Academy of Nutrition and Dietetics
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October 22, 2021

HRSA Information Collection Clearance Officer
Room 14N136B
5600 Fishers Lane
Rockville, MD 20857

Reference: Bureau of Primary Health Care-Program Management Resource Compendium

Dear ICCO:

The Academy of Nutrition and Dietetics (the "Academy") appreciates the opportunity to submit these comments to the Department of Health and Human Services relative to its September 22, 2021 request for comment on the information collection: *Bureau of Primary Health Care-Program Management Resource Compendium*. Representing more than 112,000 registered dietitian nutritionists (RDNs),[1] nutrition and dietetic technicians, registered (NDTRs), and advanced degree nutritionists, the Academy is the world's largest association of food and nutrition professionals and is committed to a vision of a world where all people thrive through the transformative power of food and nutrition. Every day our members provide medical nutrition therapy for patients in health centers, as well as clinical, public health, and other settings across the continuum of care, often via telehealth, with the flexibilities necessary due to the COVID-19 public health emergency.

The Academy supports this information collection to ensure clinical care practices are optimized for all patients, regardless of demographics. Since many Health Center patients have substantial risk of diet-related chronic diseases, the survey would benefit from design elements to better define respondents' understanding of the potential of medical nutrition therapy to effectively treat these conditions, and thus reduce costs and improve patient outcomes.

Background

The Academy strongly supports the agency's efforts to apply results of this survey to enhance agency performance and development, which is a key factor toward optimizing health center performance and development, which is itself an important component of patient outcomes. Health center performance is directly affected by the extensive burden of diet-related chronic disease among health center populations.[2] The prevalence and severity of these chronic diseases could be substantially reduced through effective access and utilization of RDN-provided medical nutrition therapy.[3] RDNs are also highly useful in designing and conducting community engagement events centered on disease prevention,

[1] The Academy approved the optional use of the credential "registered dietitian nutritionist (RDN)" by "registered dietitians (RDs)" to more accurately convey who they are and what they do as the nation's food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

[2] Braunstein, N., Guerrero, M., Liles, S., et al. (2020). Medical Nutrition Therapy for Adults in Health Resources & Services Administration-Funded Health Centers: A Call to Action. J Acad Nutr and Diet. In press. https://doi.org/10.1016/j.jand.2020.10.023

[3] Ibid.

nutrition education, and food security, further improving population health and supporting further reductions in chronic disease incidence.[4]

The addition of RDNs into interdisciplinary health care teams would also enable primary providers, nurses, and other allied health providers to practice at the peak of their license, practice scope and/or expertise.[5] When RDN services are available and accessible, such services are clinically beneficial and cost effective for both prevention and treatment, especially for chronic diseases such as diabetes, pre-diabetes, hypertension, cardiovascular disease and obesity.[6] The obesity picture in particular is complicated by weight stigma sometimes expressed by otherwise well-meaning providers.[7,8] These prevention principles are also reinforced in the Dietary Guidelines for Americans, which emphasize implementation of these services at the earliest possible life stage, and continued application throughout the lifespan.[9]

RDNs have the expertise to effectively implement behavior change techniques that elicit positive behavior change(s) in patients. In the study by Rigby et al.,[10] goal setting, problem solving, social support, and self-monitoring were the most commonly reported techniques used. These techniques provide very valuable assistance to patients who have been given nutrition advice by their physicians and need help implementing a recommended dietary pattern. RDNs play a vital role in helping patients adhere to the nutrition recommendations from their physicians. However, the absence of readily available medical nutrition therapy, even if covered by Medicare or other payers (e.g., for diabetes), essentially translates to denial of access to necessary, clinically beneficial care that can delay disease progression, minimize the need for pharmaceutical therapy, and improve overall patient quality of life.[11]

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[4] Braunstein, N., Guerrero, M., Liles, S., et al. (2020). Medical Nutrition Therapy for Adults in Health Resources & Services Administration-Funded Health Centers: A Call to Action. J Acad Nutr and Diet. In press. https://doi.org/10.1016/j.jand.2020.10.023

[5] Jortberg, B. T., Fleming, M. O. (2014). Registered dietitian nutritionists bring value to emerging health care delivery models. Journal of the Academy of Nutrition and Dietetics, 114(12), 2017-2022.. https://doi.org/10.1016/j.jand.2014.08.025

[6] Sikand G, Cole R. Handu D et al. Clinical and cost benefits of medical nutrition therapy by registered dietitian nutritionists for management of dyslipidemia: A systematic review and meta-analysis. J Clin Lipidol. 2018; 12: 1113-1122. https://doi.org/10.1016/j.jacl.2018.06.016

[7] Puhl R, Phelan S, Nadglowski J, Kyle T. Overcoming Weight Bias in the Management of Patients with Diabetes and Obesity. Clin Diabetes 2016 Jan; 34(1): 44–50. https://dx.doi.org/10.2337%2Fdiaclin.34.1.44

[8] Puhl R, Heuer C. Obesity Stigma: Important considerations for Public Health. Am J Public Health. 2010 June; 100(6): 1019–1028. https://dx.doi.org/10.2105%2FAJPH.2009.159491

[9] U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at DietaryGuidelines.gov

[10] Rigby, R.R., Mitchell, L.J., Hamilton, K., & Williams, L.T. (2020). The use of behavior change theories in dietetics practice in primary health care: A systematic review of randomized controlled trials. Journal of the Academy of Nutrition and Dietetics, 120(7), 1172-1197. https://doi.org/10.1016/j.jand.2020.03.019

[11] Braunstein, N., Guerrero, M., Liles, S., et al. (2020). Medical Nutrition Therapy for Adults in Health Resources & Services Administration-Funded Health Centers: A Call to Action. J Acad Nutr and Diet. In press. https://doi.org/10.1016/j.jand.2020.10.023

Therefore, standardizing inclusion of RDNs into health center care teams would not only optimize patient outcomes, but also reduce overall disease burden, thus reducing provider burden[12] while enhancing provider productivity and improving general center performance. Since center performance is a key measure of agency performance, promotion of RDNs as essential members of health center care teams could contribute toward improved agency performance measures and future development.

Specific Suggestions for Survey Content

In light of these perspectives, the Academy respectfully offers these specific suggestions:

1. How do you see the role of RDNs in the efforts of health centers to provide comprehensive patient care?
2. Should RDNs be consistently considered a part of the healthcare team?
3. How many patients have one or more diet-related diagnoses? Is referral for medical nutrition therapy by an RDN a standard component of their plan of care?
4. Does your team recognize and accept obesity as a disease? Does your team recognize and accept the need to refer patients with obesity to a RDN for medical nutrition therapy[13,14]? What type of provider is the usual subject of the referral?
5. Since weight stigma can be psychologically damaging to patients with obesity and prevent pursuit of further care,[15,16] what active steps have been or are planned to be implemented by your team to avoid weight stigma in care or communications?

The Academy appreciates your consideration of our comment for the information collection: *Bureau of Primary Health Care-Program Management Resource Compendium*. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Mark Rifkin at 202-775-8277 ext. 6011 or by email at mrifkin@eatright.org with any questions or requests for additional information.

Sincerely,

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Academy of Nutrition and Dietetics

Mark E. Rifkin, MS, RDN
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[12] Braunstein, N., Guerrero, M., Liles, S., et al. (2020). Medical Nutrition Therapy for Adults in Health Resources & Services Administration-Funded Health Centers: A Call to Action. J Acad Nutr and Diet. In press. https://doi.org/10.1016/j.jand.2020.10.023

[13] Kyle T, Dhurandhar E, Allison D. Regarding obesity as a Disease: Evolving Policies and Their Implications. Endrocrinol Metab Clin North Am. 2017;45(3): 511 – 520. https://dx.doi.org/10.1016%2Fj.ecl.2016.04.004

[14] Rosen H. Is Obesity a Disease of a Behavior Abnormality? Did the AMA get it Right? Mo Med. 2014 Mar-Apr; 111(2): 104–108. http://www.omagdigital.com/publication/?m=11307&i=204134&p=22&ver=html5

[15] Puhl R, Phelan S, Nadglowski J, Kyle T. Overcoming Weight Bias in the Management of Patients with Diabetes and Obesity. Clin Diabetes 2016 Jan; 34(1): 44–50. https://dx.doi.org/10.2337%2Fdiaclin.34.1.44

[16] Puhl R, Heuer C. Obesity Stigma: Important considerations for Public Health. Am J Public Health. 2010 June; 100(6): 1019–1028. https://dx.doi.org/10.2105%2FAJPH.2009.159491