The ADA’s Research Priorities Contribute to a Bright Future for Dietetics Professionals

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Imagine a time when dietetics professionals can do the following:

- cite studies showing that their services improve client outcomes;
- be confident that “best practices” in their specialty area have been validated by scientific evidence;
- offer cutting-edge nutrition therapies proven through applied research; and
- prove that services they provided are cost-effective for the health care provider and/or payor.

By proactively setting and driving a research agenda that scientifically proves the value of dietetic services, the nearly 70,000 members of the American Dietetic Association (ADA) are making sure that the future of dietetics will be a bright one.

“Priorities for Research: Agenda to Support the Future of Dietetics” will provide key input or answers to all of the above questions (1). The Research Committee developed the Priorities over the past 2 years with input from many members throughout the ADA and researchers who are not ADA members (Figure). The impetus for development of the Priorities is the strategic plan for the Association. One of the six strategic goals says, “ADA will impact the research agenda and facilitate research supporting the dietetics profession…” (3). The underlying assumptions are that the dietetics profession is based on research and that a continuing source of research is essential for the advancement of a dynamic profession (4,5).

A unified plan is important to make significant progress toward these strategic goals. The ADA in all of its components must consistently base its decisions on the same principles and data, thereby communicating a common set of goals and objectives to potential funding organizations. This will help prioritize research that is important to the future of dietetics, as well as internal ADA projects and activities that support these goals.

DEVELOPING PRIORITIES FOR RESEARCH

The ADA has identified research priorities in dietetics, nutrition, behavioral and social sciences, management, basic science, and food science that promote optimal nutrition and well-being for all people (6,7). Through a careful evaluative process, the ADA has identified nine areas of basic and applied knowledge that are the focus of future research involving translation of current knowledge into evidence-based practice for dietetics professionals. The ultimate goal is the improved health and well-being of the United States population. These results will apply to a variety of clinical and public health settings that promote optimal health throughout the life cycle and address the needs of various cultural/ethnic and psychosocial/socioeconomic groups.

The Research Priority Areas

Prevention and treatment of obesity and associated chronic diseases. Research is needed to identify the effectiveness of methods, programs, and strategies for the prevention and treatment of obesity and associated chronic diseases; how we collaborate with other health care professionals; and ways to assess individuals/communities and translate findings into actions targeted to their needs. Understanding of the long-term health effects of specific nutrition and physical activity interventions is needed. Both the biologic and psychosocial control of eating habits must be addressed, eg, pharmacology, complementary and alternative strategies, and feeding behavior.

Effective nutrition and lifestyle change interventions. Research is needed to identify the most effective nutrition and lifestyle education, communication, and behavior change strategies. Specific areas include identifying the characteristics of effective dietary and lifestyle interventions and communication strategies and how to best tailor these to individual and cultural population differences.

Translation of research into nutrition interventions and programs. Research is also needed to examine the level of involvement of ADA members in research intending to determine how to best apply research findings in practice. This priority area also addresses the drivers, barriers, and models that affect how well dietetics professionals implement research findings in daily practice.

Effective nutrition indicators and outcome measures. The focus of this priority is research identifying the effectiveness of nutrition indicators, nutrition assessment methods, and health outcome measures for individuals and populations. The accuracy of new field
methods and emerging technologies for assessing energy and nutrient intake, requirements and energy expenditure, body composition, and biochemical parameters needs to be determined. A focus on key biomarkers reflecting both nutritional status and dietary intake is needed.

**Dietetics education and retention.** Dietetics-specific research is needed to address knowledge, skills, and competencies that differentiate dietetics from other professions and to identify differences among levels of practice. Research testing the effectiveness of educational methods and strategies leading to competent dietetics practice throughout a dietetics professional’s career is necessary. Career paths and trends in employment of dietetics professionals will provide insights into the evolving profession. Research is also needed to identify effective strategies to retain dietetics professionals.

**Delivery of and payment for dietetics services.** Research that focuses on the breadth of dietetics services and payment for those services is necessary to evaluate the most effective methods and models. This priority area includes the need to identify the cost-effectiveness of technology, health care systems, payment systems, food production systems, and various types of health care providers. Potential topics include strategies to ensure appropriate reimbursement/payment, the impact of state and federal policies on dietetics professionals, strategies to ensure access to dietetics services across all parts of our society, and the effect of changes in the workforce on the actual delivery of food and nutrition services.

**Access to safe and secure food supply.** This priority area focuses on the need to improve access of all parts of society, regardless of social and financial status, to a safe and adequate food supply. This incorporates the research that identifies how to assess the food and water supply throughout the food chain, including barriers and change strategies to help consumers adopt safe food-handling practices in their homes. Other aspects of this priority area include the impact of the food assistance programs and the ever-changing food environment (eg, fortification, new ingredients, biotechnology, and dietary supplements).

**Customer satisfaction.** A key part of the ongoing ability of dietetics professionals to be successful is the availability of research-tested methods to measure and monitor customer satisfaction in a variety of settings. For example, we need to understand more clearly the determinants and predictors of customer satisfaction in various dietetics practice settings (private practice, industry, health care, long-term care) from a variety of providers (DTR, RD, entry-level, advanced practice) for a variety of products and services (menu items, nutritional advice, counseling for behavior change), and for various customer profiles (various demographic subpopulations).

**Nutrients and gene expression.** This emerging area needs to address the interactions among whole diet, nutri-

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<tr>
<th>Month</th>
<th>Event</th>
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<tr>
<td>September 2001</td>
<td>Research Committee gathered previous research agenda documents.</td>
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<tr>
<td>March 2002</td>
<td>E-mail message sent to Board of Directors, House Leadership Team, Dietetic Practice Group (DPG) Chair/Chair-elect, and eight external reviewers asking for their top five questions to support future development of dietetics.</td>
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<tr>
<td>August 2002</td>
<td>Input from e-mail responses and unanswered questions from The Research Agenda for Dietetics: Conference Proceedings were summarized and divided into topic areas (2). Research Committee analyzed and created top areas of research that needed to be addressed that reflected the breadth of the dietetics professional roles. Sub-questions were used to articulate the intent for each of the broad areas.</td>
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<tr>
<td>October 2002</td>
<td>Initial draft of research priorities was presented to Research Advisory Board (RAB) for input during their meeting at Food &amp; Nutrition Conference &amp; Expo.</td>
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<tr>
<td>June 2003</td>
<td>Input from RAB was incorporated into second draft of Research Priorities. An on-line survey was posted for members to provide input. E-mail invitations were sent to House of Delegates, DPGs, and Affiliates. Over 137 members responded and provided input via the on-line survey.</td>
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<tr>
<td>September 2003</td>
<td>The Research Committee reviewed each comment and incorporated or determined how to address each question. The third version of the Research Priorities was completed and posted on the Web site. A draft dissemination plan was created.</td>
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<tr>
<td>October 2003</td>
<td>The RAB reviewed the final document and provided key input to the dissemination plan for the research priorities.</td>
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*The ADA Research Advisory Board meets once per year and has 14 members reflecting external organizations’ viewpoints. Members include governmental agencies, industry, commodity organizations, and other professional organizations.*

Figure. Process to develop ADA research priorities.
Using Priorities for Research

The ADA identified organizational roles for research: advocacy, facilitator, convener, educator, disseminator, and, to a lesser degree, funder of the desired research. These roles are explained in the research philosophy (6,7). Typically, when an organization outlines research priorities, they articulate research that they intend to fund. However, our main activity is facilitating research funded by other organizations. We identify the types of research that are needed for the profession, communicate these priorities, and advocate funding.

Public Policy

One of the priority areas for public policy is the advocacy for research (8,9). These Priorities serve as the basis for communication and advocacy. For example, in the past year, the ADA presented our research priorities at two public hearings for Cooperative State Research Education and Extension Services; the research was submitted as part of input to planning for National Institutes of Health Office of Dietary Supplements strategic directions (10). These priorities were also the basis of a letter from the President of American Dietetic Association (Julie O’Sullivan-Maillet) to President George W. Bush (11).

Internal ADA/ADAF Decisions

The Priorities were part of the input to the recent Evidence-Based Practice Research Priority Setting Task Force. The task force members considered the priorities for research and the recent Medicare legislation as they deliberated and selected the two research questions that the ADA needs to support in the next 5 years. These Priorities were also used as the basis for a scenario prepared for the American Dietetic Association Foundation that described the potential topics for projects funded by the Research Endowment Fund.

Educators

These Priorities can serve as a starting point for students planning their research. Copies were provided recently to a student looking into a career in research and an intern requesting a list of potential research topics. One of the nine priorities specifically addresses dietetics education needs and targets the need to identify effective educational methods, career paths, and ways to attract and retain dietetics professionals.

Topics for Dietetics Practice-Based Research Network

The Priorities can provide key input to decisions about what topics should be pursued in a dietetics practice-based research network (DPBRN). The types of topics usually considered in an DPBRN would be those of primary interest to dietetics practitioners who make up the network (12).

Use Research in Practice

Ultimately, the purpose of the Priorities is to identify key research needed for daily practice. For example, the research done to answer questions for priorities about how to translate research into nutrition intervention programs will be immediately relevant in Medical Nutrition Therapy Evidence-Based Guides for Practice. The systematic review of the research to prepare guides for practice also identifies new areas to be included in revisions to the priorities (13). Members have already benefited from these efforts. For example, the Improving Control with Activity and Nutrition (ICAN) study, which was funded by the ADA, demonstrated that a low-cost lifestyle intervention had a significant impact on body weight, waist circumferences, health-related quality of life, and medication use. This ADA support led directly to the subsequent awarding of a 5-year, $2.5 million, randomized trial to demonstrate the effectiveness of RD-led lifestyle case management in diabetes control.

Summary

The ADA research philosophy is that research is the foundation of the profession, providing the basis for practice, education, and policy (6,7). Evidence-based practice and the development of nutrition care guidelines presume that the body of research is adequate and continually addresses key questions related to provision of nutrition care (13). Key characteristics of a viable profession and strategies for success include the continual infusion of ideas and effective use of research in evidence-based practice (5,14). Involvement of all the members of the profession is essential to the continued dynamic nature of dietetics. It is necessary to ensure that ADA members, ADA organizational units, and external funding organizations address the most important research. The Research Committee is exploring how to measure progress toward the research priorities and determine how to update the priorities on an ongoing basis to reflect the current research needs of the dietetics profession.

References

The Research Committees from 2002-2003 and 2003-2004 were instrumental in preparing the Priorities for Research. Members include the following: Carol Shanklin, PhD, RD; Chair; Melinda Manore, PhD, RD; Elvira Johnson, MS, RD; Linda Snetselaar, PhD, RD; Victoria Hammer Castellanos, PhD, RD; Susan Laramee, MS, RD, LDN, FADA; Phyllis Bowen, PhD, RD; Sheah Rarback, MS, RD; Paula Ziegler, PhD, RD, CFCS; Constance Geiger, PhD, RD; Rachel Johnson, PhD, MPH, RD; Peter Beyer, MS, RD; Charlotte Gallagher-Allred, PhD, RD; and Marianne Smith Edge, MS, RD, FADA.