The Academy of Nutrition and Dietetics’ Public Policy Priorities Overview

The Academy of Nutrition and Dietetics is committed to improving the nation’s health and advancing the profession through research, education, and advocacy. Public policy and advocacy are core functions of the Academy and are critical to achieving the mission, vision, goals, and strategies outlined in the Strategic Plan Roadmap.1 Public policy significantly influences and forms the public image of the Academy and that of the dietetics profession.

POLICY INITIATIVES AND ADVOCACY WITHIN THE ACADEMY

Advocacy within the Academy requires coordinated, collaborative work by member leader committees of the Legislative and Public Policy Committee (LPPC) and Academy of Nutrition and Dietetics’ Political Action Committee; affiliates, dietetic practice groups, and member interest groups; and thousands of grassroots members to achieve advocacy goals. Members of the Academy of Nutrition and Dietetics work on a broad range of issues to improve the nutritional and health status of Americans. Academy members are recognized for their contributions and influence in food, nutrition, and health policy. The LPPC guides the establishment of the Academy’s public policy work including (but not limited to) activities related to national and state public policy and legislative and regulatory issues. The LPPC reports to the Academy’s Board of Directors and House of Delegates. In fulfilling its responsibilities, the LPPC collaboratively receives information, positions, and guidance of other Academy committees, task forces, working groups, and teams. To help focus and guide policy efforts, the Academy staffs its Policy Initiatives and Advocacy (PIA) department to provide strategic advice, coordinate cross-departmental expertise and effort within the Academy, and work closely with members to implement the Academy’s public policy priorities.

2012-2014 ACADEMY PUBLIC POLICY PRIORITIES

The Academy’s public policy priority areas are reviewed and updated annually to reflect the dynamic and current state of public policy and drive the vision and mission.2 It is used as the guiding document for LPPC members and PIA staff to achieve the public policy goals of the Academy, and is currently divided into two areas (Consumer and Community Issues and Professional Issues) that align with the Academy’s Strategic Plan Roadmap and are targeted to enhance the members’ value in policy initiatives and improve the nutritional health of Americans. For the first time this year, the evidence that supports the Academy’s positions and policy efforts has been included in the priority areas. The LPPC reports to the Academy’s Board of Directors and House of Delegates. In fulfilling its responsibilities, the LPPC collaboratively receives information, positions, and guidance of other Academy committees, task forces, working groups, and teams. To help focus and guide policy efforts, the Academy staffs its Policy Initiatives and Advocacy (PIA) department to provide strategic advice, coordinate cross-departmental expertise and effort within the Academy, and work closely with members to implement the Academy’s public policy priorities.

Consumer and Community Issues

1. prevention and treatment of chronic disease, including health care equity;
2. meeting nutrition needs through the life cycle: maternal and child nutrition to healthy aging;
3. quality food and nutrition through education, production, access, and delivery; and
4. nutrition monitoring and research.

Prevention and Treatment of Chronic Disease. According to the Centers for Disease Control and Prevention, chronic diseases are the leading causes of death and disability in the United States: “Chronic diseases—such as heart disease, stroke, cancer, diabetes, and arthritis—are among the most common, costly, and preventable of all health problems in the US.”3 Poor nutrition is one of the four modifiable health risk behaviors that is responsible for chronic disease development and severity of its outcomes.3

Prevention is the most effective, affordable course of action for reducing risk and severity of chronic disease. The Academy's work mirrors that of the National Prevention and Health Promotion Strategy, which is based on four pillars of prevention: building healthy and safe communities, expanding quality preventive services in both clinical and community settings, empowering people to make healthy choices, and eliminating health disparities.4 Academy members are leaders in delivering primary preventive services, as evidenced most recently in the Community Transformation Grants, many of which were for nutrition and environmental changes.5 As secondary and tertiary prevention, medical nutrition therapy (MNT) is an effective disease management strategy that lessens risks from chronic diseases, slows disease progression, and reduces symptoms. MNT helps reduce chronic disease and the costs associated with it. Cost-effective interventions that produce a change in personal health practices are likely to lead to substantial reductions in the incidence and severity of the leading causes of disease in the United States.

Academy members are committed to improving the health of racial and ethnic populations through effective nutrition policies and programs that eliminate health disparities. The United States spends more on health care than any other nation, yet not all Americans have equal access to quality health care, nutrition services, and healthy safe food. Ra-
cial and ethnic minorities are in poorer health, suffer worse health outcomes, and have higher morbidity and mortality rates. Through Academy members’ research, teaching, and community outreach to provide nutrition services, the disparity margin can be narrowed.

**Nutrition Needs through the Life Cycle**

**Maternal and Child Nutrition.** In 1969, the White House Conference on Food, Nutrition, and Health was convened with the intention of focusing national attention and resources on the problem of malnutrition and hunger due to poverty. Among the recommendations stated in the conference report was that special attention be given to the nutritional needs of low-income pregnant women and preschool children. As a result of this conference and the efforts of supporters, the Supplemental Nutrition Program for Women, Infants, and Children (WIC) was established as a permanent program in 1975.8 Outcomes data, with its high rates of return for its investment, has provided WIC strong congressional support. Academy members have always been critical to the success of WIC, providing effective nutrition education and MNT. Because WIC is not an entitlement program and Congress authorizes a specific amount of funding each year for program operations, the Academy advocates annually for needed funding based on the evidence of the program’s success.

Earlier federal programs targeted at mothers and children resulted in the establishment of state departments of health or public welfare in some states and facilitated the efforts of existing agencies in others. Over the years, the achievements of Title V–supported projects have been integrated into the public health systems for families. Some projects include guidelines for nutrition care during pregnancy and lactation, standards for prenatal care, and strategies for the prevention of childhood injuries. Food and nutrition programs create a safety net ensuring that children and adolescents at risk for poor nutritional intakes have access to a safe, adequate, and nutritious food supply and nutrition screening, assessment, and intervention. Congress first passed the National School Lunch Act in 1948 to provide states with cash assistance and donations of commodity foods to help schools serve children lunches that must meet specific nutritional requirements.7 The program has been expanded to include breakfast, funds for some summer programs, and residential child-care institutions.8,9 In 2010, the Healthy Hunger Free Kids Act was passed, providing significant changes in school meals.10 This historic piece of legislation has several key highlights that have been or soon will be implemented, including:

- enhancing the nutritional quality of food served in school-based and preschool settings;
- expanding the Afterschool Meal Program to all 50 states;
- supporting improvements to direct certification for school meals to reduce red tape; and
- making “competitive foods” offered or sold in schools more nutritious.

**Healthy Aging.** Growing older generally increases nutritional risk. As primary prevention, nutrition helps promote health and functionality and affects the quality of life in older adults. Although many older adults are enjoying longer and more healthful lives in their own homes, others, especially those with health disparities and poor nutritional status, would benefit from greater access to food and nutrition programs and services. Given the federal cost-containment policy to rebalance long-term care away from nursing homes to home- and community-based services, it is the position of the Academy that all older adults should have access to food and nutrition programs and services that ensure the availability of safe, adequate food to promote optimal nutritional status and the services of a registered dietitian (RD).11 Appropriate food and nutrition programs include adequately funded food assistance and meal programs, nutrition education, screening, assessment, counseling, therapy, monitoring, evaluation, and outcomes documentation to ensure more healthful aging. For those older adults who require long-term residential services, the Academy is committed to the requirement that this population be under the care of a qualified RD who will assure adequate intake of safe and nutritious food that meets the medical and social needs of the individual.

**Quality Nutrition and Food through Education, Production, Access, and Delivery.** Academy members work to assure that all Americans have access to a healthy, safe food supply by leading efforts to reduce food deserts, increasing participation in nutrition programs, and working with industry to help develop nutritious food products. Sustainable food systems for health means systems being capable of being maintained over the long term to meet the needs of the present without jeopardizing the ability of future generations to meet their needs. Academy members are positioned to provide nutrition education and food/water safety education in the community, clinical settings, and foodservice operations and food industries. The Academy recognizes that many of the populations served are vulnerable to food insecurity and to food- and waterborne illness and that counseling and other services require inclusion of these topics to be effective. Academy members use a variety of engaging and effective nutrition education interventions that include social marketing initiatives to empower consumers to make safe, healthy food choices, as directed in the National Prevention and Health Promotion Strategy.12 It is important that consumers be given accurate and easy to understand information to make these food choices, whether through improved food labeling or improved standards for marketing food to children.

**Nutrition Monitoring and Research.** Knowing what Americans eat and how their diets directly affect their health provides valuable information to guide policies on food safety, food labeling, food assistance, military rations, and dietary guidance. Nutrition monitoring is necessary for evaluating public health strategies, the effectiveness of food and nutrition programs, and making the connection between diet and health. Tools that allow analysis of food, such as nutrient databases, are integral to tracking individual and population nutrient consumption and should be updated to reflect foods in the current marketplace. It is crucial that the Academy has the research to support the value of RD services and provide outcome measures. This research is used as the basis for the need for services provided by Academy members in legislation and policy.
Professional Issues

1. licensure: protection of the public;
2. workforce demand: assuring that the public has access to nutrition services delivered by qualified practitioners; and
3. outcome-driven nutrition services in changing health systems.

Licensure: Protection of the Public.

Forty-six states currently have statutory provisions regarding professional regulation of RDs and/or nutritionists. The rationale for legislatures acting to protect these titles is that the public deserves access to professionals that are qualified by education, experience, and examination to provide nutrition care services. Enacting licensure laws in states without current professional regulation and protecting standards for existing state licensure remains a high priority of the Academy.

Licensure provides the public, health insurers, and state and federal governments with the assurance that practitioners meet standards of professional competence to be reimbursed for providing nutrition care services. In states without licensure, various “nutrition professionals” may be reimbursed despite meeting only some of the more rigorous qualifications required to become an RD.

Workforce Demand: Assuring that the Public has Access to Nutrition Services Delivered by Qualified Practitioners.

Meeting the future demands for nutrition services and intervention delivered by qualified persons is a very important issue for the Academy. The Dietetics Workforce Demand Study Task Force, appointed by the Commission on Dietetic Registration, has completed a comprehensive review and future projections based on its best understanding of the profession in 2011. Understanding the workforce and marketplace allows the Academy to better align its strategy and resources to adequately support the practicing professional and the development of new practitioners to achieve members’ goals and position the profession to meet future demands. The results of the task force review were published in the supplement to the March 2012 issue of the Journal of the Academy of Nutrition and Dietetics.13

Unless there are assuredly sufficient numbers of qualified practitioners to perform services, these practitioners may not be designated as service providers by third-party payers, making it unlikely that many members of the public be guaranteed access to qualified practitioners. In addition to direct service, nutrition interventions and other prevention efforts that are found to save health care costs need to be led by qualified staff.

To reach the task force’s vision of the future and that of the visioning report released by the Academy of Nutrition and Dietetics’ Council on Future Practice,14 the Academy is challenged to meet three major goals:

- increase entrants into the profession;
- learn to work effectively, proactively, and in partnership with all allied health professionals; and
- support RDs and dietetic technicians, registered, in the development and advancement of career skills and competencies that meet the demands of society and the workplace.
In addition, there are many new innovative programs and models that will influence not only workforce demands but also practice. These include the focus on prevention and consumer knowledge, medical homes, changes in health care systems, Accountable Care Organizations, and the expansion of health information technology. Nutrition informatics will continue to be an important issue for the Academy as the implementation of the electronic health record expands, identifying ways to use this information to demonstrate return on investment for nutrition services. Telenutrition programs may also expand to meet targeted needs and requires cross-departmental initiatives to facilitate uncomplicated practice. Legislation might help meet these goals and provide the necessary return on investment as evidenced by the Affordable Care Act.

Outcome-Driven Nutrition Services in Changing Health Systems. The application of MNT and lifestyle counseling as a part of the Nutrition Care Process is an integral component of the medical treatment for prevention and management of specific disease states and conditions and should be the initial step in the management of these situations. Cost-effective interventions that produce a change in personal health practices are likely to lead to substantial reductions in the incidence and severity of the leading causes of disease in the United States. It is very important that nutrition services are covered and provided by qualified practitioners. Nutrition services coverage has substantial impact on the profession.

- Coverage creates opportunities in terms of revenue, recognition, and jobs, which ties to workforce supply issues.
- Recognition of RDs as providers ensures the public can access RDs and establishes RDs as the nutrition experts.
- Members are better positioned to document outcomes and demonstrate effectiveness if services are reimbursed (often services are not provided by RDs if there is no payment for their services).

ENHANCING VALUE THROUGH PUBLIC POLICY

The Academy of Nutrition and Dietetics has identified these core priority areas for public policy initiatives to help improve the health of Americans and to ensure that the public trusts and chooses RDs as the nation’s preeminent food and nutrition experts. The Academy’s public policy teams can help enhance the value of RDs by passing legislation to improve the nation’s health and impacting regulations that support the roles of RDs in medical nutrition therapy, public health, food systems, and food/nutrition education. The role of public policy-focused research is crucial in providing the evidence needed to take the Academy’s messages and requests to policy makers and provide the rationale for including RD-provided nutrition care services in legislation and public policy.

In forthcoming articles, this column will detail key issues with each priority area, provide an overview and status of initiatives, and share strategies for achieving the Academy’s public policy priorities. The PIA team will identify gaps that must be addressed to most effectively achieve the Academy’s public policy priorities. The Academy’s strategies rely on ongoing, effective collaboration between member leaders, cross-departmental staff, and the Academy membership at large. Broad member involvement is critical in achieving the Academy’s goals, whether in the need to respond to action alerts, attendance at the annual Public Policy Workshop, and work with affiliates on state public policy efforts. Given the virtue of policy arguments and the strength of the Academy’s 73,000+ membership, we expect continued success going forward.

References