HOD BACKGROUND: PUBLIC POLICY and ADVOCACY

In 2001, the ADA Board of Directors approved a new National Nutrition Policy Initiative(1). The Association's approach to public policy work was reviewed and revised in keeping with members' needs, developing opportunities, and strategic advantages for the Association. A year later, a Nutrition Policy Task Force recommended a set of strategic steps for the Association, and an agenda broad enough to encompass a range of issues related to food, nutrition and health. The Task Force concluded that less than 5% of registered dietitians and dietetic technicians, registered invest their time and efforts to improve the profession through advocacy and public policy, but all members of the profession should be involved(2).

The House Leadership Team, upon reviewing the Mega Issues List, determined that a dialogue that focuses on engaging members in public policy and advocacy approaches is critical to success of the profession.

This backgrounder was compiled by the ADA Governance Team and the ADA Public Policy and Advocacy Team.

Mega Issue Question: What is needed for delegates and members to participate more effectively in all aspects of public policy at the federal, state and local levels?

Expected Outcomes: Delegates and members:

(1) will better understand how the political process affects registered dietitians and dietetic technicians, registered,
(2) will become knowledgeable of strategic and tactical steps for advancing the profession and positively impacting the health of the public, and
(3) will actively engage in federal, state and local policy.

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.

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

Establishing a relationship with your elected official by call, letter, or visit makes an impact.

- Elected officials and their staffs in Washington, DC and state capitals are there for their constituent. Voters put them in office and the central focus of an elected representative’s job is to respond to voter concerns. They need to hear from constituents on issues. If they do not hear from constituents about critical food, nutrition and health issues, representatives will interpret the lack of interest as a sign that the issues are not relevant to their constituents. Using the same line of thinking, the more interest they see, the more they will show their interest and support for the issue.
- ADA staff and Legislative & Public Policy Committee (LPPC) efforts, while effective, do not make half the impression that thousands of American Dietetic Association (ADA) members are able make individually.
- Grassroots is a term that means there are volunteers in a state and across the nation who give their time and resources for a greater good.
- Grassroots activities make the difference in determining who will set the course for the future.
Every ADA Member Value Survey of recent years underscores that ADA members want, need and expect that the association will represent their interests in public venues. This is one of the most basic reasons that associations form. We state our mission and vision as:

- Leading the future of dietetics, and
- ADA members are the most valued source of food and nutrition services

As a professional association ADA is expected to know and understand what our members face at work and in volunteer settings in order to advance the profession. In order to be effective in that role, the Association must be aware of the larger environment and be prepared to operate effectively in it. Advocacy is the area where ADA represents members’ interests in the environment where public policy is established.

Both member volunteers and professional staff have critical roles in building and assuring a successful advocacy program.

Comments and actions, however, do not always align.

- Despite consistent member comments that ADA holds the key to greater recognition, respect and remuneration for RDs and DTRs, members generally count on the work, commitment and good deeds of their fellow members and staff to make this happen.
- Annually, less than one percent of the membership attends the Public Policy Workshop (PPW) where they learn about priority public policy issues and the larger context of food, nutrition and health policy. Roughly 500 members out of 65,000 receive basic advocacy skills training at that annual forum and represent ADA’s views in a day on Capitol Hill. Some ADA affiliates model ADA’s PPW and hold a state lobbying day to meet with state legislators and discuss the role of RDs in addressing local nutrition and health concerns.
- The State Issues Task Force in 2003 recommended that each affiliate devote at least 30 minutes in a general session each year to public policy education and training for members. Implemented in full, that would mean that roughly 25 percent of ADA members would receive up-to-date information and skills development – assuming that 300 members were trained annually across the country in 50 – 52 affiliate sessions. However, there is no indication that a significant number of affiliates act in accordance with the recommendation for annual training in a general session, even though ADA offers a speakers bureau and other resources to facilitate education and training.
- Less than one in six members contributes to ADAPAC, ADA’s Political Action Committee, which is the only political action committee nationwide focusing exclusively on food, nutrition and health. ADA manages ADAPAC resources without preference to political party affiliation and leverages its resources on every major legislative issue we have in play on Capitol Hill. ADA operates ADAPAC in a transparent manner, consistent with the letter and spirit of federal campaign finance laws, and accounts for every dollar received and contributed to candidates.

ADA’s professional staff members work with the Legislative and Public Policy Committee and within the framework established by the Nutrition Policy Task Force to determine the stances and best opportunities for ADA involvement in public policy issues. ADA’s professional staff members also work with the Coding and Coverage Committee, the Quality Management Committee, affiliate and DPG reimbursement leaders and other ADA groups to identify and become involved in issues that increase recognition and remuneration in private as well as government-sponsored healthcare.

- ADA must be strategic in selecting where, when and how it can be involved. Opportunities may be endless, but resources of staff, dollars, and volunteer hours are finite. Thus setting priorities and engaging the grassroots of the Association in a coordinated manner is key to effective ADA advocacy and the efficient use of resources.
- To be accountable to its members, ADA operates as transparently as possible. To guide its stances on policy matters, ADA has established principles and values. These follow in
Graphic 1. These statements basically say what we stand for and help assure consistency in our representations.

### Graphic 1

#### Principles and Values: Guides for ADA’s Public Policy Stances

ADA works to positively impact the health status of Americans. The Legislative and Public Policy Committee (LPPC) applies and abides by the following principles and values approved by ADA’s Board of Directors*, in the deliberation of issues associated with ADA’s public policy work:

- Food and nutrition are the foundation of health.
- Sound science and its applications serve as the basis of ADA’s food, nutrition, and health policy stances.
- A safe, nutritionally adequate and personally acceptable diet† must be available to all individuals.
- Health promotion goes beyond information campaigns, and includes nutrition education for overall health, medical nutrition therapy for disease prevention and treatment, as well as nutrition research to advance the public’s knowledge, acceptance, and application to improve the nation’s nutritional well being.
- Evidence-based medical nutrition therapy is an integral part of nutrition assessment, disease treatment, management, and rehabilitation.
- ADA’s Code of Ethics is the foundation for dietetics practice.
- ADA’s advocacy serves two primary objectives: to enhance the status and role of the profession and to improve the health of the public.

**Objective:** ADA’s policy positions and its advocacy program will reflect these values:

- Food and nutrition policy must be based on reliable scientific evidence, which is disseminated to promote public understanding and adoption of healthful behavior change.
- Improving the health status of Americans requires a spectrum of programs, which must include nutrition services delivered by RDs and DTRS to all segments of the population.
- A global food supply providing a safe and nutritionally adequate diet needs to be available to all individuals in acceptable forms at reasonable cost.
- Freedom of choice in personal food preferences is the right of consumers.
- Consumers need nutrition information, knowledge and skills to make informed food choices.
- Registered dietitians and dietetic technicians, registered, provide unique and valuable knowledge and expertise in the delivery of food and nutrition services.
- Food science and technology can maximize safety and deliver nutrition for optimal health and value to consumers.
- Food and nutrition research, including monitoring and surveillance, consumer testing and policy evaluation, requires adequate, on-going support.
- Evidence-based guides for practice are developed and utilized to advance dietetics services that benefit the health of the public cost effectively.

- All affiliates and DPGs are advised that they may bring issues to the LPPC and ADAPAC Board for consideration and they are invited to be active. All members are encouraged to contact ADA about public policy matters, and all may sign up to receive *On the Pulse*, the e-weekly report on public policy and related issues related to food, nutrition and health. Once an issue is identified, ADA begins an analysis to determine if the association will

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* BASED ON THE RECOMMENDATIONS OF THE NUTRITION POLICY TASK FORCE, MARCH 2002.
† IN REFERRING TO "DIET," THE LPPC WILL CONSIDER AN OVERALL EATING PATTERN.
incorporate it in its program of work. That analysis process and the steps in determining ADA’s stance and tactics are described in the ADA Advocacy Model (Graphic 2).

**Graphic 2**

**ADA ADVOCACY MODEL**

**ISSUE IDENTIFICATION**

Drivers are Congress, Press, Special Interest Group such as ADA, Specific Events, Trends...

**OUTSIDE FORCES**

Budget, Media, Public Perception, Congress, Administration, Special Interests - ADA and others

**ADA Processes – Two Parts**

- Is this a priority? – Check ADA Mission and LPPC goals
- Is it important to ADA members? Check historical documents, do analysis, consult ADA experts
- What does the science say?
- Can we make a difference?
- Do we need to act to have our concerns addressed?
- What are the costs of ADA involvement?

- What are ADA’s views? (Check historical documents, do analysis, review the science, talk with internal experts)
- Consistent with ADA Mission, Vision and Goals?
- Can we shape outcome to meet LPPC principles and values? (What are deal breakers?)
- Determine process. (Task force, work group, internal dialogue between DPGs, experts & staff?)
- Follow process, with consultation with DPGs, member experts, coalitions, QM, LPPC. Roll out recommendations to ADA members.
- Prepare position. Close communication loops internal to process. Incorporate feedback.
- Determine environment for issue and devise tactical strategy for success. Follow through with decision makers and answers their questions and concerns. Continuing loop until resolution

ADA’s Washington office also works directly with the ADAPAC Board of Directors to target ADAPAC resources to support ADA’s public policy and advocacy issues work. ADAPAC’s resources bolster ADA advocacy and contribute to advancements in ADA’s policy agenda.

- Nationally, ADA’s staff handles day-to-day tactics to advance ADA policy stances in Washington. For example, ADA staff presents detailed information to Congress on legislative initiatives impact, and clarifies impacts not just to constituents, but the profession and population in general. Congressional staff relies heavily on professional organizations to provide them with information on virtually all issues.
- In the states and localities, and in working with private sector firms, however, ADA acts as a coach and consultant to members, providing strategic advice and resources to facilitate successful representations by ADA member-leaders themselves, working through their state affiliates.

**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?**

The majority of Americans living "outside the Washington DC Beltway" don’t keep up-to-the-minute tabs on policy development. Many people think that policy—and even more so politics—is not something they care to get involved in or feel they know how to get involved in. For some, it may simply be a matter of not knowing where to begin one's involvement. For many, public policy only draws attention during election years. Despite the heightened attention both policy and politics receive in election years, policy decisions are happening all the time, and it is necessary to work year-round to see that such decisions have a positive impact on members and the public.
Less than half of all registered voters in America vote in presidential elections and a mere 2% of Americans actively and consistently communicate with their elected officials (3). Therefore, elected officials often do not fully understand how specific detailed policies affect their constituents. This is especially true regarding issues not appearing on the front page of newspapers, or problems otherwise obscured from the national dialogue.

RDs and DTRS are greatly affected – perhaps to a greater degree than many other professions -- by changes in public policy. Whether it is medical nutrition therapy in a clinical setting, management of a school lunch program, funding for research, or work in food product development, public policy has a direct impact on food, nutrition and health initiatives as well as the profession. ADA members’ issues are not simply those of a self-interested group of healthcare professionals, but represent an ever-changing set of consumer needs, a vibrant and competitive marketplace, and an impending financial crisis in healthcare.

Structural and market factors are driving Medicare, the government’s medical insurance program, toward bankruptcy and pressuring fees charged by physicians and others throughout the healthcare system. Medicare is facing financial insolvency within the next two decades, requiring policy makers to consider major reforms in how the program reimburses providers (both individual practitioners and healthcare facilities) and what services will continue to be covered, or even dropped. Every Medicare provider, including registered dietitians, has a major stake in how Medicare is reformed to avoid financial insolvency. Moratoria on new services, restricted services, new programs that shift healthcare costs to consumers, service denials, limited fees, caps on services, rising premiums and higher co-pays are all examples of ways in which to balance cost with demand. MNT and other nutrition care services are not immune to these cost containment strategies. This is true also in the private sector, so insurance companies resort to strategies that manage costs in many ways.

Although members rely on ADA advocacy to result in policy changes affecting practice, some policy issues – such as private sector remuneration and pay – require action by the individual. Federal antitrust laws limit what professional associations may do to collect information, and share it even with members. This means that some representations must be handled by practitioners themselves working with facilities and insurers.

Despite the connection between their livelihoods and their clients’ wellbeing, many RDs and DTRs know little about the political process, how policy is developed, and the impact that policy has on their profession.

Lack of awareness about the role of policy can professionally handicap the practitioner and in the healthcare setting, can lead to state regulators issuing citations either to the practitioner or the facility or to facility accrediting organizations denying accreditation status. ADA's Scope of Dietetics Practice Framework is explicit in advising practitioners to know, understand and adhere to their states' professional and facility licensing statutes and regulations, appropriate federal conditions of participation and workplace policies and procedures.

When a lack of knowledge or awareness is matched with apathy or ineffective steps to advocate for nutrition care and services, it can prove to be a significant disservice to clients, compromising both the quality and safety of their care.

When ADA members are disinterested and disengaged from the processes that determine when, where and how food, nutrition and dietetics services are provided and by whom, then they place their professional standing at risk. Other groups are ready to step into a dietetics policy void. An example is the work done by the Dietary Managers Association that in some states designates Certified Dietary Managers to work as foodservice directors in healthcare facilities "when no qualified dietitian" is on site or available.

Although food, nutrition and health are the focus of more and more press, public interest and public officials’ attention are not commensurate with resources committed to these areas.

In 2005, Congress was on the verge of making dramatic cuts in food assistance programs in order to achieve budget savings. Only public outcry in the days after Hurricane Katrina prevented their plan from moving ahead. Food safety programs at the Food and Drug Administration have been cut about 50 percent over the past four years, with 100 staff
members let go. Funding for food and nutrition research at USDA has been essentially flat for two decades.

- In the 110th Congress, "pay – go" will apply. That means for any program to receive new, additional funding, a cut of an equal amount must be made or a new source of revenues to offset the new spending must be found.

- There is growing public opinion that government-funded meal programs, such as school lunches, are healthy and nutritious (Many of these programs are using the Food Guide Pyramid and Dietary Reference Intakes and Recommended Daily Allowances as the basis for meal planning). In other food programs, however, there is continuous criticism by non-RD administrators that following the Food Guide Pyramid in planning and preparing meals is difficult and should be set aside.

- Given the pressures to reduce the costs of healthcare, administrators are increasingly demanding that program decisions be based on the evidence of effectiveness relative to costs. Professionals need specific knowledge, skills and tools to prove cost-effectiveness and to make quality improvements.

- There are numerous groups vying to compete directly with the RD as a source of nutrition information, counseling and services. This competition for nutrition related healthcare and foodservice dollars is often played out in the policy areas at all levels of government.

ADA’s policy work for many years has created and advanced public policies that improve the health of the American people. These efforts span a wide array of issues, from coverage to access to food and nutrition services provided by RDs, to advocating for federal nutrition science research and advising on the administration of nutrition policies and programs within government agencies.

- ADA’s advocacy philosophy is to work pro-actively -- in other words, not to just respond to events, but to be ahead of the curve and shape policy as it is being formulated. This requires significant resources in manpower, but is vital to achieving ADA’s goals. Task forces may be formed to explore public policy issues, working as much as three years ahead of a legislative window of opportunity.

- Although ADA has three full-time lobbyists assigned to working with Congress in promoting improved nutrition-related legislation, one full-time RD, PhD assigned to work on federal and state regulatory issues, and one full-time state government affairs professional, the number of federal, state, and local legislative issues, and the number and complexity of regulatory issues continues to grow, requiring large commitments of the professional staff’s time.

- Food, nutrition and health issues occurring in the states are handled by member-leaders in the affiliates. In this work, member leaders need to stay in contact with ADA in order to assure consistency in carrying a stance and they may turn to ADA to for advice and assistance. The States Issues Task Force of ADA in 2003 advised affiliates to focus on a manageable number of issues or projects – perhaps 3, and no more than 5 – in order to assure that the workload does not become a burden to volunteers. Selecting the most important matters also targets resources to their best use.

- Supporting and sustaining the framework for MNT and other services also requires involvement in national coding policy activities. Significant leader and staff time and resources must be directed to these efforts, as well.

Given the number of policies that contain a food, nutrition or health element, it is critical that ADA prioritize its efforts to focus on those issues that are most important for the profession and ripe for consideration.

- ADA has developed priority areas for public policy work that facilitate pro-activity. See Graphic 3.
ADA's Public Policy Priorities

ADA will work strategically and proactively, with emphasis on the following areas with greatest potential for the profession:

**Aging**
Objective: Prevent cuts in nutrition programs and services for older adults; increase access to nutrition programs and services for at-risk older adults, and place RD/DTRs in decision-making positions.

**Child nutrition**
Objective: Help ADA members get engaged in local school wellness policy development to raise public visibility of their knowledge, skills and talents and improve nutritional offerings to children.

**Food and food safety**
Objective: Increase knowledge and encourage actions that overcome threats to the safety of the food supply; increase opportunities for RD/DTRs in food safety and management. Improve consumer protections in and information about food, food ingredients, and dietary supplements.

**Health literacy and nutrition advancement**
Objective: Increase access to and awareness of safe and healthful foods in nutrition assistance initiatives; increase nutrition education for all and support continuous efforts such as the Dietary Guidelines for Americans to advance better nutrition among all populations.

**Medical Nutrition Therapy and Medicare/Medicaid**
Objective: Cover hypertension, dyslipidemia and other diseases and disorders in Medicare – as well as borderline conditions. Strengthen access to MNT in Ryan White HIV/AIDS care programs. Increase payment rates for dietetic services.

**Nutrition monitoring and research**
Objective: Improve and expand nutrition research and related activities, fund NHANES and the National Health and Nutrition Tracking Act, and increase federal investment in food, nutrition and health research.

**Obesity/overweight/healthy weight management**
Objective: Put RD/DTRs on the front lines in addressing overweight and obesity in all populations. Gain coverage for MNT.

Seeking success in lobbying Congress requires that ADA participate in the political process. ADAPAC, ADA’s political action committee, allows this to happen. ADAPAC uses contributions from ADA members to support the campaigns of candidates to federal office who have illustrated strong support for ADA’s positions. By using ADAPAC contributions in a highly strategic manner, ADA lobbyists are able to increase the association’s visibility and ability to promote pro-nutrition positions.

- In order to meet the need for pro-active advocacy at the state level, and to augment ADA’s advocacy at the federal level, ADA’s member-based grassroots activities need to be strong and focused. This additional training and participation levels among ADA’s members demand improved coordination between State Affiliates, DPG’s and ADA professional staff.
- ADA’s grassroots program – in place since the early 1990’s – is now under review. In early 2007, a proposal to restructure it has gone to ADA’s Board of Directors. The new approach

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1 Approved by ADA’s Board of Directors, March 2002; Modified January 2005
2 Listed alphabetically
is intended to maximize ADA’s effectiveness, mindful of the fact that Congress operates in new ways, state and local governments have taken on new roles and technology has advanced in ways that both simplify and complicate how we communicate with elected officials. ADA’s new grassroots program recommendations will be disseminated to the House of Delegates in advance of the March 17-18, 2007 meeting.

In the end, making a positive impact is the purpose of public policy and advocacy work. It always will be more challenging for smaller organizations without the numbers of people, contributors, and resources that richer and larger groups may possess. Still it can be done. For example, ADA has been extraordinarily effective in being able to reach key legislators in Iowa who are leaders on Senate Finance, Senate Appropriations, Senate Agriculture, Senate Health, Education, Labor and Pensions, House Budget, House Appropriations, Ways and Means and other committees where decisions are made regarding food, nutrition and health.

The reason for that access stems from decades of work by Iowa Dietetic Association volunteers, who host events, attend fundraisers, stay in touch, go to and speak at public hearings, write, call and chat up their members of Congress -- winter, spring, summer and fall. IDA has approached its grassroots work as a comprehensive ongoing campaign using all the tools available – people, events, political action, citizen representation – and their constant efforts makes it possible to have the critical conversation on an issue when it really matters. They have worked hand-in-hand with ADA to get the messages across.

After all, elected leaders are stakeholders in public policy and advocacy, and they want to turn to people they feel they know, respect and trust for advice. How ADA and other groups run their advocacy programs make the difference in how effective they can be.

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

For the professional association representing RDs and DTRs, there is the expectation that ADA will have an on going plan to achieve the vision that ADA members are the most valued source of food and nutrition services. *ADA’s commitment to public policy and advocacy is tangible, but it is small relative to the impacts that other groups may be able to achieve.* For example:

- The American Medical Association, AARP, the American Farm Bureau, Mothers Against Drunk Driving, Pro-Life Marchers and many other organizations annually send thousands of members for national training on grassroots issues. Their members then spend a day or more on Capitol Hill. Members of Congress are sensitive to constituent visits – and of course, they see tens of thousands of constituents each year. One visit per year by a single ADA member – or even a small group of ADA-member constituents – is not enough to make a strong impression on nutrition and other ADA issues.

- ADAPAC competes with other PACs in order to convey messages about the importance of nutrition. The following provides a perspective: the past few years have marked a record for the amount of money spent by healthcare professionals and associated groups in political contributions — $73.8 million, according to the Center for Responsive Politics, a nonpartisan, nonprofit research group that tracks money in politics and its effects on elections and public policy. This ranked the healthcare industry sixth in the nation, behind only the groups representing retired individuals, the legal profession, candidate committees, real estate, and the securities and investment industries. Nearly $19 million of the total contributions from healthcare professional groups was from Political Action Committees (PACs). Leading the group was the American Medical Association with $17.3 million. ([http://www.opensecrets.org/industries/indus.asp?cycle=2006&ind=H01](http://www.opensecrets.org/industries/indus.asp?cycle=2006&ind=H01)) ADAPAC contributes about $300,000 to candidates each election cycle.

- Association cultures vary, but most encourage all members serving in leadership positions to maintain a record of giving to all major association funds – such as their foundations and PACs. ADA’s culture of giving is not as strong as might be found in other
professional organizations. For example, although the percentage is rising over time, 53 percent of ADA’s House of Delegate currently contributes to ADAPAC.

• Many national groups and corporations directly manage their local profiles and issues in the states, and have personnel and consultants in place in the state capitals. They do not have to rely on volunteers.

It is not just what an association advocates, but what it does, that influences its credibility. ADA is respected because it bases its representations on science. Sometimes those requests take ADA beyond food, nutrition and health and into other realms requiring multidisciplinary approaches. In these situations, it is important to carefully consider the association's long-term interests and priorities and to manage the association profile for greatest value.

Basing representations on existing science is no longer enough. Today’s demands for evidence-based practice have come about because American healthcare is increasingly expensive, not fully accessible for all Americans and not necessarily effective. Wiser use of resources is called for. The key issue ADA has to address is if MNT and other nutrition services are cost-effective and efficacious when they are provided by a registered dietitian. Thus, RDs adherence to evidence-based practice and ongoing collection of outcomes data are key tenets of ADA’s ability to work in health policy. In effect, currently practitioners are asked to be scientists throughout their whole careers.

• ADA is well ahead of the curve relative to other professional associations in embracing evidence-based practice. Even before Medicare Part B Medical Nutrition Therapy became a reality, ADA had shifted from producing best-practices protocols to embracing evidence-based Guides for Practice.

• ADA’s Board of Directors and its House of Delegates have approved the framework of 21st Century dietetics practice to help the practitioner continuously meet the challenges of evidence-based practice. With the creation of the ADA Nutrition Care Process and Model, ADA members now have a framework for describing the specific components involved in providing MNT, such as nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation.

• Members have other ADA products as well, including evidence analysis training and the library, nutrition practice guidelines, guideline toolkits, practice papers, publications, and educational programs to help them navigate the new requirements of an evidence-based healthcare system. Some of these resources are close to gospel for the profession – ADA practice papers, publications and training programs are extremely well regarded by its members and sought out by outside groups.

For a diverse organization with 65,000 members, ADA is remarkably successful in advocacy. This is because ADA has an array of tools to be effective. When members, staff and political action come together to deliver the right fact-based message, at the right time, in the right place, important things can happen. But when any single component of the triad is weak or missing at the critical time or place, an association’s effectiveness in representing the members’ interests will suffer. And the greatest burden falls on the members themselves, in supporting advocacy through their dues, their willingness to be trained and become involved in speaking about the role of dietetics in food, nutrition and health and their personal contributions for political action.

In the end, an association is its members – and only they can accept and implement the offerings of the association in a way that advances their own careers and the profession itself. Finally, success in realizing a vision depends on what the members do in their everyday professional lives. In the case of ADA, if members do not practice and continuously improve nutrition practice using evidence and compiling outcomes data, they will compromise their ability to advance in public and private sector healthcare programs.
Question #4: What ethical/legal implications, if any, surround the issue?

It is logical for an organization whose vision is to see its members be "the most valued source of food and nutrition services" to understand the forces that are shaping the field of nutrition in the United States and to act. The Association's "sound science mantra" is recognized for serving the profession and the public well, and has made the Association a sought-out participant in both domestic and international groups where ADA members work on nearly every aspect of food and health issues.

The Nutrition Policy Task Force in 2002 found that ADA's positions can link the science of nutrition with the consumers’ need for high quality, safe and affordable foods, as well as food and nutrition services. This group also identified how ADA's members add value and improve people's lives everyday, and the organization's collective history, knowledge, and experience provide a foundation from which to develop a national food and nutrition policy.

ADA's effectiveness in advancing nutrition policy hinges on its members’ continued dedication to advancing the health and well-being of the American people. By advocating for public policies that prudently promote access to quality food and nutrition services, food safety, nutrition research, education and information, ADA's ability to influence federal, state and local as well as private policies should be highly successful – especially when applying the foundations of dietetics to serve consumer interests.

ADA and its members always must be mindful of laws, regulations and ethics. Federal anti-trust laws prohibit anti-competitive behavior and unfair business practices. These laws make illegal certain practices deemed to hurt businesses or consumers or both, or generally to violate standards of ethical behavior. Neither ADA nor its members may work in ways that restrain competition or harm consumers.

State laws govern many of the day-to-day activities of professionals in healthcare, often determining who may offer services, what those services may be, how services might be performed and if they will be remunerated by third-party payers. Because of the impact of state decisions on their livelihoods, RD/DTRs are dramatically affected by the application and interpretation of state food, nutrition and health laws and regulations. Reviewed in their totality, state laws help determine public access to nutrition services, authorize fees for recognition and affect professional status and income opportunities for RD/DTRs. State laws regulating health professions exist for one real purpose: to protect the public – not to promote a profession or confer statutory advantage to one group over anther.

The ADA and its credentialing agency, the Commission on Dietetic Registration, have found 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. The principles of that code follow:

Principles of ADA/CDR Code of Ethics

1. The dietetics practitioner conducts himself/herself with honesty, integrity, and fairness.
2. The dietetics practitioner practices dietetics based on scientific principles and current information.
3. The dietetics practitioner presents substantiated information and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.
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.
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.
6. The dietetics practitioner provides sufficient information to enable clients and others to make their own informed decisions.
7. The dietetics practitioner protects confidential information and makes full disclosure about any limitations on his/her ability to guarantee full confidentiality.
8. The dietetics practitioner provides professional services with objectivity and with respect for the unique needs and values of individuals.
9. The dietetics practitioner provides professional services in a manner that is sensitive to cultural differences and does not discriminate against others on the basis of race, ethnicity, creed, religion, disability, sex, age, sexual orientation, or national origin.
10. The dietetics practitioner does not engage in sexual harassment in connection with professional practice.
11. The dietetics practitioner provides objective evaluations of performance for employees and coworkers, candidates for employment, students, professional association memberships, awards, or scholarships. The dietetics practitioner makes all reasonable effort to avoid bias in any kind of professional evaluation of others.
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.
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.
14. The dietetics practitioner promotes or endorses products in a manner that is neither false nor misleading.
15. The dietetics practitioner permits the use of his/her name for the purpose of certifying that dietetics services have been rendered only if he/she has provided or supervised the provision of those services.
16. The dietetics practitioner accurately presents professional qualifications and credentials.
   • The dietetics practitioner uses Commission on Dietetic Registration awarded credentials ("RD" or "Registered Dietitian"; "DTR" or "Dietetic Technician, Registered"; "CSP" or "Certified Specialist in Pediatric Nutrition"; "CSR" or "Certified Specialist in Renal Nutrition"; and "FADA" or "Fellow of The American Dietetic Association") only when the credential is current and authorized by the Commission on Dietetic Registration. The dietetics practitioner provides accurate information and complies with all requirements of the Commission on Dietetic Registration program in which he/she is seeking initial or continued credentials from the Commission on Dietetic Registration.
   • The dietetics practitioner is subject to disciplinary action for aiding another person in violating any Commission on Dietetic Registration requirements or aiding another person in representing himself/herself as Commission on Dietetic Registration credentialed when he/she is not.
17. The dietetics practitioner withdraws from professional practice under the following circumstances:
   • The dietetics practitioner has engaged in any substance abuse that could affect his/her practice;
   • The dietetics practitioner has been adjudged by a court to be mentally incompetent;
   • The dietetics practitioner has an emotional or mental disability that affects his/her practice in a manner that could harm the client or others.
18. The dietetics practitioner complies with all applicable laws and regulations concerning the profession and is subject to disciplinary action under the following circumstances:
   • The dietetics practitioner has been convicted of a crime under the laws of the United States which is a felony or a misdemeanor, an essential element of which is dishonesty, and which is related to the practice of the profession.
   • The dietetics practitioner has been disciplined by a state, and at least one of the grounds for the discipline is the same or substantially equivalent to these principles.
   • The dietetics practitioner has committed an act of misfeasance or malfeasance which is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board, or an agency of a governmental body.
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.

The ADA Code of Ethics underscores the ADA Advocacy Model, in that many of the principles can and should be applied to public policy work. For example, there may be areas in which ADA members may have an interest in public policy, but may have to acknowledge limits of their qualifications. In public policy matters, ADA and its members may need to collaborate with others, seek counsel, or make referrals as appropriate.

In instances when a professional association cannot bring unique, specific knowledge or insights forward, that group may need to step back from working on a public policy issue or limit its efforts to the areas that it can uniquely add value to the debate. To work on an issue by simply asserting opinion or passion can risk an association's reputation and compromise its ability to work effectively on the areas in which they do have legitimate standing and interests.

ADA's processes for determining when and how it will work on an issue are transparent and designed to apply consistently and strategically. It relies on its science base and expertise to identify effective programs, as well as gaps, redundancies and inconsistencies in existing policy. It seeks to positively impact the health status of Americans, as noted in the Principles and Values. It chooses to work proactively in areas with greatest potential for the profession, according to the public policy priorities. Policies derived within that framework should increase demand for dietetic services—and making the registered dietitian the recognized source for high quality evidence-based nutrition information.

Conducting policy initiatives responsibly and ethically, staying in step with current knowledge and member priorities, offering accurate and prudent analysis and recommendations give ADA credibility in Congress, state legislatures, and federal and state regulatory agencies.

ADA cannot work on every issue, but it can represent every member's interest by doing its advocacy work in keeping with member values. These processes help make it possible for ADA to help shape the nation's food, nutrition, and health agenda, and to advocate sound policy prescriptions.

ADA can invest in important ways to make its members effective advocates for ADA's policy agenda and capable leaders in all public venues. The new grassroots program is intended to create a common policy agenda from which ADA members can draw stances for application at federal, state and local levels, bring synergies together to keep groups and individuals informed and working together, encourage communication and support members’ aspirations as well as the overall mission, vision and goals of the association.

References