

## Background

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Jones L, Colin, C, Karalis, M | September 2025

### Executive Summary

Trust in experts, institutions, and systems is in visible decline, with nutrition and dietetics deeply affected. Despite being viewed as highly credible sources of health information<sup>15</sup>, registered dietitian nutritionists and nutrition and dietetic technicians, registered (RDNs and NDTRs) are now operating in an environment where misinformation spreads quickly, influencers outpace evidence, and skepticism toward professionals is rising.<sup>1</sup>

This decline in trust is not unique to nutrition and dietetic practitioners because it reflects a broader societal shift. Surveys across sectors show waning confidence in governments, media, corporations, and health authorities.<sup>2,3</sup> The COVID-19 pandemic accelerated distrust, particularly as individuals turned to social media and peer networks over professionals for advice.<sup>4,5</sup>

This shift creates a double challenge: maintaining credibility in a noisy, contested information space and rebuilding confidence in evidence-based nutrition guidance. Patients, clients, and the public are increasingly influenced by personalities rather than expertise, often valuing relatability over qualifications.

The implications are significant. Without action, our profession risks diminished authority, reduced impact on health behaviors, and marginalization in public conversations about food and wellness. At the same time, this moment presents an opportunity. By understanding the dynamics of misinformation, adopting strategies that emphasize transparency and authenticity, and engaging in proactive communication, RDN/NDTRs can strengthen trust and reinforce their essential role in public health.

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## Introduction

Trust is the foundation of effective healthcare relationships. Without it, even the most accurate information or evidence-based recommendations struggle to influence decisions and behaviors. Over the past decade, trust in experts, institutions, and science has eroded across many sectors. The nutrition and dietetics profession is not exempt.

This backgrounder examines the **decline of trust** and its implications for RDNs and NDTRs. It is designed as an **internal resource** for members of the Academy and organizational leaders, providing an evidence-based overview of:

- The broader social trends driving distrust in experts and institutions.
- The role of misinformation and social media in accelerating skepticism.
- The specific ways these shifts are impacting the credibility and influence of RDNs and NDTRs.
- Strategic opportunities for the profession to respond, adapt, and strengthen trust with the public.

The purpose of this document is not to offer prescriptive information, but rather to outline the **context, risks, and opportunities** shaping the nutrition and dietetics profession in an era of declining trust. By better understanding the landscape, RDNs and NDTRs can make informed choices about communication, engagement, and advocacy strategies that support credibility and impact.

This report draws on research, sector briefings, and insights from the Misinformation Change Brief (scheduled to be published in early 2026) to provide a clear picture of where trust is deteriorating and what can be done to address it.

## What is Driving the Change

The erosion of trust in experts, institutions, and professional authority is shaped by several interconnected drivers. For the nutrition and dietetics profession, these forces combine to create a more challenging environment for building and sustaining credibility. Continued confusion between the term “nutritionist” and “dietitian” is one example. The sections below describe other factors driving the change.

### ***Widespread Decline in Institutional Trust***

Surveys<sup>2,3</sup> consistently show that public trust in governments, media, corporations, and healthcare institutions has fallen. Scandals, policy inconsistencies, and high-profile failures have fueled skepticism throughout the years, but the COVID-19 pandemic catalyzed a surge in public

distrust of the government.<sup>6</sup> As a result, the public is less likely to assume that professional advice – whether from clinicians, scientists, or RDNs/NDTRs – can be taken at face value.

### ***Shifts in Information Access and Authority***

Digital platforms have democratized access to information, but also blurred the boundaries between expertise and opinion. Social media allows anyone with a platform to share nutrition guidance, often without evidence or qualifications.<sup>3</sup> Popular influencers may be trusted more than credentialed professionals, as trust becomes tied to relatability and identity rather than expertise.<sup>1</sup>

### ***Acceleration of Misinformation and Disinformation***

Nutrition is a prime target for misinformation. Conflicting diet trends, viral myths, and commercial interests spread rapidly online. The Misinformation Change Brief highlights how repetition, emotional framing, and visually engaging content make false or misleading claims more persuasive than nuanced, evidence-based explanations.<sup>4,7</sup> This dynamic undermines public confidence not only in individual RDNs/NDTRs, but in the profession as a whole.

### ***Polarization and Erosion of Common Ground***

Nutrition advice is increasingly politicized, tied to values and identities as much as to science.<sup>8</sup> This polarization creates an environment where evidence is judged through partisan or cultural filters. When professional recommendations do not align with personal beliefs, they may be rejected outright, contributing to distrust.

### ***Shifting Expectations of Transparency and Engagement***

Today's public expects openness, dialogue, and authenticity from professionals. When communication feels overly technical, top-down, or inaccessible, it can be perceived as dismissive. Conversely, misinformation sources often thrive because they appear approachable and responsive to public concerns. This shift places new demands on RDNs and NDTRs to engage differently to maintain trust.

### ***Social Media***

Social media is both a key driver of misinformation and a reshape of how trust is built. Platforms reward speed, virality, and emotional resonance over accuracy. Nutrition-related content is among the most frequently shared, but it often comes from non-credentialed voices who package advice in entertaining or highly relatable ways. For the public, the source of information may matter less than how it makes them feel—leaving evidence-based guidance at a disadvantage. For RDNs and NDTRs, the challenge is twofold: competing with a constant flow of

misinformation and determining how to engage in online spaces without compromising professionalism or credibility.

### ***RDN/NDTR Burnout***

Erosion of trust also connects to the internal pressures facing the profession. RDNs and NDTRs are navigating high workloads, administrative demands, and the emotional labor of supporting patients and clients in a contested information environment. Burnout can reduce the capacity to engage meaningfully, limit availability for patient-centered communication, and contribute to perceptions of detachment or inaccessibility.<sup>9</sup> When professionals are stretched thin, opportunities to build trust through listening, empathy, and clarity may be unintentionally diminished. Over time, systemic burnout can compound the external forces of distrust by weakening the profession's collective ability to respond.

## **Where This Change Is Seen**

The decline of trust is not an abstract trend; it is visible in multiple domains that directly affect the nutrition and dietetics profession. These shifts illustrate how broad societal dynamics are playing out in concrete ways for RDNs and NDTRs.

### ***MAHA Movement***

The rise of the Make America Health Again or MAHA movement reflects a growing emphasis on personal autonomy in health decisions. While empowerment is positive and autonomy is one of the ethical principles in the Code of Ethics for the Nutrition and Dietetics Profession, this movement often positions professional guidance as secondary or even oppositional to individual intuition, online communities, or alternative practices. For RDNs and NDTRs, this dynamic can mean encountering patients and clients who prioritize personal research or anecdotal experiences over evidence-based recommendations, creating friction and potential distrust in the clinical or counseling relationship.

### ***Information Shift***

Traditional gatekeepers of information—academic institutions, government agencies, and professional organizations—are no longer the primary sources the public turns to for nutrition guidance.<sup>3</sup> Instead, information flows through decentralized, peer- or artificial intelligence-driven networks where credibility is assigned based on relatability, resonance, and visibility. In this environment, evidence can be overshadowed by compelling narratives. The profession must recognize that while accurate information remains essential, it is no longer sufficient on its own to secure trust and influence decisions.

## Impact on the Profession

The decline of trust has direct and significant implications for the nutrition and dietetics profession. These impacts are visible in daily practice, in relationships with patients and clients, and in the broader perception of RDNs and NDTRs within the healthcare system and society at large.

### ***Erosion of Professional Authority***

As misinformation and alternative sources of nutrition advice proliferate, the traditional authority of credentialed professionals is being questioned.<sup>7</sup> Patients and clients may arrive with strong preconceived beliefs shaped by online content, making it more difficult for RDNs and NDTRs to establish themselves as trusted guides. This erosion of authority can diminish the effectiveness of evidence-based nutrition counseling and education.

### ***Increased Time Spent Debunking Myths***

RDNs and NDTRs report spending more time addressing misinformation and correcting misconceptions during clinical encounters. This shift reduces the time available for preventive care, personalized recommendations, and behavior change strategies. The constant need to “myth-bust” can also be frustrating and contribute to professional fatigue.<sup>9</sup>

### ***Professional Burnout and Morale***

When patients and clients place greater trust in non-credentialed influencers or personal networks, interactions with RDNs and NDTRs may be marked by skepticism or defensiveness. This dynamic can strain client/patient-practitioner relationships and reduce adherence to nutrition recommendations, ultimately impacting health outcomes. Compounded by systemic pressures, declining trust contributes to burnout. When RDNs and NDTRs feel their expertise is undervalued or dismissed, professional satisfaction can decline. Over time, this may affect workforce retention and the ability of the profession to attract new members.

### ***Marginalization in Public Discourse***

As nutrition debates increasingly play out on social media and other decentralized platforms, the voices of RDNs and NDTRs may be overshadowed by louder, more sensational narratives. Without deliberate strategies, the profession risks reduced visibility and influence in shaping public understanding of nutrition and health.

## Implications if Unaddressed

If declining trust is not acknowledged and addressed, the risks for the nutrition and dietetics profession extend beyond individual patient encounters. The long-term implications affect the credibility, influence, and sustainability of the profession itself.

### ***Reduced Impact on Public Health***

Without trust, evidence-based nutrition guidance loses its ability to influence behavior. As misinformation fills the gap, populations may adopt harmful or ineffective practices, undermining public health efforts and increasing the burden of diet-related disease.

### ***Diminished Professional Credibility***

If RDNs and NDTRs are not consistently recognized as the most reliable source of nutrition information, their authority will continue to dwindle. This issue could lead to a loss of visibility in health policy discussions, interprofessional collaboration, and public dialogue.

### ***Fragmentation of the Information Landscape***

As trust in RDNs and NDTRs weakens, nutrition guidance risks becoming even more fragmented across influencers, industry voices, and unverified online communities. The absence of a strong, trusted professional anchor will make it increasingly difficult for the public to distinguish between evidence and opinion.

### ***Workforce Challenges***

Persistent distrust and undervaluing of professional expertise can intensify burnout, discourage new entrants into the field, and contribute to attrition. Over time, this weakens the capacity of the profession to meet public health needs.

### ***Strategic Vulnerability***

In an era where credibility is a competitive asset, failure to adapt innovative and impactful strategies leaves the profession vulnerable to being sidelined by louder, less qualified voices. This loss of influence has long-term implications for both professional relevance and societal health outcomes.

## Opportunities and Strategies

While the decline of trust presents real risks, it also creates opportunities for the nutrition and dietetics profession to adapt, lead, and rebuild confidence. Evidence from health communication research and the Misinformation Change Brief highlights several strategies.

### ***Center Transparency and Clarity***

Openly acknowledging what is known, what is uncertain, and how recommendations are developed builds credibility.<sup>11</sup> Clear, plain-language communication helps close the gap between complex science and public understanding. Efforts toward increasing digital and health literacy may be a strategy that RDNs and NDTRs can use to empower consumers to develop their own verification mechanisms against misinformation.<sup>11</sup>

### ***Leverage Relatable and Trusted Messengers***

Collaboration with community leaders, peer educators, and culturally relevant voices can extend the reach of RDNs and NDTRs. Trusted messengers can help reinforce evidence-based guidance<sup>5</sup> in ways that feel accessible and authentic.<sup>8,12</sup> Nutrition and dietetics practitioners may cultivate trust through fostering interprofessional collaborations with physicians.

### ***Prioritize Engagement and Empathy, Not Just Information***

Shifting from one-way dissemination to two-way dialogue—listening, responding, and validating concerns—can strengthen trust. Social media can be used strategically to meet audiences where they are without compromising professionalism. Many underrepresented populations have distrust that is influenced, in part, through significant barriers within access to healthcare coupled with negative experiences with seeking treatment for health conditions.<sup>8</sup> Nutrition and dietetic practitioners are uniquely positioned to lead efforts toward healing trust through cultural humility and equitable and empathetic care.

### ***Reframe Misinformation as a Teachable Moment***

Rather than only debunking myths, RDNs and NDTRs can use misinformation encounters to build critical thinking skills and emphasize the value of evidence-based practice. This approach positions the profession as supportive rather than dismissive. Furthermore, some evidence suggests that healthcare professionals may leverage a different angle - raising awareness of the existence of misinformation and offering resources to assist consumers in verifying information. The Academy's [Nutrition Fact Check](#) hub is a step in this direction.

### ***Invest in Professional Well-Being***

In addition to [addressing workplace burnout](#), institutional investment in well-being programs, compassionate leadership, and resilience training are recommended to sustain workforce



capacity and morale.<sup>13</sup> Supporting the mental health, workload balance, and resilience of RDNs and NDTRs ensures they have the capacity to engage effectively and build trust. Among the many symptoms of burnout among nutrition and dietetic practitioners is compassion fatigue.<sup>14</sup> Compassion and empathy are key factors in building rapport and ultimately trust. Conclusion and Call to Action

Trust is not a static asset; it must be actively built, sustained, and protected. For the nutrition and dietetics profession, the current landscape of skepticism and misinformation represents both a challenge and an opportunity. RDNs and NDTRs are uniquely positioned to provide reliable, evidence-based guidance at a time when the public needs it most. But doing so requires adapting to new expectations and ways of working.

The decline of trust cannot be reversed overnight. Yet through transparency, dialogue, collaboration, and professional support, the nutrition and dietetics profession can strengthen its role as a trusted anchor in an increasingly noisy and contested environment. Now is the time for the profession to move decisively: to meet people where they are, to communicate with clarity and empathy, and to reaffirm the value of evidence-based practice in improving health outcomes.

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## APPENDIX: Declining Trust Call to Action Summary Table

Intervention Type	Description & Evidence-Based Strategies	Key References & Resources
Transparent Communication	Use plain language, disclose uncertainties, and explain evidence and recommendations clearly.	WHO Infodemic Management; U.S. Surgeon General's Advisory; Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession
Relatable & Trusted Messengers	Collaborate with physicians, community leaders, and peer educators to deliver nutrition messages.	Peer-reviewed studies on trusted messengers; Edelman Trust Barometer; Nutrition Fact Check hub
Two-Way Engagement	Foster dialogue, listen actively, validate concerns, and co-create solutions with patients/communities.	Community engagement models (CHAT tool, advisory boards); APA Stress in America report
Cultural Humility & Equity	Tailor interventions to cultural contexts, address barriers, and demonstrate empathy and respect.	Research on cultural humility; Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession
Misinformation as Education	Use myth-busting as a teachable moment to build critical thinking and health literacy.	WHO Infodemic Management; Nutrition Fact Check hub; U.S. Surgeon General's Advisory
Professional Well-Being Support	Implement programs for mental health, resilience, and work-life balance to reduce burnout.	APA Stress in America report; studies on burnout prevention in healthcare
Consistent Professionalism	Uphold ethical standards, maintain ongoing education, and demonstrate commitment to best practices.	Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession
Digital Literacy Initiatives	Educate the public on how to verify online nutrition information and recognize credible sources.	WHO Infodemic Management; Nutrition Fact Check hub