

# Rationale for Future Education Preparation of Nutrition and Dietetics Practitioners

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## Focus: Associate Degree Nutrition Health Worker

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# **ASSOCIATE DEGREE NUTRITION HEALTH WORKER**

**By Leanne Worsfold**

## **PURPOSE**

In February 2015, ACEND® released recommendations for the future education of nutrition and dietetics practitioners. That model included a recommendation for an associate's degree prepared practitioner initially titled, community nutrition assistant. After release of the document, many questions were raised about the type of work this practitioner would do. The purpose of this project was to collect additional data to better understand the possible role of an associate's degree prepared nutrition and dietetics practitioner in a community setting.

## **METHODOLOGY**

Consultant, Leanne Worsfold, conducted two focus groups with 17 registered dietitian nutritionists (RDN) who worked in community and population health to explore the current role and responsibilities of nutrition and dietetic professionals working in community and population health positions. In addition, she conducted two structured, in-depth interviews with two individuals who have provided leadership to community health initiatives: Carl Rush, MRP, who provides leadership for the Project on Community Health Worker (CHW) Policy and Practice at the University of Texas Institute for Health Policy and Laura Bahena, who is on the American Public Health Association CHW Governing Council and works for the Illinois Department of Public Health Office of Minority Health. The interviews explored the roles and responsibilities of the community support worker (CSW) and discussed the future role and responsibilities of the potential community nutrition assistant.

## **RESULTS**

### **Focus Groups**

Focus group participants discussed distinctions between the community and population health RDN prepared at the baccalaureate and master's level. Participants described how community support workers are utilized in communities such as Native American and Hispanic communities as peer support workers. The anticipated roles and responsibilities and competence needed were identified.

### **Anticipated Roles and Responsibilities for Community Support Worker**

- Focuses on health promotion and monitoring plan of care
- Works in collaboration with and under the supervision of RDNs (with Masters level)
- Demonstrates food preparation skills
- Provides support for the elderly, older adult, child and maternal health groups
- Assists with diabetic education programs and school-based education
- Builds relationships in the community
- Collects basic assessment data (Hemoglobin, BP, blood glucose level, weight)

## **Skills Needed**

- education principles
- geriatric and pediatric health
- communication skills
- culinary skills
- knowledge of special diets
- menu planning
- physiology and disease states
- safe food preparation and storage
- food insecurities

## **Structured Interviews**

Participants in the structured interviews stressed that the effectiveness of the role of the community worker is based on the community relationship and social and economic balance. These workers were described as being most effective when they resided within the local community and were able to share life experiences. Many individuals in this role see it as a "calling" versus a job or a profession. The main role for the community worker was thought to be providing support for compliance, acceptance and management of nutritional, physical and mental health concerns for health promotion. The role and the training for this practitioner currently is not standardized and can range from a high school diploma (for the most part) to a certificate or AA in a health related field.

## **Anticipated Roles and Responsibilities for Community Support Worker**

- Creates a positive experience and relationship with the client
- Acts as a patient and community advocate
- Counsels and assists clients to deal with personal and social problems
- Keeps the client out of the hospital by supporting regular visits to their primary physician
- Keeps clients actively engaged with their primary physician
- Supports the client to ensure pick-up of their prescription medications
- Proactively engages the client to manage their care
- Provides client education using predefined and pre-developed learning plans and education materials
- Supports transitions of care
- Helps to keep clients compliant with their care plans
- Partners with care team (community, providers, internal staff)
- Is knowledgeable and continues learning of community cultures and values
- Conducts assessments using standardized templates
- Offers information and resources
- Supports development of education materials
- Undertakes activities to enable people to address their own health and well-being needs consistent with the plan of care
- Facilitate and encourages the development of skills in the following areas: activities of daily living, interpersonal coping, socialization, & community functioning

- Supports the individual and the family in crisis situations; provides personalized interventions to develop, facilitate, or enhance an individual's ability to make informed and independent decisions
- Facilitates self-motivational skills
- Conducts assessments of the environment
- Monitors plans of care
- Collects assessment data - weight, BMI, gait assessment, activity level
- Engages client in motivation interviewing
- Monitors diabetes management - blood glucose level, education
- Collects research data

### **Skills Specific to Nutrition and Dietetics**

- very practical skills focused on food and meals versus nutrients and nutrition
- grocery store tours
- culinary skills
- dietary monitoring
- counseling, coaching and motivation skills
- informing and enabling
- outreach
- label reading
- recipe sharing

### **Skills Needed**

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| <ul style="list-style-type: none"> <li>• advocacy skills</li> <li>• health systems and structure/ community agencies</li> <li>• cultural influence, values and beliefs</li> <li>• behavior change, counseling theories and interviewing skills</li> <li>• determines of health and impact on care and the community</li> <li>• life-span psychology and developmental</li> <li>• problem solving skill</li> <li>• professional behaviors and therapeutic relationship</li> <li>• communication skills</li> <li>• presentation skills</li> <li>• learning process</li> <li>• mentoring and coaching</li> <li>• motivational learning and behavioral change</li> </ul> | <ul style="list-style-type: none"> <li>• basic dietary needs</li> <li>• food labels</li> <li>• knowledge of food insecurities and how to access resources (food banks, food stamps, energy assistance programs)</li> <li>• physical activity</li> <li>• inter-professional care and understanding of the role and responsibilities of axillaries and allied health professions</li> <li>• chronic disease management (CHF, diabetes, heart disease)</li> <li>• maternal-child health</li> <li>• policy development and government legislative structure</li> <li>• documentation</li> <li>• environmental and basic client assessment</li> </ul> |
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## **Use of Community Health Workers**

### **United Kingdom**

**Dietetic Support Workers** usually work under the close supervision of a dietitian in either a community or hospital setting. A dietetic support worker working in a hospital may, for example, be involved in assisting patients requiring special diets to choose from the hospital menu, collecting information regarding patients' intake and weight and liaising with the dietitian regarding patients' progress. Within a community setting, dietetic support workers may work with the dietitian to assess the food and health needs of local residents and assist in enabling people to eat a healthier diet to prevent disease.

Support workers usually start their career with little formal training or experience. They are required to have a good standard of English and math with excellent communication skills and qualifications could include relevant General Certificate of Secondary Education, National Vocational Qualification or Scottish Vocational Qualification. Many have some experience working in a patient, community or care environment, so for example, in a care home, school or voluntary organization, catering or in a hospital.

**Assistant Practitioners in Dietetics** deliver elements of delegated dietetic care. They are usually educated to Foundation Degree level or equivalent and normally work at a level above dietetic support workers. However, each role varies depending on the post and also the title used to describe posts varies.

### **Canada**

Community Support Workers interview, counsel, and assist clients to deal with personal and social problems. They may also organize and implement a variety of community programs and services. Individuals in this role may be responsible for preparing intake reports, referring clients to other social services, admitting clients to appropriate programs, and meeting with clients to evaluate treatments/plans and progress. The CSW program provides students with the necessary knowledge and practical skills to provide many types of assistance to people in the community. Areas of study include addictions, psychology, sociology, mental health, Canadian family dynamic, professional skills, counselling and interviewing techniques, development, business communications and report writing.

### **United States of America**

A variety of terms are used to describe the community worker position in the US including community support worker (CSW), community health worker, and promotoras. There is no set curriculum at this time for the CSW but various groups such as the American Association of Diabetes Educators and US Cooperative Extension System have participated in projects to create curriculum for CSWs. Community Support Worker education program hours range from 20 - 160 hours with practice experiences. The states of Massachusetts, New York, Illinois and Virginia are seeking state licensure and Maine seeking title protection of Community Health Worker. Currently ongoing individual credentialing is not required as risk to public is perceived as being low. Many see the potential to see a large increase demand for CSW from insurance companies due to the Patient Protection and Affordable Healthcare Act.

## **CHANGES TO RECOMMENDED FUTURE MODEL OF EDUCATION IN NUTRITION AND DIETETICS**

After reviewing results of the data collected, the ACEND Board affirmed its support of the recommendation for an associate's degree prepared nutrition and dietetics practitioner who would provide support in the community setting. The ACEND Board chose to change the name of the associate's degree prepared practitioner to the Nutrition Health Worker to make it more consistent with titles used for community support personnel.