

American Dietetic Association / ADA Foundation

2009 Annual Report

Introduction

The health of any nation is directly related to the health of its people. Access to proper nutrition helps prevent illness and disease. Poor nutrition, inactivity and weight problems in school-age children may cause low academic performance or behavioral problems resulting in additional costs. The good news is working with a registered dietitian or a dietetic technician, registered to develop a personalized eating plan has been shown to lead to both improved health status and lower health-care costs.

ADA members are the food and nutrition experts, translating the science of nutrition into practical solutions for healthy living. ADA and its members separate facts from fads and translate nutritional science into information consumers can use. ADA members have the expertise, training and credentials that are vital for promoting positive lifestyle choices and draw on their experience to develop personalized nutrition plans for individuals of all ages.

Year in Review

Largest Membership in ADA's History

For the first time in its 92-year history, membership in the American Dietetic Association surpassed 70,000. The growth was made possible by grassroots recruitment and retention of members by members and by imaginative efforts by ADA's Board of Directors, imaginative efforts by ADA's Board of Directors, organizational units and Headquarters staff benefits to meet ADA members' evolving needs, including:

- New and increased professional development opportunities.
- New publications and special event programming. Specialty credentials in dietetics practice such as sports and pediatric dietetics
- Successes in achieving ADA's food and nutrition policy priorities in Congress, federal agencies and state governments
- Development of leadership opportunities for ADA members in their workplaces and in the Association
- A heightened commitment to scientific research as the basis for dietetics practice.



ADA's Elected Leaders

Martin M. Yadrick, MS, MBA, RD, FADA, director of nutrition informatics at Computrition Inc., Los Angeles, Calif., served as ADA's President during FY 2009. Marsha K. Schofield, MS, RD, LD, supervisor with the Summit County, Ohio, Health District, served as Speaker of the House of Delegates. Members elected Jessie M. Pavlinac, MS, RD, CSR, LD, director of clinical nutrition and patient services at Oregon Health and Science University, as ADA's 2008–09 President-elect; and Ethan A. Bergman, PhD, RD, CD, FADA, associate dean of the College of Education and Professional Studies and professor of food science and human nutrition at Central Washington University, as Speaker-elect of the House of Delegates. Pavlinac and Bergman will serve as ADA's President and Speaker, respectively, in 2009–10.

Members Serve on Dietary Guidelines Advisory Panel

Five ADA members, including three registered dietitians, were among 13 nutrition and health science authorities named by the U.S. Departments of Agriculture and Health and Human Services to the *Dietary Guidelines* 2010 Advisory Committee. Following a review of current scientific literature, listening to and receiving public comment and deliberating in open forums, the committee will prepare an advisory report that will be used to create the 2010 *Dietary Guidelines* for Americans, which were last revised in 2005.

ADA Spots and Reports Nutrition Trends

Where does the American public get its information on food and nutrition? Are the most popular sources also the most credible? Are consumers doing all they can to eat well and exercise? If not, why not? Have people increased or decreased their consumption of fruits, vegetables and other foods? What do people think about organically grown products, low-fat foods, allergen-free foods and probiotics? The answers to these questions and more were released as part of ADA's "Nutrition and You: Trends 2008" nationwide public opinion survey. ADA's survey presented a vivid picture of American consumers' current attitudes and an opportunity to trace the evolution of people's knowledge and beliefs about food and nutrition over nearly two decades. Results of the survey generated substantial media coverage.



National Obesity Initiative

The American Dietetic Association became one of several national groups participating in the Alliance for a Healthier Generation's Healthcare Initiative to address childhood obesity. The Initiative is the first coordinated national effort of its kind, supported by national health associations, insurers and employers, to offer health benefits to prevent, assess and treat childhood obesity. The new coverage for obese children ages 3 to 18 includes a minimum of four visits with an RD and four visits with a pediatrician.



Proving Value with Research

Nutrition research represents the future for dietetics and ADA – the foundation for members' credibility, recognition and professional respect. As the basis for the dietetics profession, research holds a prominent place among ADA's strategies for achieving its 2008-12 Strategic Plan, including "Equip members to use research in their work" and "Provide research and resources that can be translated into evidenced-based practice."

A study partially funded by the American Dietetic Association showed medical nutrition therapy provided by a registered dietitian can substantially reduce work loss and disability days for people with diabetes and obesity. Results of the "Improving Control with Activity and Nutrition" study, or ICAN, conducted by a group led by registered dietitian Anne Wolf, MS, RD, instructor of research at the University of Virginia School of Medicine, were published in the *Journal of Occupational and Environmental Medicine*.

The ADA Foundation, with sponsorship from Abbott, awarded a research grant of \$50,000 to support the development of a screening and assessment tool to identify people at nutritional risk with chronic kidney disease. Alison Steiber, PhD, RD, LD, assistant professor of nutrition at Case Western Reserve University, received the grant for her proposed study "Improving Patient Outcomes with a Nutrition Assessment Algorithm in Chronic Kidney Disease Patients Stages 1-5."

ADA's online Evidence Analysis Library published first-of-their-kind evidence-based nutrition practice guidelines for registered dietitians on heart failure, chronic obstructive pulmonary disease, gestational diabetes and celiac disease. ADA members, including an expert work group and trained analysts, extensively examined the research to develop a series of recommendations and treatment algorithms which accurately summarize this body of evidence. The intent of ADA's guidelines is to support the integration of evidence-based dietetics practice and improve the quality of care.

Policy Initiatives and Advocacy

ADA's advocacy program continued at an unprecedented pace and assertiveness on the range of legislative and regulatory matters that directly affect the profession of dietetics. Members engaged in advancing ADA's public policy priorities, from the simple and straightforward to the highly complex, in meaningful ways. Front and center was health reform in both Congress and the states. Advances in preventive care including opportunities for registered dietitians and dietetic technicians, registered abounded in proposed health reform proposals in the Senate and the House of Representatives. Foremost in guiding ADA's work on health reform was the work of the Health Care Reform Task Force. Its report, containing five key tenets, served as the guidepost for ADA's messaging and advocacy with members of Congress. During Fiscal 2009, the Senate considered a provision for restaurant labeling that ADA supported, with the goal of creating more public health opportunities for RDs and DTRs.

Congress reauthorized the Ryan White Act, retaining medical nutrition therapy as a core medical service. ADA and its members were already engaged in work on reauthorization of Child Nutrition Reauthorization and the Older Americans Act.

To expand its grassroots efforts, ADA turned inward. Using a virtual meeting format, ADA engaged a record number of members in its annual Public Policy Workshop. Knowing “all practice is local,” state dietetic associations mobilized in preparation for federal passage of health reform to ensure ADA members a seat at the table when the time is ready. Year-round Webinars answered member requests for ongoing timely public policy education and information.

ADA’s work in food and nutrition labeling, food safety, health reform and foods being sold in schools produced tangible improvements in policies enacted nationwide. ADA actively led and participated in collaborations to ensure federal legislation includes health policies to prevent and fight chronic disease, address childhood obesity through nutrition strategies and improve food safety.

Work continued on professional licensure and legal scope of practice for registered dietitians and on development of state regulations that call for public safety in facilities and practice areas served by RDs and DTRs. ADA compiled and posted compendia of state facility regulations to assist members in knowing and advocating for stronger quality and safer patient care. ADA published and e-mailed to members regular reports, newsletters and Action Alerts to engage every member to carry food, nutrition and health messages to decision makers. The number of members engaged in taking the messages to congressional districts using ADA’s Web-based technologies multiplied and is expected to grow with ADA’s planned updated Web site and grassroots software.

Through members’ support for ADA’s Political Action Committee ADAPAC, ADA was able to positively affect the national agenda and to build relationships with candidates, regardless of political party, who are interested in better policies for infant care, school meals, food safety, agriculture policy, health literacy, weight management, nutrition services and nutrition research. In FY 2009, ADAPAC gave more than \$139,000 to more than 50 Democratic, Republican and Independent candidates for the House and Senate who support ADA’s views. This represented a high level of political action by ADA only surpassed in the lead-up to the breakthrough on Medicare MNT in 2000. The benefit to ADA’s advocacy work was substantial; ADAPAC ranked among the top 25 health-care professional PACs and ADA’s outreach to candidates for Congress has never been greater.

Award-winning Periodicals and Initiatives

The monthly *Journal of the American Dietetic Association* received a Silver Medal in the 2008 Association Trends All-Media Contest in the “Scholarly/Technical/Scientific Journal” category, recognizing overall quality of a single issue based on appropriateness, appearance, layout, style, content and effectiveness.

The Journal was honored for its October 2008 issue, focusing on aspects of pregnancy and infant care.

ADA’s member magazine *ADA Times* won awards in Publications Management’s fifth annual Magnum Opus competition, the leading awards program dedicated exclusively to custom publishing. *ADA Times* received the bronze award for best department design, the bronze for best house ad and an honorable mention for most improved editorial. *ADA Times* also won Folio’s Bronze Ozzie Award for its March 2008 article “Seeing Spots in the Supermarket? Learn How Nutrition Symbols Influence Which Foods We Buy.” The award recognizes excellence in magazine editorial and design.



ADA won the 2008 First-Place Gold Circle Award from the American Society of Association Executives for ADA’s 2007 National Nutrition Month® media materials and press kit. The 2007 theme for National Nutrition Month was “100 percent Fad Free.” Through media materials, public outreach and targeted displays, ADA promoted registered dietitians and cautioned the public on following unhealthy fad diets that are not based on scientific research. ADA’s Public Relations Team and Knowledge Center produced a CD press kit which included press releases, an interactive fad diet timeline and a quiz, reviews of popular diet books, healthy recipes and a map enabling journalists to locate an ADA media spokesperson in their area. ADA and National Nutrition Month received media coverage totaling more than 33 million in circulation.

Public and Media Outreach

ADA promoted its members and the Association to a wide variety of audiences in creative and effective ways.

- During National Nutrition Month, ADA members rang the Opening Bell to start the NASDAQ stock exchange trading day.
- Audiocasts featuring summaries of new ADA positions released during the year were created and posted to ADA’s Website.
- ADA created a Facebook page in January, posting news releases, videos and information about upcoming events such as National Nutrition Month. An average of about 100 new “fans” join each week to follow ADA’s achievements.

- ADA's informational and recruitment video "Careers in Dietetics: The Sky Is the Limit" was posted to YouTube in May and plays 24/7 to a worldwide audience.
- Development of leadership opportunities for ADA members in their workplaces and in the Association.
- A heightened commitment to scientific research as the basis for dietetics practice.

ADA spokespeople and leaders connected with consumers through all forms of media – locally, nationally and internationally. Print media coverage of ADA totaled more than 740 million in circulation.



Books and Publishing

From reference books to consumer titles, patient education handouts and other materials, in print and online, ADA produces publications that enhance members' practices and inform professionals and the public alike. In keeping with Books and Publishing's business plan to provide practice tools at affordable prices and with a reasonable profit for ADA, the Association continued to add pocket guide titles to its professional reference list; added Web-based publications; and published the following titles:

- *ADA Pocket Guide to Bariatric Surgery*
- *ADA Pocket Guide to Neonatal Nutrition*
- *ADA Online Pocket Guide to Nutrition Assessment (electronic version)*
- *Counseling Overweight Adults: The Lifestyle Patterns Approach and Toolkit*

The past year featured ADA's first contest in which members created short videos showing how they connect with clients and counsel patients using ADA's educational materials. The videos were posted to YouTube and prizes were given for best use of ADA publications, accuracy and overall presentation.

Corporate Relations Sponsors

To help achieve ADA's mission, Empower members to be the nation's food and nutrition leaders, ADA's sponsorship program works with industry to include registered dietitians in the dialogue, to share science-based information and new research

with ADA members and to enable ADA's healthful-eating messages to reach millions more consumers than ADA otherwise could. ADA recognizes and thanks our corporate sponsors for their generous support of Association events and programs that occurred within Fiscal Year 2009.

ADA Partners

ARAMARK
The Coca-Cola Company
National Dairy Council
PepsiCo
Unilever

Premier Sponsors

Abbott Nutrition
CoroWise™ brand
General Mills
Kellogg Company
Mars, Incorporated

McNeil Nutritionals
LLC
SOYJOY®
Truvia™

Event Sponsors

ConAgra Foods, Inc.
NatureMade®
Safeway Inc.

American Dietetic Association Foundation

As the philanthropic arm of the American Dietetic Association, the Foundation funds the future of the dietetics profession through research and education. The ADA Foundation is the only 501(c)3 organization devoted exclusively to nutrition and dietetics. The ADA Foundation raised more than \$3.2 million in FY 2009 for the following programs:

Scholarship and Awards

The Foundation awarded \$255,000 to 226 dietetics students at all levels of study. The Commission on Dietetic Registration provided \$100,000 to the program, allowing these scholarships to be awarded during challenging economic times. CDR also committed to providing \$100,000 for PhD scholarships next year and to fund \$250,000 for advance practice residencies. In addition to scholarships, ADAF made \$55,000 available in the form of recognition and leadership awards, honorariums and education stipends to ADA members

Research

The ADAF Food and Nutrition Research Endowment reached \$2 million this year. This endowment is the first of its kind providing dollars to ADA members conducting research in priority areas for ADA and ADAF. In addition to the research endowment, ADAF granted nearly \$75,000 through individual named research funds and \$50,000 for the work of the Dietetics Practice Based Research Network.

Public Education

ADAF continued to focus its public education on creating healthier lifestyles for children. One of the most visible programs, the Healthy Schools Partnership, is a partnership between ADAF, the American Council for Fitness and Nutrition and PE4life, an organization advocating quality, daily physical education programs for all children. HSP promotes nutrition and physical education in schools by training and supporting RD nutrition coaches to deliver nutrition education alongside PE teachers. The American Council for Fitness and Nutrition committed \$3.6 million over the next three years to continue the program. HSP includes schools in Kansas City and Iowa with plans to expand in Washington, D.C., and in Chicago in 2010. Initial results are very promising and a team from the University of California –Berkeley continues to evaluate the program. ADAF entered its seventh year in partnership with the General Mills Foundation, making \$10,000 micro-grants available annually to 50 not-for-profits that have developed innovative nutrition and physical activity programs for youth and which enlist the expertise of a registered dietitian.

Special thanks to those groups and individuals who supported ADAF with gifts of \$10,000 or more:

Abbott Nutrition
Almond Board of California
American Council for Fitness and Nutrition
ARAMARK
The Beef Checkoff through the National Cattlemen's Beef Association
The Coca Cola Company
Colgate Palmolive Company
Commission on Dietetic Registration
COROWISE™
Diabetes Care and Education DPG
Dietitians in Integrative and Functional Medicine DPG
Dietitians in Nutrition Support DPG
Dietetics in Healthcare Communities DPG
Ellyn C. Elson
General Mills
Georgia Pecan Commission
GlaxoSmithKline Consumer Healthcare
Jean H. Hankin
Sylvia and Channing W. Joye
The Kellogg Company
Kraft Foods, Inc.
Robert W. Langholz
Karen A. Lechowich
The Ann S. Litt Foundation
Mars, Incorporated
McNeil Nutritionals
Mead Johnson Nutrition
National Dairy Council
PepsiCo North America
PureVia
Janet N. Schilling
SOYJOY
Sunsweet Growers, Inc.
Truvia Sweetener
Unilever
Eva D. Wilson

Operating Review



In advancing the profession of dietetics and leading the Association, ADA assigns distinct and coequal governance roles to the Board of Directors and the elected House of Delegates. Six House leaders serve on ADA's Board, directly connecting the professional issues of members to the interests of the entire Association.

Board of Directors

ADA's Board is responsible for governing the organization, including strategic planning, policy development, program direction and fiscal management for the Association. Seventeen national leaders served on ADA's Board of Directors from June 1, 2008, through May 31, 2009. Activities and accomplishments at the Board level include:

Strategic Plan Priorities

- Identified timelines, outcomes, manpower and financial resource requirements for all strategies including:
 - Integrated Branding Plan
 - Health Care Policy/Stances Plan
 - External Relationships Plan
 - Integrated Education, Accreditation and Certification Plan
- Developed Strategic Plan Roadmap
- Continued to identify actions for all strategies to achieve goals
- Utilized strategies and resources (manpower and/or financial) of all ADA organization units to maximize impact
- Aligned organization's structure and resources to maximize impact
- Developed and implemented process for taking proactive positions to enhance visibility, credibility and trust with the public
- Developed and implemented measures of success and process to evaluate progress in achieving goals
- Updated Strategic Plan as needed based on contextual environment, trends and data

Governance Priorities

- Developed and implemented Certification Collaboration Criteria and Assessment Tool
- Collaborated with House of Delegates and Commission on Dietetic Registration to approve and implement revised Code of Ethics for the Profession of Dietetics
- Collaborated with HOD in activating Commission on Practice and Education
- Identified ways to collaborate with Member Interest Groups to attract members from underrepresented groups.

Operational Priorities

- Incorporated review and implementation of Strategic Plan to budget cycle
- Oversaw annual integrated marketing plan and assessed outcomes for targeted groups
- Developed strategy for adding, modifying and discontinuing products and services
- Ensured and grew revenue by evaluating and identifying market opportunities
- Evaluated resource distribution of FY 2009 and 2010 budgets across areas of practice
- Updated five-year membership and financial projections
- Continued implementation and expansion of technology strategy
- Monitored implementation of Corporate Relations sponsorship program.

House of Delegates

As the deliberative body governing professional issues, the House of Delegates monitors and evaluates trends, issues and concerns affecting RD and DTR members; with the Commission on Dietetic Registration and the Commission on Accreditation for Dietetics Education, debates and approves educational, practice and professional standards; establishes ethical standards for the practitioner and disciplinary procedures for unethical conduct; and identifies and initiates development of ADA position papers. During the past year, ADA's House of Delegates made significant strides, including:

- Held a dialogue session on nutritional genomics during the Fall 2008 meeting. The result was a list of gaps that need to be met for the future in terms of skills, time, resources, equipment and knowledge.
- Held a dialogue during the Fall 2008 meeting to explore nutrition informatics, resulting in a list of ideas and strategies identified for the Association and members. This list was prioritized by HOD and forwarded to ADA's Nutrition Informatics Workgroup. The Workgroup incorporated the list into a final report and recommendations to be submitted to HOD in September 2009 and ADA's Board of Directors in October. The recommendations will form the basis for all future

Association actions related to nutrition informatics. This list of gaps was prioritized and will be shared with ADA committees/task forces, CADE and CDR in developing plans and budget for FY 2011. A report from all organizational units will be submitted to HOD in Fall 2010. All ADA members have been challenged to develop personal goals via the Commission on Dietetic Registration's Professional Development Portfolio for increasing knowledge and understanding of nutritional genomics in order to meet future needs.

- Received a draft of the revised ADA/CDR Code of Ethics during the Fall 2008 meeting and solicited feedback delegates and members.
- In collaboration with the Board of Directors and Commission on Dietetic Registration, approved the revised ADA/CDR Code of Ethics. The 2009 version will be published in the August 2009 *Journal of the American Dietetic Association* and will go into effect January 1, 2010.
- Conducted HOD's first and highly successful virtual meeting in Spring 2009 in place of a face-to-face meeting. This historic meeting received positive feedback from delegates who participated.
- Conducted a dialogue during the virtual Spring meeting to examine the prevention of childhood obesity. As a result, a practice coalition was to be formed to determine an integrated action plan for all registered dietitians, dietetic technicians, registered, ADA and Association organizational units based on strategies identified. The Childhood Obesity Prevention Coalition was appointed and will begin its work in November 2009.
- Held a dialogue session during the virtual meeting on incorporating an inclusive practice perspective into the House of Delegates. The outcome of this session was the approval of dietetic practice group delegates into HOD; elimination of Professional Issues Delegates; and reduction of At-large Delegates from 10 to six. Each DPG will have the option to select and support a single delegate by June 1, 2012. Twelve DPGs have been approved to have a DPG delegate as of June 1, 2010. The remaining DPGs will phase in delegates in 2011 and 2012.
- Approved four amendments to ADA's Bylaws during the 2008-2009 program year: :
 - o Revision to CDR's mission and vision
 - o Incorporation of Member Interest Groups as official ADA organizational units
 - o Tenure of HOD members of the Board of Directors (increased from 2-year to 3-year terms of office)
 - o Tenure of the CDR Newly Credentialed Practitioner (increased from 1-year to 2-year term of office).
- Conducted an electronic dialogue on ADA's Diabetes Coverage Policy Statement. As a result, HOD approved this policy statement which reaffirms the expertise and training of RDs in diabetes care and states the RD credential should be the basis for determining eligible practitioners who provide MNT and other diabetes-nutrition related services.

ADA Positions

The results of carefully considered deliberations by leading authorities as well as ADA's House of Delegates, ADA position papers represent the Association's stance on important issues in food, nutrition and health that affect the public. During FY 2009, ADA published the following position papers:

- *Dietary Guidance for Healthy Children Ages 2-11 Years*
- *Health Implications of Dietary Fiber, using the evidence analysis process*
- *Weight Management, using the evidence analysis process; endorsed by the American College of Sports Medicine*
- *Nutrition and Athletic Performance, updated in collaboration with the American College of Sports Medicine and Dietitians of Canada using the evidence analysis process*
- *Functional Foods*
- *Obesity, Reproduction and Pregnancy Outcomes, a new position developed collaboratively with the American Society of Nutrition.*

Commission on Dietetic Registration

The Commission on Dietetic Registration remained committed to its public protection mission by attesting to the professional competence of more than 77,000 registered dietitians and more than 4,000 dietetic technicians, registered who have met CDR standards to enter and continue in dietetics practice.

CDR's entry-level registration examinations are accredited by the National Commission for Certifying Agencies. CDR provides credentialed practitioners with the tools to maintain and continue to advance their professional knowledge and skills. CDR administers seven separate and distinct credentialing programs: Registered Dietitian; Dietetic Technician, Registered; Board Certified Specialist in Renal Nutrition; Board Certified Specialist in Pediatric Nutrition; Board Certified Specialist in Sports Dietetics; Board Certified Specialist in Gerontological Nutrition and Board Certified Specialist in Oncology Nutrition. There are currently 1,668 Board Certified Specialists.

In addition to administering examinations and recertification for these programs, the Commission on Dietetic Registration:

- Administers a prior approval process for continuing professional education program providers. More than 4,000 programs were reviewed and approved in 2008-2009.
- Administers a program provider accreditation process for continuing professional education program providers. There are currently 158 accredited providers.
- Administers the online Assess and Learn courses Managing Type 2 Diabetes Using the Nutrition Care Process and Sports Dietetics: Nutrition for Athletic Performance
- Administers an online dietetics preceptor training course
- Administers registration eligibility reciprocity agreements with Canada, Ireland, the Netherlands, United Kingdom and the Philippines
- Maintains a searchable continuing professional education database of more than 35,000 programs

- Administers licensure board services including use of CDR's entry-level registration examinations for licensure purposes and continuing professional education tracking for licensed non-registered dietitians
- Administers certificates of training in childhood and adult weight management. Since implementation in April 2001, more than 10,000 members and credentialed practitioners have participated in these programs.

Commission on Accreditation for Dietetics Education

The Commission on Accreditation for Dietetics Education serves the American public and ADA members by working with dietetics practitioners, educators and others to develop and implement standards for the educational preparation of dietetics professionals and by accrediting dietetics education programs at colleges, universities and other organizations that meet its standards. CADE accredits baccalaureate- and graduate-level dietetics programs, post-baccalaureate dietetic internships and associate degree dietetic technician programs. During the past year, there were almost 600 such accredited programs.



While the overall number of accredited programs varies relatively little over time, the total number of students enrolled in all programs during the 2008-2009 academic year increased 4.2 percent above the previous academic year to 21,223 students. This gain mirrored the trend of increasing enrollments in health professions. Interest in the U.S. model of quality assurance and program evaluation continues to grow overseas, as reflected by requests for information about CADE review and recognition from dietetics programs in the Middle East, East Asia and Southeast Asia.

Beverly Mitchell retired as senior director of CADE after 23 years of service to ADA. Ulric Chung became senior director (now executive director) after having served for almost a decade as assistant executive director at the Accreditation Council for Pharmacy Education.

CADE is now introducing measures to improve its efficiency and responsiveness to its internal and external communities by becoming more strategically focused and supportive of program directors. To that end, CADE revised its strategic plan and has opened communications with the Dietetic Educators of Practitioners dietetic practice group and other entities within ADA to promote more realistic expectations about CADE's role among educators and practitioners.

CADE released its 2008 Evaluation Requirements and Accreditation Standards after reformatting them and making procedural and minor wording changes to clarify the intent of the standards that are designed to protect programs against adverse accreditation decisions for situations beyond their control. Interpretive guidelines, template documents and forms are also being developed for programs that are preparing self-study reports in order to make the accreditation process more transparent and user-friendly. In addition, the CADE board has developed accreditation procedures to reduce the time needed for new programs to become accredited by providing better support to new program directors, enabling them to avoid obstacles that often impede the success of developmental programs. Other procedural improvements for accrediting established programs are being planned.

CADE took steps to improve dietetics education. In response to concerns over the availability of supervised practice sites for academically qualified students, CADE:

- Has advised programs to notify students about the availability of supervised practice sites, so they can make informed career decisions
- Is encouraging established internship programs to expand student enrollments if they have additional capacity
- Has placed a moratorium on new DPDs without pre-selections for internships
- Has requested existing DPDs voluntarily counsel students with low probability of obtaining an internship placement into other career pathways
- Has clarified its guidance on requirements for distributing verification statements with the recommendation they only be awarded to academically qualified students.

Recognizing the issue cannot be resolved unilaterally, the CADE board has invited DEP and ADA's Education Committee to participate in joint discussions on how to address the situation.

CADE will also respond to recommendations from the Phase 2 Future Practice and Education Task Force. CADE chairs are collaborating with chairs of the Council on Future Practice, CDR and the Education Committee to plan an education summit in 2010. CADE has agreed to begin discussions with the Commission on Dietetic Registration on development of guidelines for advanced-practice residencies with the expectation of developing accreditation standards. CADE formed an ad hoc committee to study issues affecting dietetic technician programs and develop ways to support and promote them. The goal of these efforts is to improve the educational system and the quality of dietetics practice.



Affiliate Dietetic Associations

All ADA members receive automatic membership in the affiliate dietetic association of their choice, making affiliates a powerful benefit of ADA membership. There are 50 state dietetic associations, plus the District of Columbia, Puerto Rico and the American Overseas Dietetic Association, all affiliated with ADA. Affiliates enable members to build lasting collaborations and relationships close to home.

Dietetic Practice Groups

ADA is committed to keeping members abreast of trends in food and nutrition and preparing members for the requirements of an ever-changing profession and marketplace. ADA's 28 dietetic practice groups create opportunities for members to excel and grow through professional development, networking opportunities, leadership development and specialization. In FY 2009, membership in DPGs exceeded 59,000, reflecting continued growth over the last several years.

Member Interest Groups

Member interest groups provide a means for ADA members with common interests, issues or backgrounds to connect. Unlike dietetic practice groups and affiliate associations, MIGs focus on areas other than practice or geographic location. In FY 2009, four MIGs were available to ADA's membership: Chinese Americans in Dietetics and Nutrition, Latinos and Hispanics in Dietetics and Nutrition, National Organization of Blacks in Dietetics and Nutrition and the National Organization of Men in Nutrition.

Consolidated Financial Statements

The Consolidated ADA, which includes the Commission on Dietetic Registration, Commission on Accreditation for Dietetics Education, Dietetic Practice Groups, Member Interest Groups, ADA Political Action Committee, ADA Foundation and the Association, ended the 2009 Fiscal Year with an operating surplus of more than \$1.3 million. The operating surplus reflects income generated before the impact of gains or losses from investment activity.

ADA's 2009 Fiscal Year was affected by the downturn in the economy. The combined investment portfolios lost approximately \$4 million, or approximately 14%. Even though this was a difficult loss for the Consolidated ADA, it represents less than half the losses reflected in major indexes or by comparable organizations during the same time period.

Early in the 2009 Fiscal Year, ADA leaders and staff recognized the impact the slowing economy was having on the business. The result was a reduction in expenses of nearly \$2.5 million from the original 2009 Fiscal Year budgets.

The ADA Foundation had another successful year with revenues exceeding \$3.2 million resulting in an operational surplus of nearly \$1.3 million. The Foundation reserves were affected by the downturn in the economy; however, even with the downturn, the Foundation's investment portfolio exceeds \$12 million. This will allow the ADA Foundation to continue its investment in scholarships, awards and research to support the dietetics profession.

The Commission on Dietetic Registration, Commission on Accreditation for Dietetics Education, Dietetic Practice Groups, Member Interest Groups and ADA Political Action Committee all continued their financial success by performing better than their 2009 Fiscal Year budgets.

The Association had an operational deficit of \$331,598, approximately \$616,000 better than the 2009 Fiscal Year budget. Revenues grew slightly when compared to the 2008 Fiscal Year, but missed the budgeted targets by more than 3%. Leaders and staff worked to reduce expenses and cut nearly \$1.4 million from the 2009 Fiscal Year budget, holding expense increases to 1.8% compared to the 2008 Fiscal Year.

The Association's investment reserves declined in the 2009 Fiscal Year, but, they remain above the minimum requirements as defined by ADA's Board of Directors.

The Association's 2010 Fiscal Year budget takes into consideration the continued sluggish economy. Revenue growth has been held to less than 1% while expenses have actually been decreased more than 1% compared to the 2009 Fiscal Year. In addition, ADA's Board of Directors is continuing to invest in the future of ADA members and the profession, empowering them to be the nation's food and nutrition leaders.

ADA Financial Statements

American Dietetic Association Statement of Financial Position (Excluding ADA Foundation)

At May 31,

	2008	2009
Assets		
Cash and cash equivalents	\$9,558,518	\$10,279,362
Investments	26,242,914	22,101,668
Interest receivable	114,527	128,318
Accounts receivable	1,341,084	821,910
Prepaid expenses	1,070,860	1,083,927
Inventories	794,176	714,997
Interorganizational balances	(198,128)	(567,572)
	<u>38,931,951</u>	<u>34,562,610</u>
Property and equipment, net	2,223,450	2,123,635
Other assets	8,283	6,478
	<u>\$41,163,684</u>	<u>\$36,692,723</u>
Liabilities and net assets		
Liabilities		
Accounts payable	\$1,726,688	\$1,282,192
Accrued liabilities	1,558,291	2,259,752
Due to state associations	2,085,115	2,232,009
	<u>5,370,094</u>	<u>5,773,953</u>
Deferred revenue		
Membership dues	7,189,288	6,791,412
Registration fees	2,391,365	2,444,563
Subscriptions	1,525,354	1,549,128
Annual meeting	1,183,191	945,724
Other	2,652,452	2,467,106
	<u>14,941,650</u>	<u>14,197,933</u>
Deferred compensation	849,137	667,566
Deferred rent liability	3,772,676	3,537,084
	<u>4,621,813</u>	<u>4,204,650</u>
	<u>24,933,557</u>	<u>24,176,536</u>
Net assets		
Unrestricted		
Association operations	4,334,172	1,898,732
Commission on Dietetic Registration	7,709,697	6,697,683
Dietetic Practice Groups	4,186,258	3,793,782
ADAPAC	-	125,990
	<u>16,230,127</u>	<u>12,516,187</u>
	<u>\$41,163,684</u>	<u>\$36,692,723</u>

	ADA	Commission on Dietetic Registration	Specialty Groups	Commission on Accreditation for Dietetics Education (CADE)	ADA Political Action Committee (ADAPAC)	Total
Revenues						
Membership dues – net	\$ 9,203,000	-	\$ 1,657,030	-	-	\$ 10,860,030
Registration and examination fees	-	5,203,474	-	-	-	5,203,474
Member Contributions	-	-	-	-	406,204	406,204
Programs and Meetings	4,240,190	-	465,542	23,550	-	4,729,282
Publications and materials	4,010,600	140,431	138,648	215	-	4,289,894
Subscriptions	931,789	-	1,479	-	-	933,268
Advertising	68,360	-	47,060	-	-	115,420
Sponsorships	1,988,207	50,250	911,329	-	-	2,949,786
Grants	363,649	-	418,451	-	-	782,100
Education program	-	684,015	-	999,810	-	1,683,825
Other	993,435	-	19,370	1,500	-	1,014,305
	21,799,230	6,078,170	3,658,909	1,025,075	406,204	32,967,588
Expenses						
Personnel	11,297,540	1,214,394	-	638,934	-	13,150,868
Publications	2,054,194	33,752	15,805	27	-	2,103,778
Travel	1,120,131	445,817	715,098	268,557	10,073	2,559,676
Professional fees	1,432,869	457,959	598,435	12,100	-	2,501,363
Postage and mailing service	570,764	341,688	225,522	6,562	3,419	1,147,955
Office supplies and equipment	231,949	46,298	26,952	3,511	6,983	315,691
Rent and utilities	1,127,146	113,564	1,020	86,400	-	1,328,130
Telephone and communications	127,810	39,492	43,877	12,324	-	223,503
Commissions	-	-	24,000	-	-	24,000
Computer expenses	299,140	-	1,471	-	5,400	306,011
Advertising and promotion	188,556	1,820	13,445	-	1,586	205,407
Insurance	116,275	99,600	-	13,200	-	229,075
Depreciation	887,244	107,933	10,345	23,205	-	1,028,727
Income taxes	-	-	-	-	-	-
Bank and Trust Fees	578,570	72,972	-	3,834	-	655,376
Other	(234,168)	1,082,484	283,957	18,162	246,198	1,396,633
Donations to the Foundation	54,106	100,000	90,291	-	-	244,397
Examination administration	-	859,973	-	-	-	859,973
Meeting services	1,665,259	532,017	938,984	16,899	6,555	3,159,714
Legal and audit	189,919	-	-	-	-	189,919
Printing	423,527	388,234	462,387	7,297	-	1,281,445
	22,130,831	5,937,995	3,451,589	1,111,012	280,214	32,911,641
Increase (decrease) in net assets from operating activities	(331,601)	140,175	207,320	(85,937)	125,990	55,947
Investment returns						
Designated for current operations	737,501	-	-	-	-	737,501
Balance less than amount designated for current operations	(2,755,403)	(1,152,189)	(599,796)	-	-	(4,507,388)
Net investment returns	(2,017,902)	(1,152,189)	(599,796)	-	-	(3,769,887)
Increase (decrease) in net assets before other items	(2,349,503)	(1,012,014)	(392,476)	(85,937)		(3,713,940)
Other items—transfers	(85,937)	-	-	85,937		-
Increase (decrease) in net assets	(2,435,440)	(1,012,014)	(392,476)	-	125,990	(3,713,940)
Net assets						
Beginning of year	4,334,172	7,709,697	4,186,258	-	-	16,230,127
End of year	\$ 1,898,732	\$6,697,683	\$3,793,782	-	\$125,990	\$12,516,187

American Dietetic Association Foundation Statement of Financial Position

At May 31,

	2008	2009
Assets		
Cash and cash equivalents	\$ 473,511	\$ 1,365,052
Investments	11,242,941	9,641,474
Interest receivable	57,517	63,442
Accounts receivable	430,577	397,810
Prepaid expenses	2,169	896
Interorganizational balances	198,128	567,572
	<hr/> 12,404,843	<hr/> 12,036,246
Property and equipment, net	6,413	1,028
Other assets	62,302	65,898
	<hr/> \$12,473,558	<hr/> \$12,104,172
Liabilities and net assets		
Liabilities		
Accrued liabilities	\$ 43,550	\$ 10,170
Deferred revenue (annual meeting)	65,000	24,600
	<hr/> 108,550	<hr/> 34,770
Net assets		
Unrestricted	2,601,130	3,395,885
Temporarily restricted	3,707,924	2,048,511
Permanently restricted	6,055,954	6,624,006
	<hr/> 12,365,008	<hr/> 12,068,402
	<hr/> \$12,473,558	<hr/> \$12,103,172

ADAF Financial Statements (continued)

American Dietetic Association Foundation, Statement of Activities

Year Ended May 31, 2009

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues				
Member contributions	\$1,447,212	\$ 248,801	\$440,691	\$2,136,804
Corporate contributions	90,689	328,382	122,361	541,132
Sponsorships	401,460	140,000	-	541,460
Other revenue	-	-	5,000	5,000
Release from restrictions	1,138,543	(1,138,543)	-	-
Total ADAF revenues	3,077,904	(421,260)	568,052	3,224,696
Expenses				
Personnel	534,498	-	-	534,498
Travel	67,788	-	-	67,788
Professional fees	462,301	-	-	462,301
Postage and mailing service	18,350	-	-	18,350
Office supplies and equipment	4,328	-	-	4,328
Rent and utilities	78,350	-	-	78,350
Telephone and communications	12,651	-	-	12,651
Insurance	13,200	-	-	13,200
Depreciation	6,619	-	-	6,619
Other	183,025	-	-	183,025
Meeting services	116,291	-	-	116,291
Printing	28,868	-	-	28,868
Scholarship and awards	437,187	-	-	437,187
Total ADAF expenses	1,963,456	-	-	1,963,456
Increase (decrease) in net assets from operating activities	1,114,448	(421,260)	568,052	1,261,240
Investment returns				
Designated for current operations	137,183	475,317	-	612,500
Balance in excess of amount designated for current operations	(456,876)	(1,713,470)	-	(2,170,346)
Net investment returns	(316,693)	(1,238,153)	-	(1,557,846)
Increase (decrease) in net assets	794,755	(1,659,413)	568,052	(296,606)
Net assets				
Beginning of year	2,601,130	3,707,924	6,055,954	12,365,008
End of year	\$3,395,885	\$2,048,511	\$6,624,006	\$12,068,402