The issues surrounding the image of the profession of dietetics are very important to members of the American Dietetic Association (ADA). The Issues Management Committee has received numerous emails regarding the image of the profession. In addition, during collection of Mega Issues from members and the House of Delegates, several mega issues identified were related to the image of the profession. Such comments included:

- Registered “dietitians have a perception that they 1) are not valued and 2) do not have the educational background that qualifies them as a nutrition expert.
- The image and respect of the RD continues to be sub-par as compared to our extensive training and definition of the RD as a food and nutrition expert.
- Branding/image – the RD may not be viewed as a nutritionist and therefore may not be viewed as the person of choice needed in the dietetics profession.
- Registered dietitians and dietetic technicians, registered are facing increasing competition from other professionals and we have the ability and opportunity to make this work for us.
- Promoting the RD and enhancing the image of the RD to the average person is needed (to create demand for RD and change image).
- Loss of job opportunities due to lack of brand recognition or knowledge of profession.
- Registered dietitians and dietetic technicians, registered should partner and collaborate with other practitioners who can promote us.”

Considering this input, the House Leadership Team determined a dialogue regarding the image of the profession of dietetics would be important to conduct. Thus, the House of Delegates will conduct such a dialogue during the Spring 2007 HOD Meeting.

Mega Issue Question: In tandem with steps being taken by the ADA to promote and position members as the leading source of food and nutrition information, what can members do to position themselves as indispensable providers of food and nutrition services and strengthen the image of the profession of dietetics? What roles can DPGs and affiliates play in supporting this effort?

Expected Outcomes:
Short-term: A series of strategies for the practitioner, affiliate and DPGs will be identified that can be used to effectively strengthen the image of the profession.
Long-term: Increased recognition by the public and other healthcare professionals that registered dietitians and dietetic technicians, registered are the indispensable providers of food and nutrition services; and the expertise of the RD be recognized as vital for promoting optimal nutrition, health and well-being of the public.

This backgrounder was compiled by the ADA Governance Team and the ADA Corporate Relations, Knowledge Center, Integrated Marketing and Public Relations Teams.

Knowledge-based Strategic Governance is a mechanism for consultative leadership. It recognizes that “strategy” is the necessary and appropriate link in the Board's role to govern the organization, the House's role to govern the profession and the staff's role to manage implementation. To assist you in thinking about the issue to be addressed, four key background areas are presented as standard questions used for each Mega Issue. These questions create an environment of awareness of what we know and what is unknown. A wide range of resources have been used to provide you with what is known.

* Note: This backgrounder and mega issue discussion is not intended to address body image. Image as in body weight for registered dietitians and dietetic technicians, registered is not an issue that ADA has a position upon. The issue of credibility is one that each dietitian has to address on their own.
The practice of dietetics has both professional (registered dietitians - RD) and technical (dietetic technicians, registered - DTR) roles. In addressing how to improve the image of the profession, this backgrounder includes both roles. Both levels of practice contribute to building the image of the profession. ADA marketing efforts specifically promote the RD which in turn promotes the DTR as they are the support personnel that work with the RD.

**General Concepts**

- **Branding**
  - Branding is identifying an organization in a unique way and creating a specific image in the minds of target audiences. The brand of an organization can help it stand out from other organizations, as well from competitors. An example of corporate brands include:
    - Coca Cola: "It's the Real Thing"
    - McDonald's "You deserve a Break Today"
    - Nike: "Just Do It"

- **Image**
  - The definition of corporate image has similarities to that of a brand. In the marketing arena, image is primarily used to describe advertising campaigns. For example, an image advertising campaign for a company doesn't promote one specific product or service, but promotes the reputation of the organization.
  - Your professional image is the set of qualities and characteristics that represent perceptions of your competence and character as judged by your key constituents (i.e., clients, superiors, subordinates, colleagues).

- **Marketing**
  - Marketing is the ongoing process of moving people closer to making a decision to purchase, use, follow, refer, upload, download products and or services. Simply put, if communications do not facilitate a sale, then it's not marketing.
  - Marketing is the entire function of promoting the services/products of an organization to its targeted audiences. One element of this is branding. Branding aids in marketing because it forms an opinion or image of an organization in the minds of potential buyers.

- **Public Relations**
  - Public relations help an organization and its publics adapt mutually to each other. In this definition, the essential functions of research, planning, communications dialogue and evaluation are implied. Key words are "organization" rather than the limiting implication of "company" or "business", and "publics" which recognizes that all organizations have multiple publics from which they must earn consent and support (Public Relations Society of America).

**Question #1: What do we know about the needs, wants and expectations of members, customers and other stakeholders related to this issue?**

**Key Trends Affecting the Dietetics Profession and the American Dietetic Association¹**

- **Roles, Trends, and Issues for Associations**
  - Image building — Increasing public scrutiny and competition will lead associations (professional and philanthropic organizations as well as trade organizations) to defend their members’ credibility and promote the unique value of their services or activities.

- **Trends in the Dietetics Profession Shape the Agenda for the ADA**
  - The competitive space of the dietetics profession is being seriously challenged. Building brand equity in dietetics may be essential to future careers and earnings in the field. The ADA must help its members compete with increasingly sophisticated delivery of food, nutrition and health related information from a variety of sources by building the dietetics brand.
  - RDs, in this age of confusion about health, could increasingly face liability for their counsel. The ADA will have to be the line of defense through certification and codes of...
ethics. One difficulty will be defending against questionable diet plans and products. Dietetics needs to maintain its own brand, separate from the wide-open field of diet schemes and infomercial products.

- Nutrition promotion continues to have success with the American public. Through concerted and comprehensive efforts by RDs, doctors, public health officials, and others, nutrition messages often get through to the public. For example, between 1998 and 2002, the share of survey respondents who said they were eating at least one food specifically for a functional benefit rose from 53% to 63%. A Gallup survey found that from 1995 to 2002, the share of pregnant women aware of the importance of folic acid rose from 52% to 80%.

- The ADA has the opportunity to take credit for successes in recent years and to build brand equity for itself and the dietetics profession. There will continue to be nutrition discoveries and food and nutrition-related issues that will demand the profession’s attention.

- The rapid rise in the prevalence of overweight and obesity among all segments of the U.S. population is of grave concern because the health and quality of life of those afflicted plummets as health care costs and societal burdens continue to soar. Lifestyles that support and sustain the maintenance of a healthy weight, for both individuals and the population as a whole, are a major focus of ADA and its members. The obesity epidemic is a “crisis-opportunity” for RD/DTRs and the ADA, offering the profession the chance to gain new prominence, get the public’s attention and deliver a wider range of information.

**Healthcare Trends**

- In today’s health care market competition is high, in part because of the current economic situation. According to the US Bureau of the Census, an estimated 43.6 million people were without health insurance in 2002, an increase of 2.4 million from the previous year.

- According to the Kaiser Family Foundation, “the primary reason workers are uninsured is because their employers do not offer health benefits”.

- Complicating the issue even more, “adults without health insurance are less likely than insured adults to receive preventive care or routine checkups, and more likely to report they could not see a physician because of cost”.

- A RD/DTR’s services are not always covered by insurance; therefore, to attract consumers to dietetics practice it is essential to provide justification for why our advice is so valuable and to distinguish ourselves as being unique in, and the desired/needed source for, what we do.

- Decision Making Trends in US Healthcare
  - Decisions regarding coverage for dietetics services are driven by:
    - Costs
    - Consumer demand
    - Consumer recognition of medical nutrition therapy
    - Recognition of the role of nutrition in health promotion and disease prevention
    - The availability of data on the effectiveness of nutrition interventions
    - Tools such as codes that allow direct reimbursement to registered dietitians
  - As registered dietitians work with health plans, they will need to recognize the new broader group of healthcare decision makers, their particular focuses and tailor discussions of the marketing and pricing strategies for MNT coverage and expected outcomes of MNT accordingly.

**Studies on the Image of the Dietetics Profession**

- *Professional Image of British and American Dietitians* ²
  - In a 1991 study, RDs reported an increased status and greater recognition than in previous years. At the time, it was felt that this increase was due to specialization and because dietetic expertise was more known and available.
  - However, 27% of those surveyed reported they had image problems within their institutions.
- It was noted that both US and United Kingdom dietitians were moving toward image defined in terms of professional expertise rather than by specific job functions.

- **Image and Role of the Consultant Dietitian in Long-term Care: Results from a Survey of three Midwestern States**
  - In 1991, consultant RDs and other health care professionals were surveyed to determine the image and role of consultant RDs in long-term care.
  - Overall, respondents held positive views of consultant RDs with it having improved in the 5 years prior to the study.
  - This study concluded that the next challenge is for more consultant RDs to build on this image and become proactive, developing strong franchises and more opportunities for the profession.

- **Portland tri-county area teaching hospital physicians versus non-teaching hospital physicians: Perceived image and role of the dietitian**
  - A questionnaire was developed to study the perceptions of physicians affiliated with hospitals Oregon regarding the following: 1) the professional image of RDs; 2) the value of RDs to the medical care team and to the overall health care of patients; and 3) the job activities of RDs.
  - Physicians perceived RDs to be competent and knowledgeable in their area of expertise (~91.5%), to have a positive professional image (~83.5%), to be valuable members of the medical care team (~55%), and to be important contributors to the overall health care of patients (87% teaching hospital and 78% non-teaching hospital). In addition, RDs were viewed to be nutrition care experts (~91.5) and as having made important contributions in diagnosing nutrition problems.
  - Results indicate that RDs are perceived as knowledgeable, competent professionals who have an important contribution to make in the health care arena.

- **Communication between Family Physicians and Registered Dietitians in the Outpatient Setting**
  - This study, published in 2002, examined how registered dietitians and family physicians communicate in the outpatient setting.
  - Among family physicians, 49% often or always found the communications they received from RDs to be helpful.
  - However, 41% of family physicians reported that they rarely receive detailed nutrition assessments or recommendations about the referred patient from the RD.
  - 54% of all family physicians surveyed often think that this lack of feedback compromises patient care.

- **Clinical Nutrition Manager Roles**
  - A study conducted in 2005 provides insight into how members perceive job duties that have been considered as important to improving the image of dietetics. Out of a list of 18 job responsibilities, the following responsibilities were rated in the bottom in regards to importance: educating physicians on importance of nutrition indicators and supplementation; performing or developing clinical outcomes studies; and securing reimbursement for clinical services.
  - While clinical nutrition managers are only a segment of the profession, they are often leaders and role models of other registered dietitians and dietetic technicians, registered.
  - The authors of this study included the following statement in their discussion: “Performing and developing outcome studies and securing reimbursement for clinical services were not perceived to be as important as were other responsibilities. Furthermore, these two responsibilities were not perceived as satisfactorily performed. Importance of outcome studies cannot be overemphasized, and researchers continued to advise practitioners to prove their worth by assessing outcomes of their services. These responsibilities (ie, outcome studies and securing reimbursement) are considered essential for job security and the future of the dietetics profession.”
• **Intercollegiate Student Athletes**  
  - A study of student athletes conducted in 2004 was designed to determine availability and use of nutrition services.
  - Primary sources of nutrition information were athletic trainers (39.8%), strength and conditioning coaches (23.7%), and RDs (14.4%). Athletes perceived athletic trainers to have strong nutrition knowledge. Many (23.5%) did not know whether a RD was available.
  - Conclusions of this study were that RDs must accelerate their marketing efforts to student athletes, work closely with athletic trainers to provide sound nutrition information, and provide services that meet the needs of a diverse population of student athletes.

• **The Public Perception of the Role of Dietitians Compared With Physiotherapists and Radiographers – United Kingdom**
  - In 2000, a study conducted in the United Kingdom, found that 26% of the sample population thought dietitians distributed and collected hospital menus and 21% thought dietitians prepared meals in hospital. Doctors were the preferred choice for nutrition information, however, respondents made wide use of the media for their information. Dietitians were the second choice for the majority of respondents; however, health food shops were a more popular first choice for younger people. Access to a dietitian was mentioned as a problem, and, for this reason, was often put after doctor, practice nurse and health food shop as a source for nutrition information.

• **Expectations of Weight Loss Clients and their Dietitians – New Zealand**
  - A study conducted in New Zealand found that initial perceptions that clients had of dietitians were not particularly favorable. Dietitians were perceived to be very strict, and to be associated with illness, hospitals, foodservice, and a clinical approach. Dietitians were seen as the nutrition specialists. For some clients this was positive, while for others it was negative. Being seen as a specialist made some clients think that dietitians are not for the 'ordinary person' but rather for very specialist cases or elite athletes. There was very little understanding of what a dietitian does and what their training involves. It was not thought that there was a difference between dietitians and nutritionists except that nutritionists had a much more favorable and positive association with their name. The name 'dietitian' was related to diet and clinicalness.

**2000** and **2002** ADA Nutrition Trends Surveys
• The 2002 ADA Nutrition Trends Survey reports that Americans’ primary media sources for nutrition information are television (72%) and magazines (58%) (Appendix A).
• Respondents view registered dietitians as credible sources of diet and nutrition information. The largest percentage of respondents (86%) view RDs as a credible source of information on obesity, or being severely overweight. Dietary supplements (68%), irradiation of foods to prevent spoilage (55%) and genetically modified foods (51%) follow, with at least half of respondents expressing confidence in RDs as a credible source of information on these issues. Overall, women view RDs as more credible than do men.
• An overwhelming majority (90%) of Americans have heard of registered dietitians (Appendix B).
• Awareness of the American Dietetic Association has remained constant from 1999 to 2002 at approximately 50% of respondents having heard of ADA.
• In 2000, a majority of respondents knew RDs must meet academic requirements to obtain their credential. Thirty-two percent knew that an RD “is certified/has a degree or license.” This was not measured in 2002.
• In the 2002 survey, respondents indicated that doctors (92%), registered dietitians (90%), nutritionists (90%), and magazines (87%) were the most-valued source of nutrition information.
Demand and Utilization of the Dietetics Professional

- Beginning in 2002, ADA’s Scientific Affairs and Research Team surveys a random sample of registered dietitians along with their clients, referrers and employers on a quarterly basis. Respondents are asked questions related to dietetics and the American Dietetic Association.
- Registered dietitians are asked to rate their overall impression of the current status of the dietetics profession on a scale of 1 (very poor) to 11 (excellent).
- Referrers, employers and clients are also surveyed in order to measure perceptions of the dietetics profession.
- The results of this research can shed light on the progress towards ADA’s vision that members are the most valued source of food and nutrition services.
- The perception of the status of the dietetics profession has not changed much over the past two years. In total, ratings across all groups were either somewhat higher in 2006 than in 2005 or they remained relatively the same (Figure 1).
- Clients, referrers and employers all have a higher perception of the status of the dietetics profession than do registered dietitians of themselves.
- Practitioners were moderately positive in their rating of the current status of the dietetics profession and had improved or unchanged opinions about their own work environment.
- The areas of most concern to practitioners were pay, combating misinformation and lack of respect and recognition.
- Employers’ scores increased moderately, specifically their appreciation and respect for registered dietitians and their agreement that dietetic services are a good value for the money.
- Clients were similarly positive in regard to their overall impression of the dietetics profession. They also gave equally high rating of agreement with seven out of the ten statements regarding the service of registered dietitians.

Figure 1. Overall Impression of Current Status of the Dietetics Profession

![Figure 1. Overall Impression of Current Status of the Dietetics Profession](image)

(* n=1500 dietetics professionals, + n = 3000 referrers, ~n=1500 employers, and ^n=3000 clients)

Media Coverage of Registered Dietitians Compared with Other Health Professions

- ADA’s Public Relations Team conducted a search to determine amounts of coverage given to registered dietitians in the news media, as well as coverage of other health professions to whom RDs are often compared: physical therapists, occupational therapists, pharmacists and certified clinical nutritionists. We searched the Lexis-Nexis database for mentions of each profession in major daily newspapers for a one-year period, November 17, 2005, to November 17, 2006. The results were:
  - Nutritionist: 1,000
- Dietitian: 998 articles
- Occupational therapist: 754 articles
- Physical therapist: 600 articles
- Pharmacist: 345 articles
- Certified clinical nutritionist: 32 articles

- These figures show that publicity received by dietitians in the news media surpasses the publicity for comparable health professions.
- Note: Nurses receive more news media mentions than virtually any other health profession. They also represent the nation’s largest (and fastest-growing) health-care occupation, according to the Bureau of Labor Statistics, with 2.3 million jobs in the United States. That means there are about 38 registered nurses in the United States for every one registered dietitian. This factor indicates that nurses could expect to receive more media coverage than RDs.

**Searching the Internet Using Google**

- On November 7, 2006, ADA staff used Google search engine to determine what type of results the public might find. It should be noted that the Web does not use definitions of these terms, nor do these terms indicate a positive or negative link.

<table>
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<th>“registered dietitian”</th>
<th>“dietitian”</th>
<th>“nutritionist”</th>
<th>“certified nutritionist”</th>
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<td>Number of Resulting Links</td>
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<td>3,3730,000</td>
<td>4,300,000</td>
<td>651,000</td>
</tr>
</tbody>
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- Sponsored results are priority listed at the top of any search. On November 7, 2006, the first link in the results for searching any of the above terms was to a link to become a nutrition consultant via a home study program.

**ADA Integrated Marketing SWOT Analysis**

- A cross-functional marketing task force was assembled to provide greater input into the annual integrated marketing plan strategies and tactics.
- This task force completed a SWOT (strengths, weaknesses, opportunities, and threats) analysis to audit the ADA and its environment. This first stage of planning helped to focus on key issues. Strengths and weaknesses are internal factors. Opportunities and threats are external factors. The information from their analysis has been summarized in this section.
- ADA Strengths (Internal):
  - ADA is the nation’s largest organization of food and nutrition professionals.
  - ADA offers valuable member benefits such as the Web, position papers, DPG membership, publications/materials for use with clients, the *Journal* and the Standards.
  - ADA offers the Knowledge Center which provides easy access to publications and educational tools created for the special needs of nutrition professionals
  - ADA Policy Initiatives and Advocacy Group advocates for legislation that supports ADA’s priorities.
  - ADA members willingly volunteer time to ADA committees and initiatives.
  - ADAPAC enhances ADA’s visibility with policy makers and increases ADA’s influence in political venues by providing ADA members and government relations staff with access to lawmakers.
  - Spokesperson and public awareness programs in place are aimed at creating awareness and demand for RD services.
  - Practice development resources are available to members such as the Evidence Analysis Library and Online Nutrition Care Manual.
  - Nationwide Nutrition Network allows members to build their client base.
  - Nationwide recognition of Evidence Analysis Library exists (cited by FDA).
- Professional development programs allow for the continuous process of learning for practitioners seeking to maintain and advance their professional competence.

**ADA Weaknesses (Internal):**
- ADA membership as defined by market share has declined from 75% in 1999 to 66% in 2006.
- There is a perception that ADA is not doing enough to increase the recognition and respect for the profession.
- Not all program directors of CADE education programs are strong advocates of ADA membership and do not encourage their students to join the Association for the long-term.
- Successful reimbursement work requires a variety of resources – such as outcomes research – that were not planned for a decade ago. Although ADA is catching up, members remain disadvantaged pending development and completion of needed resources.
- When asked the question, “Is ADA membership a good value for the money”, 64% of nonmembers disagreed. (2004 Needs Assessment Survey)
- There is a lack of comprehension among members and nonmembers regarding the value of services provided by ADA, ADAF, CADE and CDR.
- Information overload may exist in communications to members.
- Marketing issues:
  - Unclear brand identity with no unifying graphic elements across various entities
  - No tracking mechanisms in place to evaluate existing marketing and web efforts
  - Not all products/services offered by various groups are marketed together
  - Packaged products/services will provide additional value to members.

**ADA Opportunities (External):**
- Proper nutrition will play a key role in disease management among an aging society.
- There is an opportunity to further define and communicate to members the public policy initiatives impacting the profession.
- There is an opportunity to promote the benefits of hiring RDs to employers who may choose to hire nonregistered personnel.
- There is an opportunity to leverage the Internet in communicating to the general public the value of an RD to the general public.
- Growth of the U.S. population will result in a greater need for help and counsel and greater interest in diet and nutrition from the public.
- There is a need to enhance diversity within the profession by educating young minority students about careers in dietetics.

**Threats to ADA (External):**
- Regard for authority figures is on the decline as people discover new sources of information and find their own answers on nutrition.
- The public has more choices for nutritional guidance.
- Employers are not aware of the benefits of hiring RDs versus other food service or nutrition professionals.
- The process for RD referrals is cumbersome to prospective patients.
- Confusion exists among the general public with the term “dietetics”.
- Other healthcare professionals, less educated nutritionists and health food interests are working in the states to place themselves in competition with RDs and DTRs.
- Many RDs are leaving the practice of dietetics to pursue related fields with higher salaries.
Question #2: What do we know about the current realities and evolving dynamics of our members, marketplace, industry, profession, that is relevant to this decision?

Branding

- A brand is all of the promises and perceptions an organization wants its members and market to feel and believe about its product and service offerings. There are many companies and organizations that have successfully created brands that build business, earn long-term customer support and – after they are developed and established – are instantly recognized and understood without detailed explanation.

- The American Marketing Association defines brand as “a mirror reflection of the brand personality or product being; it is what people believe about a brand; their thought, feelings, expectations”.

- “Personal branding” is your core competencies and character traits that provide unique value to those around you, to the company and to your company’s various stakeholders. This is not unlike the process used when developing message strategies. List out all the potential positions, narrow to a few, build around one. Stay consistent. Become that brand by delivering the value (Managing Yourself as a Brand (http://www.marcomblog.com/2005/06/25/managing-yourself-as-a-brand/) June 25th, 2005 by Dale Wolf).

- ADA is a brand. Members, nonmembers and the public are continually forming opinions on ADA and its related entities. A specific ADA branding campaign is currently unfunded. However the Integrated Marketing plan includes pursuing the following initiatives:
  - Development of terminology guidelines aimed at strengthening the recognition and awareness of the RD credential
  - Planning and implementation of centralized graphic standards
  - Development of key messages for ADA and related entities aimed at clarifying and distinguishing the brand
  - Consistent use of graphic design across all house Journal ads and member communication materials such as the most recent spring recruitment campaign
  - Conduct audit aimed at strengthening existing corporate relations program

- Brand Name Dietetics

  - Articles published in the Journal have discussed branding. The information below was discussed in a recent article.
  - Personal branding is the process of creating a world of meaning and relevancy for others to know what is genuinely unique about you.
  - Trying to figure out how to beat the competition, being easily swayed by the flavor of the month, a half-hearted attempt at becoming distinguishable or striving to fulfill ego needs to gain approval leads to a generic brand.
  - Emphasize its key benefits and attributes for consumers
  - Marketers must recognize that a brand consists of more than a bundle of tangible, functional attributes. The goal is to uncover the relevance of each to consumers and the degree to which it helps distinguish the brand from those of competitors
  - Must decide who you are trying to attract and if you are trying to attract different segments, develop separate strategies for each.
  - Good public relations is about maintaining contacts, gaining credibility, and supporting sales efforts.
  - Engaging in follow-up activities

Creating a Positive Professional Image

- There are many books telling you how to "dress for success" and control your body language. But keeping on top of your personal traits is only part of the story of managing your professional image (Appendix D).

- A personal brand is the value that others perceive you possess in your career role. It is something that you can develop, shape and control.

- Ways to build a successful personal brand:
- Gain experience/track accomplishments: Building your brand begins with tracking your past accomplishments and gaining strategically important new experiences. Your accomplishments are the foundation of your career.
- Complete Education and Training: The Center for Professional Development simplifies the process for obtaining CPEs by providing face-to-face, web-based and teleseminar educational opportunities.
- Promote yourself: You can have an amazing brand, but if no one knows about it, you're not going to have much success with your career development. The ADA Bookstore offers numerous resources touching on this topic.
- Build Relationships: One way this can be achieved is by joining DPGs or volunteering to serve on special committees.
- Become an Expert: One way this can be accomplished is by attaining specialty certifications.

Experiences of Other Professional Associations
- In 2005, the American Medical Association launched a national advertising campaign recognizing the accomplishments of physicians. The overall objective of the campaign was to highlight AMA's role as the country's leading advocate for America's physicians and the patients they serve. The campaign included print and TV commercials aimed at both physicians as well as America's patients.
- The American Nurse's Association supports and encourages National Nurses Week recognition programs through state and district nurses associations, other specialty nursing organizations, educational facilities and independent health care companies and institutions.
- In 2006, the National Education Association sponsored National Teacher's Week with the theme "Great Teachers Make Great Public Schools". Every day during this week, a different celebrity was featured including Ruben Studdard, Hilary Swank, Wilmer Valderrama and others reminiscing about his or her favorite teacher.

Question #3: What do we know about the capacity and strategic position of ADA in terms of its ability to address this issue?

Performance, Proficiency and Value of the Dietetics Professional
- In 2001, the House Leadership Team appointed a Tactical Workgroup to compile a backgrounder to address the performance, proficiency and value of registered dietitians and dietetic technicians, registered.
- The Workgroup found that members felt that one of the things needed in order to address salaries of the profession was to enhance public relations efforts to increase awareness of registered dietitians and dietetic technicians, registered and their roles.
- As a result of the HOD Dialogue and Motions, a Performance, Proficiency, and Value (PPV) Task Force was then appointed in November 2001. Their work culminated with a plan that was adopted in Spring 2002. The major focus of the plan was on professional development activities that could be provided by the Association and used by members. Ultimately, the plan was designed to offer the Association and members concise and doable tactics for addressing the member concern of compensation and benefits.

ADA Collaborative Consumer Education Programs
- Collaborative consumer education programs expand the reach of ADA nutrition messages while also promoting registered dietitians to a wide range of audiences. The scope of these programs would not be possible without the external funding provided through corporate agreements. Examples of recent projects include:
  - Healthy Habits for Healthy Kids: A nutrition and activity guide for parents
    - To date, more than 2.4 million booklets have been distributed through pediatrician offices, ADA members, schools and community health programs. Developed with WellPoint Health Networks.
  - Performance Challenge
- A CD-ROM toolkit containing tools for sports nutrition education activities for high school students plus online locator to connect coaches with local RDs. Over 4,000 CDs distributed, by request, to ADA members. Developed in collaboration with Gatorade.

- Home Food Safety – It’s in Your Hands
  - A multi-year home food safety education campaign that called consumers to action and emphasized the critical role they play in the food safety solution. For seven years, the program leveraged emerging lifestyle trends, focused on food safety benefits and secured strategic partnerships to achieve more than 1.5 billion media impressions. Funded by ConAgra Foundation.

- Mom-RD Program
  - Designed to help connect parents directly with registered dietitians, the mom-RD Web site provides practical, timely nutrition information for families from three registered dietitians who are also parents. Developed in collaboration with Wendy’s.

**Strategy & Terminology Work Group of the Board of Directors**

- A Strategy and Terminology Work Group was appointed in December 2005 by ADA’s President to review the varied title designations used by ADA and its members. It was determined that the various title designations used by ADA and its members contribute to the marketplace confusion, dilute marketing communication efforts to the public and blur ADA’s focus, image and brand.

- The Strategy and Terminology Work Group recommendations that were accepted by the Board of Directors describe the circumstances when it is appropriate to use the terms “registered dietitian” and “dietetic technician, registered” in communications.

- Recommendations were outlined in the Strategy & Terminology Work Group Report (Appendix E) and included (not listed in priority order):
  - The term *dietetics professional* should cease to be used in all ADA communications, internal and external, because it adds to marketplace confusion and undermines the value of CDR credentials.
  - The term *dietetic technician, registered* (DTR) should be used when spotlighting the DTR in internal and external communications. The Dietetics Education Task Force Report and Recommendations released in February 2005 noted that by definition, “technician” refers to a person who has been trained at the technical level requiring less than a baccalaureate degree. A Registered Dietitian (RD) with the minimum of a baccalaureate degree is considered the professional. The DTR should be highlighted as technical support personnel. This is consistent with definitions of a technician and professional in other disciplines. That the DTR works under the supervision of the RD was approved by the Board of Directors in 2003 and was reaffirmed through acceptance of the ADA Scope of Dietetics Practice Framework.
  - The term *registered dietitian* should be used when spotlighting the RD in press materials and public communications relating to the food, nutrition and health of both individuals and entire populations. Marketing efforts should focus on the education and experience of an RD. This prominent focus on the RD will not necessarily exclude references to ADA members as appropriate to the communication vehicle or the message being conveyed.
  - The term *ADA members* should be used in both public and member communications when the focus is on multiple members of the Association or its entire membership.

- Terminology related to state regulation should depend on the venue and should be guided by the strategic value or advantage to ADA and its members. As a state considers options that would affect more than those dietitians who provide medical nutrition therapy (MNT), nomenclature should be identified that accurately represents the education and experience, the scientific disciplines and approaches of the many types of “nutritionists” who work in the state. If these professionals are not
dietitians, ADA opposes their ability to claim to be "dietitians." On the other hand, it is critical for a physician making a referral or for a patient seeking care for certain serious, acute and chronic diseases or for facilities seeking higher level food service management to readily recognize the specific professional education and training, credentials and skills of the person providing nutrition services. “Dietitian” and preferably “Registered Dietitian” are appropriate terms.

### ADA Integrated Marketing Plan and Positioning Statement

- The ADA, ADAF, CDR and CADE Boards identified a need for more recognition and better comprehension from members and nonmembers regarding the value of services and a need for more and better communication regarding the value of all these professional cornerstones (Appendix F).
- The success of the Integrated Marketing plan will be measured by the established goals which are reflective of the strategic plan. The 2006-07 Annual Integrated Marketing goals include:
  - Increasing demand and utilization of paid services provided by ADA RD members among the public.
  - Increasing awareness of the value offered.
- The overall purpose of the plan is best stated by the following positioning statement. It’s important to also mention that all executed strategies and tactics within the Integrated Marketing plan will support this statement:
  - Registered dietitians are the indispensable providers of food and nutrition services. The expertise of the RD is vital for promoting optimal nutrition, health and wellbeing among the public.

### ADA’s Experience with Image Building Advertising

- General "image building" advertising campaigns such as the American Medical Association’s are extremely expensive, routinely costing in the tens or even hundreds of millions of dollars and their value can be difficult to measure.
- In 1998 and 1999, as part of ADA’s Public Initiative, the Association conducted a national print advertising campaign, at a cost to ADA of approximately $1.5 million. The campaign included full-page and one-third-page ads in Family Circle, McCall’s and similar magazines.
- In September 1999, ADA’s Board of Directors evaluated the results of this initiative, finding that the ads had a limited effect of increasing the awareness of ADA among readers of the magazines and did not increase public awareness or credibility of RDs.
- ADA’s Public Relations Team worked with the editors of Parents magazine on a special seven-page color article (a $672,000 ad value) that appeared in the May 2006 issue, consisting of tips to help parents raise their children to be healthy eaters – tips provided entirely by members of the American Dietetic Association. Parents has a circulation of 2,200,464 readers and a full-page ad value of $96,000.

### Public Service Announcements

- Budget permitting, ADA does produce and distribute national public service announcements. The most recent one featured singer/actress Patti LaBelle and ADA member Jeannette Jordan, MS, RD, CDE, discussing the importance of working with a registered dietitian to help manage diabetes (Patti LaBelle is diabetic). The Association also produced a PSA that featured ADA member Kathleen Zelman, MPH, RD, LD, with chef Graham Kerr showing consumers how to practice safe food handling in their homes.
- It’s important to note the difference between public service announcements and paid advertising and marketing campaigns such as "Got Milk?" According to the program's Web site, the dairy industry spends about $150 million per year (one year equals ADA's entire operating budget for about seven years) on "Got Milk?" Also, it’s debatable whether the ad campaign has increased milk consumption in this country. According to the USDA, per-capita sales of dairy milk in the United States have declined every year since at least 1975, except for small increases in 1984 and 1985 -- from 254 pounds in 1975 to 237 in 1980, to 222 in 1990 and to 194 pounds in 2000. That's a decrease in sales of about 25 percent in 25 years.
ADA Public Relations and Tools

- ADA’s public relations efforts aim to promote and position ADA and its members to the public—directly and through the media—as the leading source of food and nutrition information. The Public Relations Team reports 6.5 billion media impressions with nearly half from articles in print media. ADA also works with news reporters and producers at local, national, and international television programs. One of the ADA’s most effective outreach programs is its national network of media-savvy experts—the volunteer spokespeople. ADA provides state media representatives with the same background materials and news alerts as the national spokespeople.

- In addition to the numerous and effective programs we now have in place, the American Dietetic Association is constantly seeking new and improved ways to promote our members and their skills and training to the public. All members are encouraged to learn more about spreading the word about the profession.

An ADA Success Story Power Point presentation
- PowerPoint presentation on ADA’s current public relations initiatives and recent successes demonstrates what ADA is doing to publicize the work of its members

Working with the Media
- Useful tips can be found in ADA’s member publicity handbook, Working with the Media, which can be downloaded from ADA’s member-only Web site at http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/home_123_ENU_HTML.htm.

News Releases and Media Advisories
- ADA Press Releases are available on ADA’s Web site.
- Media Advisories alert reporters to an upcoming one-time event such as a press conference, speech or health fair. Similar in format to a party invitation, a media advisory is never longer than one page. It is usually constructed in “Who, What, Where, When...” style.

Sample Letter to the Editor and Op-Ed Article

ADA in the News
- Registered dietitians and ADA are constantly featured in the news media, in thousands of interviews reaching millions of people each year. This link provides highlights of news coverage of registered dietitians.

Journal News Highlights (PDF)
- Nutrition science research published in the Journal of the American Dietetic Association is a rich source of news for both print and broadcast media. This document provides highlights of recent news coverage of the Journal.

Daily News
- Each day ADA compiles a digest of food and nutrition news highlights and e-mails it to member subscribers.

National Nutrition Month® Promotion of the RD

- The original purpose of National Nutrition Month, which began in 1973 as National Nutrition Week, was “To increase the public’s awareness of the importance of good nutrition and position ADA members as the authorities in nutrition.” This continues to be the basis for NNM theme and message development. From the beginning NNM was enthusiastically embraced by ADA members as an opportunity to promote the profession as well as to serve as a vehicle for delivering nutrition education messages to the public. Newspaper coverage that first year gave ADA more lines of copy than ever before in the history of the association.

- With the support of press releases and other resources developed by ADA, NNM provides an optimal opportunity for members to plan and implement nutrition education and promotional activities in their workplace and local communities. The essential element in the continuing success of National Nutrition Month has been the active support of members who take advantage of the opportunity to increase their visibility at the local, regional and national level.
Value of the Registered Dietitian Campaign

- ADA’s marketing team and CDR are evaluating a proposal to develop and implement a “Value of an RD” campaign. The primary objectives are as follows:
  - Provide RDs the resources they require to market themselves in the marketplace.
  - Highlight the value of the RD credential to employers.
  - Educate potential clients of RDs on the value provided by the credential.
- Campaign elements would include an employer direct mail, online marketing resources for RDs and a client brochure.
- One element of this campaign is direct mail to both employers and referral sources such as physicians. The campaign is still in the planning phase with a possible launch in 4th quarter of the 2007 fiscal year.

ADA’s Spokesperson Program

- Since its inception in 1982, ADA’s Spokesperson program has been instrumental in bringing ADA’s messages of healthful eating and nutrition to millions of Americans each year via every form of news media — print, broadcast and electronic.
- ADA’s landmark volunteer Spokesperson program, widely emulated by professional associations across the country, advances ADA’s mission and goals; increases the public’s knowledge of food, nutrition and health; establishes the registered dietitian as the public’s best source for nutrition information; and increases the overall visibility of the dietetics profession and ADA.
- In accordance with ADA’s vision that its members be recognized as the most valued source of food and nutrition services, the American Dietetic Association has a policy of open, proactive and highly professional communication with the nation's news media. ADA aims to be the public's and the news media's top resource for the most accurate, credible, objective and timely food and nutrition information.
- ADA media spokesperson program consists of 30 registered dietitians from all facets of dietetics practice, living and working in the country’s largest media markets. ADA spokespersons undergo specialized media training designed to keep them adept at delivering ADA messages and to quickly and capably meet journalists’ needs.
- Supported by ADA’s Public Relations Team, spokespeople keep up with current research, science and news. Combined they conduct approximately 2,000 media interviews annually. ADA spokespeople take a positive approach to promoting the relationship between good health and diet and communicate messages that reflect solid science and research.
- In fiscal year 2005-2006, ADA’s Spokespeople conducted more than 2,600 media interviews (generating approximately 3 billion media impressions).
- Our annual “media impressions” (circulation or viewership of a particular story) is in the billions each year, placing ADA far ahead of many well-known organizations, for-profit and nonprofit alike, in terms of positive and effective publicity.

Media Training for Members

- Annually, post FNCE, the ADA offers Media Training day for members titled “Build Your Communication Skills and Advance Your Career through Media Training”. This workshop is conducted by communications experts who work with corporate executives, politicians and professional athletes. Topics of the workshop are:
  - Communicating
  - Delivering healthful-eating messages to the media
  - Gaining exposure
  - Preparing and delivering sound bites
  - Conducting media interviews
- The Public Relations Team at ADA also visits two affiliates annually to conduct media training.
- Individuals in the Spokesperson Program also offer media training on an affiliate and district level. For example ADA spokespeople Dawn Jackson and Dave Grotto trained approximately 10 members of the Illinois Dietetic Association.
**Affiliate Media Representatives**

- Each affiliate appoints affiliate or district media representatives. The purpose of affiliate media representatives is: (1) to serve as regional spokesperson for media activities, and (2) to establish and maintain relationships with local major market media TV, radio and print to accomplish increased visibility of the RD/DTR as the nutrition expert and resource person.
- Media representatives send out press releases and conduct other media events.
  - Example: WaukTown Radio - It's National Nutrition Month®. Toby Smithson, RD, LD, spokesperson for the Illinois Dietetic Association, gave a quiz to see how well the audience understood the importance of good nutrition. She promoted the National Nutrition Month® Web site.
- Media representatives are to present affiliate primary and secondary messages in interviews.

**Dietetic Practice Groups**

- Some Dietetic Practice groups such as Sports, Cardiovascular and Wellness Nutritionists (SCAN) DPG, Food & Culinary Professionals DPG, Nutrition Entrepreneurs (NE) DPG, Clinical Nutrition Management DPG and Pediatric Nutrition PG have marketing chairs or public relations directors.
- These positions typically:
  - Prepare a program of work
  - Coordinate alliances and public relations efforts.
  - Serve to increase the visibility of the DPG and highlight members
- NE has a Speakers Specialty Group which provides a network for interested members and provides links to resources such as "Getting Paid for Your Talks" by Maye Musk, MS, RD.

**Member Action**

- Driving home the message of health and nutrition to the American public requires the concentrated efforts of every member of the American Dietetic Association, not just media spokespersons or ADA headquarters team members. Members must be ready, willing and able to speak up for their profession in positive, knowledgeable and effective ways. A professional organization must rely on its professional members to create the image of the profession to consumers and potential clients, employers, government agencies, legislators and all of ADA’s target audiences.
- Creating this image is done one patient, one consultation, one media interview, one Capitol Hill visit at a time, by all members.

**Question #4: What ethical/legal implications, if any, surround the issue?**

**ADA Strategic Plan**

- ADA’s mission and vision clearly indicate the profession’s desire to have an image valued by ADA members, the public, other healthcare providers and the media.
  - **Mission:** Leading the future of dietetics
  - **Vision:** American Dietetic Association members are the most valued source of food and nutrition services
  - **Strategic Goals:**
    - Build an aligned, engaged and diverse membership
    - Influence key food, nutrition and health initiatives
    - Impact the research agenda and facilitate research supporting the dietetics profession
    - Increase demand for and utilization of services provided by members
    - Empower members to compete successfully in a rapidly changing environment
    - Proactively focus on emerging areas of food and nutrition
ADA Definition of Dietetics as a Profession

- “The integration and application of principles derived from the sciences of food, nutrition, management, communication, and biological, physiological, behavioral, and social sciences to achieve and maintain optimal human health” within flexible scope of practice boundaries to capture the breadth of the profession\(^1\). The definition that the Association has adopted promotes the key basis for utilizing registered dietitians and dietetic technicians, registered as the most valuable source of food and nutrition information.

Why ADA Members

- The food and nutrition experts of the American Dietetic Association are the best source of timely, accurate and reliable information on eating well.
- One of the most important activities ADA members can do to promote the Association, the profession and ourselves is to effectively communicate our knowledge and our expertise.
- People benefit from working with registered dietitians and dietetic technicians, registered: business and community leaders, legislators and policy makers, other health professionals and their organizations, educators, the general public, patients and clients (both current and potential), employers and the news media.
- ADA and members are both responsible for advancing the image of ADA and our members in the media. ADA encourages all ADA members to spread the word about registered dietitians and dietetic technicians, registered.

In the Absence of Registered Dietitians and Dietetic Technicians, Registered

- In the absence of Registered Dietitians and Dietetic Technicians, Registered the public would be left to choose from individuals who do not have the scientific background or the level of integrity held by RD/DTRs.
- For example, a study of athletic trainers indicated that television was their first source of nutrition information. If RD/DTRs do not promote themselves or allow others to take their place, these are the type of professionals that the public will seek for food and nutrition information.
- If there is no active dietetic voice, use of non-credentialed, non-educated, non-science-based individuals will increase, thereby creating the potential for public harm and declining health on a national basis.

The Name of the Profession

- Changing the title of “registered dietitian” or the Association has been an issue discussed by members. The dietetics profession is broad and “registered dietitian” is a term that conveys the common science behind all areas of practice.
- Some terms suggested may satisfactorily capture the clinical areas of dietetics; however, those terms may not connotate food, food safety, food products and foods systems as does RD or DTR.
- Federal law recognizes the registered dietitian, as do many state laws – so choosing a different title could prove disruptive at best, and could even create the need to re-open Medicare and a number of state recognition laws.
- ADA continuously re-examines the meaning and connotations of words like “nutritionist” and the public’s understanding of “nutritionist” relative to “dietitian”. It is generally agreed that “nutritionist” is a term that is used broadly. Registered dietitians are nutritionists, as are dietitians who do not hold the RD credential. But the term “nutritionist” also is applied to those who have only basic nutrition knowledge, sell health foods, health products, dietary supplements, and/or nutritional literature, or conduct classes or provide nutrition advice to promote health or prevent chronic diseases or conditions. Common understanding of the word “nutritionist” does not reflect the education and experience, the scientific disciplines and approaches of the “dietitian/ nutritionists.”
- It is critical for those seeking care for acute and chronic diseases to be able to know and rely upon the specific professional education and training experiences of the person providing nutrition services. It is important for a facility hiring a food service manager to identify the professional trained in food, nutrition and health. It matters to the insurance company or the
patient that the person providing services has the credential approved to be the provider of a service. At the present time, registered dietitian is the term that meets all of those criteria.

**Standards of Practice in Nutrition Care and Updated Standards of Professional Performance**

- As the most valued source of food and nutrition services, RD/DTRs are accountable and responsible for their practices and the unique services they provide. This accountability is a direct benefit to the public. The ADA leads the dietetics profession by developing standards by which the quality of practice and service can be evaluated. The standards describe a competent level of dietetics practice and professional performance.
  - They are authoritative statements addressing four standards of practice in nutrition care, designed as two separate sets of standards—one for registered dietitians (RDs) and one for dietetic technicians, registered (DTRs)—as well as six standards of professional performance common to all dietetics practitioners.
  - The standards articulate the role of dietetics and the unique services that registered dietitians and dietetic technicians, registered provide within the health care team; provide a mechanism for regulatory bodies, consumer groups, accrediting agencies, insurers, and other third-party payers to evaluate the quality of food and nutrition care and services provided; and enable patients/clients to judge the adequacy of dietetics services.
- Because our profession has standards of practice and standards of professional performance, members of the public can be assured that, when employing a registered dietitian or dietetic technician registered, they are receiving nutrition information that is safe, effective, and efficient food and nutrition care and services using evidence-based practice.

**Code of Ethics**

- The ADA and its credentialing agency, the Commission on Dietetic Registration, believe it is in the best interest of the profession and the public it serves to have a Code of Ethics in place that provides guidance to dietetics practitioners in their professional practice and conduct. Dietetics practitioners have voluntarily adopted a Code of Ethics to reflect the values and ethical principles guiding the dietetics profession and to outline commitments and obligations of the dietetics practitioner to client, society, self, and the profession.
- Any promotion of the profession would be done in a manner adhering to the ADA/CDR Code of Ethics, especially with regard to the following principles:
  - Principle 1. The dietetics practitioner conducts himself/herself with honesty, integrity, and fairness.
  - Principle 2. The dietetics practitioner practices dietetics based on scientific principles and current information.
  - Principle 3. The dietetics practitioner presents substantiated information and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.
  - Principle 4. The dietetics practitioner assumes responsibility and accountability for personal competence in practice, continually striving to increase professional knowledge and skills and to apply them in practice.
  - Principle 5. The dietetics practitioner recognizes and exercises professional judgment within the limits of his/her qualifications and collaborates with others, seeks counsel, or makes referrals as appropriate.
  - Principle 6. The dietetics practitioner provides sufficient information to enable clients and others to make their own informed decisions.
  - Principle 8. The dietetics practitioner provides professional services with objectivity and with respect for the unique needs and values of individuals.
  - Principle 12. The dietetics practitioner is alert to situations that might cause a conflict of interest or have the appearance of a conflict. The dietetics practitioner provides full disclosure when a real or potential conflict of interest arises.
- Principle 13. The dietetics practitioner who wishes to inform the public and colleagues of his/her services does so by using factual information. The dietetics practitioner does not advertise in a false or misleading manner.
- Principle 14. The dietetics practitioner promotes or endorses products in a manner that is neither false nor misleading.
- Principle 16. The dietetics practitioner accurately presents professional qualifications and credentials.
- Principle 19. The dietetics practitioner supports and promotes high standards of professional practice. The dietetics practitioner accepts the obligation to protect clients, the public, and the profession by upholding the Code of Ethics for the Profession of Dietetics and by reporting alleged violations of the Code through the defined review process of The American Dietetic Association and its credentialing agency, the Commission on Dietetic Registration.

**References**


Appendix A

Sources of Nutrition Information
Demographic Variations

<table>
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<tr>
<th>Gender</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Some HS</th>
<th>HS Grad</th>
<th>Education</th>
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<td>Male</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Female</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

| Television | 72 | 73 | 71 | 65 | 74 | 73 | 77 | 67 | 71 | 74 | 74 | 67 | 72 |
| Magazine | 58 | 50 | 64 | 55 | 50 | 68 | 58 | 49 | 39 | 56 | 64 | 59 | 61 |
| Newspaper | 33 | 36 | 39 | 15 | 29c | 40cd | 43cd | 36c | 11 | 29h | 33h | 30h | 44h |
| Radio | 18 | 25b | 13 | 19 | 21 | 19 | 17 | 13 | 13 | 18 | 20 | 18 | 17 |
| Family/Friends | 17 | 15 | 17 | 23eg | 20g | 14 | 18g | 8 | 21 | 17 | 16 | 16 | 17 |
| Reference/general books | 13 | 9 | 19a | 19 | 11 | 15 | 15 | 13 | 18 | 13 | 15 | 12 | 20 |
| Internet | 13 | 14 | 12 | 22e | 2g | 5g | 12g | 10g | 3 | 3 | 6 | 16h | 21h | 9 |
| Doctors | 12 | 12 | 13 | 11 | 11 | 13 | 10 | 17 | 13 | 10k | 15k | 5 | 7 |
| Work/job | 4 | 4 | 5 | 4 | 6g | 5 | 3 | 2 | 3 | 4 | 6l | 5l | -- |
| School | 4 | 3 | 5 | 6c | 6c | 1 | 3 | 4 | 3 | 2 | 5 | 2 | 8k |

Base: 700 280 420 120 174 154 120 132 120 132 132 182 87

Appendix B

Awareness/Interest in Registered Dietitians
Demographic Variations

<table>
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<tr>
<th>Gender</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
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<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

| Yes | 90 | 87 | 95a | 83 | 92c | 89 | 95c | 93c | 76 | 88 | 92h | 95h | 92h |
| No | 10 | 13b | 7 | 18dfg | 8 | 11 | 5 | 7 | 24kd | 12k | 8 | 5 | 8 |

Base: 700 280 420 120 174 154 120 132 120 132 132 182 87

Q.15 Have you ever heard of a registered dietitian?

Statistical significance comparisons are made in the analysis between sub-groups where applicable. Significance testing was performed at the 95% confidence level. The statistically significant differences are shown in tables by lettering columns. When a letter appears next to a value, that value is significantly higher than the corresponding value in the column/row with that letter.
Appendix C

Report on the ADA/CDR 2004 Dietetics Professionals Needs Assessment

• ADA periodically conducts a comprehensive assessment of the needs of US dietetics professionals. The latest survey was conducted in 2004.
• The majority of ADA members are employed in the clinical or management setting with 51% of all members working in clinical nutrition.
• The number five reason for joining ADA is that ADA advocates for the profession (Figure 1). Advocacy for the profession becomes more important to members renewing; it is listed as the number three reason for renewing membership. However, in comparison to the 1999 results, image/advocacy as a reason for joining lags by 17 points.
• On-going public relations and promotion is in the bottom in regards to member awareness. Less that 20% of members use information related to on-going public relations and promotion.
• Approximately 45% of members report on-going public relations and promotion is important. It was noted that only 30% of members report satisfaction with on-going public relations and promotion which is a significant gap between satisfaction and importance.
• Respondents were also asked about their opinions of ADA Image/Advocacy (Figure 2).

Figure 1. Survey Year: 2004

**Reasons For Joining/Renewing ADA**

<table>
<thead>
<tr>
<th>Reason</th>
<th>% Joining</th>
<th>% Renewing</th>
</tr>
</thead>
<tbody>
<tr>
<td>profession's leading organization</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>professional/career development</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>receive the journal</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>encouraged by another</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td>ADA advocates for the profession</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>network with colleagues</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>access patient/client ed materials</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>receive other ADA publications</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>obtain member discounts</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>assistance in locating a job</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>develop/enhance leadership skills</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>help in marketing my practice</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>support legislative/policy efforts</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>+ others</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Figure 2. RDs’ Opinions of ADA Image/Advocacy

**ADA ...**

- is well-regarded in scientific circles: 58% agree, 20% disagree
- is recognized by consumers: 42% agree, 35% disagree
- is recognized by physicians etc: 56% agree, 26% disagree
- does enough to promote to public: 37% agree, 46% disagree
- does enough to promote to physicians etc: 33% agree, 48% disagree
- does enough to promote to business/industry: 31% agree, 46% disagree
- does enough to support state licensure: 49% agree, 20% disagree
- does enough to support professional recruitment: 23% agree, 31% disagree
Appendix D

Information Regarding Personal Image

Creating a Positive Professional Image – Interview with Harvard Business School: professor Laura Morgan Roberts (hbswk.hbs.edu/item/4860.html)

- "People are constantly observing your behavior and forming theories about your competence, character, and commitment, which are rapidly disseminated throughout your workplace," she says. "It is only wise to add your voice in framing others' theories about who you are and what you can accomplish."

- There are plenty of books telling you how to "dress for success" and control your body language. But keeping on top of your personal traits is only part of the story of managing your professional image, says Roberts.

- Your professional image is the set of qualities and characteristics that represent perceptions of your competence and character as judged by your key constituents (i.e., clients, superiors, subordinates, colleagues).

- What is the difference between "desired professional image" and "perceived professional image."
  - It is important to distinguish between the image you want others to have of you and the image that you think people currently have of you.
  - Most people want to be described as technically competent, socially skilled, of strong character and integrity, and committed to your work, your team, and your company. Research shows that the most favorably regarded traits are trustworthiness, caring, humility, and capability.
  - Ask yourself the question: What do I want my key constituents to say about me when I'm not in the room? This description is your desired professional image. Likewise, you might ask yourself the question: What am I concerned that my key constituents might say about me when I'm not in the room? The answer to this question represents your undesired professional image.

- How do authenticity and credibility influence the positive outcomes of impression management attempts?
  - In order to create a positive professional image, impression management must effectively accomplish two tasks: build credibility and maintain authenticity. When you present yourself in a manner that is both true to self and valued and believed by others, impression management can yield a host of favorable outcomes for you, your team, and your organization. On the other hand, when you present yourself in an inauthentic and non-credible manner, you are likely to undermine your health, relationships, and performance.

- What are the steps individuals should take to manage their professional image?
  - First, you must realize that if you aren't managing your own professional image, someone else is. People are constantly observing your behavior and forming theories about your competence, character, and commitment, which are rapidly disseminated throughout your workplace. It is only wise to add your voice in framing others' theories about who you are and what you can accomplish.
  - Be the author of your own identity. Take a strategic, proactive approach to managing your image:
    - Identify your ideal state.
    - What are the core competencies and character traits you want people to associate with you?
    - Assess your current image, culture, and audience.
    - What are the expectations for professionalism?
    - How do others currently perceive you?
    - Conduct a cost-benefit analysis for image change.
    - Do you care about others' perceptions of you?
    - Are you capable of changing your image?
    - Are the benefits worth the costs? (Cognitive, psychological, emotional, physical effort)
    - Use strategic self-presentation to manage impressions and change your image.
• Pay attention to the balancing act—build credibility while maintaining authenticity.
• Manage the effort you invest in the process.
• Monitoring others' perceptions of you
• Monitoring your own behavior
• Strategic self-disclosure
• Preoccupation with proving worth and legitimacy.

**Professional Image 101**

- This article, published in 2000, interviews experts in image consulting.
- Suggested areas to build professional image include:
  - Use proper etiquette: correct social behavior is crucial in business today
  - Be well-groomed
  - Find a professional look
  - Play up your strengths
  - Project your voice.
- Good communication skills are important
  - Evaluate communication behavior and how it affects others
  - Communicate in a format that meets patient/client needs
  - Organize and present materials in an appropriate format
  - Avoid jargon and eliminate distracting language patterns
  - Personalize technology.
- Other key points in this article include:
  - The article suggests that the registered dietitian should be curious, outspoken, savvy, smart, quick to react, open to new ideas and up-to-date with the “perceived image of success”. The article also suggests that RDs find their niche in dietetics and become experts.
  - Professionals must believe in their own value, learn how to enhance it through skills and knowledge, and project their qualities.
  - To stay ahead of the competition, professionalism along with technical skills is important.
  - Different sensitivities for different people in different settings are needed.
  - Most business people today, regardless of their fields, face the issues of staying visible, being heard, networking, and the art of self-promotion.

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The first tasks of the Study Commission are to define as clearly as possible the health service of dietetics and to identify its practitioners. At the outset it is clear that a semantic problem exists. During the hearings for the Commission, the practitioner has been called “dietitian,” “nutritionist,” “dietitian-nutritionist,” and “applied nutritionist.”

BACKGROUND

In January 2004, members of the Nutrition Entrepreneurs DPG contacted the House of Delegates Issues Management Committee regarding the negative image of dietitians compared to individuals identified by the public as nutritionists. Although there is no accepted national definition for the title nutritionist, all Registered Dietitians are nutritionists but not all nutritionists are Registered Dietitians. Some state licensure boards have enacted legislation that regulates use of the title nutritionist and set specific qualifications for holding the title. For states that regulate this title, the definition is variable from state to state.

The Issues Management Committee concurred that the dietitian and nutritionist terminology was a valid issue and one that confuses the public. It was discussed and acknowledged that changing the terminology from dietitian to nutritionist would not solve this problem, as it may create new ones especially related to state licensure. The Issues Management Committee forwarded the concern to the HOD Leadership Team (HLT) for discussion. The HLT believes the issue is larger in scope and relates to improving the image of the RD/DTR. As such, it was referred to the ADA Board of Directors for consideration.

During the June 2005 Board retreat, participants identified who and what ADA stands for/advocates for and the varied use of title terminology as outstanding strategic issues requiring Board resolution.

At the October 2005 meeting, the Board passed a motion that a work group be appointed to address these unresolved issues. Further, a commitment was made by the Board of Directors at its October 2005 meeting to establish brand value. Before efforts begin on this process, these fundamental business decisions need to be determined to plan and execute successfully.

STRATEGY AND TERMINOLOGY WORK GROUP

A Strategy and Terminology Work Group was appointed in December 2005 by ADA’s President. The work group is comprised of four (4) members of the ADA Board of Directors. In making appointments, consideration was given to members with familiarity of the issues and knowledge of potential financial and marketplace impact. Judy Gilbride, president-elect, chairs the working group. Other members include Martin Yadrick, Treasurer, Jessie Pavlinac, House of Delegates Speaker-elect and Monica Penkilo, Board Director and House Leadership Team member. The CEO designated Patricia Babjak, Sara Moser and Chris Reidy as staff supporting the work group.
WORK GROUP DELIBERATIONS

The work group addressed the following issues to help guide future strategic direction:

1. Who and what ADA stands for (members, dietitians, RDs, DTRs, dietetics professionals, nutritionists, etc.),
2. Who ADA advocates for and markets (members, RDs, DTRs, dietetics professionals, etc.),
3. HOD Issues Management Committee input, Board of Directors’ brutal facts discussions and other information on marketplace image in relation to professional designation terminology usage, and
4. Issues related to multiple use of professional designation terminology to describe dietetics practitioners (nutritionists, dietetics professionals, etc.) and develop recommendations for Board action.

Context For Deliberations

Purpose of a Professional Membership Organization

As a professional membership organization, the ADA exists to serve its members. As a basic premise, the work group holds that membership in a voluntary professional association should not be identical to a warranty of personal professional competence; credentialing is one of the responsibilities of a professional association. It is a means to an end, namely, an effective service to society and to people. However, it is not always a means of defining membership in a voluntary association.

Legal input on implications to shifting the focus (who and what ADA stands for) from members to Registered Dietitians was discussed by the work group. One of the issues involved in changing the focus of the Association to promoting and benefiting RDs is the nature of the duties owed by the Board of Directors to the entire membership, and the rights of the non-RD members to receive the services and benefits of membership that they were led to expect. The membership materials promoting ADA membership refer variously to “providing resources and a community of dietetics professionals”, providing “resources for marketing your services”, and treating National Nutrition Month as “an annual observance for promoting ADA and its members”, and to ADA’s vision as "American Dietetic Association members are the most valued source of food and nutrition services." There is no suggestion in any such materials that RDs will be given preferential treatment.

It is possible, therefore, that a non-RD member might have a valid claim against the Association if steps are taken that would be perceived to dilute her/his benefits. An alternative, therefore, might be to create classes of membership defined in a manner that would make clear the focus on RDs while continuing to recognize the benefits being given to non-RD members. See attachment A for other allied health organization membership categories.

Terminology/Definitions

The varied title designations used by the ADA and its members contribute to marketplace confusion, dilute marketing communication efforts to the public and blur ADA’s focus, image and brand.

Dietetics:
The American Dietetic Association defines dietetics as the integration and application of principles derived from the sciences of food, nutrition, management, communication, and biological, physiological, behavioral and social sciences to achieve and maintain optimal human health with flexible scope of practice boundaries to capture the breadth of the profession (Conceptual Framework for the Dietetics Profession approved by Board of Directors, 2000, reaffirmed 2003).

Dietitian:
A formal ADA definition of dietitian does not exist. Not all dietitians are Registered Dietitians. The qualifications for licensure for a dietitian are often not equivalent to qualifications for registration by the Commission on Dietetic Registration (CDR), specifically, accreditation of
education programs at the didactic and supervised practice levels by the Commission on Accreditation for Dietetics Education (CADE). The following are often cited as state licensure application requirements.

1. A minimum of a Baccalaureate degree from a U.S. regionally accredited college or university.
2. A major course of study in human nutrition, nutrition education, food and nutrition, dietetics, or food systems management (non-CADE accredited).
3. A documented supervised practice experience component in dietetics practice (non CADE accredited) of not less than 900 hours under the supervision of a Registered Dietitian, a state’s licensed healthcare practitioner or an individual with a doctoral degree conferred by a U.S. regionally accredited college or university with a major course study in human nutrition, nutrition education, food and nutrition, dietetics, or food systems management.

Dietetics Professional:
The American Dietetic Association began to use the term dietetics professional in 1993 in communications to capture RDs, DTRs and member categories. All Registered Dietitians are dietetics professionals but not all dietetics professionals are Registered Dietitians.

Dietetic Technician, Registered (DTR):
The Commission on Dietetic Registration defines a Dietetic Technician, Registered as an individual who completed a minimum of an Associate degree granted by a U.S. regionally accredited college or university; completed a Dietetic Technician Program accredited by the CADE; successfully completed CDR's Registration Examination for Dietetic Technicians; and accrued 50 hours of approved continuing professional education every five years.

OR

completed the minimum of a baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; met current academic requirements (Didactic Program in Dietetics) as accredited by CADE; completed a supervised practice program under the auspices of a Dietetic Technician Program as accredited by CADE; successfully completed CDR’s Registration Examination for Dietetic Technicians; and accrued 50 hours of approved continuing professional education every five years.

Nutritionist:
There is no accepted national definition for the term nutritionist. All Registered Dietitians are nutritionists but not all nutritionists are Registered Dietitians. Some state licensure boards have enacted legislation that regulates the use of the term and set specific qualifications for holding the title. For states that regulate this title, the definition is variable from state to state. There are nutritionist "credentials" that require little more than payment for conferral.

Registered Dietitian (RD):
The Commission on Dietetic Registration defines the Registered Dietitian (RD) as an individual who completed the minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; has met current minimum academic requirements (Didactic Program in Dietetics) as accredited CADE; completed supervised practice experience accredited by CADE; has successfully completed CDR's Registration Examination for Dietitians; and accrued 75 hours of approved continuing professional education every five years.

Registration Eligible:
The Commission on Dietetic Registration uses "registration eligible" to identify individuals who have met the didactic and supervised practice requirements to write the CDR registration examinations. The term RDE is not a designation/credential. The Commission has noted with concern an increase in the use of this term to designate registration eligibility.

State Licensure, Certification, Registration and Terminology

As ADA works on issues related to recognition of dietitians, it always recommends that public officials be mindful of the words they choose to convey information to the public. It is critical that ADA and its members also be selective about the terminology they use.
Legislation has emerged in several states to amend licensure laws to permit licensure of Certified Nutrition Specialists, Certified Clinical Nutritionists or other nutrition professionals credentialed by a variety of organizations. ADA works with its affiliates to reiterate the strength of the CDR credentials and suggest approaches that strengthen public protection over time by relying more fully on its accreditation, standards and continuing education requirements and the assurances they offer consumers. With a proliferation of nutrition “credentials” now emerging in the marketplace, ADA advises the states to be cautious before recognizing any others than the RD or DTR and to hold them accountable to passing the same rigorous examination. See attachment B for state regulation information.

Every state, commonwealth and jurisdiction recognizes the title registered dietitian and accepts the RD credential in keeping with federal regulations for health care facilities and organizations. All states with statutory recognition of the profession automatically accept the RD credential as qualification for licensure, certification or registration. With the exception of Oklahoma, no jurisdiction with licensure limits the term “dietitian” only to RDs however.

Twenty-nine states, the District of Columbia and Puerto Rico also license dietitians and/or nutritionists. Statutes in 20 of these states mention both dietitians and nutritionists. In addition, 14 states require certification of dietitians and/or nutritionists. California requires registration of dietitians.

Changes in titles or terminology of dietetics professionals could have modest to more significant effects on the recognition of members and their status under licensure, certification or registration laws. For example, no state recognizes dietetics professionals. Maine is the only state that licenses dietetic technicians along with dietitians.

Other states have approached the statutory terms of licensure in a variety of ways. For example, 15 states license both dietitians and nutritionists. The usual credential for this designation is LDN or LD-N. However, Mississippi licenses the dietitian, and offers title protection for the nutritionist. Montana licenses the nutritionist, and offers title protection to the dietitian. New Mexico’s licensure law has designations for dietitian, nutritionist, and nutritionist associate. North Dakota licenses dietitians and certifies nutritionists. References can also be found in state laws and regulations to nutrition professionals who are not RDs or dietitians with experience as nutrition counselors or nutrition advisors. Finally, in Nebraska, the legislature coined the term medical nutrition therapist for nutrition professionals providing MNT.

In correspondence with state officials who were considering dietetics licensure issues last year, ADA noted that nutritionist is a term that is used broadly. Registered dietitians are nutritionists, as are dietitians who do not hold the RD credential. The term nutritionist also is applied to those who have basic nutrition knowledge, sell health foods, health products, dietary supplements and/or provide nutritional literature, conduct classes or provide nutrition advice to promote health or prevent chronic diseases or conditions.

Centers for Medicare and Medicaid definitions for Part A for a qualified dietitian do not specify a person registered by the CDR. The requirement is that there be state licensure, certification or registration for dietitians/nutritionists and that there be compliance with state professional codes. Definitions for a qualified dietitian also vary by state, facilities and/or settings.

WORK GROUP RECOMMENDATIONS (not listed in priority order)

1. As a professional membership organization, the ADA exists to serve its members. This purpose is aligned with the core focus (Hedgehog) approved by the Board of Directors in September 2005.

2. The term dietetics professional should cease to be used in all ADA communications, internal and external, because it adds to marketplace confusion and undermines the value of CDR credentials.
• The term *dietetic technician, registered* (DTR) should be used when spotlighting the DTR in internal and external communications. The Dietetics Education Task Force Report and Recommendations released in February 2005 noted that by definition, “technician” refers to a person who has been trained at the technical level requiring less than a baccalaureate degree. A Registered Dietitian (RD) with the minimum of a baccalaureate degree is considered the professional. The DTR should be highlighted as technical support personnel. This is consistent with definitions of a technician and professional in other disciplines. That the DTR works under the supervision of the RD was approved by the Board of Directors in 2003 and was reaffirmed through acceptance of the ADA Scope of Dietetics Practice Framework.

• The term *registered dietitian* should be used when spotlighting the RD in press materials and public communications relating to the food, nutrition and health of both individuals and entire populations. Marketing efforts should focus on the education and experience of an RD. This prominent focus on the RD will not necessarily exclude references to ADA members as appropriate to the communication vehicle or the message being conveyed.

• The term *ADA members* should be used in both public and member communications when the focus is on multiple members of the Association or its entire membership.

3. Terminology related to state regulation should depend on the venue and should be guided by the strategic value or advantage to ADA and its members. As a state considers options that would affect more than those dietitians who provide medical nutrition therapy (MNT), nomenclature should be identified that accurately represents the education and experience, the scientific disciplines and approaches of the many types of “nutritionists” who work in the state. If these professionals are not dietitians, ADA opposes their ability to claim to be “dietitians.” On the other hand, it is critical for a physician making a referral or for a patient seeking care for certain serious, acute and chronic diseases or for facilities seeking higher level food service management to readily recognize the specific professional educational and training, credentials and skills of the person providing nutrition services. “Dietitian” and preferably “Registered Dietitian” are appropriate terms.
Appendix F

ADA Integrated Marketing Plan Value Propositions

- The following value propositions define the value of each related entity while at the same time supporting the positioning statement. It’s imperative to highlight that the RD is the essential link that connects these statements together.

- **ADA:** Why should I be a member of ADA?
  - ADA membership connects me to approximately 65,000 colleagues within my profession. Membership is an investment in my future. As a member, I have access to extensive and invaluable practice and science-based resources and tools essential to advancement in every phase of my career.

- **ADAF:** Why should I support ADAF?
  - The Foundation, unlike any other philanthropic organization, serves the health of the public through the expertise of registered dietitians. The ADA Foundation enhances the dietetics profession by funding programs that change and save lives: - Granting more than $75,000 annually in research grants to keep the dietetics profession at the forefront of scientific research and provide the public with the most up-to-date and accurate food and nutrition information.
  - Awarding Scholarship funding of nearly $300,000 annually to attract the best and brightest to the field.
  - Supporting public education projects and programs which increase the knowledge and awareness of the importance of food and nutrition for children, especially those at risk for obesity.

- **CADE:** Why are CADE accredited programs the only way to achieve registration eligibility status?
  - The successful completion of a CADE accredited program is the only way to reach the goal of becoming an RD. CADE accreditation ensures quality and rigorous educational preparation to guarantee that program graduates are prepared for entry into the profession.

- **CDR:** Why should I become a registered dietitian and maintain my credential?
  - The RD credential will distinguish me as having met rigorous educational, examination and experiential requirements and positions me as a competent practitioner within the marketplace. As an RD, I am able to translate the science of food and nutrition into the skill of optimizing nutrition, health and well-being among the public.

Appendix G

Additional Reading:

