

House of Delegates October 2025 Meeting: Declining Trust Discussion

Overview

At the October 23rd House of Delegates meeting, members from the Council on Future Practice presented an overview of declining trust as a driver of change to the profession. Delegates engaged in small group discussions on declining trust within the nutrition and dietetics profession and across the broader public landscape. Three questions were posed to all groups with summaries of those discussions below.

1. What aspects of the current trust crisis resonate most, and where is the greatest urgency for action?
2. How is declining trust affecting the Academy's ability to promote RDNs and NDTRs as the food and nutrition experts?
3. Which proposed strategies feel most actionable or promising, and what others should be considered?

Delegates emphasized the opportunity for the Academy to lead efforts that build public trust in science and evidence-based nutrition. These discussions underscored the shared goal of rebuilding trust by leading with empathy, integrity, and expertise. Quotes from the notes of the small groups are included in this summary.

Delegate Insights

The following summarizes the answers to the three discussion questions from the combined small group conversations during the House of Delegates meeting on October 23, 2025.

1. What aspects of the current trust crisis resonate most, and where is the greatest urgency for action?

- **Declining trust in institutions:** There is a general erosion of confidence in science, government, and professional organizations affecting how RDNs are perceived.
- **Misinformation and social media:**
 - Influencers and non-credentialed voices dominate nutrition conversations; their messages spread faster and “sound better.”
 - Algorithms amplify misinformation and create echo chambers.
 - Specific delegate perceptions are that the Academy's social media presence is limited and inconsistent, and that communications are less proactive and more reactive.
- **Public perception and awareness:**
 - Many people don't know what RDNs/NDTRs do or confuse them with “nutritionists.”

- Dietitians are still viewed as “food police” or part of an impersonal healthcare system.
- There is a need for a stronger, more relatable, and empathetic public image for RDNS/NDTRs; specific delegate suggestions include less clinical language and more connections to lived experiences.
- **Perceptions affecting trust in the Academy by members/credentialed practitioners:**
 - Members have concerns about industry sponsorships
 - Members have concerns about perceived lack of transparency of the Academy within decision making processes, advocacy and policy communications, and within organizational responsiveness.
 - High membership costs and limited access to Academy resources create barriers and frustration. Some examples are extra fees for accessing resources for members like the Evidence Analysis Center and memberships to DPGs, and how difficult it is for students and early practitioners to afford the membership dues.
 - Delegates also noted that some practice guidelines that are older than ten years seem outdated, reducing credibility.
- **Cultural and access considerations:**
 - Lack of diversity and relatability contributes to mistrust of RDNs and NDTRs in addition to general mistrust of institutions and organizations.
 - Limited access to RDNs in many areas due to coverage and workforce shortages.
 - Distrust grows when individuals feel unheard or judged, especially around personal or cultural food choices. Practitioners’ lack of connections with communities that do not take into account respect for food traditions and cultural identity contributes to distrust.
- **Practitioner Priorities:**
 - Build empathy and listening skills.
 - Address misinformation proactively, not reactively.
- **Academy Priorities:**
 - Increase visibility and credibility of RDNs.
 - Address misinformation proactively, not reactively.
 - Promote awareness of RDNs’ role in prevention and health, not just treatment.

2. How is declining trust affecting the Academy’s ability to promote RDNs and NDTRs as the food and nutrition experts?

- **Internal effects:**
 - Many RDNs/NDTRs question the Academy’s relevance, transparency, and value.
 - Some prefer other professional organizations (e.g., ASPEN) that feel more responsive or, at times, more evidence-focused in their opinion.
 - Lack of visibility and support for NDTRs and specialty groups decreases engagement.
 - Generational and global misalignment: newer professionals and international members don’t feel represented.

- **External effects:**
 - Public sees conflicting messages from individual RDNs, non-credentialed influencers, and the Academy.
 - Corporate sponsorships damage credibility and create perceptions of bias among members, non-members, and public.
 - Policymakers and healthcare leaders often don't understand RDNs' scope or expertise.
 - RDNs remain underrepresented in leadership, advocacy, and policy roles, perpetuating reduced visibility.
- **Professional image and cohesion:**
 - Inconsistent messaging and internal disagreements (e.g., weight management vs. intuitive eating) weaken public trust.
 - Need to model collaboration and professionalism similar to other health disciplines (e.g., nursing).

3. Which proposed strategies feel most actionable or promising, and what others should be considered?

- **Leverage trusted messengers and influencers:**
 - Partner with credible RDN influencers across platforms; amplify their voices and content.
 - Create a vetted network of RDNs for social media outreach (similar to AAP's model).
 - Develop engaging, short-form, evidence-based content for TikTok, Instagram, etc.
 - Offer training in media, storytelling, and concise communication.
- **Reframe misinformation as a teachable moment:**
 - Encourage empathy, curiosity, and shared problem-solving when addressing myths.
 - Provide ready-to-use FAQs and myth-busting resources in plain language.
 - Train RDNs to engage respectfully and selectively online.
- **Increase accessibility and transparency:**
 - Simplify the website and reduce paywalls to make resources more visible.
 - Clearly communicate the Academy's policies on sponsorship and funding.
 - Promote open access to research and practical tools.
- **Marketing and public relations:**
 - Invest in a professional marketing strategy to elevate the RDN/NDTR brand.
 - Collaborate with reputable partners (AHA, AMA, public health associations).
 - Expand "Food is Medicine" visibility with physicians and healthcare leaders.
 - Explore SEO strategies and cross-platform presence to ensure Academy content surfaces first.
- **Education and training:**
 - Include communication, counseling, and media literacy competencies in ACEND standards.

- Support RDNs' self-advocacy, negotiation, and leadership skills.
- **Culture and collaboration:**
 - Uplift diverse voices and perspectives to increase relatability and reach.
 - Encourage mentorship, peer support, and unity across practice areas.
 - Foster two-way engagement between the Academy and members through listening sessions and visible follow-up.
- **Innovation and partnerships:**
 - Collaborate with marketing firms, AI tools, and other professional associations to expand influence.
 - Consider public-facing campaigns (e.g., "Eat Right" endorsement or spokesperson program).
 - Build alliances with healthcare systems, NGOs, and global partners to extend credibility and reach.