related with a statement in the backgrounder that noted we have information overload these days. Reading and responding to email can take a few hours out of work days at times! For example, I do not need paper mailings or multiple social media outlets (just one that reaches most is good).

- Simplified tools to share information with students, interns, colleagues (RDNs and non-RDNs).

- In my almost 20 years as an RD, this is the first time that I’ve ever been in communication with someone from the HOD who is asking for input (thank you!). Although those in the HOD are tasked with representing constituents, my guess is that they are representing a very small percentage of those in their state/area who may have seen the call to “speak up”.
- We can blame the membership and say that they are not active OR we can think outside of the box to determine new and more effective ways of communicating with and engaging membership because most RD’s are very passionate about the profession and the future of the profession. The HOD needs to capture these opinions in greater numbers.

- I am especially concerned about the slow but steady decline in WAND (and AND?) membership. The
Constituent Responses – Question 1

What do you want/need from the HOD?

HOD backgrounder also acknowledges the decline in volunteering
- Volunteering is at an all-time low in the Academy and I think part of that may have to do with the minimal leadership and management training provided to young RDNs. Only recently has the Academy provided leadership training and tracks at FNCE. And these should not only be seen as resources for our current leaders, managers, directors, etc. I see WAY too many RDNs frustrated with their perceived lack of value (in healthcare, in politics) but they don't have the skills, tools or education to help them DEMONSTRATE their value. This takes leadership, an understanding of the BIG picture of healthcare, the ability to think strategically, to prepare a compelling personnel proposal or capital proposal, etc. RDNs need to have better business acumen - healthcare is a business and RDNs will strive if we understand how to get what we want (need, is important for patients, etc.) in a business environment. When RDNs aren't learning those skills, those needed to lead, why would they want to volunteer?
- We also have some "more experienced" RDNs who are not being very kind or supportive of the new millennial generation of RDNs. This has to stop. Can we provide the more experienced RDNs with generational training? I have seen inappropriate, unkind and intimidating behavior from some more experienced RDNs. I have seen organizations with a clear generational divide that is not helping our profession. This is obviously not true of all of the great mentors, educators, and practitioners with more experience than myself, but it's enough that I've noticed a trend. Again, why volunteer as a young person if you can feel the disdain from the older generation of RDNs? Especially when you are just finding your confidence and your voice?
- One advantage to being involved in a professional association is the opportunity to develop leadership skills and career advancement. So maybe a focus could be helping RDs to develop leadership skills. I agree with you that the internet probably does impact membership because it is so easy to get CEUs now.
- I want a HOD that includes diverse representatives who can speak on behalf issues facing dietitians but also global issues facing all clinicians, including culturally responsive and sensitive care, lack of diversity in dietetics, aging, professional protection (licensure) and lack of support for prevention.

Lisa Neuhaus – New York

a. Representation of member views on the "Mega Issues" Feedback on the results/outcomes of Mega Issues, opportunities for members to take on leadership roles in the Academy.

b. I want to see more communication from the HOD, and a more diverse representation of dietitians in leadership roles throughout the Academy's leadership.

c. My concern is the profession is at risk of being made obsolete by a combination of technology (i.e. analysis software) and other professions (psychologists being well positioned to provide effective counseling with just a little education about diet) becoming more adept at some of our work. Within the past year, I also know two skilled RDNs who left the profession after 5-10 years of experience specifically for more well-paying jobs with better hours and several students who have been discouraged from entering the profession after reviewing statistics. Another left an ISPP for a well-paying job because there was no way to finish the last two months of the ISPP part-time per program (preceptors happy to do part-time). These personal anecdotes support what I have been told about the number of RDNs who leave the profession relatively young.

Tracey Neely – Georgia

- HOD is an important avenue for leadership in the Academy and an essential link to the "grass roots" membership. We need to utilize the HOD to its full potential with improved functionality & speed of process. Delegates should be a "voice" of the membership.

- Academy members want to feel a connection to the Mega Issues (MI). Each (MI) should address the membership's concerns with full transparency. HOD should represent the diversity of practice and creative business models that exist in the dietitian workforce today. Delegates want meaningful engagement instead of limits set by MI.

- Delegates need a tangible work "product" to take back to the membership along with a means to convey the message (ie, slides, video, infographics etc).

- HOD needs a better connection/relationship with the BOD. They should work collaboratively not independently.

Donna Castricone – Rhode Island

- More awareness of what is being done - sharing meeting minutes, quarterly summary or objectives for the year.
- I'd like the HOD to address issues that focus on outpatient and/or private practice providers.
- The HOD doesn't address issues that pertain to my work.
- It's hard to follow the HOD because the material they put out is so long and detailed...can you be more concise? The 7 page background info isn't going to be read by many members...too dry and too long.
Constituent Responses – Question 1

What do you want/need from the HOD?

Michele Nikolai – Michigan

VIP 1: I think what I need from the HOD is basic, frequent communication. Often times when e-mails are wordy they are tossed in the trash because other work things are more pressing. A quick info graph or less than 2 minute video.

VIP 2: More supervised practice within undergard and to update teachings on nutrition

VIP 3: 1) Sometimes the backgrounders have way too much information. Maybe more condensed, more bullet points, a video perhaps of the HOD Speaker discussing the issue. Maybe even dividing the issue up and sending it out in smaller chunks. I know when I’ve clicked on the backgrounders/questions in the past there was so much to read and it prevented me from really providing my input unless I’m really vested in the topic.

2) Better opportunities to provide feedback. Maybe webinars with real time answering by attendees.

Offering CEU’s for participating in these webinars. HOD pre-made questionnaires that can be distributed to conference attendees.

3) Updates on what was done on past mega issues. Sometimes people don’t realize that the issues turn into some amazing things that poise RDN’s to be leaders in a certain area (i.e. malnutrition).

VIP 4: I think most constituents would hope that the HOD lays the groundwork for policy to support and advocate for dietitians, and all the things we hope to see in the future. We need people to highlight the importance of the role of RDS in all settings. We need someone to be our voice to help us perform our work in the most effective and efficient way possible. I think providing dietitians with easy and quick tips/bits of information/FAQs with answers to help them understand how policy and what the HOD is doing, and how it can trickle down to improve their daily workflow, is key. I think this is vital, especially for entry-level RDs and students, to help increase involvement and the desire to give back to the profession, and participate in leadership and policy-related positions/tasks.

VIP 5: Clear communication would be beneficial as communication is one of the keys to success. Goals for moving forward to become better leaders and working together in this ever advancing career. A lot of dietitians are unaware of the House of Delegates so raising more awareness of this and policies we can advocate for.

VIP 6: I want their voice to be louder for issues regarding health and nutrition. Yes, we are on social media, but the voice of fitness models and doctors is louder in sharing new fitness models and nutrition information. They should invest and connect with more media avenues like TV and radio channels, ads on the web, campaigns lead by dietitians only, let dietitians be known and heard as the voice of health experts when it comes to food related issues.

Meg Maher Rowe – Pennsylvania

1. Continued transparency on issues relating to the Academy and the future of the profession. Additionally, it would be beneficial for members of the academy to understand the long term vision of the academy and where the profession is anticipated to be in the next few years. For example, is there a plan to make the profession of RDs better known and help the public understand the differences of credibility between a RDN and a nutritionist?

2. Continued updates on the strategic plan would also be beneficial. If members of the academy could continue to have input on the topics of the strategic plan and give recommendations that would be helpful for all parties.

3. I cannot say I am sure what I want/need from the HOD. I am not exactly sure of the policies that the HOD follows but I would actually like to see the sessions live-streamed so that I could see what was happening. I am guessing that isn’t entirely possible because of the sensitive nature of some of the issues but as a member I would like to see it. I think as President I was allowed to view the session before FNCE. I am not entirely sure what happens at a meeting. I know that you all do an awesome job of reporting to us of what you talked about.

4. To guide us in what to do in our communities (what should we be doing besides legislative?) Should we be on school boards or at local meetings and what topics should we focus on to get our profession and field out there? How about having a Harrisburg or virtual meet the HOD members or a weekend breakfast event for members/non-members to understand what this is about and why it is so important.

5. Personally, Meg, I don’t want to say it, but I will. Although some of the younger RD’s have the passion and drive for this and to get things done, the others are not as challenged anymore. Engaging these members, as students and interns, will make this easier for HOD and for the profession.

(C) This comment was made by RDN who is under 30 years of age.)

Catherine Austin – Tennessee

Communicate in a way that I keep up. Just posting copious info on the website isn’t helpful.

Have all web resources not be so overwhelming. Be succinct. Tell us what we need to know to do what is asked. Example, the backgrounder in this email was a so broad it did not keep my interest or move me to action. Felt like I was talking to a politician.

When I ask a question I would appreciate a straight forward answer not a position statement or a three page summary regarding the topic of my question.

Focus on a topic that is relevant on creating jobs for RDs. Offer assistance to improve needed skills. (i.e. managing changing media resources…. drop box, google docs, webinars so we can better communicate. How to navigate the Academy resources to capitalize on the knowledge available.

Have speakers that have actually the hands on experience. Not someone that has read about it and lip syncing the PowerPoint presentation provided by the Academy.

Malnutrition???? We are preaching to the choir.
\textbf{Constituent Responses – Question 1}

\textbf{What do you want/need from the HOD?}

- I’d value any insight from the Academy/HOD level as to how this credential is acknowledged or recognized within AND.
- Nurses and MDs are being trained with these skill sets and many are attaining this credential within interprofessional settings.
- I have internship graduates working as health-wellness coaches in settings where their RD credential is an accelerator when it comes to their outcomes/impact.

\textit{Joan Salge Blake – Massachusetts}

I agree with everything stated by current Delegates surveyed in this Backgrounder. As a former Delegate (Under 30), I struggled with gathering member feedback, and knowing what was next. Therefore, I think \textbf{dedicating resources to developing/implementing tools for more effective/streamlined communication} (with members and I’m sure within the HOD) and transparency are key. I think doing a better job of gathering member feedback for what the Mega Issue schedule is, as well as (I noted this idea in the Backgrounder) ways to address mini, yet important, member-issues as they arise - in this fast-paced world, we can’t always plan things out years in advance… or wait until a HOD Meeting to resolve/address them. And as for transparency, maybe an HOD update section in the Eat Right Weekly member email.

\textit{Lauri Wright – Florida}

It seems like the topics in the past have been great, but we don’t hear about follow-up or progress. Can there be a way to maybe have smaller, more reachable goals where members can really see their input as making a difference?

\textit{Tamara Deschaine – Alaska}

\textbf{Respondent 1 - Less wordy initiatives, more streamlined info}

\textbf{Respondent 2 - I am satisfied with the HOD and encouraged about the next steps based on the background fact sheet. Respondent 3 - I would like to feel more valued at work and that I am an important part of the team. At present, I do not feel my knowledge and expertise are being valued. This makes me want to change profession. I would like the HOD to change my and others’ impression of the profession.}

\textit{Nadine Pazder – Florida}

I am not very involved and I do not have a lot of respect for the academy. My biggest concern is that my national association needs to divorce itself from special interest groups. It is embarrassing. The dairy association is probably my biggest concern. I never purchase any of the national nutrition month items because they always show cheese. We are supposed to be evidenced-based and yet an item that is loaded with fat and salt is part of nutrition month? Just one of many examples. I am embarrassed, not proud.

\textit{Tanja Cutting – South Dakota}
Constituent Responses – Question 1

What do you want/need from the HOD?

DPG:

Jenna Bell - NE

- What I want, what I’ve always wanted, is more effort and pressure from the Academy to showcase the RDN, and bring better nutrition reimbursements (via insurance providers, Medicare) to our profession. Salaries have been flat for 30 years, even when compared to other allied health professionals (PT, ST, nursing, etc.)
- I’d like a better, and more focused marketing campaign that absolutely paints the RDN as the nutrition expert (televisions commercial campaigns - public education). Get Maye Musk to do it! It’s got to be GOOD. Use the members that know what they are doing.
- The Academy definitely needs to use technology in more efficient and broader ways to reach members.
- Spend less money on connecting with MEMBERS and more with connecting with PUBLIC. After all, if the PUBLIC doesn’t understand what an RD can do for them, nor where to find one, then extra communications from the Academy to members doesn’t really matter.
- Skip the grandiose FNCE opening session and more money on delivering our messages to the PUBLIC about what RDNs can do for them.
- Maybe a Video campaign - but not a typical staged, media type video. Real, brass tacks type messaging.
- Also, the Academy could provide digital tools to the public. Things like a free public EatRight App in which members would provide content - nutrition information, recipes, apps, etc. (things found on website, but delivered in an App instead). The App could be developed like all Apps - a free version, with the intent to upgrade.
- Membership is going to continue to decline. Perhaps the Academy should identify just a few DPGs or MGs that have been successful to bring in more members. I think they’ve been too thin.
- I still feel like people don’t know what a dietitian is, and I’ve been one for 20 years! Also would the HOD decide how to get interns paid so they don’t have to go in food stamps? Those are the issues I’m seeing as an instructor.
- As a former member of the HOD, here are my comments: I was pleased to read that HOD members want more input on mega issues. This was biggest complaint when serving on the HOD. The HOD leadership team decided on the mega issues with little or NO input from members. The role of the HOD reps is to bring mega issues from their constituents to the HOD leadership team. For example, sponsorship from big pharma and big food was a mega issue when I served. Because this was controversial, HOD leadership avoided it initially. I am glad that eventually, AND and HOD leadership listened to members and took action.

Joanne Zacharias – DHCC

- Communication on what you are working on and how it is going to impact our profession Move Profession forward as promoters of the profession
- Educate other health care professionals what we bring to the table that is different from anyone else. RDNs do not get the respect we deserve. I have been turned down for Quality Management positions because I am not an RN and "I don't know how to read/analyze lab values"
- Improved connection between academy members, DPG groups/leadership; Academy departments; state affiliates; and whoever else I am forgetting. Having the HOD identify missing links/opportunities to draw the lines between all of us so that things are transparent.
- I wonder how much each Academy department knows what the others are doing so that more collaboration can be passed down to members. And eventually, members would feel those barriers broken and more informed of all the hard work the Academy does. And vice versa: The Academy at many levels will be more in touch with the members needs. We need more concrete knowledge of what resources are available and what action items are being worked on. And to make this communication more timely and able to react to.
- For strategic plan: for our DPG, all 3 focus areas affect our specific residents. I think it would be good to help acute care connect easier with post-acute care dietitians as this would resolve a lot of "transitions of care" issues. This is happening on a city level not necessarily with dietitians. We need to get Academy help to help promote RDN Role and determine how to connect within our organization. I think some of this is started with DPG's trying to connect with each other.
- Develop fast fact sheet/executive summary for communication of mega issues. This might be more engaging than the long reports. Make the full reports available for members that want more details. Provide updates/status reports to members.
- Increased focus on outcome/publicize outcomes.
- To be informed of current and ongoing issues facing the profession.

Amy Sheeley – Healthy Aging

After reading the Background Information, I want what best will serve the Academy and will allow it to be a successful and meaningful organization in years to come. I think that the two most important criteria that the HOD has identified are communication and agility. I think we should look to our younger members to get ideas about how to be more agile in how we are organized and also more importantly how we communicate.

For the HOD to work on issues that affect the majority of members such as adequate compensation. It should also help the Academy to identify and predict new trends and prepare members to be ready for them.

Sharon Lemons – BHN
Constituent Responses – Question 1

What do you want/need from the HOD?

- Someone who is going to MAKE change happen. Be a consistent voice that calmly speaks truth, but will back down. Slow steady progress with bouts of focused assertive energy
- Licensing Regulation passed in CO
- Information about the issues selected by the House for consideration. More weight inclusive practices
- To continue discussions as to how we can be more effective as a profession. Open communication and opportunity for input
- To respond to members needs in practice in a timely manner. "Agility" is an interesting term. Some issues such as billing and reimbursement have been going on for a long time without full resolutions that make us of equal value to other Allied Health Professions, especially in outpatient care. To communicate frequently (monthly? Quarterly?). For DPGs. I like email or including an update in DPG newsletter. Locally, our President reports at CPE meetings, based on our state delegates reports. I’d like to know more about how they came to define their mega-issues and priorities, because often they are not what I have heard either from local/state, or from DPG discussions.
- We need a louder voices saying BrN should be the home for ED
- First of all, I appreciate the link to the information about the HOD. Please continue to make fact-based decisions rather than ones based on emotions or politics.

Julie Schwartz – WM

I have read the Backgrounder several times and also the Mega question and find this issue very challenging so I shall attempt to give you a few thoughts on this Mega Question starting with the Academy’s Strategic Plan (SP).

In my singular estimation the SP is very broad and contains lofty Vision, Mission and Principles but that is the objective of a SP. Under Focus Areas a sentence states that the Academy will prioritize programs and initiatives to demonstrate significant impact in and then lists the impact goals. What is of importance to me if that the Board should seek the input of the HOD in prioritizing programs and initiatives to achieve these impact goals. The next section lists the Strategies which define the Goals more precisely. I do not comprehend how the Board can accomplish these Strategies without the input and assistance of the HOD. So what is the role of the HOD in coordinating with the Board to accomplish these Strategies - that is the ultimate question. It also seems to me that member buy-in on the Boards Strategies of the SP is important because who truly accomplishes these strategies but in many cases the Members.

a. HOD should work closely with Board to prioritize programs and initiatives to accomplish this SP
b. The HOD selects strategies that they can accomplish each year under the four areas, Research, Advocacy, Professional Development and Workforce Capacity. Based on strategies selected HOD should survey what they have already have in place regarding the strategy. Or perhaps the HOD should survey what they have accomplished or is in place for all of the strategies. I think under each Strategy there is a specific statement that the HOD can adopt as an example under Advocacy, "serve as a trusted resource and Utilize all media outlets to educate and promote evidence-based practices and science based resources etc. My opinion with so much misinformation on social media we should develop an aggressive plan to counter attack this information. Speakers at all state meetings on how to discern truth from fiction, articles on state websites, articles in DPG newsletters, use of our Spokespersons to deliver these messages, etc.
c. HOD should communicate with Board what direction they are taking and what there survey produces.
d. If the HOD could energize the Membership to assist in accomplishing any of these strategies, you would have a success.
e. A specific plan on how they will coordinate with the Board on accomplishing any of these strategies. A HOD of action not of words.

I want the HOD to be able to produce and publish stances on issues quickly, so that the media and our members who want to speak out on issues have some groundwork to base their comments on. (An example of this is when the AMA HOD determined the obesity is an illness). This group could be determined based on the issue (DPG members). I would need some sort of overview (by RISA? BOD? etc.) before the stance is published. If we wait for the actual science to be there in all cases, we will not be influential and we will be too slow. I want the Academy to be the first thought when any reporter or consumer wants to know the truth about a nutrition issue.

a. We must keep the HOD as the voice of members. It can’t go away. This should be and is our #1 goal. Surveys (member engagement zone) will still not reach everyone. I think we will will need delegates asking for input and providing live sessions at annual conferences or live webinars and then answering questions. Delegates and HOD are our main connection to members to both put out info and gather info. I think delegates should be very important communicators of Academy and member issues.

b. If the HOD has to be smaller, we still need to keep the affiliate and DPG representation. Maybe we keep the state affiliates but then put them into regions so that only the regional affiliate delegate actually attends meetings? The DPG delegates to the HOD would also need to be condensed in some way-maybe align smaller DPGs with the larger ones.

c. Delegate work and communications should be measured more than just what a motions says or achieves. Our return on investment needs to be broadly defined. I can see that one ROI could be based on the value of delegates keeping members informed and excited about initiatives or changes, i.e. taking Academy messages to our members (i.e. like when we rolled out the second century initiative and new strategic plan).

e. Excellent topic for the HOD to ponder their future and how to best engages with membership. - Was a survey done of the members to gauge their perception of the HOD/and delegates; expectations? I think the member perspective would be an invaluable addition to include in the discussions the HOD is having.

Pakistan and DPG information/affiliates are being kept informed on issues, but this information may not be reaching our members. So I think the HOD should be the top of the food chain, i.e. if we want the members to come to us with ideas, we need to be informed on issues, not the other way around, emissary?

d. It might be helpful to share the position description of the HOD delegate with the members as part of this request for feedback. I suspect not a lot of members appreciate or understand the HOD or the delegates’ role.

e. The environmental scan of how other associations use the strength of their HOD is excellent.

f. Strong consideration of a smaller HOD without losing appropriate representation would be ideal. Because you are in the HOD, you see the dynamics more than the members. What is the ideal size/dimension needs for the HOD to make thoughtful pragmatic and timely decisions about ‘issues impacting the profession’. Is it 1 re per
Constituent Responses – Question 1

What do you want/need from the HOD?

Mary Kay Hensley – Renal Dietitians

Some items I feel are vitally important are for the HOD to attempt to streamline/incorporate key points from the Academy’s Strategic Plan into strategies and methods the practice groups might adopt and focus on, i.e. malnutrition, MQi, etc.

I feel the need to utilize delivery of information that is in an easy/essential format due to “information overload”. We need to identify means of volunteerism that ‘sells’ to our millennials as we enter the next phase of information delivery and the sharing of tasks. Professionals are less willing to give freely of their time though if it can be seen to be tasks that add value to the Academy and with minimal external involvement the sell through media platforms will be big. Sell the Academy’s Strategy and Plans in much the same way.

I believe the HOD is extraordinarily valuable to the Academy’s growth and development but I feel that for all the work placed into it, RDs are generally unaware of what the outcomes/features of this are. What you’ve shared is extremely valuable. I think all RDs should be aware of the intricacies of what goes on behind the scenes.

I have been frustrated with the AND professional leadership for many years, so I will blunt. I would like to see more clarity and specifics. I find that all of these “strategic plans and mega issues” are a bunch of meaningless buzz words filled with generalizations. I want to know: What is the problem? What are the solutions? What can I do? I feel that the 7 page paper I just read could have been summarized in one page. I think that is where you lose people.

Be very specific about the issues facing the profession--then small pieces can be addressed with specific actions. When I read this type of thing: “Come to consensus on the features of a model for further exploration that positions the HOD to best execute its desired role??” Seriously, what does that even mean. Gives me a headache thinking about it. Too many prepositional phrases. SIMPLIFY. Dietitians try too hard to sound smart. We are smart!

I look at things through the lens of my role with the Practice Group and feel I need more frequent updates from HOD about what’s in the works at that level but I am simply overloaded with the amount of info on so many levels. Is there a way to communicate important nuggets, really concise and clear with a way to go deeper if needed/wanted? I am continually surprised by how overlooked and restricted we are as a profession in so many areas, had no clue about that as a new graduate, still catches me off guard nearly 25 years later.

I think that what we want/need from the HOD is dynamic, so I’m not sure how to answer this. But having input from as many members as possible is valuable.

I feel that the organization could become more nimble by utilizing technology. I called a lot of members when trying to recruit "new blood" in my region. I think the people I called felt valued as members and that their meeting attendance/participation meant something. Although I’m not a fan of Facebook, it would beat all the phone calls I made.

I would like quarterly updates from the HOD about what is happening, if possible. Members should be allowed to listen to HOD meetings.

Annette Maggi – Food & Culinary Professionals

1. More effective ways to communicate with Academy members such as a newsletter that is interactive with voting or other ways to keep people engaged in the process. It would need a hook to get people to be engaged. Twitter chats might also be useful. Using social media to ask the membership to comment more regularly could also help.

2. Perhaps it is time for the House of Delegates to question its effectiveness as an entity of the Academy. Perhaps the Academy Bylaws no longer meet the needs of the vast number of practitioners. The current structure relies heavily on dedicated and committed volunteers. As we all know this number is declining. Perhaps it is time for the Board of Directors to reassess the effectiveness of the governing structure of the Academy. We may need a more dynamic structure to meet the needs of today’s rapidly evolving health care, legislative and wellness challenges.

3. Transparency and communication, as stated in the backgrounder, are crucial. In addition, a loud and proud commitment to science is essential. In word and deed. I have contacted the CDR multiple times over the years to protest the advisability and lack of scientific rigor behind offerings such as a detox module in the alternative and complementary series as well as self-study courses and Eatright consumer articles that are based on an overreach or misuse of the scientific evidence.

4. For these vetted programs, courses and articles keep popping up for member CPE and for consumer guidance, which indicates a lack of commitment to quality evidence based practice. I would like to see a redoubling of effort to keep to a standard of evidence that all programming and publications adhere to.

5. I would like the organization to deepen and then share their understanding of the scientific literature around Health at Every Size (HAES) and to embrace the rooting out of weight stigma in all of our communications.
Constituent Responses – Question 1

What do you want/need from the HOD?

6. I would like regular progress reports sent to members on what steps have been taken to move forward on the goals of transparency and communication.
7. I would appreciate articles on how the organizations plans to and implements programs and practices that keep our work science- based.
8. Emphasis on diversity and outreach to include:
   a. Mega-issue on Diversity & Outreach
   b. Strategic plan for D & O
9. More decision-making on weightier issues by HOD. Sometimes the BOD decisions feel like a benevolent dictatorship rather than democratic decisions driven by HOD.
10. I think the most important thing the HOD should be doing is actively, aggressively and proactively promoting the meaning of the RDN credential in the overall "nutrition" arena. This should be on multiple fronts, including consumer and media public relations, and legislatively in the individual states.
11. For HOD to be a thoughtful body that gathers and interprets information from multiple sources, discusses the best course of action for the Academy, and keeps members apprised of key issues through updates and requests for feedback. Major decisions should not come as a surprise to members.
12. I would like to see the HOD return to a body that truly represents the members and can deal with issues of import to them. Would like to see members permitted and really encouraged to share topics for potential consideration by the HOD. Perhaps something like a request for input and suggestions is sent to the members six months prior to the fall meeting.

Kathleen Pellechia – WH

- Be our voice for the future; fight for our profession
- All delegates need more visibility and support from their groups/affiliates. They should be in contact with members continuously, not only twice a year before house meetings. Delegates should be even more visible than presidents as scientists. Market RDNs/RDs as scientists.
- Resources and political action to increase average pay for all RDNs to something that matches our education level, skill set, and unique expertise. Increased awareness about nutrition for reproductive health to increase the number of dietetics students that pursue a career in this area.
- Continued communications regarding. Up to date policies and how to take action.
- Find ways to move RDNs and NDTRs forward based on the visioning of the Council of Future Practice.
- I am a student currently. I greatly appreciate reading and understanding the good work being done by the organization and HOD. I would appreciate an interpretation of the outcomes in "student terms" so it can be clearly understood how this work affects younger professionals and our future.
- As many in the membership did not want the MS to be the entry level degree for an RD and the HOD did not adequately reflect the opinions, we probably don't need this any longer
- More representation on behalf of Academy members to challenge unethical nutrition practices among RDs and non-RDs. Recognizing that "Millenials Drive Change" is important, however, the change many are driving is not necessarily always in a safe or ethical direction for our patients/consumers. Examples include promoting homeopathic and supplement remedies in the spirit of "integrative and functional" nutrition.
- Better collaboration/coordination with Nursing unions so that RD/RDNs are in par nationally for pay and benefits
- Discussing issues that face our profession now and help our profession move forward.

Holly Van Poots – Pediatric Nutrition

- I have read through the material and realize that the HOD is already aware that it moves slowly and methodically through their issues. I think that reporting twice a year is not adequate in this day and age where attention spans are short, and people have a monthly HOD newsletter? But it would need to be interactive with voting and calls for action/input. I am not sure how this could be done, but I am sure that the people at WebAuthor could figure it out.
- Membership could feel more engaged if their option was asked and they were able to give input.
- One of the challenges I see for the Academy is that the main focus continues to be the adult populations, whether that be in the areas of legislation, malnutrition, obesity, or health equity. In all the focus areas of the strategic plan, pediatrics is an underserved population in dietetics. Diversity is more than just for the RD staffing discussion.
- I keep hearing more and more about nutrition certificate programs or holistic nutrition programs. For example, I have friends who are chefs who see these and think it will give them quality nutrition training. Or my mom who went to see one of these homeopathic nutritionists for her thyroid issues rather than an RD...even though her daughter is one. Also professionally, in my role as a dietetic internship coordinator, I have received cold calls from individuals in such programs looking to observe RDs, which feels inappropriate to us given the patients seen in a hospital like ours are on a different plane than what they would be learning in holistic nutrition classes. I know the Academy has always tried to make a strong statement about what constitutes a nutrition expert and/or professional. But with more and more of these programs popping up and their appeal as being a relatively cheap and quick way to be "educated" in nutrition, I fear they have the potential to dilute our profession. I think it would be good know what the outcomes have been from HOD initiatives and the plan for furthering the success. I believe the past couple of years it has been a focus on Public Health. It would be nice to see frequent updates about the benefits and outcomes of the initiative (Ex: there has been this much increase in RDs employed in public health and as a result this has increased RD access in rural areas so every American had access to a public health RD within 50 miles--I made that up!). Since I represent pediatrics, I would say that in that area we need HOD to have reimbursement issues as a top priority.
- Though I work in a pediatrics clinic I see different things in different populations. I think one thing that needs to be addressed is when insurance companies state that no child can see an RD unless they have diabetes, high BMI, or obesity, and I have also seen some insurance companies say no one can have an RD consult until age 18. I think there needs to be a push
Constituent Responses – Question 1

What do you want/need from the HOD?

- on reimbursement for peds and the HOD can help with that. I am not even sure tube feeding consults get covered most of the time.
- I did read the background information in the The Representative Body’s Role in Leading Together for Good Governance and found it fairly concise and to the point! I think that this is what I want and need from the HOD. We need clear communication that truly does not take too long to read. Having been a HOD rep from my state affiliate, I do know how difficult it is to get feedback from our members. Immediate action is appreciated! That being said, I think the new design to have the Fall meeting and come up with what needs to be addressed on a topic, then having designers work on a proposal for how to carry it forward, take it to the HLT in January to get response to actually do the work planned, do it, and take it back to the HOD in the spring meeting is a great plan. It meets the need to take immediate (sort of) action on the Mega Issues. I believe that many of us feel that this process will move issues along.
- Clear, direct communication about major issues, and requests for specific and direct feedback—in small doses, perhaps in short survey format. Distilling information into the practitioner/member implications is helpful as the time required to read and understand the background of discussions and decision-making is sparse.
- It would be ideal to make the Nutrition Care Manual and Pediatric Nutrition Care Manual free to Academy members and members of PNPG respectively.

Young Hee Kim – Clinical Nutrition Management

I would respond to that by saying you could be of help with advancing reimbursement and recognition among other practitioners. I still get the feeling some MDs and nurses still have no idea how we can be utilized when it comes to patient assessment and care planning. I also feel there is a divide in the use of charting and nutritional diagnostic terms. I have a vision of seeing those codes become more structured in how dietitians are consulted as well as how we are reimbursed or bring revenue to our employer. I am tired of being with “food service” and not part of therapies and allied health. I would be glad to share input by case studies, surveys, focus groups as it is pertinent to my career and observations.

David Holben – Research

- Would like the HOD to keep tabs on all parts of the Academy to make sure we are fulfilling needs for the future of nutrition and dietetics.

- Would like to see a clear plan that describes the data used to project the future needs of our profession and where our profession will have more/less opportunities in the workplace, in kitchens, in food manufacturing, in food technology, in the board room, in the government, in all settings where nutrition and dietetics practitioners can and do work.

Sarah Trist – HEN

The survey results are interesting. While I reported that I had self-efficacy related to the HOD outcomes, it was because the resolutions were so weak and felt attainable.

In my experience, the HOD has been a rubber stamp for the BOD. For many years, the HOD has not able to vote on anything of substance—most of the resolutions were about increasing awareness among members about existing or “developing” resources that the staff and small hand-selected had already been working on. If the Academy wants to be member-driven, more actual governance should be given back to the HOD to drive the direction of the organization, and thus, the profession.

I am concerned that the Fall 2018 task-force of designers will be the same players, and nothing new will come of this process.

Barbara Ann Hughes – Nutrition Education for the Public

Our members are hesitant to respond; thus we do not know our stakeholders needs/wants and preferences that are relevant to this decision.
Constituent Responses – Question 1

What do you want/need from the HOD?

At-Large:
Sachiko St. Jeor – Retired

*more consistent and regular ways to stay connected (monthly updates?)
*a friendly and easy way to communicate with the HOD leadership team
*smaller workgroups that are organized with specific tasks throughout the year
*effective communications regarding issues before the HOD
*cohesive directions that make delegates feel that their voice is heard

Laurie Kruzich – NDEP

- AND decision makers do not have any check/balances. For example: US democracy set up with 3 distinct governing bodies (Executive, congress, supreme court). The Academy has a few decision makers (and they seem to be the same ones over and over) and the HOD is merely a “approval stamp” or a body that help with implementation of the decision makers' plans.
- I would also like the HOD to take some very specific steps towards creating a culture of valuing diversity
- I would also like the HOD to make some very specific, and routine efforts, to engage membership and ensure that every member understands the role of HOD and how to bring issues forward to have their voice heard. Again, this responsibility should be held at the national level. Delegates should not be the only people sharing HOD news and updates with their state because that de-centralizes the system and opens the door for decreased engagement if the state does not have a culture of engagement. I do still think that inquiries from the delegate to the group membership is effective but I also think there should be a centralized push to solicit feedback from those members who are not engaged with any sub-groups, even their state. This could be handles in the way that Action Alerts emails seek to solicit national engagement.
- It would seem appropriate to bring mega issues to a vote of the membership. The mega issue to which I refer is the name change for the organization from ADA to AND. Mega issues of this impact ought to come to a vote of the constituents, not just the HOD.