

Pioneering Progress

**Empowering Nutrition and Dietetics
Through Strategic Advancement Groups**



The purpose of this document is to shape the future policy and advocacy work of the Academy of Nutrition and Dietetics.

Vision of the Academy of Nutrition and Dietetics: A world where all people thrive through the transformative power of food and nutrition

Mission of the Academy of Nutrition and Dietetics: Accelerate improvements in global health and well-being through food and nutrition

Principles of the Academy of Nutrition and Dietetics: The Academy of Nutrition and Dietetics, through its members, works to:

- Amplify the contribution and value of diverse nutrition and dietetics practitioners to the public
- Position registered dietitian nutritionists as the experts in food and nutrition
- Expand workforce demand and capacity
- Incorporate research, professional development, technology and practice to foster innovation and discovery
- Collaborate with key stakeholders to solve the greatest food and nutrition challenges, now and in the future
- Focus on making a system-wide impact across food, well-being and health care sectors
- Have a global impact in eliminating all forms of malnutrition

In achieving the Academy's vision and mission, focus areas define where the Academy will prioritize and direct resources to make an impact. Goals demonstrate what the Academy will do to show progress toward success. Strategies describe how the Academy will do it.

Focus Area

The **Strategic Plan** includes four areas **where** the Academy will focus efforts to accelerate progress toward achieving the vision and mission through impact goals that help focus, set priorities and assign resources, in Well-Being and Prevention, Nutrition Care and Health Systems, Nutrition Security and Food Safety, and Inclusion, Diversity, Equity and Access. The impact goals (**what**) and strategies (**how**) correlate to the principles.

To accelerate progress toward achieving the Academy of Nutrition and Dietetics' Strategic Plan, Academy members were selected to serve on the President's Strategic Advancement Groups, aligning with the plan's four focus areas. Strategic Advancement Groups were charged with developing official statements and rationales, supported by a summary of the scientific evidence for each of the focus areas, emphasizing the impact of the nutrition and dietetics profession on each area.

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Inclusion, Diversity, Equity and Access (IDEA)

The Academy of Nutrition and Dietetics believes supporting equitable access to food, nutrition and other lifestyle-related services includes incorporating and valuing a diverse spectrum of lived experiences and cultivating a nutrition and dietetics practitioner workforce that enhances and contributes to all areas of practice.

A forward-looking and accessible nutrition and dietetics profession supports individuals from historically underrepresented groups and empowers practitioners to address systemic inequities while amplifying the voices of individuals who hold a variety of diverse characteristics.

A diverse health care workforce is proven to improve patient satisfaction, health communication and access to care for patients belonging to historically underserved populations,¹ yet the nutrition and dietetics profession is predominantly female and non-Hispanic white.² This imbalance in the health care workforce is not unique to dietetics. In fact, almost all health care professions included in the American Community Survey are comprised of a greater share of white practitioners than the U.S. workforce as a whole, demonstrating underrepresentation of people of color.³ Despite the need for diverse practitioners to serve a diverse public,^{4,5} there has been little change in this area over the last decade.² In recent years, the health care workforce overall has increased in racial and ethnic diversity faster than the field of dietetics; however, these increases have been heavily concentrated among entry-level, lower paid occupations.^{1,6} In recognition of the potential positive impacts of a more diverse workforce, the White House released a National Strategy on Hunger, Nutrition and Health that committed to a number of efforts to strengthen and diversify the nutrition workforce.⁷

To achieve a representative and diverse nutrition and dietetics workforce, students from historically underrepresented groups must be encouraged to pursue careers in the field of nutrition and dietetics. Furthermore, training and education needs to be supportive, inclusive and culturally humble, individualizing care to client culture and background.^{3,8,9} Efforts to diversify

The Academy's Impact Goals for Inclusion, Diversity, Equity and Access

1. Establish infrastructure and resources to achieve optimal and sustainable IDEA outcomes.
2. Increase recruitment, retention and completion of nutrition and dietetics education and leadership at all levels for historically underrepresented groups.
3. Cultivate organizational and professional values of equity, respect, civility and anti-discrimination.
4. Advance food and nutrition research, policy and practice through a holistic IDEA lens.

the profession require a current understanding of the demographics of practitioners and students, including race and ethnicity, disability status, gender identity, sexual orientation and other factors, as well as the intersectionality of these factors, so that efforts to expand diversity can be monitored over time.^{10,11} The Academy recognizes the need for recruitment, retention and completion of nutrition and dietetics education at all levels for historically underrepresented groups, and therefore supports students of diverse backgrounds at every step of the process.^{3,12,13}

Nutrition Care and Health Systems

The Academy believes it is vital to ensure everyone has continuous, consistent, timely, affordable and transparent access to safe and effective nutrition services, provided by registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs), to improve their health and prevent, treat and manage health conditions and disease across the life cycle.

RDNs are the nutrition experts and are essential to ensuring that person-centered health care delivery models meet individuals' health care needs. Decision makers within health care delivery and payment, both in the public and private sectors, must create policies and systems that recognize the multidimensional role and contributions of nutrition and dietetics practitioners toward achieving health equity, enhancing quality, controlling costs and improving patient, client and practitioner experience within health care.

Inequities in U.S. Chronic Conditions

More than half (51.8%) of adults in the United States have at least one chronic condition and nearly one-third (30%) have two or more chronic conditions.³⁵ Current evidence in the United States suggests that chronic disease among young people is a growing problem; however, the prevalence of chronic diseases in this population is generally understudied.³⁶

It is estimated that 1% to 3% of American children have hypertension and stroke is among the top 10 causes of childhood death. One in five U.S. children has obesity and the prevalence of Type 2 diabetes is projected to quadruple nationally in 2050 among people younger than 20 years.³⁷

Ninety percent of U.S. health care spending goes toward treating individuals with one or more chronic condition.^{38,39} Chronic conditions disproportionately affect specific populations, including American Indians, Alaska Natives, people of Hispanic origin and non-Hispanic African Americans.⁴⁰⁻⁴⁵ Many minority populations in the United States have long faced chronic disease health disparities due to socioeconomic inequities, barriers to education, systemic racism, insufficient access to health care and limited access to healthful and affordable foods and safe places to be active.⁴⁶ These root causes of health disparities and inequitable access to nutrition care services, must be addressed to achieve health equity.

The Academy's Impact Goals for Nutrition Care and Health Systems

1. Achieve access and utilization of nutrition services, particularly medical nutrition therapy, as pillars of health equity.
2. Identify and treat all forms of malnutrition.
3. Demonstrate the impact of access to health equity and effectiveness of nutrition and dietetics care.
4. Position RDNs and NDTRs as key players on the interdisciplinary team/health-care system.



The Role of RDNs and NDTRs in Addressing the Problem

To achieve the goals of health care system redesign and to meet the National Academy of Medicine's quadruple aim⁴⁷ a high-performing multidisciplinary team is now widely recognized as an essential tool for constructing a more patient-centered, coordinated and cost-effective RDNs and NDTRs impact quality measures that lead to enhanced payments under numerous value-based payment programs. Studies of RDNs using medical nutrition therapy (MNT) show improved patient outcomes in diabetes, hypertension, lipid metabolism disorders, celiac disease, HIV infection, pregnancy, chronic kidney disease, cancer, weight management and unintended weight loss in older adults.⁴⁸⁻⁵⁷ RDNs deliver care that supports higher performance in value-based models of care through improved clinical outcomes and reduced costs for physician time, medication use and hospital admissions.⁵⁸⁻⁶² Armed with broad skill sets, RDNs are well-positioned to lead in value-based care environments, developing or advocating for policies, strategies, goals, models and tools to achieve outstanding outcomes, deliver value and increase engagement and satisfaction of providers, patients and clients.^{63,64,65}

Safe and effective health care requires qualified health care practitioners, necessitating state regulation of professional practice including dietetics and nutrition.⁶⁶ Licensing also provides benefits to health care providers, such as RDNs, by enabling them to work at the height of their scope of practice with greater autonomy and by recognizing the gold standard of RDNs' accredited education and training. Strong and uniformly consistent licensure laws and regulations are important for protecting the public. Tools such as the Academy's Model Practice

Act and a potential licensure compact aid in establishing consistent and uniform standards that states can adopt to streamline licensure requirements and facilitate interstate and telehealth practice.

RDNs and NDTRs are uniquely positioned to respond to and address disparities in health equity and emerging needs within health care systems. Now more than ever, it is vital to ensure that everyone has continuous, consistent, affordable, timely and transparent access to safe, effective nutrition services throughout the life cycle.

The Academy is strongly committed to improving the nation's access to and utilization of effective nutrition and dietetics care, achieving health equity, identifying and treating malnutrition and positioning RDNs and NDTRs as key players on the interdisciplinary health care team.

Nutrition Care and Health Systems Guiding Principles

Continuous and consistent: There should be universally adequate coverage of nutrition care services across the life cycle in fee-for-service payment systems that includes in-person and virtual modalities of care. Institutional regulations and alternative payment models should support having RDNs/NDTRs as part of the care team across all relevant care settings to support continuity of care.

Affordable: Individuals should face little to no cost-sharing for nutrition-care services to promote health equity.

Timely: Payers should have adequate networks of RDNs and should offer fair payment rates that reflect the value of RDNs in the health care system. Employers should similarly ensure adequate staffing levels and payment rates for RDNs and NDTRs.

Transparent: Coverage and benefits should be clearly enumerated so both beneficiaries and providers have a clear understanding of services that are covered.



Well-Being and Prevention

The Academy of Nutrition and Dietetics strongly believes that programs and policies that enhance population health and advance health equity are critical to promoting well-being and wellness and preventing disease throughout the life cycle.

Significant investments in multilevel, multi-component, culturally appropriate and community-engaged interventions are essential to facilitate healthful eating and active living. Registered dietitian nutritionists (RDNs), nutrition and dietetics technicians, registered (NDTRs) and other Academy members are uniquely positioned to lead development and delivery of evidence-based prevention programs and services; implement policy, systems and environmental change strategies across the life cycle and in a variety of settings; and conduct research to equitably improve wellness and prevent chronic diseases.

Chronic diseases such as heart disease, Type 2 diabetes, obesity and cancer are leading causes of death among Americans.⁶⁷ More than half of adults in the U.S. have at least one chronic condition and nearly one-third have two or more chronic conditions,⁶⁸ which account for 90% of U.S. health care spending.^{69,70} Furthermore, communities that experience systemic inequities (e.g., based on race, ethnicity, socioeconomic status, gender or gender identity, sexual orientation or other reasons) are disproportionately affected by chronic disease and may also have limited access to healthful foods, safe places to play and nutrition-related services.⁷¹⁻⁷⁴

While eating a nutrient-rich diet and engaging in physical activity are known to prevent chronic conditions,⁷⁵ most people do not meet dietary and physical activity recommendations,⁷⁶⁻⁷⁸ and poor nutrition persists as one of the primary modifiable health behaviors that lead to chronic diseases.⁷⁹⁻⁸¹ However, dietary intake and associated chronic disease outcomes are influenced by a number of factors including genetics, lifestyle, environment, policies and social determinants of health (SDOH).^{76,82,83} SDOH are non-medical factors that influence health outcomes and encompass conditions in which people live, learn, work, play, worship and age.⁸⁴ Effective strategies to prevent chronic diseases require designing and customizing interventions to improve SDOH, ensure health equity and reduce health disparities in prevalence of chronic diseases.⁸⁴⁻⁸⁶



The Academy's Impact Goals for Well-Being and Prevention

1. Increase equitable access to food, nutrition and other lifestyle related services.
2. Promote healthful eating and physical activity to improve population health and wellness at all stages of life.

RDNs, NDTRs and other Academy members have championed public health approaches that have been shown to be highly effective in preventing chronic disease.⁸⁷⁻⁹⁰ Successful approaches incorporate multiple levels of intervention, including education and behavior change interventions and policy, systems and environmental change strategies to create environments that enable healthful behaviors throughout the life cycle.^{90,91} In addition, standards for federal nutrition programs are informed by the *Dietary Guidelines for Americans*⁷⁶ and play a vital role in ensuring millions of Americans⁹² have access to healthful foods and environments that support healthful lifestyles.⁹³⁻⁹⁵



There is a need for substantial investment in nutrition and physical activity interventions from both the public and private sectors.

Guidelines from other public health agencies also promote healthful eating and active living across the life cycle.^{96,97} For more information on health disparities and equitable access to nutrition care services, see the Nutrition Care and Health Systems section of this document. For more information on improving access to safe and healthful nutrition, see the Nutrition Security and Food Safety section.

To achieve and maintain individual and population health, there is a need for substantial investment in nutrition and physical activity interventions from both the public and private sectors.⁷⁵ Equitable access to evidence-based prevention programs across the life cycle should be available to all.⁹⁸ Furthermore, it is imperative to improve access and exposure to RDN and NDTR services to help manage and prevent disease and promote overall health, wellness and health equity.^{99,100}

RDNs, NDTRs and other Academy members have a critical role in improving public and community health by facilitating improved lifestyle behaviors throughout the life cycle.^{100,101} These roles include generating and translating evidence to guide strategies that promote wellness and prevent disease across the life cycle, developing and implementing nutrition standards and shaping equitable evidence-based policies. RDNs, NDTRs and other Academy members also develop, lead, implement and evaluate programs that are culturally relevant and promote wellness and prevention across all stages of life.^{101,102} In addition, they individualize population-based recommendations to meet client needs and preferences¹⁰³ and coordinate services between the community, public health and health care systems. Finally, RDNs and NDTRs and other Academy members function as key members of interprofessional teams to provide comprehensive care.

The Academy and its members are creating a future in which RDNs and NDTRs are routinely sought out and recognized for their unique contributions as key leaders in food and nutrition, health, well-being and wellness and disease prevention.

The Academy is strongly committed to increasing equitable access to healthful food, nutrition services and environments that promote healthful eating and physical activity to improve population health and wellness at all stages of life.

Nutrition Security and Food Safety

The Academy of Nutrition and Dietetics believes that systematic and sustained action is needed to achieve food and nutrition security^{104,105} and that effective policy, system and environmental changes can help realize this goal in the United States and abroad.¹⁰⁶

A sustainable, resilient and healthy food system helps ensure that individuals have equitable access to a safe and secure supply of food and water that supports optimal health.^{107,108} Multilevel factors and events contribute to high rates of food insecurity and risks to food safety, including the COVID-19 pandemic,¹⁰⁹ climate change,¹¹⁰⁻¹¹⁴ rising health care and food costs,^{115,116,117} growing socioeconomic inequality¹¹⁸ and conflicts in international settings.^{119,120}

Now more than ever, the Academy believes that food and nutrition security and food safety must be prioritized across all sectors to meet the Academy's vision of a world where all people thrive through the transformative power



The Academy's Impact Goals for Nutrition Security and Food Safety:

1. Advocate for equitable access to safe and nutritious food and water.
2. Advance sustainable nutrition and resilient food systems.

of food and nutrition¹²¹ and to achieve the goals of ending hunger and improving nutrition set forth in the 2022 White House National Strategy on Hunger, Nutrition and Health.^{122,123}

Food and Nutrition Security

Individuals across the world experience food insecurity,¹¹⁹ including approximately 33.8 million people who live in food-insecure households in the United States.¹²⁴ Food and nutrition insecurity disproportionately affect certain communities, such as Black, Indigenous and people of color,^{106,118} people living with disabilities and other chronic conditions,¹¹⁸ people experiencing homelessness,¹²⁵ households headed by single individuals,¹²⁴ children,¹²⁴ college students^{126,127} older adults,¹²⁸ sexual minorities¹⁵⁴ and refugees, asylum seekers and internally displaced persons.^{120,129} Food insecurity can lead to negative outcomes across the life span, including inadequate intake of key nutrients,^{155,156} lowered academic achievement,^{126,130,131} increased risk for chronic disease,¹³² reduced psychological and cognitive functioning and poor overall well-being.^{133,134}

To achieve food and nutrition security, effective and sustained interventions addressing social determinants of health¹⁵⁷ are necessary.^{113,132} Investments should include efforts to strengthen and expand domestic¹³⁵ and global food and nutrition programs¹³⁶ that help achieve food and nutrition security and ensure sustainable, resilient and healthy food and water systems.^{108,132} Additionally, the Academy supports advocating for fair wages, appropriate benefits, fair housing policies and safe working conditions to address economic instability, poverty and unemployment disproportionately affecting communities of color and other underserved communities.^{107,113,118,132,137}

Investing in the redesign of the food and nutrition environments where Americans work, shop, learn, eat, play and worship is necessary to increase access to affordable, nutritious foods in both urban and rural areas.^{106,132} Additionally, it is essential to ensure equitable access to quality health care¹⁵⁷ and nutrition services by integrating health care and community services.¹³⁸ Access to medical nutrition therapy is one tool that can help prevent, manage and treat a wide range of chronic conditions associated with food insecurity that have disproportionately impacted communities of color.¹³² For more information on nutrition care and health systems, refer to the Nutrition Care and Health Systems Statement section above.

Further research is needed to fully develop the concept and measurement of nutrition security and how it relates to food security,¹³⁹ understand how nutrition security is driving health care costs,¹⁴⁰ and develop effective interventions and policies that address food and nutrition security while confronting structural racism and prioritizing equity.^{141,142} Additionally, to mitigate global food insecurity, effective strategies and improved policies are needed to address the estimated 30% to 50% of the global food supply that is lost or wasted.^{108,110,119,143,144,145}

Food Safety

Food safety, sustainability and nutrition security are interconnected issues.¹⁴⁶ Global food and nutrition security is threatened by our changing climate, which affects food safety by introducing new vectors and greater risk of food contamination and causes supply chain disruptions and agricultural production issues.¹¹⁰ While the incidence of foodborne illness declined during the pandemic due to heightened public health measures,¹⁴⁷ approximately 9 million Americans are affected each year.¹⁴⁸ Increases in the number antimicrobial resistant pathogens as well as pathogens that cause foodborne illness¹⁴⁹ continue to pose risks, particularly among under-resourced and vulnerable populations including children, pregnant persons, older adults and people who are immunocompromised.



To react to and prevent future foodborne outbreaks, the Academy supports evidence-based food and water safety regulations and recommendations, including those that mandate labeling, improve traceability, make it easier to recall products and ensure proper oversight, infrastructure and sustainability¹⁵⁰ overseen by the U.S. Department of Agriculture Food Safety and Inspection Service,¹⁵¹ the U.S. Food and Drug Administration¹⁵² and the U.S. Centers for Disease Control and Prevention.¹⁵³

The Academy is strongly committed to improving the nation's access to safe and nutritious food and water and advancing sustainable nutrition and resilient food systems through systematic and sustained action.

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