



Guide for Developing and Enhancing Skills in Public Health and Community Nutrition

3rd Edition | 2018

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The United States Department of Agriculture Food and Consumer Service provided support for development of the original *Guidelines for Community Nutrition Supervised Experiences (Guidelines)* publication in 1995. Support for the second edition of the *Guidelines* was provided by the Public Health/Community Nutrition Practice Group (PHCNPG) of the Academy of Nutrition and Dietetics and the Association of Graduate Programs in Public Health Nutrition, Inc. This third edition, the *Guide for Developing and Enhancing Skills in Public Health and Community Nutrition (the Guide)*, was a collaborative effort of the Academy's PHCNPG and the Association of State Public Health Nutritionists (ASPHN).

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Section 1: Overview

Background

Authors & Reviewers

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Definitions

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How to Use the *Guide*

Glossary



Background

This *Guide for Developing and Enhancing Skills in Public Health and Community Nutrition, 3rd Edition (the Guide)*, is a comprehensive curriculum for practitioners, program administrators, and educators to develop and enhance the knowledge and skills expected of nutrition professionals practicing in public health and community nutrition. The *Guide* supports the *Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists in Public Health and Community Nutrition* by outlining recommended knowledge

and skills, and providing examples of experiential learning opportunities and resources to develop and enhance those skills.

The *Guide* also assures that directors and preceptors for nutrition and dietetics education and training programs (didactic, coordinated, internship, and technician programs) can meet the accreditation standards/competencies required by the Accreditation Council for Education in Nutrition and Dietetics (ACEND®) so that entry-level practitioners are able to function effectively and efficiently in public health and community nutrition roles.

The Public Health/Community Nutrition Practice Group or PHCNPG (formerly the Public Health Nutrition Practice Group), a dietetic practice group of the Academy of Nutrition and

Dietetics or “Academy” (formerly the American Dietetic Association), first responded to the demand for guidance on training experiences from those working in public health nutrition in 1995. As a result, the *Guidelines for Community Nutrition Supervised Experiences (Guidelines)* were offered as the first comprehensive curriculum for enhancing the capacity of public health nutrition personnel to respond to the broad range of responsibilities demanded from this field.

The U.S. Department of Agriculture Food and Nutrition Service (formerly the Food and Consumer Service) provided support for the development of the original *Guidelines* publication. The professionals who contributed their considerable expertise and thoughtful consideration to the first edition of the *Guidelines* are recognized in the [Authors & Reviewers section](#).

In 2003, an Expert Review Committee again representing key public health nutrition organizations, updated the *Guidelines* with the second edition, the *Guidelines for Community Nutrition Supervised Experiences*, reflecting changes in public health nutrition since publication of the first edition. Support for the second edition of the *Guidelines* was provided by the Academy's PHCNPG and the Association of Graduate Programs in Public Health Nutrition, Inc. The contributions of the professionals and their organizations are recognized in the [Authors & Reviewers section](#).

Beginning in January 2013, the Academy's PHCNPG partnered with the Association of State Public Health Nutritionists (ASPHN), formerly the Association of State and Territorial Public Health Nutrition Directors (ASTPHND), to work toward their mutual goal of improving the nation's health. In Fall 2013, both groups determined that a third revision of the *Guidelines* was a priority and supported a collaborative revision to update the document to meet the current needs and demands of public health and community nutritionists. The collaborative revision took into consideration the changes in public health and community nutrition over the past decade, the Academy's related focus areas, and changes in academic and experiential training for nutrition and dietetics students and interns. This document, the *Guide for Developing and Enhancing Skills in Public Health and Community Nutrition, 3rd Ed.* (the *Guide*) is the result of this collaborative effort.

Since the second edition of the *Guidelines* was published in 2003, the fields of public health and community nutrition have evolved, and the responsibilities and expectations of professionals have

expanded. To ensure the broadest and most up-to-date insights and information, the third edition Expert Review Committee reviewed the second edition of the *Guidelines* in addition to the competencies and standards related to nutrition education, public health, and community nutrition published to date, including:

- *Accreditation Standards for Nutrition and Dietetics Coordinated Programs (CP), Internship Programs (DI), Didactic Programs (DPD), Foreign Education Programs (FDE), and International Education Programs (IDE)*, ACEND®, 2017
- *Accreditation Standards for Nutrition and Dietetics Technician Programs*, ACEND®, 2017
- *Nutrition Educator Competencies for Promoting Healthy Individuals, Communities, and Food Systems*, Society for Nutrition Education and Behavior, 2016
- *Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Public Health and Community Nutrition*, Academy of Nutrition and Dietetics, 2015
- *The Essential Practice Competencies for the Commission on Dietetic Registration's Credentialed Nutrition and Dietetics Profession, Sphere 12: Community and Population Health*, 2014
- *Core Competencies for Public Health Professionals*, Council on Linkages Between Academia and Public Health Practice, 2014
- *Strategies for Success: Curriculum Guide (Didactic and Experiential Learning) 3rd Ed.*, Association of Graduate Programs in Public Health Nutrition, Inc., 2013

- *Guidelines for Community Nutrition Supervised Experiences*, PHCNPG, 2003

In February 2014, Project Co-Chairs led efforts in accessing and uniting the breadth of expertise involved in the revision process. An Expert Review Committee was established, consisting of subject-matter experts in the field of public health nutrition and community nutrition, representing a wide variety of organizations that share a similar mission. The first conference call of the Committee was held in April 2014, and conference calls were held on a monthly basis thereafter. The contributions of these professionals and their organizations are acknowledged in the [Authors & Reviewers section](#).

In Summer 2015, a preliminary draft of the document was reviewed by members of ASPHN at the ASPHN Annual Meeting. The draft was also reviewed by members of PHCNPG and the Academy's Nutrition and Dietetic Educators and Preceptors (NDEP), and feedback was obtained via an online survey tool. The Expert Review Committee considered all recommendations, and the Project Co-Chairs and Associate Editor led efforts in detailing changes and ensuring the integrity of the revisions.

In Fall 2017, a final draft of the *Guide* was reviewed by leaders of the Academy's Committee for Public Health/Community Nutrition, the PHCNPG Executive Committee, the ASPHN Board, and the Academy's NDEP Executive Committee. The Project Co-Chairs and Associate Editor considered recommendations and made final revisions to the *Guide*, in consultation with the Expert Review Committee. In March 2018, the Academy approved the *Guide*.

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Acronyms

Academy or AND

Academy of Nutrition and Dietetics

ASPHN

Association of State Public Health Nutritionists

ACEND®

Accreditation Council for Education in Nutrition and Dietetics

AHA

American Heart Association

AI

Adequate Intake

APHA

American Public Health Association

ASNNA

Association of SNAP-Ed Nutrition Education Administrators

BRFSS

Behavioral Risk Factor Surveillance System

CACFP

Child and Adult Care Food Program (USDA)

CDC

Centers for Disease Control and Prevention

CEO

Chief Executive Officer

CITI

Collaborative Institutional Training Initiative

CNDT

Core Competency Standards for the NDTR (ACEND®)

CoP

Community of Practice

CP

Nutrition and Dietetics Coordinated Program

CRDN

Core Competency Standards for the RDN (ACEND®)

CSA

Community Supported Agriculture

CSFP

Commodity Supplemental Food Program (USDA)

DI

Nutrition and Dietetics Internship Program

DGA

Dietary Guidelines for Americans

DHHS

U.S. Department of Health and Human Services

DNPAO

Division of Nutrition, Physical Activity, and Obesity (CDC)

DPD

Didactic Programs in Dietetics

DRI

Dietary Reference Intake

DT

Nutrition and Dietetics Technician Program

EAR

Estimated Average Requirement

EARS

SNAP-Ed's Education and Administrative Reporting System

EBT

Electronic Benefit Transfer

EFNEP

Expanded Food and Nutrition Education Program

ERS

Economic Research Service (USDA)

FDE

Nutrition and Dietetics Foreign Dietitian Education Program

FDPIR

Food Distribution Program on Indian Reservations (USDA)

FFY

Federal Fiscal Year

FMNP

WIC Farmers Market Nutrition Program (USDA)

FNS

Food and Nutrition Service (USDA)

FRAC

Food Research and Action Center

FY

Fiscal Year

GAO

United States Government Accountability Office

GAP

Good Agricultural Practices

GIS

Geographic Information System

HACCP

Hazard Analysis and Critical Care Point

HRSA

Health Resources and Services Administration (DHHS)

IDE

Nutrition and Dietetics International Dietitian Education Program

ISPP

Individualized Supervised Practice Pathway

KNDT

Core Knowledge Standards for the NDTR (ACEND®)

KRDN

Core Knowledge Standards for the RDN (ACEND®)

MAPP

Mobilizing for Action through Planning and Partnerships

MCH

Maternal and Child Health Bureau (DHHS)

NACCHO

National Association of County & City Health Officials

NaNA

National Nutrition Agency

National CLAS Standards

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

NCCOR

National Collaborative on Childhood Obesity Research

NCP

Nutrition Care Process

NDEP

Academy's Nutrition and Dietetics Educators and Preceptors

NDTR

Nutrition and Dietetics Technician, Registered

NSLP

National School Lunch Program (USDA)

OMB

Office of Management and Budget

PA

Physical Activity

PAG

Physical Activity Guidelines for Americans

PHAB

Public Health Accreditation Board

PHCNPG

Public Health/Community Nutrition Practice Group

PHF

Public Health Foundation

PRA

Paperwork Reduction Act

PSA

Public Service Announcement

PSE

Policy, Systems, and Environmental

RDA

Recommended Daily Allowance

RDN

Registered Dietitian Nutritionist

RFP

Request for Proposals

RWJF

Robert Wood Johnson Foundation

SBP

School Breakfast Program (USDA)

SFMNP

Senior Farmers Market Nutrition Program (USDA)

SFSP

Summer Food Service Program (USDA)

SEM

Social-Ecological Model

SMART

Specific, Measurable, Achievable, Realistic, Time-Bound

SNAC

State Nutrition Action Plan

SNAP

Supplemental Nutrition Assistance Program (USDA)

SNAP-Ed

Supplemental Nutrition Assistance Program–Education (USDA)

SNEB

Society for Nutrition Education and Behavior

TEFAP

The Emergency Food Assistance Program (USDA)

UL

Tolerable Upper Limit

USDA

U.S. Department of Agriculture

WIC

Special Supplemental Nutrition Program for Women, Infants, and Children (USDA)

YRBSS

Youth Risk Behavior Surveillance System

Definitions Related to Public Health Nutrition and Community Nutrition

Extracted from: Academy of Nutrition and Dietetics. (2017). *Definitions of Terms List*. Available at: <http://www.eatrightpro.org/resources/practice/quality-management/scope-of-practice>

Public health nutrition is the application of nutrition and public health principles to design programs, systems, policies, and environments that aims to improve or maintain the optimal health of populations and targeted groups.

Public health nutritionists are professionals trained in both nutrition and the core competency areas of public health (including biostatistics, epidemiology, health behavior, health policy and management, and environmental science). This professional has advanced didactic and experiential training in public health and nutrition practice, or hold advanced degree(s) in public health nutrition or nutrition science. The Academy of Nutrition and Dietetics strongly recommends that these professionals should be Registered Dietitians (RDs) or Registered Dietitian Nutritionists (RDNs) and should maintain state licensure.

The main functions of public health nutritionists include:

- taking a leadership role in identifying nutrition-related needs of a community;

- advocating for and participating in policy development and evaluation including identifying the impacts and outcomes of these efforts;
- assessing, planning, directing, and evaluating health promotion and disease prevention efforts;
- administering and managing programs, including supervising personnel;
- developing and/or assisting in budget preparation;
- identifying and seeking resources (e.g., grants, contracts) to support programs and services;
- providing technical assistance/consultation to policy makers, decision makers, and others within and outside of health agencies;
- participating in research, evaluation, and demonstration projects, including interpreting and applying research findings and successful interventions to public health and nutrition programs;
- collaborating with others to promote environmental and systems changes;
- assuring access to healthy and affordable food and nutrition-related care; and, systematically collecting, analyzing, and interpreting data on population demographics, health and disease trends, and food consumption patterns through nutrition surveillance programs and systems.

Community nutrition

encompasses individual- and interpersonal-level interventions that create changes in knowledge, attitudes, behavior, and health outcomes among individuals, families, or small, targeted groups within a community setting.

Community nutritionists

are professionals trained in the delivery of primary, secondary, and tertiary nutrition services within community settings. This professional has training in nutrition throughout the life span; nutrition education and counseling; and program development. The Academy of Nutrition and Dietetics strongly recommends that these professionals are Registered Dietitian (RDs) or Registered Dietitian Nutritionists (RDNs), and maintain state licensure.

The main functions of community nutritionists include:

- developing, providing, and evaluating nutrition education and counseling efforts for small groups and individuals;
- planning, implementing, and evaluating primary and secondary prevention interventions based on community assessment data and scientific evidence;
- developing nutrition programs and interventions, including related educational materials and in-service education programs, that meet the cultural and linguistic needs of individuals and target populations;
- providing referrals to and collaborating with local health organizations to assure comprehensive nutrition services;
- administering programs and supervising staff; participating in care coordination or providing case management.

Introduction

This *Guide* has been developed at a time when the field of public health and community nutrition continues to rapidly evolve and expand with a complex, multifaceted array of programs and services that serve both individuals and populations. Client-focused approaches used in community settings serve a complementary and supportive role to public health approaches that support large-scale changes at community, organizational, and policy/environmental levels, and align with the Social-Ecological Model (SEM) (Figure 1).

Public health and community nutritionists often have overlapping skill sets and ideally work closely with multi-disciplinary public health teams. Public health nutritionists are professionals trained in both nutrition and the core competency areas of public health, while community nutritionists are professionals trained

in the delivery of primary, secondary, and tertiary nutrition services within community settings. The specific functions of community and public health nutritionists are differentiated in the [Definitions Related to Public Health Nutrition and Community Nutrition](#) section.¹

Public health and community nutritionists include both bachelor's and master's trained registered dietitian nutritionists (RDNs), bachelor's trained nutritionists, and associate's and bachelor's trained nutrition and dietetics technicians, registered (NDTRs). They are employed in public, business, and non-profit sectors and collaborate with policy makers, key officials, related health professionals, and community leaders to promote health and prevent disease. They also play an integral role in designing, implementing, and evaluating food and nutrition policy, systems, and environmental (PSE) interventions in community settings. Settings can include international, national, state, and local organizations in the governmental, non-profit, and business sectors.

Public health and community nutritionists work in a variety of programs, each of which has different functions that can be described along

a continuum of emphasis ranging from individuals, to specific population subgroups, to specific organizational systems, to entire populations. This continuum is described in *Personnel in Public Health Nutrition for the 2000s*.² Public health and community nutritionists establish linkages across all sectors, levels of program delivery, and settings such as senior centers, social service and nutrition assistance systems, governmental public health organizations, school districts, faith-based organizations, health care, private practice, food banks, food service, worksites, day care centers, supermarkets, farmers markets, and sport and fitness centers.

Public health and community nutritionists employ evidence-based and culturally appropriate approaches to behavior change. These approaches and their rationale are summarized in the *2015-2020 Dietary Guidelines for Americans*. The SEM on which these approaches are based offers an opportunity to integrate coordinated, multi-level approaches, ensuring a comprehensive approach to programming that is consistent with current public health practices for health promotion and disease prevention (**Figure 1**).³



Figure 1. A Social-Ecological Model for Food and Physical Activity Decisions

Source: U.S. Department of Health and Human Services and U.S. Department of Agriculture. (2015). 2015–2020 Dietary Guidelines for Americans, 8th Edition. Available at <http://health.gov/dietaryguidelines/2015/guidelines>.

The *Dietary Guidelines for Americans* recognizes that all sectors of society, including individuals and families, educators and health professionals, communities, organizations, businesses, and policy makers, contribute to the food and physical activity environments in which people eat, live, learn, work, play, and shop. PSE change interventions, as well as educational and marketing interventions, can be implemented across a continuum of settings and may be employed as part of multi-level interventions.

The three classic approaches to disease prevention are primary, secondary, and tertiary prevention. Primary prevention activities *promote* health and *protect* against exposure to risk factors that lead to health problems by changing the environment and the community as well as family and individual lifestyles and behaviors. Secondary prevention

strategies focus on *early identification and management of risk factors* to stop or slow the progression of disease through screening and detection for early diagnosis, treatment, and follow-up. It targets those who are more susceptible to health problems because of family history, age, lifestyle, health condition, or environmental factors. Tertiary prevention is directed at *managing and rehabilitating diagnosed health conditions* to reduce complications, improve quality of life, and extend years of productivity.

Public health nutrition and community nutrition focus most heavily on primary and secondary prevention. One evidence-based prevention strategy involves changing the environment to support healthy lifestyle behaviors. These strategies include PSE interventions to increase access to healthy eating and physical activity opportunities that may be implemented in a more comprehensive way. Community and public health approaches to PSE change consist of community-focused, population-based interventions aimed at promoting health, preventing disease or poor health conditions, and/or limiting death or disability from a disease or poor health condition. By targeting large, at-risk populations with evidence-based interventions, public health approaches have the potential to reach large numbers of Americans, impact behavior, and change social norms. Interventions that *make the healthy choice the easy choice* target accessibility, marketing, purchase, selection, preparation, and consumption of healthier food choices, as well as accessibility to low- or no-cost opportunities for physical activity.

The comprehensive field of public health and community nutrition is comprised of three core functions⁴ and 10 Essential Public Health Services.⁵

The three core functions of public health and how they are related to community nutrition practice can be described as:

1. **Assessment** of the nutrition problems and needs of the population, and monitoring the nutritional status of populations and related systems of care;
2. **Development** of policies, programs, and activities that address highest priority nutritional problems and needs; and
3. **Assurance** of the implementation of effective nutrition strategies.

The core functions of the 10 Essential Public Health Services have food, nutrition, and physical activity-related applications, as below:

Assessment of Individual, Population, and Social Determinants of Health

1. Monitor population health status to identify and eliminate nutrition-related community health problems.
2. Diagnose and investigate nutrition-related health problems and health hazards in the community.

Policy Development, Implementation, and Maintenance

3. Inform, educate, and empower people about food, nutrition and related health issues.
4. Mobilize community partnerships and action to identify and address food and nutrition solutions to health problems.
5. Develop policies and plans that support individual and community health efforts.

Assurance

6. Enforce laws and regulations in food and nutrition programs to protect health and ensure safety.
7. Link people to needed social and personal health services, and assure the provision of food and health care when otherwise unavailable.
8. Assure a competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to food- and nutrition-related health problems.

Figure 2 shows how the 10 essential public health services align with the three core functions of public health. Note that both the core functions and their related essential services are cyclical or ongoing.

Over the last few decades, the field of public health nutrition has gained increasing attention both in the US and globally, largely due to the challenge of increasing global obesity and other diet-related, chronic diseases.⁶ In the US, such changes in population health risk factors have shifted trends in health care and public policy toward promoting health, preventing disease, and eliminating health disparities.



Figure 2.
The 10 Essential Public Health Services

Source: Centers for Disease Control and Prevention (CDC), National Public Health Performance Standards. Available at <https://phil.cdc.gov/Details.aspx?pid=22746>. Accessed October 12, 2018.

Targeting interventions across the SEM is an important focus of the current nutrition and dietetics workforce as well as the future of nutrition and dietetics training and practice.⁷

This *Guide for Developing and Enhancing Skills in Public Health and Community Nutrition (Guide)* is designed to develop

competent nutrition professionals practicing in public health and community nutrition.

To learn more about public health and community nutrition, participate in the online Public Health Nutrition Certificate of Training available at www.eatrightpro.org/onlinelearning.

¹Academy of Nutrition and Dietetics. (2017). Definitions of Terms List. Available at: <http://www.eatrightpro.org/resources/practice/quality-management/scope-of-practice>.

²Dodds, JM. (2009). Personnel in Public Health Nutrition for the 2000's. Available at: The Association of State Public Health Nutritionists at www.asphn.org.

³U.S. Department of Health and Human Services and U.S. Department of Agriculture. (2015). 2015–2020 Dietary Guidelines for Americans, 8th Edition. Available at <http://health.gov/dietaryguidelines/2015/guidelines>.

⁴Centers for Disease Control and Prevention (CDC), Core Functions of Public Health and How They Relate to the 10 Essential Services. Available at https://www.cdc.gov/nceh/ehs/ephli/core_ess.htm. Accessed January 11, 2018.

⁵Centers for Disease Control and Prevention (CDC), National Public Health Performance Standards. The Public Health System and the 10 Essential Public Health Services. Available at <https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html>. Accessed January 11, 2018.

⁶World Health Organization (WHO), Nutrition. Controlling the Global Obesity Epidemic. Available at <http://www.who.int/nutrition/topics/obesity/en>. Accessed January 27, 2016.

⁷Haughton, B., & Stang, J. (2012). Population Risk Factors and Trends in Health Care and Public Policy. *Journal of the Academy of Nutrition and Dietetics*, 112(3). doi:10.1016/j.jand.2011.12.011

Purpose

There are three primary purposes of the *Guide*.

The *Guide* will:

1. Enumerate the knowledge and skills expected of public health and community nutritionists.
2. Synthesize best practices for nutrition professionals in public health and community nutrition.
3. Facilitate the professional development of nutritionists to assure a competent workforce that is capable of meeting ever-changing population needs and workplace requirements.

The *Guide* is an essential resource for personnel working in public health or community nutrition and for those who seek to enhance their level of practice. This includes, but is not limited to, public health nutritionists, community nutritionists, and clinical nutritionists, including registered dietitian nutritionists (RDN) and nutrition and dietetics technicians, registered (NDTR), in community settings.

The full spectrum of public health and community nutrition services requires the presence of interventions, programs, and policies that reach entire communities or populations, often in conjunction with client-based, clinically-oriented services. Population-based interventions engage members of the community and employ multiple public health approaches to improve the environments where people eat, live, learn, work, play, and shop so that eating healthy and being active become the easy choice.

Client-focused and population-based approaches to community nutrition play complementary and supportive roles. The *Guide* is intended to help practitioners, employers, and educators expand their capacity to deliver community-focused nutrition services and to use comprehensive and culturally appropriate public health approaches that support large-scale, healthy change among individuals, organizations, communities, and populations.

Widening disparities and rising costs associated with poor health indicate that both consumer-centered nutrition education and population-based nutrition services are required to enable people to adopt new, healthier lifestyle behaviors. National nutrition policy in the *2015-2020 Dietary Guidelines* emphasizes how working systematically across multiple settings — from home to school or work, to entire communities, regions, and states — is necessary to foster healthy eating patterns all across the nation.

Intended Users

The suggested activities and resources outlined in this document are intended to be used with nutrition staff at a variety of educational levels and stages of professional credentialing. In the interest of ensuring a qualified workforce in public health and community nutrition, this document is designed to identify the skills and learning activities needed in diverse work settings.

The audiences most likely to benefit from the *Guide* include:

Practitioners with bachelor’s or master’s level RDNs, associate’s or bachelor’s level NDTRs, and other nutrition professionals working in public health or community nutrition, who are:

1. Seeking experiential learning opportunities and/or continuing education in best practices
2. Providing or expanding outpatient clinical dietetic services as part of interdisciplinary care teams
3. Transitioning from clinical dietetic services to public health or community nutrition services

Employers in international, national, state, and local public health agencies, especially those running nutrition assistance and categorical public health programs, who are:

1. Recruiting or training nutrition personnel
2. Encouraging existing staff to develop stronger public health and/or community nutrition skills through continuing education and/or experiential learning
3. Conducting organizational or community needs assessments, strategic planning, and evaluation activities that address food insecurity, healthy eating, and physical activity

Educators and preceptors of students and/or interns, who are:

1. Seeking experiential learning opportunities for students in Didactic Programs in Dietetics (DPD)
2. Coordinating supervised practice experiences for nutrition and dietetics students and/or interns in Nutrition and Dietetics Coordinated Programs (CP), Dietetic Internship Programs (DI), Technician Programs (DT), and Individualized Supervised Practice Pathways (ISPP) to meet ACEND® standards in public health and community nutrition settings

How to Use the *Guide*

Three (3) Main Components of the *Guide*

Self-Assessment Tool

The *Guide* is designed to be used by practitioners, employers, educators, preceptors, students, and interns to assess current levels of knowledge/proficiency in public health and community nutrition utilizing the Self-Assessment Tool. The results of this self-assessment can then direct users to the most appropriate work-related and learning activities to achieve individualized, professional and/or academic development goals. It is also recommended that the self-assessment be completed at least once every five years, as the field of public health and community nutrition continually evolves.

Knowledge & Skills Statements

The *Guide* offers recommended knowledge and skills expected of nutrition professionals practicing in public health and community nutrition, for both RDN-level and NDTR-level professionals.

Knowledge & Skills Development Guide

The Knowledge & Skills Development Guide provides suggested work-related and learning activities, as well as examples of resources for each knowledge and skills statement. The activities and resources listed are not meant to be prescriptive or proscriptive. Rather, they are meant to provide ideas and options that can be adjusted to meet personalized, individual needs.

Suggestions for Use

Practitioners: Competency Development and Continuing Professional Education

With the ongoing expansion of the field of nutrition and dietetics into community settings, public health venues, and population health and health systems, the roles of public health and community nutritionists are becoming more complex and integrated with those of multi-disciplinary community practitioners. As a result, many practicing public health and community nutritionists seek to continually sharpen their skills in a broad range of public health topic areas. Similarly, public health and community nutritionists who are RDNs or NDTRs continually seek to fulfill their continuing professional education requirements using the Commission on Dietetic Registration's Professional Development Portfolio system. The *Guide* offers tools and resources for practitioners to assess their knowledge and proficiency, develop plans for continuing education, enhance knowledge and skills, and achieve continuing professional education goals and requirements.

Suggestions for Use

- Assess your knowledge and proficiency ([Self-Assessment Tool](#)) in the areas of public health and community nutrition practice needed for your job, identify areas of strength and areas for growth, and complete the most appropriate work-related and learning activities in the [Knowledge & Skills Development Guide](#) to develop and achieve personalized goals.

Employers and Administrators of Programs and Agencies: Assuring a Competent Workforce

The field of public health and community nutrition is rapidly expanding and evolving with linkages beyond health care into human and educational services, partnerships with business, and community support. As a result, the breadth and depth of knowledge, skills, and abilities of professionals working in the field must simultaneously expand and evolve. The *Guide* is a valuable resource for employees and may serve as the basis for individual professional development plans. Use of the [Self-Assessment Tool](#) can help employees tailor their professional development by using knowledge and skills statements, engaging in work-related and learning activities, and accessing the resources in this document.

Suggestions for Use

- Review the Introduction of the *Guide* to gain a deeper understanding of the roles of public health and community nutritionists and the knowledge and skills they offer and can bring to your work environment.
- Use the [Knowledge & Skills Statements](#) to develop job descriptions, civil service requirements, and interview questions for public health and community nutrition positions.

Educators and Preceptors of Students and Interns: Curriculum Development/Supervised Experiences

Previous versions of the *Guide* were used primarily by educators and preceptors of students and interns. Educators and preceptors may use the updated *Guide* to prepare undergraduate and graduate

level dietetic students and/or interns as they prepare to enter the public health and/or community nutrition workforce. Most notably, the [Knowledge & Skills Development Guide](#) offers relevant experiences for dietetic interns to complete in community settings to meet many of the 2017 standards required for completion of ACEND®-accredited supervised practice programs.

Suggestions for Use

- Instruct students and/or interns to review the Introduction of the *Guide* to provide them with an understanding of the field of public health and community nutrition, and to complete the [Self-Assessment Tool](#).
- Based on the results of the [Self-Assessment Tool](#), use the [Knowledge & Skills Development Guide](#) in planning curriculum and field experiences.
- The 2017 ACEND program accreditation standards (KRDN/CRDN and KNDT/CNDT statements) are compared to the *Guide's* knowledge and skills statements in the [Comparison of Standards section](#). Use the suggested work-related learning activities for ideas as to how students and/or interns can meet all or specific ACEND® program standards.
- Use the [Knowledge & Skills Development Guide](#) to direct independent students and/or interns through the Academy's Individualized Supervised Practice Pathways (ISPP), to meet minimum competencies, or practice entry-level public health and community nutrition competencies.

Glossary

Behavioral Economics

A method of economic analysis that applies psychological insights into human behavior to explain economic decision-making.

Biostatistics

The branch of statistics that deals with data relating to living organisms.

Channel

A means of communication or expression; a path along which information passes.

Child Nutrition Reauthorization (CNR)

Provides Congress with an opportunity every five years to improve and strengthen the child nutrition and school meal programs so they better meet the needs of our nation's children in pre-school, school-based, and out-of-school time settings.

Cognitive Behavioral Therapy (CBT)

A psychosocial intervention that is the most widely used evidence-based practice for improving mental health. Guided by empirical research, CBT focuses on the development of personal coping strategies that target solving current problems and changing unhelpful patterns in cognitions (e.g., thoughts, beliefs, and attitudes), behaviors, and emotional regulation.

Collective Impact

The commitment by a group of representatives from different sectors to a common agenda to solve complex

social problems, such as healthy eating or obesity prevention. Collective impact requires five conditions for success: a common agenda, shared measurement, mutually reinforcing activities based on a common action plan, continuous communication, and backbone support to guide the group's actions, provide technical support, and mobilize resources.

Community

A group of people defined by geographic, demographic, and/or civic/political boundaries. For example, a "community" could consist of the residents of a town or a neighborhood, the members of a particular demographic group within a geographic region, or all individuals served by a group of community-based and/or governmental institutions.

Community-Supported Agriculture (or CSA)

A retail operation that sells shares in a future harvest that may or may not be realized. Farm or network/association of multiple farms that offers consumers regular (usually weekly) deliveries of locally grown farm products during one or more harvest season(s) on a subscription or membership basis.

Complete Streets

A transportation policy and design approach that requires streets to be planned, designed, operated, and maintained to enable safe, convenient, and comfortable travel and access for users of all ages and abilities, regardless of their mode of transportation.

Conflict of Interest

Personal or financial interest or a duty to another party which may prevent a person from acting in the best interests of the intended beneficiary, including simultaneous membership on leadership boards with potentially conflicting interests related to the profession, members, or the public.

Descriptive Norms

Refer to the most common, actual behaviors and policy, system, or environmental (PSE) scenarios; they represent how people perceive what is common and actually occurring, which is important for shaping and influencing behavior.

Direct-to-Consumer Marketing

Local food marketing arrangements in which growers/producers sell agricultural products directly to the final consumers, such as sales through farmers markets, CSAs, and farm stands.

Domain

Categories of settings where people eat, live, learn, work, play, and shop.

Emerging

Newly created and growing in strength or evidence base.

Environment

Includes the built or physical environments which are visual/observable, but may include economic, social, normative, or message environments. Modifications in settings where food is sold, served,

or distributed may promote healthy food choices. Social changes may include shaping attitudes among administrators, teachers, or service providers about time allotted for school meals or physical activity breaks. Economic changes may include financial disincentives or incentives to encourage a desired behavior, such as purchasing more fruits and vegetables.

Environmental Scan

A process that surveys programs, services, supports, and other resources that are currently in place.

Epidemiology

The branch of medicine that deals with the incidence, distribution, and possible control of diseases and other factors relating to health.

Evidence-Based

The integration of the best research evidence with the best available practice-based evidence. The best research evidence refers to relevant rigorous research, including systematically reviewed scientific evidence. Evidence may include original rationale for establishing a program (evidence of need and of solutions), standards established for it (what funds will pay for), changes over time (with experience, lessons learned), and reporting of evaluation studies (formative, process, outcome, impact).

Farm Bill

Known as the Agriculture Adjustment Act (AAA), the Farm Bill was passed by Congress in 1933 as a part of Franklin D. Roosevelt's New Deal. The bill allowed farmers to receive payment for not growing food on a percentage of their land as allocated by the United States Secretary of Agriculture.

Farmers Market

A multi-stall market that sells fresh produce to the public at a central/ fixed location.

Farm-to-School

Programs through which schools buy and feature locally produced, farm-fresh foods such as fruits and vegetables, eggs, honey, meat, and beans on their menus.

Food Bank

A public or charitable institution that maintains an established operation involving the provision of food or edible commodities, or the products of food or edible commodities, to food pantries, soup kitchens, hunger relief centers, or other food or feeding centers that, as an integral part of their normal activities, provide meals or food to feed needy persons on a regular basis.

Food Hubs

Collaborative regional enterprises that aggregate locally sourced food to meet wholesale, retail, institutional, and even individuals' demand. They have become key entities in local food systems' infrastructure allowing small and midsize farmers to adapt to increases in demand by outsourcing marketing to them.

Food Insecurity

A household-level economic and social condition of limited or uncertain access to adequate food. (This condition is assessed in the food security survey and represented in USDA food security reports.)

Food Policy Council (FPC)

A formalized entity established to focus on the food webs of a locality (city, county), region (multi-county), or state. FPCs typically have a primary goal of examining the operation of a local food system and providing ideas

and recommendations for improvement through public policy change. They are innovative collaborations between citizens and government officials that give voice to the concerns and interests of many who have long been under-served or un-represented by agricultural institutions.

Food Security

A condition in which all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life. Household food security is the application of this concept to the family level, with individuals within households as the focus of concern.

Formative Evaluation

Usually occurs in the early stages of intervention development and provides information that is used during the development of an intervention. It may be used to determine if a target audience understands the nutrition messages or to test the feasibility of implementing a previously developed intervention in a new setting. Formative research results are used to shape the features of the intervention itself prior to implementation.

Geographic Information System (GIS) Mapping

A system for storing, editing, and displaying geographical information on a computer.

Hazard Analysis Critical Control Point (HACCP)

A management system in which food safety is addressed through the analysis and control of biological, chemical, and physical hazards from raw material

production, procurement and handling, to manufacturing, distribution, and consumption of the finished product.

Impact Evaluation

Allows one to conclude authoritatively, whether or not the observed outcomes are a result of the intervention. In order to draw cause and effect conclusions, impact evaluations incorporate research methods that eliminate alternative explanations. This requires comparing those (e.g., persons, classrooms, communities) who receive the intervention to those who either receive no treatment or an alternative intervention. The strongest impact evaluation randomly assigns the unit of study to treatment and control conditions, but other quasi-experimental research designs are sometimes the only alternative available.

Impacts

The extent to which program outcomes lead to long-term and sustained changes.

Implementation

Pertains to whether the intervention was delivered with fidelity or as intended, and whether the essential elements known to be important to the achievement of positive outcomes were actually and consistently implemented. To be effective, organizational policy changes and environmental supports should be made as part of multi-component and multi-level interventions to sustain the new changes or standards over time.

Incidence Rate

The number of new cases per population at risk in a given time period.

Informatics

The science of processing data for storage and retrieval; information science.

Interventions

A specific set of evidence-based, behaviorally-focused activities and/or actions to promote healthy eating and active lifestyles.

Lobbying

Any activity or material to influence federal, state, or local officials to pass, or sign legislation or to influence the outcomes of an election, referendum, or initiative.

Logic Model

A tool used by funders, managers, and evaluators of programs to evaluate the effectiveness of a program. They can also be used during program planning and implementation.

Maintenance

Refers to the extent to which a learner continues to perform a behavior after a portion or all of the intervention responsible for the initial change in behavior has been removed.

Marketing Activities (by type)

1) Advertising: Circulars and on-site ads, on-site signage, end-aisle and check-out displays; 2) In-Language: Outlets that use a language other than English; 3) Public relations (“earned media”); 4) Promotion: Price, seasonal, commemorative specials; techniques of behavioral economics; incentives; loyalty programs; toy giveaways; movie tie-ins; coupons; 5) Personal sales: Food demonstrations and taste tests, expert speakers, trainings, individualized loyalty programs, online outreach.

Market Segments

The subsets of the total/general audience broken out by demographics such as income, education, ethnicity, language, age, or geography, or by psychographic profile.

Mortality Rate

Also known as death rate, a measure of the number of deaths (in general, or due to a specific cause) in a particular population, scaled to the size of that population, per unit of time.

Motivational Interviewing (MI)

Developed by clinical psychologists William R. Miller and Stephen Rollnick, a counseling method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior.

Multi-level Interventions

Reach the target audience at more than one level of the Social-Ecological Model (SEM) and mutually reinforce each other. Multi-level interventions generally are thought of as having three or more levels of influence.

Needs Assessment

The process of identifying and describing the extent and type of health and nutrition problems and needs of individuals and/or target populations in the community.

Nutrition Assistance Program

A program designed to help low-income people meet their nutritional needs. Examples include the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Nutrition Plan

An official written document that describes public health or community nutrition services provided. It should clearly describe goals, priorities, objectives, activities, procedures used, and resources including staff and budget, and evaluation method(s).

Open Streets

Community-based programs that promote the use of public space for physical activity, recreation, and socialization by closing streets temporarily to motorized vehicles, allowing access to pedestrians.

Outcome

The desired benefit, improvement, or achievement of a specific program or goal.

Outcome Evaluation

Addresses the question of whether or not anticipated group changes or differences occur in conjunction with an intervention. Measuring shifts in a target group's nutrition knowledge before and after an intervention is an example of outcome evaluation. Such research indicates the degree to which the intended outcomes occur among the target population. It does not provide definitive evidence, however, that the observed outcomes are due to the intervention.

Policy

A written statement of an organizational position, decision, or course of action. Ideally policies describe actions, resources, implementation, evaluation, and enforcement. Policies are made in the public, non-profit, and business sectors. Policies will help to guide behavioral changes for audiences served through public health and community nutrition programming.

Practice-Based

Case studies, pilot studies, and evidence from the field on interventions that demonstrate potential for effective public health and community nutrition programming. Evidence from the field includes evidence from emerging strategies and interventions.

Prevalence Rate

The proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time.

Process Evaluation

Systematically describes how an intervention looks in operation or actual practice. It includes a description of the context in which the program was conducted such as its participants, setting, materials, activities, duration, etc. Process assessments are used to determine if an intervention was implemented as intended. This checks for fidelity, that is, if an evidence-based intervention is delivered as designed and likely to yield the expected outcomes.

Project Reach

The extent to which a program attracts its intended audience.

Public Health Approach

A four-step process that is rooted in the scientific method. It can be applied to violence and other health problems that affect populations. The public health approach steps are to: 1) define and monitor the problem; 2) identify risk and protective factors; 3) develop and test prevention strategies; and 4) assure widespread adoption. Learn more about the public health approach here: http://www.cdc.gov/violenceprevention/pdf/ph_app_violence-a.pdf.

Public Health Interventions

Community-focused, population-based interventions aimed at preventing a disease or condition, or limiting death or disability from a disease or condition, according to the CDC.

RE-AIM

A framework designed to enhance the quality, speed, and public health

impact of efforts to translate research into practice in five steps: 1) Reach your intended target population; 2) Efficacy or effectiveness; 3) Adoption by target staff, settings, or institutions; 4) Implementation consistency, costs and adaptations made during delivery; 5) Maintenance of intervention effects in individuals and settings over time.

Recall

In memory refers to the mental process of retrieval of information from the past. Along with encoding and storage, it is one of the three core processes of memory.

Regional Food Systems

The networks of food production, delivery, and sales that bring food and beverages to consumers and institutions. Regional food systems usually include a focus on direct-to-consumer marketing, namely local food marketing arrangements in which growers/producers sell agricultural products directly to the final consumers, such as sales through farmers markets, CSAs, and farm stands.

Safe Routes to School

A program to make walking and bicycling to school safer and more accessible for children, including those with disabilities, and to increase the number of children who choose to walk and bicycle.

Sectors

Areas of the economy in which businesses share the same or a related product or service.

Settings

Types of sites, for example schools, work sites, food stores, and parks.

Shared-Use Street

A strategy providing an infrastructure that supports multiple recreation and transportation opportunities,

such as walking, cycling, and use of wheelchairs, to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities. Shared-use streets make it easy to cross the street and supports active transportation. Also called mixed-use street.

Sites

The physical locations or places where public health and community nutrition activities occur.

Social Determinants of Health

Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social-Ecological Model (SEM)

Illustrates how all elements of society, including individual factors (demographic factors, psychosocial, knowledge and skills, etc.), environmental settings (schools, workplaces, faith-based organizations, food retail establishments, etc.), sectors of influence (government, industry, media, public health and health care systems, etc.), and social and cultural norms and values (belief systems, religion, heritage, body image, etc.) combine to shape an individual's food and physical activity choices, and ultimately one's calorie balance and chronic disease risk.

Social Marketing

The process of combining commercial marketing methods with public health approaches in order to achieve significant, large-scale public benefits. Commercial marketing techniques include, but are not limited to, formative research and pilot testing; paid or public service advertising; other forms

of mass communications, including interactive websites and social media; public relations or earned media; promotions; and consumer education. Public health approaches are consumer engagement; community development; public/private partnerships; and policy, systems, and environmental change.

Social Marketing Campaigns

Campaigns delivered to one or more public health and community nutrition market segments on a population basis, across a large geographical area (town/city, county, region/media market, statewide, multi-state, national, and international). They are typically branded (with a name, tagline, visual logo, and look-and-feel); communicate a common call to action; and are delivered in multiple complementary settings/channels, engaging intermediaries in those settings/channels and focusing on one or more priority behavior changes.

Social Network Analysis

The process of investigating social structures through the use of network and graph theories. It characterizes networked structures in terms of nodes (individuals, organizations, or attributes of a network) and the ties or edges (relationships or interactions) that connect them.

Social Norms

Expectations held by social groups that dictate appropriate behavior and are thought of as rules or standards that guide behavior.

Specific Message

A communication with some identifiable aspect (e.g., logo, jingle, character) that the respondent could not name unless he or she had been exposed to the communication.

Supports

Changes in written policies, organizational systems, and the observable (physical or "built") or communications environments that make healthy choices easier and more desirable.

Surveillance

Monitoring of behavior, activities, or other changing information using an ongoing, systematic data collection, analysis, and dissemination tool. Surveillance data can identify the need for public health and community nutrition programming and measure its effects on the populations or conditions monitored.

Sustainability

The continued use of intervention components and activities for the continued achievement of desirable intervention and population outcomes.

Systems Changes

Systems changes are unwritten, ongoing, organizational decisions or changes that result in new activities reaching large proportions of people the organization serves. Systems changes alter how the organization or network of organizations conducts business. An organization may adopt a new intervention, reallocate other resources, or in significant ways modify its direction to benefit low-income consumers in qualifying sites and communities. Systems changes may precede or follow a written policy.

Total Food Outlets

Healthy food outlets as well as fast food restaurants, convenience stores, and corner stores.

Section 2: Self-Assessment Tool

Self-Assessment Tool for
Public Health & Community Nutritionists

My Professional Development
Goals & Learning Plan

Self-Assessment Tool for Public Health & Community Nutritionists

This tool is designed to help you objectively assess your knowledge and skills in the six core competency areas of public health and community nutrition. This self-assessment enables you to identify areas of strength and areas for growth. The results of this self-assessment will direct you to the most appropriate work-related and learning activities to achieve individualized, professional development goals.

For the purpose of this self-assessment, the following scales are used for guidance.

Knowledge

What is your level of knowledge related to the area(s) covered?

- **Little or no** – I have little or no prior knowledge of the area(s) covered.
- **General** – I have general knowledge of the literature and professional practice related to the area(s) covered.
- **Thorough** – I have thorough knowledge and professional practice related to the area(s) covered.

Confidence

How confident are you in your abilities related to the area(s) covered?

- **Not at all** (confident)
- **Not very** (confident)
- **Moderately** (confident)
- **Very** (confident)
- **Extremely** (confident)

	Knowledge What is your level of knowledge related to...			Confidence How confident are you in your abilities related to...					Guide Knowledge & Skills Reference Number
	Little or no	General	Thorough	Not at all	Not very	Moderately	Very	Extremely	
Food & Nutrition									
<ul style="list-style-type: none"> ■ Describing the historical development of public health and public health nutrition interventions 									FN1
<ul style="list-style-type: none"> ■ Utilizing the core functions of public health in your workplace 									FN1
<ul style="list-style-type: none"> ■ Applying food, nutrition, and physical activity principles to meet the health needs of individuals 									FN2
<ul style="list-style-type: none"> ■ Applying food and nutrition principles to meet nutrition needs of populations 									FN2
<ul style="list-style-type: none"> ■ Relating factors in the food system to food and nutrition 									FN3
<ul style="list-style-type: none"> ■ Describing factors that impact food accessibility, adequacy, and safety of local and global food systems 									FN4
<ul style="list-style-type: none"> ■ Assessing and interpreting nutritional status of individuals 									FN5
<ul style="list-style-type: none"> ■ Assessing and interpreting nutritional status of populations 									FN5
<ul style="list-style-type: none"> ■ Determining priority nutritional needs of individuals 									FN5
<ul style="list-style-type: none"> ■ Determining priority nutritional needs of populations 									FN5
<ul style="list-style-type: none"> ■ Implementing public health nutrition programs and/or interventions 									FN6
<ul style="list-style-type: none"> ■ Explaining issues related to dietary and physical activity guidance 									FN7
Communication, Marketing, & Cultural Sensitivity									
<ul style="list-style-type: none"> ■ Utilizing a range of media platforms to communicate nutrition information 									CMC1
<ul style="list-style-type: none"> ■ Tailoring food and nutrition messages to diverse audiences 									CMC2
<ul style="list-style-type: none"> ■ Following the concepts of cultural sensitivity when developing, implementing, and evaluating food and nutrition programs and resources 									CMC3
<ul style="list-style-type: none"> ■ Utilizing appropriate interviewing and counseling techniques 									CMC4
<ul style="list-style-type: none"> ■ Communicating with diverse audiences 									CMC5
<ul style="list-style-type: none"> ■ Explaining the role of cultural, socioeconomic, and behavioral factors in the delivery of public health services 									CMC6
<ul style="list-style-type: none"> ■ Utilizing the principles of marketing 									CMC7

	Knowledge What is your level of knowledge related to...			Confidence How confident are you in your abilities related to...					Guide Knowledge & Skills Reference Number
	Little or no	General	Thorough	Not at all	Not very	Moderately	Very	Extremely	
Advocacy & Education									
<ul style="list-style-type: none"> ■ Identifying economic, cultural, and societal trends that have implications for the health and nutrition of populations 									AE1
<ul style="list-style-type: none"> ■ Describing governmental structures and political processes 									AE2
<ul style="list-style-type: none"> ■ Describing the role of governmental and non-governmental organizations in the delivery of nutrition and physical activity programs and services 									AE3
<ul style="list-style-type: none"> ■ Differentiating between lobbying and education 									AE4
<ul style="list-style-type: none"> ■ Articulating the value of evidence-based public health nutrition programs 									AE5
Policy, Systems, & Environmental Change									
<ul style="list-style-type: none"> ■ Establishing partnerships with stakeholders 									PSE1
<ul style="list-style-type: none"> ■ Assessing the built and social environments 									PSE2
<ul style="list-style-type: none"> ■ Identifying gaps in services 									PSE2
<ul style="list-style-type: none"> ■ Planning interventions that support collective impact and sustainability of services 									PSE3
<ul style="list-style-type: none"> ■ Developing and implementing nutrition programs 									PSE3
<ul style="list-style-type: none"> ■ Increasing access to healthy food and physical activity 									PSE4
<ul style="list-style-type: none"> ■ Identifying food and nutrition safety net programs 									PSE5
Research & Evaluation									
<ul style="list-style-type: none"> ■ Applying concepts used in research 									RE1
<ul style="list-style-type: none"> ■ Applying principles of epidemiological approaches 									RE2
<ul style="list-style-type: none"> ■ Applying and using logic models 									RE3
<ul style="list-style-type: none"> ■ Adhering to legal and ethical principles in research 									RE4
<ul style="list-style-type: none"> ■ Utilizing existing survey databases and current information technology 									RE5
<ul style="list-style-type: none"> ■ Designing, implementing, and evaluating programs and interventions 									RE6
<ul style="list-style-type: none"> ■ Disseminating results and making recommendations 									RE7

	Knowledge What is your level of knowledge related to...			Confidence How confident are you in your abilities related to...					Guide Knowledge & Skills Reference Number
	Little or no	General	Thorough	Not at all	Not very	Moderately	Very	Extremely	
Management & Leadership									
■ Ensuring adherence to legal and ethical principles									ML1
■ Identifying visions, missions, and goals of health agencies									ML2
■ Applying principles of community engagement, assessment, and program development									ML3
■ Applying management principles									ML4
■ Enhancing consumer participation in public health nutrition programs and services									ML5
■ Establishing priorities, goals, and SMART objectives for public health nutrition programs									ML6
■ Identifying community assets, social capital, and other resources									ML7
■ Identifying potential funding opportunities									ML8
■ Contributing to grant writing									ML8
■ Identifying and implementing principles of human resource management									ML9
■ Applying the principles of financial management									ML10
■ Reimbursement for nutrition services									ML11
■ Building coalitions and collaborations									ML12
■ Applying communication and group dynamic strategies									ML13
■ Conducting situational analysis									ML14
■ Identifying conflicts of interest									ML14
■ Promoting the role and value of highly qualified nutrition professionals									ML15

My Professional Development Goals & Learning Plan

Targeted Areas for Improvement	Learning Plan/Resources	Time Frame	Priority		
			Low	Med	High

Section 3:

Knowledge & Skills Statements

Knowledge & Skills Statements
for the RDN

Knowledge & Skills Statements
for the NDTR

Knowledge & Skills Statements for the RDN and NDTR

The *Guide* outlines recommended knowledge and skills for nutrition professionals practicing in public health and community nutrition.

Since the second edition of the *Guidelines* was published in 2003, the fields of public health and community nutrition have evolved, and the responsibilities and expectations of professionals have expanded. To ensure the broadest and most up-to-date insights and information, the third edition Expert Review Committee reviewed the second edition of the *Guide* in addition to the competencies and standards related to nutrition education, public health, and community nutrition published to date, including:

- *Accreditation Standards for Nutrition and Dietetics Coordinated Programs (CP), Internship Programs (DI), Didactic Programs (DPD), Foreign Education Programs (FDE), and International Education Programs (IDE)*, ACEND®, 2017
- *Accreditation Standards for Nutrition and Dietetics Technician Programs*, ACEND®, 2017

- *Nutrition Educator Competencies for Promoting Healthy Individuals, Communities, and Food Systems*, Society for Nutrition Education and Behavior, 2016
- *Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Public Health and Community Nutrition*, Academy of Nutrition and Dietetics, 2015
- *The Essential Practice Competencies for the Commission on Dietetic Registration's Credentialed Nutrition and Dietetics Profession*, Sphere 12: Community and Population Health, 2014
- *Core Competencies for Public Health Professionals*, Council on Linkages Between Academia and Public Health Practice, 2014
- *Strategies for Success: Curriculum Guide (Didactic and Experiential Learning) 3rd Ed.*, Association of Graduate Programs in Public Health Nutrition, Inc., 2013
- *Guidelines for Community Nutrition Supervised Experiences*, PHCNPG, 2003

The second edition of the *Guide* outlined 25 training areas which enumerated the knowledge and skills expected of professionals working in community nutrition. These training areas were categorized under three

overarching topics — nutrition, public health, and social/behavioral sciences. In the third edition, the Expert Review Committee worked to expand the overarching categories to target the current needs of public health and community nutritionists. This third edition of the *Guide* outlines six core areas of competency and 46 knowledge and skills statements.

The six core areas of competency identified in the *Guide* include:

- **Food & Nutrition**
- **Communication, Marketing, & Cultural Sensitivity**
- **Advocacy & Education**
- **Policy, Systems, & Environmental Change**
- **Research & Evaluation**
- **Management & Leadership**

Knowledge & Skills Statements for the RDN

■ Food & Nutrition

FN1. History Describes the historical development of public health and public health nutrition and utilizes the core functions of public health to guide practice.

FN2. Food Safety Independently applies the principles of food and nutrition (preparation, food safety, and management) to meet the food and nutrition needs of target individuals, populations, and environmental settings across the life course.

FN3. Food Systems Explains the relationship of biological, chemical, economic, marketing, and physical factors in food systems to food and nutrition, such as new products, manufacturing processes, food distribution, food modifications, genetically modified foods, sustainable agriculture, food marketing, consumption, and waste management.

FN4. Food Access Describes factors that impact the accessibility, adequacy, and safety of the global food system (production, processing, storage, distribution, and consumption) and their relationship to community food systems and the desired outcome of disease prevention through health promotion.

FN5. Nutrition Assessment Identifies and applies current, evidence-based or best practice guidelines and methods

to assess and interpret individual- and community-level nutritional status to determine priority nutritional needs of target populations across the life course.

FN6. Interventions In collaboration with stakeholder(s) and with the input of target audience(s), implements evidence-based or best practice population-based programs and/or interventions.

FN7. Dietary and Physical Activity Guidance Explains the processes, rationale, and issues related to establishing nutrient requirements, dietary guidance, national health objectives, food and nutrition policy, and food and nutrition program regulations.

■ Communication, Marketing, & Cultural Sensitivity

CMC1. Media Platforms Utilizes a full range of current media platforms (e.g., TV, radio, print, newspapers, internet, and social media) appropriate for the target audience(s) to communicate food and nutrition information effectively.

CMC2. Nutrition Messaging Tailors and communicates food and nutrition messages based on relevance, health literacy, and cultural communication preferences of diverse populations so that messages are appropriate and effective.

CMC3. Cultural Sensitivity Follows concepts of cultural sensitivity when developing, implementing, and evaluating food and nutrition interventions, programs, events, and resources for health promotion/disease prevention.

CMC4. Interviewing and Counseling Utilizes appropriate interviewing and counseling techniques to positively impact behavior change at the individual or interpersonal levels.

CMC5. Public Relations Effectively communicates relevant demographic, statistical, programmatic, and scientific food and nutrition information to diverse audiences (e.g., professionals, consumers, government officials, policy makers, and the community).

CMC6. Social Determinants of Health Explains the role of cultural, socioeconomic, and behavioral factors in the availability, accessibility, acceptability, and delivery of public health services.

CMC7. Marketing Identifies and utilizes principles of marketing for use in the food, nutrition, and physical activity components of health promotion/disease prevention programs and services, including social marketing, messaging/counter-messaging, behavioral economics, and electronic social networks.

■ Advocacy & Education

AE1. Economic, Cultural, and Societal Implications Identifies economic, cultural, and societal trends that have implications for the health and nutritional status of populations in the promotion of public health nutrition.

AE2. Governmental Structure and Process Describes local, state, and federal governmental structures and the governmental processes involved in the development of public policy, legislation, regulations, and delivery of services that influence food systems, food intake, nutritional status, and population health.

AE3. Role of Governmental and Non-Governmental Organizations Describes the role of governmental and non-governmental organizations in the promotion and delivery of community-based nutrition and physical activity programs and services.

AE4. Lobbying and Education Differentiates between lobbying and education; complies with federal rules and regulations prohibiting the use of federal funds for lobbying; educates policy makers and regulators on public health and community nutrition services and programs; and understands the complementary nature of governmental and private sector advocacy.

AE5. Value of Evidence-Based Interventions Clearly articulates the need for and the value of evidence-based public health nutrition programs and promotes evidence-based public health nutrition programs and services, physical activity, and policies at the individual and population levels.

■ Policy, Systems, & Environmental Change

PSE1. Partnerships with Stakeholders Establishes and participates in partnerships with colleagues and public health stakeholders, including community, professional, and grassroots organizations in public, private, and voluntary sectors.

PSE2. Collective Impact and Sustainability of Resources Utilizes evidence-based or best practice instruments or tools to assess the built and social environments; identifies existing public health nutrition services of community-based partners and service areas in order to identify gaps in services (i.e., needs assessments); and contributes to coordinated program and/or intervention planning that supports collective impact and sustainability of services across sectors.

PSE3. Developing and Implementing Nutrition Programs Utilizes evidence-based and best practice nutrition and physical activity recommendations in identifying, developing, and implementing nutrition programs.

PSE4. Increasing Access to Healthy Food and Physical Activity Identifies and implements effective nutrition interventions that change policy, systems, or the environment to increase access to healthy food and physical activity for all populations.

PSE5. Food Security Identifies food and nutrition safety net programs for individuals and families with limited economic resources.

■ Research & Evaluation

RE1. Measurement and Evaluation Applies concepts used in biostatistics including principles of data collection and management, basic statistical analysis and interpretation, and appropriate research methods used in public health nutrition and evaluation.

RE2. Epidemiology Applies principles of epidemiological approaches (e.g., odds ratio, relative risk) to assess, describe, intervene, report, and improve the health, food, and nutritional status of populations.

RE3. Logic Models Develops logic models, grounded in theories of behavior, organizational, and community change to describe the sequence of resources/inputs, intervention/program activities, and expected results/outcomes.

RE4. Confidentiality Adheres to legal and ethical principles in the collection, maintenance, use, and dissemination of data and information, and describes how data are used to address scientific, political, ethical, and social public health issues.

RE5. Informatics Utilizes current information technology to collect, store, retrieve, analyze, and communicate data to critically evaluate nutrition-related issues and to apply evidence-based or best practice research findings to food and nutrition programs and policies.

Knowledge & Skills Statements for the RDN

RE6. Developing, Implementing, and Evaluating Programs and Interventions Utilizes evidence-based or best practice methods to design, implement, evaluate, and share the results of nutrition and physical activity programs or policy, systems, and environmental interventions.

RE7. Informatics Management Accurately uses and disseminates intervention/programming results and future recommendations through presentations to key stakeholders (funders and partners) and peer-reviewed publications.

■ Management & Leadership

ML1. Ethical Use of Data Ensures adherence to legal and ethical principles in the collection, maintenance, use, and dissemination of data and information, and describes how data are used to address scientific, political, ethical, and social public health issues.

ML2. Visions, Missions, and Goals Identifies the overall visions, missions, goals, and plans of official and voluntary health agencies and other health partners in the community.

ML3. Community Engagement, Assessment, and Development Applies best practices in community engagement, community assessment, planning, marketing, implementation, and evaluation of community-based public health nutrition programs, policies, and services.

ML4. Management and Leadership Applies management principles in the administration and evaluation of community-based public health nutrition programs, policies, and services.

ML5. Public Participation Utilizes community engagement strategies to enhance consumer participation in health, and food and nutrition programs and services, including collaborating with public/private sectors, participating in outreach and referral systems, and working with voluntary and community organizations.

ML6. Priorities, Goals, and Objectives Establishes data-informed, short-, medium- and long-term priorities/goals for public health food and nutrition programs; develops SMART objectives; and continuously monitors and evaluates programs for effectiveness and makes adjustments as needed.

ML7. Community Asset Identification Identifies community assets, social capital, and other community resources to support and/or enhance public health food and nutrition programs.

ML8. Funding Opportunities and Grant Writing Identifies potential funding opportunities for public health and food/nutrition programs and services, and effectively contributes to grant writing teams that generate competitive grant proposals.

ML9. Human Resource Management Identifies and implements the principles of human resource management by adhering to organizational policies and procedures.

ML10. Financial Management Applies the principles of financial management in the operation of food and nutrition programs and services.

ML11. Reimbursement for Nutrition Services Adheres to organizational policies and procedures related to reimbursement for nutrition services.

ML12. Building Coalitions and Collaborations Demonstrates human relation skills needed to lead and build coalitions and collaborations and to participate in agency, professional, and/or community boards, committees, work groups, and task forces.

ML13. Group Dynamic Strategies Effectively applies communication and group dynamic strategies, such as nominal group process techniques, facilitation, brainstorming, discussion, consensus building, negotiation, and conflict resolution.

ML14. Ethical Practice Conducts situational analyses and identifies conflicts of interest that may arise from funding sources, public/private partnerships, and lobbying.

ML15. Promoting the Role and Value of Highly Qualified Nutrition Professionals Effectively communicates and promotes the role and value of highly qualified nutrition professionals in health and in local, state, national, and international public health organizations.

Knowledge & Skills Statements for the NDTR

■ Food & Nutrition

FN1. History Identifies the core functions of public health.

FN2. Food Safety Applies the principles of food and nutrition (preparation, food safety, and management) to meet the food and nutrition needs of target individuals across the life course.

FN3. Food Systems Recognizes the relationship of biological, chemical, economic, marketing, and physical factors in food systems to food and nutrition, such as new products, manufacturing processes, food distribution, food modifications, genetically modified foods, sustainable agriculture, food marketing, consumption, and waste management.

FN4. Food Access Recognizes factors that impact the accessibility, adequacy, and safety of the global food system (production, processing, storage, distribution, and consumption) and their relationship to community food systems and the desired outcome of disease prevention through health promotion.

FN5. Nutrition Assessment Applies select, current evidence-based or best practice guidelines and methods to assess and interpret individual nutritional status to determine priority nutritional needs of target populations across the life course.

FN6. Interventions Implements evidence-based or best practice population-based programs and/or interventions.

FN7. Dietary and Physical Activity

Guidance Utilizes appropriate resources for determining nutrient requirements and providing dietary guidance.

■ Communication, Marketing, & Cultural Sensitivity

CMC1. Media Platforms Utilizes a full range of current media platforms (e.g., TV, radio, print, newspapers, internet, and social media) appropriate for the target audience(s) to communicate food and nutrition information effectively.

CMC2. Nutrition Messaging Utilizes tailored food and nutrition messages based on health literacy and cultural communication preferences of diverse populations so that messages are appropriate and effective.

CMC3. Cultural Sensitivity Implements culturally appropriate food and nutrition interventions, programs, events, and resources for health promotion/disease prevention.

CMC4. Interviewing and Counseling Utilizes appropriate interviewing and counseling techniques to positively impact behavior change at the individual level.

CMC5. Public Relations Effectively communicates relevant scientific food and nutrition information to consumers and the community.

CMC6. Social Determinants of Health Recognizes the role of cultural, socioeconomic, and behavioral factors in the availability, accessibility, acceptability, and delivery of public health services.

CMC7. Marketing Markets food, nutrition, and physical activity components of health promotion/disease prevention programs and services using current marketing techniques.

■ Advocacy & Education

AE1. Economic, Cultural, and Societal Implications Recognizes economic, cultural, and societal trends that have implications for the health and nutritional status of populations in the promotion of public health nutrition.

AE2-3. Public Policy and the Role of Governmental and Non-Governmental Organizations Recognizes the role of governmental and non-governmental organizations in the development of public policy and in the promotion and delivery of community-based nutrition and physical activity programs and services.

AE4. Lobbying and Education Differentiates between lobbying and education, and complies with federal rules and regulations prohibiting the use of federal funds for lobbying.

AE5. Value of Evidence-Based Interventions Participates in organized efforts to articulate the need for and the value of evidence-based public health nutrition programs and promotes evidence-based public health nutrition programs and services and physical activity at the individual and/or population levels.

■ Policy, Systems, & Environmental Change

PSE1. Partnerships with Stakeholders

Participates in partnerships with health care professionals and support personnel in public health.

PSE2. Collective Impact and Sustainability of Resources

Recognizes how community-based public health nutrition service providers support collective impact and sustainability of services across sectors through needs assessments and coordinated program and/or intervention planning.

PSE3. Implementing Nutrition Programs

Utilizes evidence-based and best practice nutrition and physical activity recommendations in implementing nutrition programs.

PSE4. Increasing Access to Healthy Food and Physical Activity

Identifies and implements effective nutrition interventions that change policy, systems, or the environment to increase access to healthy food and physical activity for all populations.

PSE5. Food Security Refers individuals and families with limited economic resources to food and nutrition safety net programs.

■ Research & Evaluation

RE1-2. Measurement and Evaluation

Recognizes descriptive statistics, principles of data collection and management, and statistical analysis and interpretation.

RE3. Logic Models Recognizes that intervention/program activities are often described through logic models and are grounded in theories of behavior change.

RE4. Confidentiality Adheres to legal and ethical principles in the collection, maintenance, use, and dissemination of data and information, and recognizes how data are used to address scientific, political, ethical, and social public health issues.

RE5. Informatics Utilizes current information technology to collect, store, retrieve, and disseminate information and data for the evaluation of food and nutrition programs and policies.

RE6. Implementing Programs and Interventions Implements evidence-based or best practice nutrition and physical activity programs.

RE7. Informatics Management Differentiates between peer-reviewed vs. non peer-reviewed literature.

■ Management & Leadership

ML1. Ethical Use of Data Adheres to legal and ethical principles in the collection, maintenance, use, and dissemination of data and information, and recognizes how data are used to address scientific, political, ethical, and social public health issues.

ML2. Visions, Missions, and Goals Recognizes how nutrition services are integrated into the overall vision, mission, goals, and plans of a health care agency.

ML3-6. Management and Leadership

Recognizes the principles of management in community-based public health nutrition programming, including community engagement, community assessment, planning, marketing, implementation, and evaluation of community-based public health nutrition programs, policies, and services.

ML7. Community Asset Identification

Recognizes community resources to support and/or enhance public health food and nutrition programs.

ML8. Funding Opportunities and Grant Writing

Recognizes the role of grant funding in program development and assists RDNs and grant writing team members in the preparation and submission of competitive grant proposals.

ML9. Human Resource Management

Recognizes the principles of human resource management by adhering to organizational policies and procedures.

ML10. Financial Management

Recognizes the principles of financial management in the operation of food and nutrition programs and services.

ML11. Does not apply to NDTR.

ML12. Collaborations

Demonstrates human relation skills needed to collaborate and to participate in agency, professional, and/or community boards, committees, work groups, and task forces.

ML13. Group Dynamic Strategies

Recognizes communication and group dynamic strategies, such as nominal group process techniques, facilitation, brainstorming, discussion, consensus building, negotiation, and conflict resolution.

ML14. Ethical Practice

Recognizes conflicts of interest may arise from funding sources, public/private partnerships, and lobbying.

ML15. Promoting the Role and Value of Highly Qualified Nutrition Professionals

Effectively communicates and promotes the role and value of highly qualified nutrition professionals in health and in local, state, national, and international public health organizations.

Section 4:

Knowledge & Skills Development Guide

■ Food & Nutrition

■ Communication, Marketing, & Cultural Sensitivity

■ Advocacy & Education

■ Policy, Systems, & Environmental Change

■ Research & Evaluation

■ Management & Leadership

Comparison of Standards for the RDN

Comparison of Standards for the NDTR



How to Use the Knowledge & Skills Development Guide

This section provides work-related and learning activities with resources for each knowledge and skills statement.

Practitioners

Utilize the [Self-Assessment Tool](#) to identify areas of strength and areas for growth. The results of this self-assessment can then direct users to the most appropriate work-related learning activities to achieve individualized, professional development goals.

Employers

Encourage employees to use the [Self-Assessment Tool](#) and refer to the most appropriate work-related learning activities to further their professional development.

Educators, Preceptors, and Students

The 2017 ACEND program accreditation standards (KRDN/CRDN and KNDT/CNDT statements) are compared to the *Guide's* knowledge and skills statements in the [Comparison of Standards](#) section. Use the suggested work-related learning

activities for ideas as to how students and/or interns can meet all or specific ACEND® program standards.

The activities and resources listed in the [Knowledge & Skills Development Guide](#) are not meant to be prescriptive or proscriptive. Rather, they are meant to provide ideas and options that can be adjusted to meet personalized, individual needs.

The website <https://publichealthnutrition.org> includes this document and many of the resources listed on the next several pages.

Food & Nutrition (FN)

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>FN1. History</p> <p>Describes the historical development of public health and public health nutrition and utilizes the core functions of public health to guide practice.</p>	<p>FN1. History</p> <p>Identifies the core functions of public health.</p>	<ul style="list-style-type: none"> ■ Select one public health nutrition program and compare it to the 10 Essential Public Health Services and the Core Functions of Public Health; Explain how the activities of the program and the two frameworks align, and describe how the program has evolved over time (e.g., from individual- to population-focused); Document activities that include, at a minimum, one of the core functions of public health. ■ Investigate the integration of nutrition services from direct services (individual and group focus) to population focus (policy, systems, and environmental approaches); Review the rationale and history of at least one categorical nutrition program, how it has evolved over time, and its reported benefits (e.g., the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), the Supplemental Nutrition Assistance Program Education (SNAP-Ed), Child Nutrition Programs (see Glossary). ■ Identify the governmental and non-profit nutrition programs available in your community and determine how to describe them on a continuum that goes from individual- to population-focused (e.g., WIC, SNAP, Congregate Meals, emergency food providers, CDC DNPAO). ■ Identify a state or local annual plan of operations from one or more nutrition programs or agencies such as SNAP-Ed, WIC, or DNPAO and identify its objectives, who is served, the interventions being conducted, what agencies are delivering services, and what results are reported. 	<ul style="list-style-type: none"> ■ The Public Health System and the 10 Essential Public Health Services, CDC https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html ■ 2015-2020 Dietary Guidelines for Americans, USDA-DHHS http://health.gov/dietaryguidelines/2015/guidelines ■ The State of Obesity: Better Policies for a Healthier America https://www.tfah.org/reports ■ Programs and Services, USDA-FNS https://www.fns.usda.gov/programs-and-services ■ Healthy People 2020, Public Health 3.0, U.S. DHHS https://www.healthypeople.gov/2020/tools-resources/public-health-3 ■ Contento, I. R. (2016). <i>Nutrition education: linking research, theory, and practice</i>. Burlington, MA: Jones & Bartlett Learning.

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>FN2. Food Safety</p> <p>Independently applies the principles of food and nutrition (preparation, food safety, and management) to meet the food and nutrition needs of target individuals, populations, and environmental settings across the life course.</p>	<p>FN2. Food Safety</p> <p>Applies the principles of food and nutrition (preparation, food safety, and management) to meet the food and nutrition needs of target individuals across the life course.</p>	<ul style="list-style-type: none"> ■ Contact your state EFNEP or SNAP-Ed director to volunteer at a local cooperative extension office or SNAP-Ed implementing agency that is offering experiential nutrition education opportunities (e.g., cooking demonstrations, food tastings, storage and preservation demonstrations or garden-based nutrition education) to low-income populations; Summarize your observations. ■ Enroll in your state-approved food safety certification program. ■ Develop a Hazard Analysis Critical Control Point (HACCP) plan for a day care center feeding site, school nutrition program cafeteria, or farm to school program. ■ Develop a cycle menu complying with school nutrition guidelines. ■ Compile a list of locally available emergency food providers (e.g., food banks, food pantries, soup kitchens, homeless shelters) and note which USDA programs (e.g., CACFP, SFSP, TEFAP, CSFP and SNAP-Ed) are offered at each provider. ■ Contact a local emergency food provider offering a USDA food assistance and/or nutrition education program to volunteer or shadow a front-line staff person. 	<ul style="list-style-type: none"> ■ State SNAP-Ed Contacts, USDA-FNS https://snaped.fns.usda.gov/state-contacts ■ EFNEP Coordinator Directory, USDA-NIFA https://nifa.usda.gov/resource/efnep-coordinator-directory ■ How to Get Started with Manager Food Safety Certification, ServSafe® from the National Restaurant Association. https://www.servsafe.com/manager/get-started ■ Hazard Analysis Critical Control Point (HACCP), FDA http://www.fda.gov/Food/GuidanceRegulation/HACCP ■ Menu Planning, USDA-FNS http://www.fns.usda.gov/menu-planning ■ Community Food Systems, USDA-FNS https://www.fns.usda.gov/farmtoschool/farm-school ■ Food Services, Local United Way 2-1-1 http://www.211.org/services/food

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>FN3. Food Systems</p> <p>Explains the relationship of biological, chemical, economic, marketing, and physical factors in food systems to food and nutrition, such as new products, manufacturing processes, food distribution, food modifications, genetically modified foods, sustainable agriculture, food marketing, consumption, and waste management.</p>	<p>FN3. Food Systems</p> <p>Recognizes the relationship of biological, chemical, economic, marketing, and physical factors in food systems to food and nutrition, such as new products, manufacturing processes, food distribution, food modifications, genetically modified foods, sustainable agriculture, food marketing, consumption, and waste management.</p>	<ul style="list-style-type: none"> ■ Examine and summarize the interconnectedness of local production and food marketing systems in creating an adequate food supply for the community. ■ Research and summarize farm to institution (e.g., farm to school) programs in your community. ■ Conduct a tour of a local grocery store or farmers market as a nutrition education activity for consumers. ■ Interview a farmers market manager at a local farmers market to assess the barriers and supports to local, sustainable agriculture, and farm to institution initiatives. ■ Research redemption rates of various Electronic Benefit Transfer (EBT) food assistance programs (e.g., SNAP, WIC Farmers Market Nutrition Program, Senior Farmers Market Nutrition Program) accepted at farmers markets within your state; Identify ways to increase redemption rates related to the purchase of fresh produce, including the pros and cons of each; Propose a final recommendation. ■ Read case studies in the following areas: <i>Physical</i> – natural disaster, sanitation, E. coli outbreak <i>Biological/Biotechnical</i> – genetically engineered foods, bovine growth hormone, food safety, and bioterrorism <i>Chemical</i> – food additives and sugar/fat substitutes ■ Research and summarize Good Agricultural Practices (GAP) in farm to table for local foods. 	<ul style="list-style-type: none"> ■ The Economics of Local Food Systems: A Toolkit to Guide Community Discussions, Assessments and Choices https://www.ams.usda.gov/sites/default/files/media/Toolkit%20Designed%20FINAL%203-22-16.pdf ■ Farm to Institution Initiatives, USDA https://www.usda.gov/sites/default/files/documents/6-Farmtoinstitution.pdf ■ Local Food Directories: National Farmers Market Directory, USDA-AMS https://www.ams.usda.gov/local-food-directories/farmersmarkets ■ State Farmers Market Associations, Farmers Market Coalition https://farmersmarketcoalition.org/networking ■ Good Agricultural Practices (GAP) & Good Handling Practices (GHP), USDA-AMS https://www.ams.usda.gov/services/auditing/gap-ghp ■ Kahn, R. (2018). Safeguarding and securing the food supply (S. Edelstein, Ed.). In <i>Nutrition in public health</i> (4th ed.) (pp. 310-360). Burlington, MA: Jones & Bartlett Learning.

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>FN4. Food Access</p> <p>Describes factors that impact the accessibility, adequacy, and safety of the global food system (production, processing, storage, distribution, and consumption) and their relationship to community food systems and the desired outcome of disease prevention through health promotion.</p>	<p>FN4. Food Access</p> <p>Recognizes factors that impact the accessibility, adequacy, and safety of the global food system (production, processing, storage, distribution, and consumption) and their relationship to community food systems and the desired outcome of disease prevention through health promotion.</p>	<ul style="list-style-type: none"> ■ Describe the flow of production, processing, storage, distribution, and consumption of a local fresh produce item within a local geographical area (e.g., county); Repeat this exercise on a global scale for one of the top five staple food crops consumed globally. ■ Describe the role of food hubs in regional and local food marketing. ■ Identify and describe a food dessert within your community, county, or state. ■ Complete a food inventory in a grocery store in a high-income area and in a corner store or bodega in a low-income area within the same community; Summarize similarities and differences in findings. ■ Use data from the Current Population Survey and its Household Food Security Questionnaire to identify coping strategies of those who are food insecure and/or hungry. ■ Plan a monthly food budget for a family with two adults and two preschoolers receiving no nutrition assistance, SNAP only, WIC only, and both SNAP and WIC benefits using the USDA Thrifty Food Plan. ■ Conduct a nutrition environment measurement survey of vending selections at a local hospital, workplace, park, or community youth center. Note presence of nutrition labels. 	<ul style="list-style-type: none"> ■ Neff, R. (2015). <i>Introduction to the US food system: public health, environment, and equity</i>. Hoboken: John Wiley & Sons. ■ Food Value Chains and Food Hubs, USDA-AMS https://www.ams.usda.gov/services/local-regional/food-hubs ■ Regional Food Hub Resource Guide, USDA-AMS https://www.ams.usda.gov/sites/default/files/media/Regional%20Food%20Hub%20Resource%20Guide.pdf ■ The Role of Food Hubs in Local Food Marketing, USDA-AMS https://www.rd.usda.gov/files/sr73.pdf ■ The NEMS Tools, Nutrition Environment Measures Survey, Perelman School of Medicine at the University of Pennsylvania http://www.med.upenn.edu/nems/measures.shtml ■ Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention (CX3), CA Department of Health https://snaped.fns.usda.gov/library/materials/communities-excellence-nutrition-physical-activity-obesity-prevention-cx3 ■ Food Security in the United States, USDA-ERS http://www.ers.usda.gov/data-products/food-security-in-the-united-states.aspx ■ USDA Food Plans: Cost of Food, USDA-CNPP https://www.cnpp.usda.gov/USDAFoodPlansCostofFood

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>FN5. Nutrition Assessment</p> <p>Identifies and applies current, evidence-based or best practice guidelines and methods to assess and interpret individual- and community-level nutritional status to determine priority nutritional needs of target populations across the life course.</p>	<p>FN5. Nutrition Assessment</p> <p>Applies select, current evidence-based or best practice guidelines and methods to assess and interpret individual nutritional status to determine priority nutritional needs of target populations across the life course.</p>	<ul style="list-style-type: none"> ■ Identify available sources of national survey and other data, as well as existing data gaps, for measuring and monitoring the nutritional status of the maternal and child health population or of a specific age group within that population and summarize findings. ■ Define what is meant by research-tested, practice-tested, and emerging strategies or interventions. ■ Identify best practices for accurately collecting anthropometric data in a community setting. ■ Assess and identify local practitioner training needs in providing evidence-based nutrition education to their patients/clients. ■ Apply quality assessment standards for a target population and propose surveillance data for internal quality assurance and/or program evaluation. ■ Review the Academy of Nutrition and Dietetics' Nutrition Care Process and Model for use in public health settings and outpatient/community-based nutrition care. 	<ul style="list-style-type: none"> ■ Brownson, R. C., Baker, E. A., Deshpande, A. D., & Gillespie, K. N. (2017). <i>Evidence-based public health</i>. Oxford University Press. ■ Maternal and Child Health Data and Statistics, National Center for Education in Maternal and Child Health https://www.ncemch.org ■ Interventions Overview, The Center for Training and Research Translation (Center TRT) http://centertrt.org/?p=interventions_overview ■ Anthropometric Data in Population-Based Surveys, Meeting Report, July 14–15, 2015, USAID http://www.fantaproject.org/sites/default/files/resources/USAID-Anthro-Meeting-Jan2016.pdf ■ Review of National Nutrition Surveillance Systems, USAID http://www.fantaproject.org/sites/default/files/resources/Nutrition-Surveillance-Feb2014.pdf ■ NCP 101, Academy of Nutrition and Dietetics http://www.eatrightpro.org/resource/practice/practice-resources/nutrition-care-process/ncp-101

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>FN6. Interventions</p> <p>In collaboration with stakeholder(s) and with the input of target audience(s), implements evidence-based or best practice population-based programs and/or interventions.</p>	<p>FN6. Interventions</p> <p>Implements evidence-based or best practice population-based programs and/or interventions.</p>	<ul style="list-style-type: none"> ■ Research a diet-related health problem within a high-risk population in your community (e.g., county); Identify possible evidence-based interventions to address the problem; Develop talking or speaking points that could be used to propose an intervention to different types of stakeholders. ■ Describe two evidence-based strategies, based on the United States Breastfeeding Committee (USBC) core competencies in breastfeeding care and services; Explore the training requirements for the different lactation credentials. 	<ul style="list-style-type: none"> ■ Proven Strategies, CDC-DNPAO https://www.cdc.gov/nccdphp/dnpao/proven-strategies.html ■ <i>The SNAP-Ed Toolkit</i>, USDA-FNS & NIFA https://snapedtoolkit.org ■ Core Competencies in Breastfeeding Care and Services for All Health Professionals, USBC http://www.usbreastfeeding.org/core-competencies ■ Who's Who? A Glance at Breastfeeding Support in the United States, USLCA https://uslca.org/wp-content/uploads/2015/05/Whos-Who-Short1.pdf

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>FN7. Dietary and Physical Activity Guidance</p> <p>Explains the processes, rationale, and issues related to establishing nutrient requirements, dietary guidance, national health objectives, food and nutrition policy, and food and nutrition program regulations.</p>	<p>FN7. Dietary and Physical Activity Guidance</p> <p>Utilizes appropriate resources for determining nutrient requirements and providing dietary guidance.</p>	<ul style="list-style-type: none"> ■ Describe how the four reference values of the Dietary Reference Intakes (i.e., RDA, AI, UL and EAR) are established and how they inform the recommendations for healthy dietary patterns in the 2015-2020 <i>Dietary Guidelines for Americans (DGA)</i>. ■ Summarize how physical activity recommendations are incorporated into the DGA. ■ Describe how federal nutrition recommendations in the DGA support and measure the four overarching goals of the nation’s Healthy People 2020 objectives, namely to 1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; 2) achieve health equity, eliminate disparities, and improve the health of all groups; 3) create social and physical environments that promote good health for all; and 4) promote quality of life, healthy development, and healthy behaviors across all life stages. ■ Review US policy process: from public input to developing regulations and final rules. ■ Track the Executive Branch policy process of a recent nutrition policy (e.g., DGA, <i>Physical Activity Guidelines for Americans (PAG)</i>, nutrition labeling, SNAP Retail Stocking Standards) by reviewing comments on the DGA website or the docket for public comment on federal regulations. ■ Compare dietary standards for the WIC food packages, Child Nutrition Programs, or Child and Adult Care Food Program (CACFP) with recommendations in the 2015-2020 DGA. ■ Investigate how SNAP benefits are allotted for households of different sizes and income levels and how the benefit levels compare to food costs in your area; Compare costs of recommended healthy foods in stores of different types (e.g., big box, supermarket, drug store/dollar store, corner store, convenience store). 	<ul style="list-style-type: none"> ■ Dietary Reference Intakes, USDA-FNIC https://fnic.nal.usda.gov/dietary-guidance/dietary-reference-intakes ■ 2015–2020 Dietary Guidelines for Americans, USDA-DHHS http://health.gov/dietaryguidelines/2015/guidelines ■ Healthy People 2020, USDA-DHHS https://www.healthypeople.gov ■ Healthy People 2020 Leading Health Indicators, U.S. DHHS https://www.healthypeople.gov/2020/Leading-Health-Indicators ■ CDC Policy Process http://www.cdc.gov/policy/analysis/process ■ Federal Regulations https://www.regulations.gov ■ Supplemental Nutrition Assistance Program (SNAP) Eligibility, USDA-FNS http://www.fns.usda.gov/snap/eligibility ■ Child and Adult Food Care Program (CACFP), USDA-FNS https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program ■ Special Supplemental Nutrition Assistance Program for Women, Infants and Children (WIC), USDA-FNS https://www.fns.usda.gov/wic/women-infants-and-children-wic

Communication, Marketing, & Cultural Sensitivity (CMC)

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>CMC1. Media Platforms</p> <p>Utilizes a full range of current media platforms (e.g., TV, radio, print, newspapers, internet, and social media) appropriate for the target audience(s) to communicate food and nutrition information effectively.</p>	<p>CMC1. Media Platforms</p> <p>Utilizes a full range of current media platforms (e.g., TV, radio, print, newspapers, internet, and social media) appropriate for the target audience(s) to communicate food and nutrition information effectively.</p>	<ul style="list-style-type: none"> ■ Participate in various public education campaigns that emphasize health promotion and disease prevention (e.g., fruit and vegetable consumption, physical activity, breastfeeding, reading food labels). ■ Describe the importance of a public health food and nutrition topic; List three key points or takeaway messages that you would want the public to remember; Practice a media interview on the topic with an Academy of Nutrition & Dietetics spokesperson and record for critique. ■ Using health marketing basics, develop social media messages for diverse audiences. ■ Write a draft press release, fact sheet, FAQ list, public service announcement (PSA) or paid ad, or op-ed for a local or state newspaper, or conduct a mock interview and write a news story on a current food and nutrition issue. ■ Describe and evaluate a public health nutrition or physical activity campaign including the rationale, tailoring to the intended target audience(s) and delivery channels, message(s), language(s), cultural and communication preferences, expected reach, uptake, and expected audience reaction. 	<ul style="list-style-type: none"> ■ Gateway to Health Communication & Social Marketing Practice, CDC https://www.cdc.gov/healthcommunication ■ Academy of Nutrition and Dietetics Media Guide, 2018-2019 https://www.eatrightpro.org/-/media/eatrightpro-files/media/meet-our-spokespeople/academymediaguide201819.pdf ■ The Health Communicator’s Social Media Toolkit, July 2011, CDC http://www.cdc.gov/healthcommunication/toolstemplates/socialmediatoolkit_bm.pdf ■ Center for Linguistic and Cultural Competency in Health Care, DHHS, OMH https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=34

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>CMC2. Nutrition Messaging</p> <p>Tailors and communicates food and nutrition messages based on relevance, health literacy, and cultural communication preferences of diverse populations so that messages are appropriate and effective.</p>	<p>CMC2. Nutrition Messaging</p> <p>Utilizes tailored food and nutrition messages based on health literacy and cultural communication preferences of diverse populations so that messages are appropriate and effective.</p>	<ul style="list-style-type: none"> ■ Research a food and nutrition topic related to an underserved or minority population at high risk for a specific nutrition-related chronic disease; Review current, relevant health communication materials from credible and professional sources in the public domain such as in the searchable SNAP-Ed Connections Library; Evaluate and summarize your review of the materials based on target audience, message(s), health literacy, cultural appropriateness, and overall effectiveness; Based on any gaps identified, develop or revise one or more of the nutrition education materials using federal health literacy guidance, assessment tools, and standards. ■ Based on federal health literacy guidance, assessment tools and standards, research and summarize the availability of credible and professional nutrition education resources on a food and nutrition topic related to a non-English speaking or limited English proficient population at high risk for a specific nutrition-related chronic disease. ■ Evaluate a public health education campaign based on target audience, message(s), health literacy, cultural appropriateness and communication preferences, and overall effectiveness; Summarize your findings and recommendations. 	<ul style="list-style-type: none"> ■ Gateway to Health Communication & Social Marketing Practice, CDC https://www.cdc.gov/healthcommunication ■ Center for Linguistic and Cultural Competency in Health Care, DHHS, OMH https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=34 ■ Health Literacy for Public Health Professionals, CDC http://www.cdc.gov/healthliteracy/training/page5756.html ■ SNAP-Ed Connection, SNAP-Ed Library, USDA https://snaped.fns.usda.gov/snap-ed-library ■ Gateway to Health Communication & Social Marketing Practice, Research & Evaluation, CDC http://www.cdc.gov/healthcommunication/research

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>CMC3. Cultural Sensitivity</p> <p>Follows concepts of cultural sensitivity when developing, implementing, and evaluating food and nutrition interventions, programs, events, and resources for health promotion/disease prevention.</p>	<p>CMC3. Cultural Sensitivity</p> <p>Implements culturally appropriate food and nutrition interventions, programs, events, and resources for health promotion/disease prevention.</p>	<ul style="list-style-type: none"> ■ Define cultural sensitivity, competency, awareness, resiliency, humility, and relevance; Provide examples of each as they are related to your work with culturally diverse populations. ■ Attend an in-person or web-based training on cultural sensitivity and communication in public health. ■ Review an evidence-based article/report on a select public health nutrition issue within a specific underserved or minority population and assess for health literacy and cultural appropriateness; Summarize findings and recommendations. ■ Assist with or assess and summarize how your organization is complying with The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (<i>The National CLAS Standards</i>) to help advance and sustain culturally and linguistically appropriate services. ■ Assist with your organization’s assessment-based intervention planning and activities to comply with <i>The National CLAS Standards</i>. ■ Develop a 10-15 minute PowerPoint presentation and corresponding one-page summary with graphics and/or illustrations on a food and nutrition topic of current interest to deliver to stakeholders of an underserved or minority population via an existing forum (e.g., public health coalition meeting); Obtain evaluation feedback from attendees on both the PowerPoint presentation and one-page summary; Make recommended revisions. 	<ul style="list-style-type: none"> ■ Cultural Competency for Public Health Professionals, Community Commons http://www.communitycommons.org/2013/10/cultural-competency-for-public-health-professionals ■ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, Federal Register https://www.federalregister.gov/documents/2013/09/24/2013-23164/national-standards-for-culturally-and-linguistically-appropriate-services-clas-in-health-and-health ■ The National CLAS Standards, DHHS, OMH https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53 ■ Health Literacy for Public Health Professionals, CDC http://www.cdc.gov/healthliteracy/training/page5756.html ■ Center for Linguistic and Cultural Competency in Health Care, DHHS, OMH https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=34

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>CMC4. Interviewing and Counseling</p> <p>Utilizes appropriate interviewing and counseling techniques to positively impact behavior change at the individual or interpersonal levels.</p>	<p>CMC4. Interviewing and Counseling</p> <p>Utilizes appropriate interviewing and counseling techniques to positively impact behavior change at the individual level.</p>	<ul style="list-style-type: none"> ■ Review and summarize the most common behavior change theories or models (i.e., learning theories, social cognitive theory, theories of reasoned action and planned behavior, transtheoretical model, health action process approach) and their respective constructs. ■ Describe how you would apply one or more of these behavior change theories or models in the development of a nutrition education intervention. ■ Review and summarize interviewing and counseling techniques to positively impact behavior change (e.g., motivational interviewing, cognitive behavioral therapy). ■ Attend an in-person or web-based training on interviewing and counseling techniques to positively impact behavior change; Role play techniques with a colleague. ■ With appropriate consents, have an RDN observe and critique one of your individual and/or group nutrition education/counseling sessions and provide feedback. ■ With appropriate consents, observe and critique an individual and/or group nutrition education/counseling session and provide feedback to the RDN. 	<ul style="list-style-type: none"> ■ Social and Behavioral Theories, Office of Behavioral & Social Sciences Research, NIH http://www.esourceresearch.org/eSourceBookSocialandBehavioralTheories/1LearningObjectives/tabid/724/Default.aspx ■ Resnicow, K., Dilorio, C., Soet, J. E., Borrelli, B., Hecht, J., & Ernst, D. (2002). Motivational interviewing in health promotion: it sounds like something is changing. <i>Health Psychology</i>, 21(5), 444. ■ Cognitive behavioral therapy, Mayo Clinic http://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/home/ovc-20186868 ■ Motivational Interviewing, SAMHSA-HRSA Center for Integrated Health Solutions http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing ■ BECK Cognitive Behavior Therapy https://www.beckinstitute.org/?gclid=CNWErLWXzNACFdgYgQod7W411A ■ WIC Works, Counseling and Educational Methods, USDA https://wicworks.fns.usda.gov

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>CMC5. Public Relations</p> <p>Effectively communicates relevant demographic, statistical, programmatic, and scientific food and nutrition information to diverse audiences (e.g., professionals, consumers, government officials, policy makers, and the community).</p>	<p>CMC5. Public Relations</p> <p>Effectively communicates relevant scientific food and nutrition information to consumers and the community.</p>	<ul style="list-style-type: none"> ■ Review best practices on communicating accurate food and nutrition information. ■ Summarize the findings of a community nutrition needs assessment on a one-page handout or infographic and communicate the findings with a hospital leadership team, government officials, or policy makers. ■ Based on the findings of a community nutrition needs assessment, conduct and summarize a literature review for a white paper or proposal to address identified public health nutrition programming needs. ■ Contact a local Food Policy Council or local officials to see what kinds of food and nutrition projects they could use help with; Write a public health policy brief on a topic of current interest to submit to the Food Policy Council’s newsletter and/or distribute to the office of a State legislator or a public relations firm representing a “key stakeholder” group. ■ Write a draft press release, public service announcement (PSA), or op-ed for a local or state newspaper, or conduct a mock interview on a food and nutrition topic of current public interest. ■ Join a health or nutrition journal club. ■ Attend a Food Policy Council meeting, volunteer for a community event or working committee. 	<ul style="list-style-type: none"> ■ Academy of Nutrition and Dietetics, Practice Paper: Communicating Accurate Food and Nutrition Information (membership login required) http://jandonline.org/article/S2212-2672(12)00322-X/fulltext ■ Gateway to Health Communication & Social Marketing Practice, CDC https://www.cdc.gov/healthcommunication ■ Moving to the Future, Tools for Planning Nutrition and Physical Activity Programs, ASPHN http://movingtothefuture.org ■ PHCNPG, AND, Community Nutrition Assessment Tools https://www.phcnpg.org/content/community-nutrition-assessment-tools ■ SNAP-Ed Evaluation Framework and Interpretive Guide, USDA, ASNNA, and NCCOR https://snaped.fns.usda.gov/evaluation/evaluation-framework-and-interpretive-guide ■ Infographics, CDC http://www.cdc.gov/socialmedia/tools/infographics.html ■ Directory of Food Policy Networks, Johns Hopkins Center for a Livable Future http://www.foodpolicynetworks.org/directory/index.html ■ How to Contact Your Elected Officials, USA.gov https://www.usa.gov/elected-officials

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>CMC5. Public Relations <i>(continued)</i></p>	<p>CMC5. Public Relations <i>(continued)</i></p>		<p>■ The Writing Center, University of North Carolina at Chapel Hill, Policy Brief https://writingcenter.unc.edu/policy-briefs</p>

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>CMC6. Social Determinants of Health</p> <p>Explains the role of cultural, socioeconomic, and behavioral factors in the availability, accessibility, acceptability, and delivery of public health services.</p>	<p>CMC6. Social Determinants of Health</p> <p>Recognizes the role of cultural, socioeconomic, and behavioral factors in the availability, accessibility, acceptability, and delivery of public health services.</p>	<ul style="list-style-type: none"> ■ Define the social determinants of health and describe their impact on the availability, accessibility, acceptability, and delivery of services aimed at food security, healthy eating, and physical activity (PA). ■ Talk with individuals from underserved or minority populations and individuals with developmental or cognitive disabilities to gain an understanding of their challenges in accessing/using public health and community nutrition resources; Research the health beliefs of a specific cultural, socioeconomic and/or behavioral group, and write a brief review article on your findings. ■ Interview public health practitioners and community members about their understanding of the availability and accessibility of community conditions and services aimed at reducing food insecurity, and increasing opportunities for healthy eating and PA; Compare and contrast findings in a summary report. ■ Discuss barriers and supports related to the delivery of public health services with cultural brokers and/or community stakeholders via an existing forum (e.g., public health coalition meeting). ■ Describe the role of health care reform in increasing accessibility to affordable health care, noting any state by state differences. ■ Review DNPAO or SNAP-Ed state plans, websites and reports or other community-oriented nutrition state/local planning documents (e.g., WIC, Child Nutrition Programs, or non-profit programs including AHA, Feeding America, food policy councils, the RWJF, or State Nutrition Action Plans required by SNAP-Ed beginning in FFY 17); Assess how the implementation strategies in these plans use best practices to address the social determinants of health to meet identified needs through community health needs assessments; Summarize your findings and recommendations based on material reviewed. 	<ul style="list-style-type: none"> ■ Social Determinants of Health, HealthyPeople.gov, ODPHP https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health ■ Unnatural Causes: Is Inequality Making Us Sick?, California Newsreel http://www.unnaturalcauses.org ■ A New Way to Talk about the Social Determinants of Health, RWJF http://www.rwjf.org/en/library/research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html ■ The Health Communicator’s Social Media Toolkit, July 2011, CDC http://www.cdc.gov/healthcommunication/toolstemplates/socialmediatoolkit_bm.pdf

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>CMC6. Social Determinants of Health</p> <p><i>(continued)</i></p>	<p>CMC6. Social Determinants of Health</p> <p><i>(continued)</i></p>	<ul style="list-style-type: none"> ■ Identify ways that social media platforms can be used to effectively raise awareness of public health services taking into account the cultural, socioeconomic, and behavioral factors related to their availability, accessibility, and acceptability. 	

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>CMC7. Marketing</p> <p>Identifies and utilizes principles of marketing for use in the food, nutrition, and physical activity components of health promotion/ disease prevention programs and services, including social marketing, messaging/ counter-messaging, behavioral economics, and electronic social networks.</p>	<p>CMC7. Marketing</p> <p>Markets food, nutrition, and physical activity components of health promotion/ disease prevention programs and services using current marketing techniques.</p>	<ul style="list-style-type: none"> ■ Review a focus group guide and/or develop a focus group guide intended to inform development of a social marketing campaign related to a particular food- and/or physical activity-related behavior. ■ Utilize the <i>CDCynergy</i> tool or other tool based on best practice social marketing principles to develop, implement, and evaluate an effective social marketing plan related to food, nutrition and/or physical activity messaging (special project with dedicated resources). ■ Research which media platforms are best suited for communicating with different populations and why; Conduct or participate in a focus group to determine specific food, nutrition, and/or physical activity message preferences of a target population; Propose a plan for formative research/testing of select messages. ■ Describe the relationship between public health/community nutrition and behavioral economics. ■ Volunteer to be a social media liaison for a practice group or member interest group of your choice within the Academy. ■ Select a food, nutrition, and/or physical activity print or video game for children and analyze based on the following: a) What specific child age group is the ad targeting?; b) What is the primary message?; c) What are the secondary messages, if any?; d) How effective is the ad in conveying its message(s) to the target age group?; and e) Does the ad promote or contradict evidence-based public health nutrition recommendations?; Summarize your findings. ■ Attend an in-person or web-based training on social marketing, behavioral economics, and/or social media in public health nutrition. 	<ul style="list-style-type: none"> ■ Community Tool Box, Section 6. Conducting Focus Groups https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main ■ CDCynergy "Lite," Gateway to Health Communication & Social Marketing Practice, CDC https://www.cdc.gov/healthcommunication/cdcynergylite.html ■ Gateway to Health Communication & Social Marketing Practice, CDC https://www.cdc.gov/healthcommunication ■ Atkin, C. K., & Freimuth, V. (2001). Formative evaluation research in campaign design. <i>Public communication campaigns</i>, 3, 125-145. ■ Roberto, C. A., & Kawachi, I. (Eds.). (2015). <i>Behavioral economics and public health</i>. Oxford University Press. ■ The Health Communicator's Social Media Toolkit, July 2011, CDC http://www.cdc.gov/healthcommunication/toolstemplates/socialmediatoolkit_bm.pdf

Advocacy & Education (AE)

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>AE1. Economic, Cultural, and Societal Implications</p> <p>Identifies economic, cultural, and societal trends that have implications for the health and nutritional status of populations in the promotion of public health nutrition.</p>	<p>AE1. Economic, Cultural, and Societal Implications</p> <p>Recognizes economic, cultural, and societal trends that have implications for the health and nutritional status of populations in the promotion of public health nutrition.</p>	<ul style="list-style-type: none"> ■ Compare US trends in food insecurity, dietary patterns recommended for healthy eating, physical activity, and chronic disease rates, as per the 2015-2020 Dietary Guidelines for Americans (DGA) with economic, cultural, and societal trends. ■ Research food and nutrition services in your community funded by the Farm Bill (e.g., SNAP and SNAP-Ed) and Child Nutrition Reauthorization Bill (e.g., WIC); Describe how these programs are delivered at the local level and how results are reported to funding agencies and Congress; Describe how food assistance recipients may maximize their benefits through nutrition incentives (e.g., “Double Up Food Bucks” or “Health Bucks,” Community Supported Agriculture (CSA) groups) where SNAP or WIC benefits are accepted as payment. ■ Using secondary online data sources provided by the Centers for Disease Control and Prevention (CDC), your state or local health department (e.g., BRFSS, YRBS) or other data sources, identify an underserved or minority population at high risk for a specific nutrition-related disease; When applicable, contact your division or office of epidemiology to work with an epidemiologist on collecting or reviewing primary or secondary and interdisciplinary data (e.g., infectious disease, tobacco, PA, urban design, occupational health, health disparities) as needed related to the nutrition related disease; Volunteer to participate on a pertinent data, evaluation, or epidemiology work group to meet nutritional need(s); Draft a public health briefing paper on your findings and potential solutions to meet the nutritional need. 	<ul style="list-style-type: none"> ■ The Writing Center, University of North Carolina at Chapel Hill, Policy Brief https://writingcenter.unc.edu/policy-briefs ■ Unnatural Causes: Is Inequality Making Us Sick?, California Newsreel http://www.unnaturalcauses.org ■ Advice and Advocacy for Healthier Food, Center for Science in the Public Interest https://cspinet.org ■ Policy and Advocacy, NACCHO http://www.naccho.org/advocacy ■ How to Contact Your Elected Officials, USA.gov https://www.usa.gov/elected-officials ■ Moving to the Future, Tools for Planning Nutrition and Physical Activity Programs, ASPHN http://movingtothefuture.org ■ PHCNPG, AND, Community Nutrition Assessment Tools https://www.phcnpg.org/content/community-nutrition-assessment-tools

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>AE1. Economic, Cultural, and Societal Implications</p> <p><i>(continued)</i></p>	<p>AE1. Economic, Cultural, and Societal Implications</p> <p><i>(continued)</i></p>	<ul style="list-style-type: none"> ■ Identify an existing health disparity within a community at high risk for a nutrition-related chronic disease and explore possible causes; Identify current public health nutrition policy addressing the disparity; Research and respond to current action alerts of the AND, NANA or APHA related to the disparity; Write an advocacy letter to your congressional representatives on the strengths and/or weaknesses of current policy or the action alert(s) on proposed policy addressing the disparity. ■ Participate in or review the findings of a community nutrition needs assessment and implementation strategies to meet identified needs published in DNPAO or SNAP-Ed state plans, websites, and reports or other community-oriented nutrition state/local planning documents (e.g., WIC, Child Nutrition Programs, or non-profit programs including AHA, Feeding America, food policy councils, the RWJF, or State Nutrition Action Plans required by SNAP-Ed beginning in FFY 17); Determine how the implementation strategies will use best practices related to disease prevention and address the social determinants of health. 	<ul style="list-style-type: none"> ■ SNAP-Ed Evaluation Framework and Interpretive Guide, USDA, ASNNA, and NCCOR https://snaped.fns.usda.gov/evaluation/evaluation-framework-and-interpretive-guide

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>AE2. Governmental Structure and Process</p> <p>Describes local, state, and federal governmental structures and the governmental processes involved in the development of public policy, legislation, regulations, and delivery of services that influence food systems, food intake, nutritional status, and population health.</p>	<p>AE2. Public Policy and the Role of Governmental and Non-Governmental Organizations</p> <p>Recognizes the role of governmental and non-governmental organizations in the development of public policy and in the promotion and delivery of community-based nutrition and physical activity programs and services.</p>	<ul style="list-style-type: none"> ■ Participate in a local, regional, or state Food Policy Council. ■ Attend a federal, state, or local congressional hearing on a public health nutrition issue and summarize key points made. ■ Review a current federal public health nutrition policy and identify where it currently is in the legislative process; Research and summarize the outcomes of the federal hearing committees (both House of Representatives and Senate) responsible for overseeing the policy. ■ Create a contact list of your local, state, and national legislators; Gather at least three research articles to substantiate your position on a policy issue and summarize the evidence; Write to your legislators, emphasizing the evidence base regarding your position on the regulations of current, proposed public health nutrition policy. ■ Volunteer to work on a project with your local AND affiliate’s Public Policy Coordinator. ■ Sign up for AND’s Grassroots Manager; Read and respond to Action Alerts on an ongoing basis. ■ Research the presence and missions of state or local anti-hunger, food, nutrition and physical activity coalitions or advocacy organizations and the issues they sponsor, track, or take public positions on. 	<ul style="list-style-type: none"> ■ Our Government, The Executive Branch, The White House https://www.whitehouse.gov/1600/executive-branch ■ Matrix of the Role of Federally Funded Nutrition Programs in Obesity Prevention https://asphn.org/wp-content/uploads/2017/10/Obesity-Prevention-Matrix.pdf ■ Directory of Food Policy Networks, Johns Hopkins Center for a Livable Future http://www.foodpolicynetworks.org/directory ■ Committee Meeting Calendar, GovTrack https://www.govtrack.us/congress/committees/calendar ■ State Legislature Websites, Congress.gov https://www.congress.gov/state-legislature-websites ■ Advice and Advocacy for Healthier Food, Center for Science in the Public Interest https://cspinet.org ■ How to Contact Your Elected Officials, USA.gov https://www.usa.gov/elected-officials ■ Policy and Advocacy, NACCHO http://www.naccho.org/advocacy

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>AE2. Governmental Structure and Process</p> <p><i>(continued)</i></p>	<p>AE2. Public Policy and the Role of Governmental and Non-Governmental Organizations</p> <p><i>(continued)</i></p>		<ul style="list-style-type: none"> ■ State Affiliates, Academy of Nutrition and Dietetics http://www.eatrightpro.org/resource/membership/academy-groups/affiliates/state-affiliates ■ Grassroots Manager, Academy of Nutrition and Dietetics http://www.eatrightpro.org/resource/advocacy/action-center/local-advocacy/grassroots-manager

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>AE3. Role of Governmental and Non-Governmental Organizations</p> <p>Describes the role of governmental and non-governmental organizations in the promotion and delivery of community-based nutrition and physical activity programs and services.</p>	<p>AE3. Public Policy and the Role of Governmental and Non-Governmental Organizations</p> <p>Recognizes the role of governmental and non-governmental organizations in the development of public policy and in the promotion and delivery of community-based nutrition and physical activity programs and services.</p>	<ul style="list-style-type: none"> ■ Identify the missions, visions, goals and objectives of national partnerships, programs, or organizations such as the National Alliance for Nutrition and Activity, the National Collaborative on Childhood Obesity Research, the Healthy Corner Stores Network, Safe Routes to School, and the Walkable and Livable Communities Institute. ■ Volunteer with a state or local health department or organization that receives funding through USDA (SNAP, SNAP-Ed, NSLP, WIC, FMNP, CACFP, SBP, SFSP, SFMNP, Fresh Fruit and Vegetable Program, Special Milk Program, TEFAP, CSFP or FDPIR), or the Centers for Disease Control and Prevention (CDC) for nutrition-related chronic disease prevention and health promotion programs. ■ Volunteer with local or regional affiliates of non-governmental organizations such as the American Heart Association, the American Diabetes Association, the American Cancer Society, other community action organizations, or foundations providing community-based nutrition and physical activity programs and services. ■ Participate in your State Nutrition Action Coalition (SNAC) or on a work group or committee of a state or local coalition that is planning and/or implementing community-based nutrition and physical activity programs and services. 	<ul style="list-style-type: none"> ■ National Alliance for Nutrition and Activity, NANA https://cspinet.org/national-alliance-nutrition-and-activity ■ National Collaborative on Childhood Obesity Research, NCCOR http://www.nccor.org ■ The National Healthy Corner Stores Network, The Food Trust http://thefoodtrust.org/what-we-do/administrative/healthy-corner-stores-network ■ Safe Routes to School National Partnership http://www.saferoutespartnership.org ■ State Health & Human Services, ODPHP https://healthfinder.gov/FindServices/SearchOrgType.aspx?OrgTypeID=8 ■ State Contacts, U.S. Department of Education https://www2.ed.gov/about/contacts/state/index.html

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>AE4. Lobbying and Education</p> <p>Differentiates between lobbying and education; complies with federal rules and regulations prohibiting the use of federal funds for lobbying; educates policy makers and regulators on public health and community nutrition services and programs; and understands the complementary nature of governmental and private sector advocacy.</p>	<p>AE4. Lobbying and Education</p> <p>Differentiates between lobbying and education, and complies with federal rules and regulations prohibiting the use of federal funds for lobbying.</p>	<ul style="list-style-type: none"> ■ Differentiate between lobbying and advocacy/education; Identify one or more lobbying rules related to a governmental, non-profit, and business organization; Research your state’s and your employer’s policies and procedures on employee communication with elected officials, federal and state officials, mayors, city councils, school boards, planning agencies regarding pending legislation, appropriations, ordinances, and regulations. ■ Read about the history of federal nutrition programs to understand stakeholders, funding and legislation; Identify whether programs are entitlement vs. discretionary spending programs. ■ Read through the most recent Farm Bill legislation and comments from the professional community, and document the main points of view by groups of stakeholders. ■ Research a federal nutrition program (e.g., USDA (SNAP, SNAP-Ed, NSLP, WIC, FMNP, CACFP, SBP, SFSP, SFMNP, Fresh Fruit and Vegetable Program, Special Milk Program, TEFAP, CSFP or FDIPIR), CDC DNPAO, or HRSA MCH for nutrition-related chronic disease prevention and health promotion programs. ■ Determine: the history of how, why, and when it was established; how it is administered and regulated; its annual budget and state allocation formula; grantee and program participant eligibility requirements; allowable and unallowable costs (e.g., what the program can and cannot provide); and how often the federal legislation, both funding and regulating the program, is reauthorized. ■ Identify the poverty level guidelines that are used to determine eligibility for participation in public health nutrition programs. 	<ul style="list-style-type: none"> ■ Law & Policy 101, ChangeLab Solutions http://www.changelabsolutions.org/landing-page/law-policy-101 ■ The Farm Bill, USDA https://www.nrcs.usda.gov/wps/portal/nrcs/main/national/programs/farmbill ■ Mercier, S. (2012). Review of US Nutrition Assistance Policy: Programs and Issues. http://www.foodandagpolicy.org/sites/default/files/AGree%20Review%20of%20US%20Nutrition%20Assistance%20Policy_1_0.pdf ■ GERALDELLO, C. S., & Citrus Administrative Committee. (2014). Public Law 113, 79, Washington, Feb. 7, 2014. <i>Agricultural Act of 2014</i>. https://www.congress.gov/113/plaws/publ79/PLAW-113publ79.pdf ■ 2014 Farm Bill Implementation Listening Session, Regulations.gov https://www.regulations.gov/docket?D=FSA-2014-0002 ■ How to Contact Your Elected Officials, USA.gov https://www.usa.gov/elected-officials ■ Guide to Effectively Educating State and Local Policymakers, NACCHO (membership login required) http://archived.naccho.org/toolbox/tool.cfm?id=3247

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>AE4. Lobbying and Education</p> <p><i>(continued)</i></p>	<p>AE4. Lobbying and Education</p> <p><i>(continued)</i></p>	<ul style="list-style-type: none"> ■ Discuss program benefits and challenges for recipients of various federal food assistance programs. ■ Gather at least three research articles to substantiate your position on the regulations of current, proposed public health nutrition policy and summarize the evidence; Write to a local, state, or national legislator, emphasizing the evidence base regarding your position on the regulations of current, proposed public health nutrition policy; Call their office to make an appointment to present the rationale for your position and address any questions they may have. 	<ul style="list-style-type: none"> ■ State Impact Reports, SNAP-Education Connection https://snaped.fns.usda.gov/materials/search?f[0]=field_material_information%253Afield_rf_em_format%3A986

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>AE5. Value of Evidence-Based Interventions</p> <p>Clearly articulates the need for and the value of evidence-based public health nutrition programs and promotes evidence-based public health nutrition programs and services, physical activity, and policies at the individual and population levels.</p>	<p>AE5. Value of Evidence-Based Interventions</p> <p>Participates in organized efforts to articulate the need for and the value of evidence-based public health nutrition programs and promotes evidence-based public health nutrition programs and services and physical activity at the individual and/or population levels.</p>	<ul style="list-style-type: none"> ■ Review an existing local, state, or federal policy pertaining to a specific food assistance, nutrition education, or physical activity program: Compare programs against a standard, as with guidance, regulation, or other authoritative source; Review pending federal or state legislation related to a current or new public health nutrition program and write commentary in favor of or opposed to the legislation, providing credible evidence to support your view; Submit comments or letters reviewed by a public health nutrition professional and/or team experienced in educating legislators on the proposed legislation individually or through a professional organization (e.g., AND); Prepare via role modeling with an experienced public health nutrition professional and/or team to meet with your local congressional representatives to share your findings. ■ Participate in a worksite wellness program and evaluate the strength of the evidence base of the program and any related organizational policies. ■ Research a database of evidence-based nutrition and physical activity curricula, programs, or policies such as those in the searchable <i>SNAP-Ed Toolkit</i> for applicability to a specific underserved or minority population. ■ Draft a nutrition and/or physical activity policy brief for your local community based on an evidence-based action plan (e.g., National Fruit & Vegetable Alliance’s National Action Plan to Promote Health through Increased Fruit and Vegetable Consumption), detailing how to implement and maintain the policy, and citing the evidence base for policy recommendations. 	<ul style="list-style-type: none"> ■ Proven Strategies, CDC-DNPAO https://www.cdc.gov/nccdphp/dnpao/proven-strategies.html ■ <i>The SNAP-Ed Toolkit</i>, USDA-FNS & NIFA https://snapedtoolkit.org ■ Nutrition, CSPI https://cspinet.org/protecting-our-health/nutrition ■ Committee Meeting Calendar, GovTrack https://www.govtrack.us/congress/committees/calendar ■ State Legislature Websites, Congress.gov https://www.congress.gov/state-legislature-websites ■ State Affiliates, Academy of Nutrition and Dietetics http://www.eatrightpro.org/resource/membership/academy-groups/affiliates/state-affiliates ■ Grassroots Manager, Academy of Nutrition and Dietetics http://www.eatrightpro.org/resource/advocacy/action-center/local-advocacy/grassroots-manager ■ How to Contact Your Elected Officials, USA.gov https://www.usa.gov/elected-officials ■ Proven Strategies, CDC-DNPAO https://www.cdc.gov/nccdphp/dnpao/proven-strategies.html

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>AE5. Value of Evidence-Based Interventions</p> <p><i>(continued)</i></p>	<p>AE5. Value of Evidence-Based Interventions</p> <p><i>(continued)</i></p>		<ul style="list-style-type: none"> ■ National Fruit & Vegetable Alliance, About the National Action Plan http://www.nfva.org/national_action_plan.html ■ The Writing Center, University of North Carolina at Chapel Hill, Policy Brief https://writingcenter.unc.edu/policy-briefs

Policy, Systems, & Environmental Change (PSE)

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>PSE1. Partnerships with Stakeholders</p> <p>Establishes and participates in partnerships with colleagues and public health stakeholders, including community, professional, and grassroots organizations in public, private, and voluntary sectors.</p>	<p>PSE1. Partnerships with Stakeholders</p> <p>Participates in partnerships with health care professionals and support personnel in public health.</p>	<ul style="list-style-type: none"> ■ Describe the principles of community engagement and community participatory action research. ■ Contact your state, regional, or local health and/or human services department and volunteer to help a community coalition or organization working on nutrition-related chronic disease prevention and health promotion programming funded by the Centers for Disease Control and Prevention (CDC), USDA, foundation, or similar organization. ■ In collaboration with a food policy coalition, local non-profit, or other community-based organization, select one of their specific high priority policy areas or projects and address the following: Identify potential stakeholders and community partners; Draft a written document or develop comparable materials that describe the project or policy area for use by stakeholders, community organizations and the public, with an emphasis on the role of public health nutrition in this issue; Engage stakeholders and community partners in both activities above. ■ Review your state’s nutrition, physical activity, and/or obesity prevention plan; Identify its relationship to national priorities. ■ Participate in community coalition activities related to food insecurity, nutrition, and physical activity; Summarize the rationale for the activities (i.e., needs assessment and outcomes). 	<ul style="list-style-type: none"> ■ Partnerships, USDA-FNS https://www.fns.usda.gov/get-involved/partnerships ■ Moving to the Future, Tools for Planning Nutrition and Physical Activity Programs, ASPHN http://movingtothefuture.org ■ ASPHN Collaboration Primer https://asphn.org/wp-content/uploads/2017/10/collaboration-primer.pdf ■ Cornerstones of a Healthy Lifestyle: Blueprint for Nutrition & Physical Activity, 2nd Ed., ASPHN https://asphn.org/wp-content/uploads/2017/12/Blueprint-for-Nutrition-and-Physical-Activity-full-document.pdf ■ Principles of Community Engagement – Second Edition, CDC https://www.atsdr.cdc.gov/communityengagement ■ Coordinated Chronic Disease Prevention, State Snapshots, CDC https://www.cdc.gov/chronicdisease/programs-impact/state-snapshots/index.htm

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>PSE1. Partnerships with Stakeholders</p> <p><i>(continued)</i></p>	<p>PSE1. Partnerships with Stakeholders</p> <p><i>(continued)</i></p>		<ul style="list-style-type: none"> ■ Parvanta, C., Maibach, E., Arkin, E., Nelson, D. E., & Woodward, J. (2002). Public health communication: A planning framework. <i>Communicating public health information effectively. A guide for practitioners</i>, 11-13. http://samples.jbpub.com/9780763771157/71157_CH02_019_038.pdf ■ Inspiring Youth, Growing Change https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/CDPH%20Document%20Library/PPPDS_InspiringYouthGC.pdf ■ Funded DNPAO State and Local Programs, CDC http://www.cdc.gov/nccdphp/dnpao/state-local-programs/funding.html ■ Making the HEALTHY Choice the EASY Choice (a PSE training course), Cornell University, Division of Nutritional Sciences http://www.ecornell.com/pse

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>PSE2. Collective Impact and Sustainability of Resources</p> <p>Utilizes evidence-based or best practice instruments or tools to assess the built and social environments; identifies existing public health nutrition services of community-based partners and service areas in order to identify gaps in services (i.e., needs assessments); and contributes to coordinated program and/or intervention planning that supports collective impact and sustainability of services across sectors.</p>	<p>PSE2. Collective Impact and Sustainability of Resources</p> <p>Recognizes how community-based public health nutrition service providers support collective impact and sustainability of services across sectors through needs assessments and coordinated program and/or intervention planning.</p>	<ul style="list-style-type: none"> ■ Join the Collective Impact Forum; Learn about domestic and international Collective Impact initiatives that have positively impacted health and nutrition; Identify the five key elements of Collective Impact within these initiatives. ■ Based on community nutrition and physical activity needs assessments and/or DNPAO or SNAP-Ed state plans, websites, and reports or other community-oriented nutrition state/local planning documents (e.g., WIC, Child Nutrition Programs, or non-profit programs including AHA, Feeding America, food policy councils, the RWJF, or State Nutrition Action Plans required by SNAP-Ed beginning in FFY 17), review implementation strategies to meet identified community health needs in your community; Describe how relevant implementation strategies will use best practices to address the built and social environments related to disease prevention. ■ Identify evidence-based or best practice instruments or tools to assess the built and social environment gaps identified in community nutrition and physical activity needs assessments and/or state plans, websites, reports, or other state/local planning documents; Research additional instrument(s) or tool(s) to assess gaps in greater detail; Assess your community with your select instrument(s) or tool(s); Compare your findings with those of the community nutrition and physical activity needs assessments and summarize key similarities and differences. ■ Contact your local Food Policy Council and/or a community coalition addressing the built and social environments related to nutrition and physical activity promotion, offer to volunteer for a project, and present your findings; Propose how the findings may be used to establish or support a sustainable Collective Impact Framework for the food council or community coalition to address priority issues through coordinated program and/or intervention planning across community sectors. 	<ul style="list-style-type: none"> ■ Kania, J., & Kramer, M. (2011). Collective impact. http://c.ymcdn.com/sites/www.lano.org/resource/dynamic/blogs/20131007_093137_25993.pdf ■ Collective Impact Forum https://collectiveimpactforum.org ■ Moving to the Future, Tools for Planning Nutrition and Physical Activity Programs, ASPHN http://movingtothefuture.org ■ PHCNPG, AND, Community Nutrition Assessment Tools https://www.phcnpg.org/content/community-nutrition-assessment-tools ■ Evaluation Framework and Interpretive Guide, USDA https://snaped.fns.usda.gov/evaluation/evaluation-framework-and-interpretive-guide ■ Directory of Food Policy Networks, Johns Hopkins Center for a Livable Future http://www.foodpolicynetworks.org/directory ■ Making the HEALTHY Choice the EASY Choice (a PSE training course), Cornell University, Division of Nutritional Sciences http://www.ecornell.com/pse

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>PSE3. Developing and Implementing Nutrition Programs</p> <p>Utilizes evidence-based and best practice nutrition and physical activity recommendations in identifying, developing, and implementing nutrition programs.</p>	<p>PSE3. Developing and Implementing Nutrition Programs</p> <p>Utilizes evidence-based and best practice nutrition and physical activity recommendations in implementing nutrition programs.</p>	<ul style="list-style-type: none"> ■ Select a nutrition program with a base in evidence and theory; Develop program objectives that align with program activities and evaluation measures. ■ Identify appropriate global, national, regional, and/or local <i>nutrition and physical activity plans</i> for recommendations on a specific project or policy issue: Based on your findings, develop a program proposal, or similar document that integrates recommendations and discusses potential intentional and unintentional outcomes that can arise from these recommendations (e.g., breastfeeding and domestic or international formula initiatives). ■ Identify states that have implemented a policy to add an excise tax or a sales tax to the current price of soda, fruit drinks, energy drinks, tea or coffee drinks, sports drinks, or other sugar sweetened beverages, how funds generated by the tax are used (e.g., to subsidize healthy foods or to support other public health initiatives), and what the intentional and unintentional outcomes were. ■ Review an ideal vs. feasible nutrition and/or physical activity program; Identify potential barriers to implementation (e.g., funding/cost, stakeholders, public awareness/support, competing priorities, etc.) and recommend ways to overcome them. 	<ul style="list-style-type: none"> ■ Moving to the Future, Tools for Planning Nutrition and Physical Activity Programs, ASPHN http://movingtothefuture.org ■ Meusel, D., Höger, C., Pérez-Rodrigo, C., Aranceta, J., Cavill, N., & Armstrong, T. (2008). A framework to monitor and evaluate implementation. http://www.who.int/dietphysicalactivity/M&E-ENG-09.pdf ■ Funded DNPAO State and Local Programs, CDC https://www.cdc.gov/nccdphp/dnpao/state-local-programs/funding.html ■ World Health Organization. Interventions on diet and physical activity: what works. Summary report. 2009. http://www.who.int/dietphysicalactivity/summary-report-09.pdf ■ International Code of Marketing of Breast-Milk Substitutes, WHO http://www.who.int/nutrition/publications/infantfeeding/9241541601/en ■ Proven Strategies, CDC-DNPAO https://www.cdc.gov/nccdphp/dnpao/proven-strategies.html ■ Making the HEALTHY Choice the EASY Choice (a PSE training course), Cornell University, Division of Nutritional Sciences http://www.ecornell.com/pse

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>PSE4. Increasing Access to Healthy Food and Physical Activity</p> <p>Identifies and implements effective nutrition interventions that change policy, systems, or the environment to increase access to healthy food and physical activity for all populations.</p>	<p>PSE4. Increasing Access to Healthy Food and Physical Activity</p> <p>Identifies and implements effective nutrition interventions that change policy, systems, or the environment to increase access to healthy food and physical activity for all populations.</p>	<ul style="list-style-type: none"> ■ Based on community nutrition needs assessments and/or DNPAO or SNAP-Ed state plans, websites, and reports or other community-oriented nutrition state/ local planning documents (e.g., WIC, Child Nutrition Programs, or non-profit programs including AHA, Feeding America, food policy councils, the RWJF, or State Nutrition Action Plans required by SNAP-Ed beginning in FFY 17), identify the nutrition and physical activity related chronic diseases by highest rates of incidence, prevalence, and mortality within the respective community. ■ Based on the SEM and social determinants of health, identify evidence-based or best practice policy, system, or environmental (PSE) interventions that can be implemented as part of the most effective multiple approach (i.e., PSEs, direct education, and/ or social marketing) to prevent or reduce a select chronic disease with one of the highest mortality rates within your community. ■ Research what PSE interventions to increase access to healthy food are being conducted in your community by your CDC-funded state or local obesity prevention program or USDA-funded state or local SNAP-Ed or EFNEP programs. ■ Volunteer to assist with current PSE interventions being delivered within your community to increase access to healthy food. ■ Write a brief (3-page maximum) concept paper for potential funding of a proposed PSE intervention to reduce a nutrition-related chronic disease with one of the highest mortality rates within your community: Include the following components: 1) Project Title; 2) Purpose of the Project; 3) Timeframe; 4) Background and Significance; 5) Environment and Relevant Experience; 6) Goal(s) and Objectives; 7) Sample or Target Population; 8) Methods or Approach; and 9) Budget. 	<ul style="list-style-type: none"> ■ Moving to the Future, Tools for Planning Nutrition and Physical Activity Programs, ASPHN http://movingtothefuture.org ■ PHCNPG, AND, Community Nutrition Assessment Tools https://www.phcnpg.org/content/community-nutrition-assessment-tools ■ SNAP-Ed Evaluation Framework and Interpretive Guide, USDA, ASNNA, & NCCOR https://snaped.fns.usda.gov/evaluation/evaluation-framework-and-interpretive-guide ■ Proven Strategies, CDC-DNPAO https://www.cdc.gov/nccdphp/dnpao/proven-strategies.html ■ <i>The SNAP-Ed Toolkit</i>, USDA-FNS & NIFA https://snapedtoolkit.org ■ Coordinated Chronic Disease Prevention, State Snapshots, CDC https://www.cdc.gov/chronicdisease/programs-impact/state-snapshots/index.htm ■ State SNAP-Ed Contacts, USDA FNS https://snaped.fns.usda.gov/state-contacts ■ EFNEP Coordinator Directory, USDA NIFA https://nifa.usda.gov/resource/efnep-coordinator-directory

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>PSE4. Increasing Access to Healthy Food and Physical Activity</p> <p><i>(continued)</i></p>	<p>PSE4. Increasing Access to Healthy Food and Physical Activity</p> <p><i>(continued)</i></p>		<ul style="list-style-type: none"> ■ Cullinen, K.M. (2018). Grant writing in public health nutrition (S. Edelstein, Ed.). In <i>Nutrition in public health</i> (4th ed.) (pp. 363-384). Burlington, MA: Jones & Bartlett Learning. ■ Making the HEALTHY Choice the EASY Choice (a PSE training course), Cornell University, Division of Nutritional Sciences http://www.ecornell.com/pse

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>PSE5. Food Security</p> <p>Identifies food and nutrition safety net programs for individuals and families with limited economic resources.</p>	<p>PSE5. Food Security</p> <p>Refers individuals and families with limited economic resources to food and nutrition safety net programs.</p>	<ul style="list-style-type: none"> ■ Identify the priority populations in your community (e.g., city, county) in most need of food assistance, nutrition education, and child and adult nutrition programs and services; Identify the gaps and map the food, nutrition and health related resources accessible to these populations. ■ Create an Emergency Food list that includes the contact information, locations, and hours of operation of local food pantries, soup kitchens and shelters; Include a list of federal nutrition assistance programs with local contact information and 2-1-1, a three-digit telephone number assigned by the Federal Communications Commission for the purpose of providing quick and easy access to information about health and human services. ■ Shadow or conduct a key informant interview with an RDN who works with low-income populations participating in a safety net program (e.g., WIC). ■ Volunteer to assist with implementing a plan or project or conducting an evaluation at a local food bank, food pantry, or soup kitchen. ■ Visit a SNAP office or Outreach program to learn about program eligibility and enrollment requirements. ■ Review and compare application processes for nutrition assistance programs, including online applications, referencing the statutory and regulatory requirements of each. 	<ul style="list-style-type: none"> ■ Review of US Nutrition Assistance Policy: Programs and Issues http://foodandagpolicy.org/sites/default/files/AGree%20Review%20of%20US%20Nutrition%20Assistance%20Policy.pdf ■ Feeding America http://www.feedingamerica.org ■ Moving to the Future, Tools for Planning Nutrition and Physical Activity Programs, ASPHN http://movingtothefuture.org ■ Cornerstones of a Healthy Lifestyle: Blueprint for Nutrition & Physical Activity, 2nd Ed., ASPHN https://asphn.org/wp-content/uploads/2017/12/Blueprint-for-Nutrition-and-Physical-Activity-full-document.pdf ■ PHCNPG, AND, Community Nutrition Assessment Tools https://www.phcnpg.org/content/community-nutrition-assessment-tools ■ 2-1-1, United Way http://www.211.org ■ Making the HEALTHY Choice the EASY Choice (a PSE training course), Cornell University, Division of Nutritional Sciences http://www.ecornell.com/pse

Research & Evaluation (RE)

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>RE1. Measurement and Evaluation</p> <p>Applies concepts used in biostatistics including principles of data collection and management, basic statistical analysis and interpretation, and appropriate research methods used in public health nutrition and evaluation.</p>	<p>RE1. Measurement and Evaluation</p> <p>Recognizes descriptive statistics, principles of data collection and management, and statistical analysis and interpretation.</p>	<ul style="list-style-type: none"> ■ Describe qualitative vs. quantitative research and the contributions of each to monitoring and evaluation in public health nutrition. ■ Define and differentiate between formative, process, outcome, and impact evaluations; Describe how you would apply each type of evaluation and potential evaluation measures to assess a nutrition plan that aligns with its objectives and activities. ■ Select an international, national, state, and/or local data set(s) and describe its/their strengths and limitations for use in analyzing and interpreting a food or nutrition related chronic disease risk factor, such as obesity, among a specific underserved or minority population. ■ Identify the gaps in an international, national, state, and/or local data set(s) that are available to analyze and interpret a nutrition related chronic disease risk factor among a specific underserved or minority population. ■ Assist with collecting, analyzing, and interpreting data for a community nutrition needs assessment or review DNPAO or SNAP-Ed state plans, websites, and reports or other community-oriented nutrition state/local planning documents (e.g., WIC, Child Nutrition Programs, or non-profit programs including AHA, Feeding America, food policy councils, the RWJF, or State Nutrition Action Plans required by SNAP-Ed beginning in FFY 17); Assess implementation strategies to meet the identified community health needs; Review trends over time in assessment findings. 	<ul style="list-style-type: none"> ■ Willett, W. (2013). <i>Nutritional epidemiology</i>. Oxford: Oxford University Press. ■ Health Data Resources: Common Data Types in Public Health Research, NIH https://www.nihlibrary.nih.gov/resources/subject-guides/health-data-resources/common-data-types-public-health-research ■ Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, CDC http://www.cdc.gov/eval/guide/step1/index.htm ■ Health Data Tools and Statistics, Partners in Information Access for the Public Health Workforce https://phpartners.org/health_stats.html ■ Community Commons https://www.communitycommons.org ■ Moving to the Future, Tools for Planning Nutrition and Physical Activity Programs, ASPHN http://movingtothefuture.org ■ PHCNPG, AND, Community Nutrition Assessment Tools https://www.phcnpg.org/content/community-nutrition-assessment-tools

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>RE1. Measurement and Evaluation</p> <p><i>(continued)</i></p>	<p>RE1. Measurement and Evaluation</p> <p><i>(continued)</i></p>	<ul style="list-style-type: none"> ■ Meet with an epidemiologist at your local or state health department to learn how nutritional epidemiology data is collected, analyzed, and interpreted (e.g., fruit and vegetable intake) and why different data are collected in different situations (e.g., how data will be used and by whom). 	<ul style="list-style-type: none"> ■ SNAP-Ed Evaluation Framework and Interpretive Guide, USDA, ASNNA, and NCCOR https://snaped.fns.usda.gov/evaluation/evaluation-framework-and-interpretive-guide ■ The NEMS Tools, Nutrition Environment Measures Survey, Perelman School of Medicine at the University of Pennsylvania http://www.med.upenn.edu/nems/measures.shtml ■ State Epidemiologists, CSTE http://www.cste.org/?page=StateEpi

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>RE2. Epidemiology</p> <p>Applies principles of epidemiological approaches (e.g., odds ratio, relative risk) to assess, describe, intervene, report, and improve the health, food, and nutritional status of populations.</p>	<p>RE2. Measurement and Evaluation</p> <p>Recognizes descriptive statistics, principles of data collection and management, and statistical analysis and interpretation.</p>	<ul style="list-style-type: none"> ■ Describe the analytical approaches or methods used in nutritional epidemiology. ■ Describe the role of surveillance data in program and policy development and evaluation. ■ Select a data set and determine how often is it collected and analyzed; Identify specific data trends over time; Identify how the data can be used to interpret the nutritional status of a specific underserved or minority population; Describe the strengths and limitations of the data set. ■ Select a population segment known to be at high nutritional or dietary risk; Identify what study designs could be used to evaluate modifiable risk factors. ■ Select a journal article published in the Journal of the Academy of Nutrition and Dietetics (or other nutrition related journal) that utilized statistical methods to interpret findings; Translate the findings into a 1-minute oral summary that would be understandable to a lay audience (e.g., 5th grade reading level); Describe what application the findings may have to public health nutrition practice. ■ Meet with an epidemiologist at your local or state health department to learn how nutritional epidemiology data is collected, analyzed, and interpreted (e.g., fruit and vegetable intake) and why different data are collected in different situations (e.g., how data will be used and by whom). 	<ul style="list-style-type: none"> ■ Leon Gordis, <i>Epidemiology</i>, 2013, 5th edition. ISBN 9781455737338 Saunders/Elsevier Company, Philadelphia. ■ Satija, A., Yu, E., Willett, W. C., & Hu, F. B. (2015). Understanding nutritional epidemiology and its role in policy. <i>Advances in Nutrition: An International Review Journal</i>, 6(1), 5-18. https://academic.oup.com/advances/article/6/1/5/4558031 ■ Health Data Tools and Statistics, Partners in Information Access for the Public Health Workforce https://phpartners.org/health_stats.html ■ Community Commons https://www.communitycommons.org ■ State Epidemiologists, CSTE http://www.cste.org/?page=StateEpi

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>RE3. Logic Models</p> <p>Develops logic models, grounded in theories of behavior, organizational, and community change to describe the sequence of resources/inputs, intervention/ program activities, and expected results/ outcomes.</p>	<p>RE3. Logic Models</p> <p>Recognizes that intervention/ program activities are often described through logic models and are grounded in theories of behavior change.</p>	<ul style="list-style-type: none"> ■ Describe the components of a logic model and provide examples of short-term, medium-term, and long-term outcomes of a select federal nutrition program. ■ Review the 24 community strategies recommended by the CDC to prevent obesity; Research one of the community examples for public health nutrition programming and determine the behavioral theory or theories upon which it is based; Identify which construct(s) of each behavior change theory/theories may be measured by the community example; Develop a logic model based on each behavior change theory and their respective constructs. ■ List the evaluation questions that may be answered by the logic model; Using the SNAP-Ed Evaluation Framework, identify which indicators may be measured by the community example of public health nutrition programming. 	<ul style="list-style-type: none"> ■ WK Kellogg Foundation. (2004). <i>WK Kellogg Foundation Logic Model Development Guide</i>. WK Kellogg Foundation. https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide ■ Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide, CDC http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf ■ Social and Behavioral Theories, Office of Behavioral & Social Sciences Research, NIH http://www.esourceresearch.org/eSourceBook/SocialandBehavioralTheories/1LearningObjectives/tabid/724/Default.aspx ■ SNAP-Ed Evaluation Framework and Interpretive Guide, USDA, ASNNA, and NCCOR https://snaped.fns.usda.gov/evaluation/evaluation-framework-and-interpretive-guide ■ Interventions Overview, The Center for Training and Research Translation (Center TRT) http://centertrt.org/?p=interventions_overview ■ Domestic Food Assistance: Summary of Programs, CRS https://fas.org/sgp/crs/misc/R42353.pdf ■ Funded DNPAO State and Local Programs, CDC http://www.cdc.gov/nccdphp/dnpao/state-local-programs/funding.html

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>RE4. Confidentiality</p> <p>Adheres to legal and ethical principles in the collection, maintenance, use, and dissemination of data and information, and describes how data are used to address scientific, political, ethical, and social public health issues.</p>	<p>RE4. Confidentiality</p> <p>Adheres to legal and ethical principles in the collection, maintenance, use, and dissemination of data and information, and recognizes how data are used to address scientific, political, ethical, and social public health issues.</p>	<ul style="list-style-type: none"> ■ Complete a Human Subjects Research Training such as the Collaborative Institutional Training Initiative (CITI) training program, including Information Privacy and Security and Responsible Conduct of Research. ■ Research how organizations adhere to HIPAA compliance standards in the public health setting, including how information is collected and stored. ■ Research how the Food Research and Action Center (FRAC) analyzed one or more federal food/nutrition programs, including how the data were collected, analyzed, and used or disseminated. ■ Review public comments on and/or read and respond to a public Federal Register notice (e.g., EARS, WIC or SNAP data systems, SNAP-Ed Rule, Enhanced SNAP Retail Standards (SNAP sales), etc.) that solicits comments on the Collection of Information. ■ Review the Paperwork Reduction Act (PRA) of 1995 that requires agencies to obtain Office of Management and Budget (OMB) approval before collecting information from the public (e.g., forms, interviews, recordkeeping, etc.). 	<ul style="list-style-type: none"> ■ Human Subjects Research, CITI Program https://www.citiprogram.org/index.cfm?pageID=88 ■ Good Clinical Practice for Social and Behavioral Research eLearning Course, Society of Behavioral Medicine http://www.sbm.org/training/good-clinical-practice-for-social-and-behavioral-research-elearning-course ■ Protecting Human Research Participants, NIH Office of Extramural Research https://phrp.nihtraining.com ■ Summary of the HIPAA Privacy Rule, DHHS https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations ■ Disclosures for Public Health Activities, DHHS https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html ■ Food Research & Action Center (FRAC) http://frac.org ■ Federal Nutrition Programs, FRAC http://frac.org/programs ■ Federal Register https://www.federalregister.gov ■ Enhancing Retailer Standards in the Supplemental Nutrition Assistance Program (SNAP) https://www.regulations.gov/docket?D=FNS-2016-0018

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>RE4. Confidentiality</p> <p><i>(continued)</i></p>	<p>RE4. Confidentiality</p> <p><i>(continued)</i></p>		<ul style="list-style-type: none"> ■ Federal Regulations https://www.regulations.gov ■ Information Collection/ Paperwork Reduction Act, DHHS https://www.hhs.gov/ocio/policy/collection/index.html

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>RE5. Informatics</p> <p>Utilizes current information technology to collect, store, retrieve, analyze, and communicate data to critically evaluate nutrition-related issues and to apply evidence-based or best practice research findings to food and nutrition programs and policies.</p>	<p>RE5. Informatics</p> <p>Utilizes current information technology to collect, store, retrieve, and disseminate information and data for the evaluation of food and nutrition programs and policies.</p>	<ul style="list-style-type: none"> ■ Research and identify current information technology available for public health nutrition data collection, storage, and retrieval; Assess options based on the feasibility and confidentiality of data collection, the capacity and security of data storage and retrieval, interfacing options (e.g., software, computer hardware, peripheral devices, and users), and associated costs. ■ Identify the technology used for collecting, storing, and retrieving surveillance data for a federal nutrition program; Research what kind of evaluations have been done (e.g., departmental reports, contractor reports, GAO or OMB, congressional hearings, peer-reviewed journals); Discuss the pros and cons of each type of evaluation; Summarize your findings and provide recommendations on what you would do if you were responsible for the program. 	<ul style="list-style-type: none"> ■ Health Information Technology https://www.healthit.gov ■ Academy of Nutrition and Dietetics Health Informatics Infrastructure https://www.andhii.org/info ■ What is a personal health record? https://www.healthit.gov/faq/what-personal-health-record-0 ■ Personal health records: what health care providers need to know, Office of the National Coordinator for Health Information Technology, DHHS https://www.healthit.gov/sites/default/files/about-phrs-for-providers-011311.pdf ■ Issue Brief: Health IT for Public Health Reporting and Information Systems, Office of the National Coordinator for Health Information Technology https://www.healthit.gov/sites/default/files/phissuebrief04-24-14.pdf ■ Public Health, Health Information Privacy, DHHS http://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html ■ Domestic Food Assistance: Summary of Programs, CRS https://fas.org/sgp/crs/misc/R42353.pdf ■ Funded DNPAO State and Local Programs, CDC http://www.cdc.gov/nccdphp/dnpao/state-local-programs/funding.html ■ Guest, G., & Namey, E. E. (2015). Public health research methods. Los Angeles, CA: SAGE.

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>RE6. Developing, Implementing, and Evaluating Programs and Interventions</p> <p>Utilizes evidence-based or best practice methods to design, implement, evaluate, and share the results of nutrition and physical activity programs or policy, systems, and environmental interventions.</p>	<p>RE6. Implementing Programs and Interventions</p> <p>Implements evidence-based or best practice nutrition and physical activity programs.</p>	<ul style="list-style-type: none"> ■ Identify an evidence-based or best practice nutrition and/or physical activity program or policy, systems, or environmental (PSE) intervention shown to be effective in preventing or reducing a select chronic disease with one of the highest mortality rates among a specific underserved or minority population; Develop a work plan with activities, timelines, and deliverables to implement and evaluate the nutrition and/or physical activity program or PSE intervention. ■ Write a brief (3-page maximum) concept paper for potential funding of a proposed nutrition and physical activity program, or PSE intervention, to reduce a nutrition-related chronic disease with one of the highest mortality rates among a specific underserved or minority population within your community; Include the following components: 1) Project Title; 2) Purpose of the Project; 3) Timeframe; 4) Background and Significance; 5) Environment and Relevant Experience; 6) Goal(s) and Objectives; 7) Sample or Target Population; 8) Methods or Approach; and 9) Budget. 	<ul style="list-style-type: none"> ■ Proven Strategies, CDC-DNPAO https://www.cdc.gov/nccdphp/dnpao/proven-strategies.html ■ <i>The SNAP-Ed Toolkit</i>, USDA-FNS & NIFA https://snapedtoolkit.org ■ Health Data Tools and Statistics, Partners in Information Access for the Public Health Workforce https://phpartners.org/healthstats.html ■ Community Commons https://www.communitycommons.org ■ Cullinen, K.M. (2018). Grant writing in public health nutrition (S. Edelstein, Ed.). In <i>Nutrition in public health</i> (4th ed.) (pp. 363-384). Burlington, MA: Jones & Bartlett Learning.

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>RE7. Informatics Management</p> <p>Accurately uses and disseminates intervention/ programming results and future recommendations through presentations to key stakeholders (funders and partners) and peer-reviewed publications.</p>	<p>RE7. Informatics Management</p> <p>Differentiates between peer-reviewed vs. non peer-reviewed literature.</p>	<ul style="list-style-type: none"> ■ Participate in an online or in-person training on data visualization for presentations and peer-reviewed publications. ■ Participate in an online or in-person training on infographics for presentations and peer-reviewed publications. ■ Access the Food and Nutrition Assistance Research Reports Database of the USDA Economic Research Service and select a peer-reviewed report or article on intramural or extramural research findings to conduct the following activities: Summarize the findings (i.e., qualitative and quantitative) of your select peer-reviewed report or article in a one-page written summary for a) a professional audience and b) a lay audience (e.g., 5th grade reading level); Develop an infographic of the research and findings for a) a professional audience and b) a lay audience; and Create a 10-15 slide PowerPoint presentation of the research and findings for a professional audience to include the most appropriate forms of data visualization (e.g., table, line chart, bar chart, pie chart, histogram, scatterplot, boxplot, word cloud, testimonials, etc.). ■ Volunteer to serve on an abstract review committee for a professional public health nutrition conference. ■ Submit an abstract on your current research findings or evaluation results, related to your public health nutrition intervention/ programming, for poster or oral presentation at a relevant professional conference. ■ Volunteer to serve as a reviewer of manuscripts, relevant to your expertise in public health nutrition intervention/ programming, submitted to a professional journal. ■ Join with colleagues to prepare and submit a manuscript on your current research findings or evaluation results, related to your public health nutrition intervention/ programming, to a relevant professional journal for peer-review. 	<ul style="list-style-type: none"> ■ Evergreen, S. D. (2017). Effective data visualization: The right chart for the right data. Los Angeles, CA: SAGE. ■ Infographics, Social Media at CDC, CDC http://www.cdc.gov/socialmedia/tools/infographics.html ■ Food and Nutrition Assistance Research Reports Database, USDA ERS https://www.ers.usda.gov/data-products/food-and-nutrition-assistance-research-reports-database.aspx

Management & Leadership (ML)

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML1. Ethical Use of Data</p> <p>Ensures adherence to legal and ethical principles in the collection, maintenance, use, and dissemination of data and information, and describes how data are used to address scientific, political, ethical, and social public health issues.</p>	<p>ML1. Ethical Use of Data</p> <p>Adheres to legal and ethical principles in the collection, maintenance, use, and dissemination of data and information, and recognizes how data are used to address scientific, political, ethical, and social public health issues.</p>	<ul style="list-style-type: none"> ■ Complete a Human Subjects Research Training such as the Collaborative Institutional Training Initiative (CITI) training program, including the Information Privacy and Security requirements of the Health Insurance Portability and Accountability Act (HIPAA), Responsible Conduct of Research, and the Institutional/Signatory Official of Human Subjects Research. ■ Research how organizations adhere to HIPAA compliance standards in the public health setting, including how information is collected and stored. ■ Research how the Food Research and Action Center (FRAC) analyzed one or more federal food/nutrition programs, including how the data were collected, analyzed, and used or disseminated. ■ Review public comments and/or read and respond to a public Federal Register notice (e.g., EARS, WIC or SNAP data systems, SNAP-Ed Rule, Enhanced SNAP Retail Standards (SNAP sales), etc.) that solicits comments on the Collection of Information. ■ Attend a federal or state public hearing on food and nutrition policy and provide or submit an oral or written testimonial, respectively. 	<ul style="list-style-type: none"> ■ Human Subjects Research, CITI Program https://www.citiprogram.org/index.cfm?pageID=88 ■ Good Clinical Practice for Social and Behavioral Research eLearning Course, Society of Behavioral Medicine http://www.sbm.org/training/good-clinical-practice-for-social-and-behavioral-research-elearning-course ■ Protecting Human Research Participants, NIH Office of Extramural Research https://phrp.nihtraining.com ■ Summary of the HIPAA Privacy Rule, DHHS https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations ■ Disclosures for Public Health Activities, DHHS https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html ■ Food Research & Action Center (FRAC) http://frac.org ■ Federal Nutrition Programs, FRAC http://frac.org/programs ■ Federal Register https://www.federalregister.gov

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML1. Ethical Use of Data</p> <p><i>(continued)</i></p>	<p>ML1. Ethical Use of Data</p> <p><i>(continued)</i></p>		<ul style="list-style-type: none"> ■ Enhancing Retailer Standards in the Supplemental Nutrition Assistance Program (SNAP) https://www.regulations.gov/docket?D=FNS-2016-0018 ■ Federal Regulations https://www.regulations.gov ■ Committee Meeting Calendar, GovTrack https://www.govtrack.us/congress/committees/calendar ■ State Legislature Websites, Congress.gov https://www.congress.gov/state-legislature-websites

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML2. Visions, Missions, and Goals</p> <p>Identifies the overall visions, missions, goals, and plans of official and voluntary health agencies and other health partners in the community.</p>	<p>ML2. Visions, Missions, and Goals</p> <p>Recognizes how nutrition services are integrated into the overall vision, mission, goals, and plans of a health agency.</p>	<ul style="list-style-type: none"> ■ Research and summarize the mission and vision statements of an international, federal, state, and/or local public health nutrition organization. ■ Review DNPAO or SNAP-Ed state plans, websites, and reports or other community-oriented nutrition state/local planning documents (e.g., WIC, Child Nutrition Programs, or non-profit programs including AHA, Feeding America, food policy councils, the RWJF, or State Nutrition Action Plans required by SNAP-Ed beginning in FFY 17); Identify the community stakeholders and the demographics of the consumers/populations involved <i>throughout</i> the process; Review and summarize how the resulting goals of the implementation strategy align with the four overarching goals of the nation's <i>Healthy People 2020</i> objectives. 	<ul style="list-style-type: none"> ■ Erwin, P. C., Brownson, R. C., Keck, C. W., & Scutchfield, F. D. (2016). <i>Principles of public health practice</i>. Boston, MA: Cengage Learning. ■ Moving to the Future, Tools for Planning Nutrition and Physical Activity Programs, ASPHN http://movingtothefuture.org ■ PHCNPG, AND, Community Nutrition Assessment Tools http://www.phcnpg.org/content/community-nutrition-assessment-tools ■ SNAP-Ed Evaluation Framework and Interpretive Guide, USDA, ASNNA, and NCCOR https://snaped.fns.usda.gov/evaluation/evaluation-framework-and-interpretive-guide ■ Healthy People 2020, USDA-DHHS https://www.healthypeople.gov/2020/About-Healthy-People ■ Healthy People 2020 Leading Health Indicators, U.S. DHHS https://www.healthypeople.gov/2020/Leading-Health-Indicators

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML3. Community Engagement, Assessment, and Development</p> <p>Applies best practices in community engagement, community assessment, planning, marketing, implementation, and evaluation of community-based public health nutrition programs, policies, and services.</p>	<p>ML3. Management and Leadership</p> <p>Recognizes the principles of management in community-based public health nutrition programming, including community engagement, community assessment, planning, marketing, implementation, and evaluation of community-based public health nutrition programs, policies, and services.</p>	<ul style="list-style-type: none"> ■ Review the three core functions and 10 Essential Public Health Services. ■ Research your state’s CDC DNPAO- and USDA-funded programs including WIC, SNAP-Ed, Child Nutrition Programs, EFNEP, and/or Title V Maternal and Child Health (MCH) Services Block Grant Programs; Review the most recent statewide comprehensive needs assessment, implementation plan to address state and national needs, and annual evaluation report; Identify how performance measures were selected and describe how the program reports and analyzes information to demonstrate the impact of their investments. ■ Evaluate the efficiency and effectiveness of a state or local health/nutrition council or coalition based on the following: How are agenda items determined and prioritized for these meetings?; How are decisions made (e.g., consensus, simple majority vote)?; What role(s) does each meeting participant play?; Does the meeting have a leader, recorder, facilitator, and/or time keeper?; How are meeting minutes communicated, distributed, and archived?; How are action items identified and what type of follow up is conducted and by whom?; How are funds allocated to address health needs in the community?; How does the group conduct assessments to identify health needs, priority populations, and evaluate interventions?; How are intervention strategies determined?; Are the intervention strategies research-tested, practice-tested, or emerging?; How are results reported to key stakeholders? ■ Interview one or more individuals in public health leadership positions about their role(s) within a state or local health/nutrition council or coalition and/or professionally; Write a summary. 	<ul style="list-style-type: none"> ■ Moving to the Future: Nutrition and Physical Activity Program Planning http://www.movingtothefuture.org ■ The Public Health System and the 10 Essential Public Health Services, CDC https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html ■ Domestic Food Assistance: Summary of Programs, CRS https://fas.org/sgp/crs/misc/R42353.pdf ■ Title V Maternal and Child Health Services Block Grant Program, HRSA https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program ■ Developing Effective Coalitions: An Eight Step Guide, Prevention Institute https://www.preventioninstitute.org/publications/developing-effective-coalitions-an-eight-step-guide ■ Community Tool Box, Center for Community Health and Development, University of Kansas http://ctb.ku.edu/en ■ Wilder Collaboration Factors Inventory https://wilderresearch.org/tools/cfi ■ Butterfoss Coalition Effectiveness Inventory http://coalitionswork.com/wp-content/uploads/coalition_effectiveness_inventory.pdf

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML3. Community Engagement, Assessment, and Development</p> <p><i>(continued)</i></p>	<p>ML3. Management and Leadership</p> <p><i>(continued)</i></p>	<ul style="list-style-type: none"> ■ Evaluate the effectiveness of community-based public health nutrition programs, policies, and services based on results and outcomes, including Return on Investment. ■ Critique state and local marketing/promotional and social marketing strategies of select community-based public health nutrition programs, policies and services; Summarize your findings. 	<ul style="list-style-type: none"> ■ CoalitionsWork Evaluability Assessment Tool http://coalitionswork.com/wp-content/uploads/are_you_ready_to_evaluate_your_coalition.pdf ■ Levels of Collaboration Scale https://www.teamsscience toolkit.cancer.gov/public/TSResourceMeasure.aspx?tid=2&rid=467 ■ The PARTNER tool http://partnertool.net ■ Gateway to Health Communication & Social Marketing Practice, CDC https://www.cdc.gov/healthcommunication

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML4. Management and Leadership</p> <p>Applies management principles in the administration and evaluation of community-based public health nutrition programs, policies, and services.</p>	<p>ML4. Management and Leadership</p> <p>Recognizes the principles of management in community-based public health nutrition programming, including community engagement, community assessment, planning, marketing, implementation, and evaluation of community-based public health nutrition programs, policies, and services.</p>	<ul style="list-style-type: none"> ■ Participate in or review the strategic planning process of an international, federal, state, or local public health nutrition organization. ■ Participate in the implementation or oversight of an international, federal, state, or local public health nutrition organization’s strategic plan. ■ Identify and/or propose indicators and measures for the process and outcome evaluations of a public health organization’s nutrition programs, policies, and services. ■ Interview a director or CEO of an international, federal, state, or local public health nutrition organization to determine: How stakeholders are engaged to identify key public health values and a shared public health vision as part of the organization’s strategic planning process <i>and</i> programming; How process and outcome evaluations of the organization’s nutrition programs, policies, and services are used as in the continuous improvement of organizational performance; Summarize your findings. ■ Identify the value of and participate in a local or state health department accreditation process as described by the Public Health Accreditation Board (PHAB). 	<ul style="list-style-type: none"> ■ Erwin, P. C., Brownson, R. C., Keck, C. W., & Scutchfield, F. D. (2016). <i>Principles of public health practice</i>. Boston, MA: Cengage Learning. ■ Mobilizing for Action through Planning and Partnerships (MAPP), NACCHO http://archived.naccho.org/topics/infrastructure/mapp ■ Principles of Community Engagement – Second Edition, CDC https://www.atsdr.cdc.gov/communityengagement ■ Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, CDC http://www.cdc.gov/eval/guide/step1/index.htm ■ Moving to the Future, Tools for Planning Nutrition and Physical Activity Programs, ASPHN http://movingtothefuture.org ■ PHCNPG, AND, Community Nutrition Assessment Tools http://www.phcnpg.org/content/community-nutrition-assessment-tools ■ SNAP-Ed Evaluation Framework and Interpretive Guide, USDA, ASNNA, and NCCOR https://snaped.fns.usda.gov/evaluation/evaluation-framework-and-interpretive-guide

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML4. Management and Leadership</p> <p><i>(continued)</i></p>	<p>ML4. Management and Leadership</p> <p><i>(continued)</i></p>		<ul style="list-style-type: none"> ■ Kania, J., & Kramer, M. (2011). Collective impact. http://c.ymcdn.com/sites/www.lano.org/resource/dynamic/blogs/20131007_093137_25993.pdf ■ Guide to National Public Health Department Initial Accreditation, PHAB http://www.phaboard.org/wp-content/uploads/Guide-to-Accreditation-final_LR2.pdf

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML5. Public Participation</p> <p>Utilizes community engagement strategies to enhance consumer participation in health, food, and nutrition programs and services, including collaborating with public/private sectors, participating in outreach and referral systems, and working with voluntary and community organizations.</p>	<p>ML5. Management and Leadership</p> <p>Recognizes the principles of management in community-based public health nutrition programming, including community engagement, community assessment, planning, marketing, implementation, and evaluation of community-based public health nutrition programs, policies, and services.</p>	<ul style="list-style-type: none"> ■ Describe the Principles of Community Engagement in community health improvement; List examples of their use by an international, federal, state, and/or local public health nutrition organization. ■ Describe the community engagement continuum as an organizing concept for engaging population segments by levels of engagement and participation; List examples of the community engagement continuum utilized by an international, federal, state, and/or local public health nutrition organization. ■ Explain the relationship of community engagement to collaborative decision-making and intervention design. ■ Interview a representative of a local public health organization (e.g., American Heart Association, American Cancer Society) regarding their community engagement practices; Summarize how their practices relate to the 10 Essential Public Health Services and performance improvement. 	<ul style="list-style-type: none"> ■ Principles of Community Engagement – Second Edition, CDC https://www.atsdr.cdc.gov/communityengagement ■ Mobilizing for Action through Planning and Partnerships (MAPP), NACCHO http://archived.naccho.org/topics/infrastructure/mapp ■ The Public Health System and the 10 Essential Public Health Services, CDC https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML6. Priorities, Goals, and Objectives</p> <p>Establishes data-informed, short-, medium-, and long-term priorities/goals for public health food and nutrition programs; develops SMART objectives; and continuously monitors and evaluates programs for effectiveness and makes adjustments as needed.</p>	<p>ML6. Management and Leadership</p> <p>Recognizes the principles of management in community-based public health nutrition programming, including community engagement, community assessment, planning, marketing, implementation, and evaluation of community-based public health nutrition programs, policies, and services.</p>	<ul style="list-style-type: none"> ■ Describe the components of a logic model and provide examples of short-, medium-, and long-term outcomes of a select federal/state/local nutrition program. ■ Research and report on the SMART objectives and outcomes of a federal/state/local nutrition program funded through USDA (e.g., SNAP, SNAP-Ed, NSLP, WIC, FMNP, CACFP, SBP, SFSP, SFMNP, Fresh Fruit and Vegetable Program, Special Milk Program, TEFAP, CSFP or FDPIR) or a federal/state/local nutrition-related chronic disease prevention and health promotion program funded by the Centers for Disease Control and Prevention (CDC). ■ Interview a management representative from a federal/state/local nutrition program on their assessment of how useful SMART objectives are, and in their use, why some SMART objectives were and were not met, and what can be done to raise the percentages of positive results. ■ Volunteer to participate in the community health improvement planning, strategic planning, or program action planning and evaluation efforts of a federal/state/local nutrition program; Develop a logic model to represent the planning and evaluation of this program detailing the underlying logic/theory(ies), resources, activities, products, and short-, medium-, and long-term outcomes of the program (i.e., how the program will work). 	<ul style="list-style-type: none"> ■ Moving to the Future: Nutrition and Physical Activity Program Planning http://www.movingtothefuture.org ■ WK Kellogg Foundation. (2004). <i>WK Kellogg Foundation Logic Model Development Guide</i>. WK Kellogg Foundation. https://www.wkkgf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide ■ SNAP-Ed Evaluation Framework and Interpretive Guide, USDA, ASNNA, and NCCOR https://snaped.fns.usda.gov/evaluation/evaluation-framework-and-interpretive-guide ■ Domestic Food Assistance: Summary of Programs, CRS https://fas.org/sgp/crs/misc/R42353.pdf ■ Funded DNPAO State and Local Programs, CDC http://www.cdc.gov/nccdphp/dnpao/state-local-programs/funding.html ■ Develop SMART Objectives, Public Health Information Network Communities of Practice (CoP), CDC http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html ■ Social and Behavioral Theories, Office of Behavioral & Social Sciences Research, NIH http://www.esourceresearch.org/eSourceBook/SocialandBehavioralTheories/1LearningObjectives/tabid/724/Default.aspx

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML7. Community Asset Identification</p> <p>Identifies community assets, social capital, and other community resources to support and/or enhance public health food and nutrition programs.</p>	<p>ML7. Community Asset Identification</p> <p>Recognizes community resources to support and/or enhance public health food and nutrition programs.</p>	<ul style="list-style-type: none"> ■ Participate in an online or in-person training on Social Network Analysis (i.e., to assess mentorship and collaboration in a public health nutrition network). ■ Participate in an online or in-person training on Geographic Information System (GIS) mapping in public health. ■ Assist with collecting, analyzing, and interpreting data for a community nutrition needs assessment; Review DNPAO or SNAP-Ed state plans, websites, and reports or other community-oriented nutrition state/local planning documents (e.g., WIC, Child Nutrition Programs, or non-profit programs including AHA, Feeding America, food policy councils, the RWJF, or State Nutrition Action Plans required by SNAP-Ed beginning in FFY 17); and/or Identify and use relevant existing data to assess community assets, needs, challenges, and outcomes to meet the identified community health needs related to public health nutrition. ■ In a SNAP-Ed state plan, select one indicator, or a cluster of related indicators in the SNAP-Ed Evaluation Framework and prepare a profile of the goals, objectives, interventions, and metrics; Provide a brief summary that describes the needs, strategic choices, and progress in that topical area in a setting, group of settings, geographic area, or population segment. ■ Generate a multi-layer GIS map representing a select community's assets, social capital, and other community resources to support and/or enhance public health food and nutrition programs. 	<ul style="list-style-type: none"> ■ Moving to the Future, Tools for Planning Nutrition and Physical Activity Programs, ASPHN http://movingtothefuture.org ■ PHCNPG, AND, Community Nutrition Assessment Tools http://www.phcnpg.org/content/community-nutrition-assessment-tools ■ SNAP-Ed Evaluation Framework and Interpretive Guide, USDA, ASNNA, and NCCOR https://snaped.fns.usda.gov/evaluation/evaluation-framework-and-interpretive-guide ■ Chapter 6. The Value of Social Networking in Community Engagement, Principles of Community Engagement – Second Edition, CDC https://www.atsdr.cdc.gov/communityengagement/pce_social_intro.html ■ Petrescu-Prahova M, Belza B, Leith K, Allen P, Coe NB, Anderson LA. Using Social Network Analysis to Assess Mentorship and Collaboration in a Public Health Network. Prev Chronic Dis 2015;12:150103. DOI: http://dx.doi.org/10.5888/pcd12.150103 ■ GIS and Public Health at CDC, CDC https://www.cdc.gov/gis ■ Food Environment Atlas, USDA-ERS https://www.ers.usda.gov/data-products/food-environment-atlas

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML7. Community Asset Identification</p> <p><i>(continued)</i></p>	<p>ML7. Community Asset Identification</p> <p><i>(continued)</i></p>		<ul style="list-style-type: none"> ■ GIS, Community Commons http://www.communitycommons.org/tag/gis ■ County Health Rankings & Roadmaps, RWJF http://www.countyhealthrankings.org

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML8. Funding Opportunities and Grant Writing</p> <p>Identifies potential funding opportunities for public health and food/nutrition programs and services, and effectively contributes to grant writing teams that generate competitive grant proposals.</p>	<p>ML8. Funding Opportunities and Grant Writing</p> <p>Recognizes the role of grant funding in program development and assists RDNs and grant writing team members in the preparation and submission of competitive grant proposals.</p>	<ul style="list-style-type: none"> ■ Complete a grant writing seminar or workshop series or certificate program. ■ Learn about the grant writing process, from formulating a solicitation, managing the secure competition, overseeing the competitive review process, and issuing recommendations for approval; Differentiate between processes used by different kinds of public sector, university, or non-profit solicitations and awards of funding (e.g., bids, contracts, local assistance, etc.). ■ Review RFPs from different sources (e.g., MCH, CDC, USDA (multiple types of programs), NIH, foundations (charitable, business, trade), voluntary agencies (e.g., AHA); Compare similarities and differences. ■ Volunteer to serve on a local, state, or federal external peer review committee to evaluate public health nutrition proposals for competitive funding. ■ Participate on a grant writing team with public health professionals who have successfully received grant funding for nutrition programs. ■ Identify a significant public health nutrition problem that you would like to address via a funded grant opportunity; Identify a potential funding source for your proposed project; and Develop a three-page Concept Paper (or Letter of Intent) comprised of no more than a two-page narrative and a one-page budget based on the requirements of the opportunity you have identified. 	<ul style="list-style-type: none"> ■ Moving to the Future: Nutrition and Physical Activity Program Planning http://www.movingtothefuture.org ■ Grants and Funding, Partners in Information Access for the Public Health Workforce https://phpartners.org/grants.html ■ Resources Related to Proposal-Writing, Partners in Information Access for the Public Health Workforce https://phpartners.org/grants.html#Resources%20Related%20to%20Proposal-Writing ■ Grants & Funding, Write Your Application, NIH https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/write-your-application.htm ■ Cullinen, K.M. (2018). Grant writing in public health nutrition (S. Edelstein, Ed.). In <i>Nutrition in public health</i> (4th ed.) (pp. 363-384). Burlington, MA: Jones & Bartlett Learning.

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML9. Human Resource Management</p> <p>Identifies and implements the principles of human resource management by adhering to organizational policies and procedures.</p>	<p>ML9. Human Resource Management</p> <p>Recognizes the principles of human resource management by adhering to organizational policies and procedures.</p>	<ul style="list-style-type: none"> ■ Complete a training, seminar series, or certificate program in human resource management. ■ Review your public health nutrition organization’s policies and procedures; Compare and contrast to those of similar organizations; Summarize the similarities and differences in your findings. ■ Assess your organization for the diversity of its public health workforce and its cultural sensitivity in nutrition program and service delivery. ■ Review or create a plan for the continual professional development of employees, using internal and/or external organizational resources. ■ Write a sample job description for a new position within your organization and assess the competencies and training needs for the position. ■ Review current employee performance evaluation tools and processes; Compare and contrast to those of similar organizations; Document performance requirements and revise or develop a performance evaluation tool and process for relevant nutrition positions within your organization; Share the tool and process with organizational leaders and employees for feedback. ■ Assist with interviews of candidates and performance reviews of employees when appropriate. 	<ul style="list-style-type: none"> ■ Personnel in Public Health Nutrition for the 2000s, ASPHN http://www.asphn.org/resource_files/105/105_resource_file1.pdf ■ Erwin, P. C., Brownson, R. C., Keck, C. W., & Scutchfield, F. D. (2016). <i>Principles of public health practice</i>. Boston, MA: Cengage Learning. ■ National Center for Cultural Competence, Georgetown University http://nccc.georgetown.edu ■ Performance Management Toolkit, PHF http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/Performance_Management_Toolkit.aspx

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML10. Financial Management</p> <p>Applies the principles of financial management in the operation of food and nutrition programs and services.</p>	<p>ML10. Financial Management</p> <p>Recognizes the principles of financial management in the operation of food and nutrition programs and services.</p>	<ul style="list-style-type: none"> ■ Complete an online or in-person training on financial management of food and nutrition programs and services to learn the basics of budgeting, cost allocation, accounting, adherence to funders' requirements, public sector cost controls, bids and solicitations, and oversight or 'control' agencies. ■ Review your organization's financial management system for budget monitoring and reporting throughout the fiscal year; Review relevant fiscal rules/forms of your organization; Conduct a key informant interview with fiscal staff to ask questions about reasons for and uses of the information; Determine what the fiscal person expects of programs like the one(s) you may be responsible for. ■ Familiarize yourself with standard governmental budget formats and definitions; Locate financial reports and review funding, expenditures, and how much is budgeted to each category of activity. ■ Analyze the most recent annual financial report of your organization based on cost-effectiveness, cost-benefit, and cost-utility analyzes; Compare analyses to those of similar organizations; Document findings and recommendations related to programmatic prioritization and decision making; Prepare and defend a programmatic budget to organizational leadership for new or existing food and nutrition programs and services. 	<ul style="list-style-type: none"> ■ Finkler, S. A., Smith, D. L., Calabrese, T. D., & Purtell, R. M. (2017). <i>Financial management for public, health, and not-for-profit organizations</i> (5th ed.). Los Angeles, CA: CQ Press, an imprint of Sage Publications.

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML11. Reimbursement for Nutrition Services</p> <p>Adheres to organizational policies and procedures related to reimbursement for nutrition services.</p>	<p>ML11. N/A</p>	<ul style="list-style-type: none"> ■ Review your organization’s policies and procedures related to reimbursement for nutrition services. ■ Understand current federal reimbursement rates and regulations for child and adult nutrition programs. ■ Identify opportunities for reimbursement of nutrition services by Medicare, Medicaid, and private health insurance; Compile and summarize evidence to argue for expanded reimbursement. ■ Use the terminology, sample case studies, recommended resources, and other materials in the <i>Academy’s Coding and Billing Handbook: A Guide for Program Directors and Preceptors</i> for coding and billing for nutrition services and for medical nutrition therapy services reimbursable under health care reform. ■ Propose a reimbursement system to leadership in financial operations for a nutrition service currently provided or to be provided by your organization in the future. ■ Update or revise your organization’s policies and procedures related to reimbursement for nutrition services as needed. 	<ul style="list-style-type: none"> ■ Reimbursement Rates, Child and Adult Care Food Program (CACFP), USDA FNS http://www.fns.usda.gov/cacfp/reimbursement-rates ■ RDN’s Complete Guide to Credentialing and Billing: The Private Payer Market, AND http://www.eatrightstore.org/product/7C8BA30A-CC36-4163-A7FC-31909575FECD ■ Coding and Billing Handbook: A Guide for Program Directors and Preceptors, AND http://www.eatrightstore.org/product/72D93968-26F0-44BB-AE78-C9D2AD2C8ABD ■ Join the Reimbursement Online Community, AND (membership login required) http://www.eatrightpro.org/resource/practice/getting-paid/who-pays-for-nutrition-services/join-the-reimbursement-online-community

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML12. Building Coalitions and Collaborations</p> <p>Demonstrates human relation skills needed to lead and build coalitions and collaborations and to participate in agency, professional, and/or community boards, committees, work groups, and task forces.</p>	<p>ML12. Collaborations</p> <p>Demonstrates human relation skills needed to collaborate and to participate in agency, professional, and/or community boards, committees, work groups, and task forces.</p>	<ul style="list-style-type: none"> ■ Read and complete the eight steps to developing effective coalitions. ■ Read the 2011 Stanford Social Innovation Review article <i>Collective Impact</i>; Describe the five key elements of Collective Impact; Join the Collective Impact Forum; Learn about domestic and international Collective Impact initiatives that have positively impacted health and nutrition; Identify the five key elements of Collective Impact within these initiatives. ■ Take the <i>Myers-Brigg Type Indicator</i> personality test. ■ Complete the online <i>StrengthsFinder</i> assessment to identify your top five themes or strengths; Read the corresponding book that provides a summary and action items for the 34 themes or strengths; Participate in the web-based Strengths Community. ■ Attend different types public health coalition meetings or an agency, professional, or community board, committee, work group, or task force meeting related to wellness or public health nutrition; Compare and contrast leadership styles in different types of group environments. ■ Lead or facilitate a public health coalition meeting; Lead or facilitate an agency, professional, and/or community board, committee, work group, or task force meeting related to wellness or public health nutrition. 	<ul style="list-style-type: none"> ■ Developing Effective Coalitions: An Eight Step Guide, Prevention Institute https://www.preventioninstitute.org/publications/developing-effective-coalitions-an-eight-step-guide ■ Community Tool Box, Center for Community Health and Development, University of Kansas http://ctb.ku.edu/en ■ Kania, J., & Kramer, M. (2011). Collective impact. http://c.ymcdn.com/sites/www.lano.org/resource/dynamic/blogs/20131007_093137_25993.pdf ■ Collective Impact Forum, FSG https://collectiveimpactforum.org ■ Myers-Briggs Type Indicator® (MBTI®) Basics, The Myers & Briggs Foundation http://www.myersbriggs.org/my-mbti-personality-type/mbti-basics ■ Rath, T. (2007). <i>StrengthsFinder 2.0</i>. New York, NY: Gallup Press. ■ About <i>StrengthsFinder 2.0</i> http://strengths.gallup.com/110440/About-StrengthsFinder-20.aspx

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML13. Group Dynamic Strategies</p> <p>Effectively applies communication and group dynamic strategies, such as nominal group process techniques, facilitation, brainstorming, discussion, consensus building, negotiation, and conflict resolution.</p>	<p>ML13. Group Dynamic Strategies</p> <p>Recognizes communication and group dynamic strategies, such as nominal group process techniques, facilitation, brainstorming, discussion, consensus building, negotiation, and conflict resolution.</p>	<ul style="list-style-type: none"> ■ Complete in-person training or workshop on communication and group dynamic strategies with opportunities for role playing and feedback. ■ Take the <i>Wilder Collaboration Factors Inventory</i> of a public health coalition, or agency, professional, and/or community board, committee, work group, or task force related to wellness or public health nutrition that you have served on for a minimum of three (3) meetings. ■ Complete a self-assessment of your communication and group dynamic skills; Request a long-term colleague to observe and complete an assessment of your communication and group dynamic skills; Note any similarities or differences and opportunities for improvement. ■ Observe a group process for communication and group dynamic strategies; Summarize your observations for discussion with the group facilitator. 	<ul style="list-style-type: none"> ■ Wilder Collaboration Factors Inventory https://wilderresearch.org/tools/cfi ■ Plan and Prepare, Public Health Information Network Communities of Practice (CoP), CDC http://www.cdc.gov/phcommunities/resourcekit/launch/plan.html

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML14. Ethical Practice</p> <p>Conducts situational analyses and identifies conflicts of interest that may arise from funding sources, public/private partnerships, and lobbying.</p>	<p>ML14. Ethical Practice</p> <p>Recognizes conflicts of interest may arise from funding sources, public/private partnerships, and lobbying.</p>	<ul style="list-style-type: none"> ■ Interview your state representative of the Academy’s House of Delegates on Conflict of Interest. ■ Review your organization’s policies and procedures related to conflicts of interest. ■ Review your organization’s Conflict of Interest Disclosure Form; Compare and contrast to those of similar organizations; Note any similarities; Note any differences and rationale. ■ Investigate potential conflicts of interest in funding sources for health and/or nutrition; Draft and propose revisions to your organization’s policies and procedures as needed. ■ Define the difference between lobbying and advocacy/education regarding policy makers and regulators and public health and community nutrition services and programs; Review the federal rules and regulations prohibiting the use of federal funds for lobbying; Review all relevant appropriations and programmatic statutes and restrictions by federal funding source, for non-profits, and for states (where appropriate). 	<ul style="list-style-type: none"> ■ Erwin, P. C., Brownson, R. C., Keck, C. W., & Scutchfield, F. D. (2016). <i>Principles of public health practice</i>. Boston, MA: Cengage Learning. ■ Building Your Advocacy Toolbox: Advocacy vs. Lobbying, July 2016, NACCHO http://www.naccho.org/uploads/downloadable-resources/flyer_advocacy-na16-002.pdf ■ Leadership Directory, AND (membership login required) http://www.eatrightpro.org/leadershipdirectory ■ 1995 Lobbying Disclosure Act (Public Law 104-65) https://www.gpo.gov/fdsys/pkg/STATUTE-109/pdf/STATUTE-109-Pg691.pdf

RDN	NDTR	Suggested Work-Related & Learning Activities	Example Resources
<p>ML15. Promoting the Role and Value of Highly Qualified Nutrition Professionals</p> <p>Effectively communicates and promotes the role and value of highly qualified nutrition professionals in health and in local, state, national, and international public health organizations.</p>	<p>ML15. Promoting the Role and Value of Highly Qualified Nutrition Professionals</p> <p>Effectively communicates and promotes the role and value of highly qualified nutrition professionals in health and in local, state, national, and international public health organizations.</p>	<ul style="list-style-type: none"> ■ Plan a social media campaign to promote the role and value of RDNs and NDTRs; Implement the campaign during National Nutrition Month and on Registered Dietitian Nutritionist Day using the social media resources and key messages provided by the Academy. ■ Participate on an interdisciplinary team as the nutrition expert. ■ Research and summarize nutrition credentials of staff employed in nutrition positions at local, state, national, and/or international public health organizations; Summarize findings including gaps in credentials; Research opportunities for dissemination 	<ul style="list-style-type: none"> ■ Academy of Nutrition and Dietetics Media Guide, 2018-2019 https://www.eatrightpro.org/-/media/eatrightpro-files/media/meet-our-spokespeople/academymediaguide201819.pdf ■ The Health Communicator’s Social Media Toolkit, July 2011, CDC http://www.cdc.gov/healthcommunication/toolstemplates/socialmediatoolkit_bm.pdf ■ National Nutrition Month® Media Materials, AND http://www.eatrightpro.org/resources/media/multimedia-news-center/national-nutrition-month-media-materials ■ Professional Regulation of Dietitians – An Overview, AND http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure/professional-regulation-of-dietitians-an-overview ■ Empowering Professionals To Transform Health Through Nutrition, Center for Nutrition Advocacy http://www.nutritionadvocacy.org/laws-state

Comparison of Standards for the RDN

ACEND® 2017 Accreditation Standards for CP, DI, DPD, FDE, IDE Programs Compared with the *Guide's* Knowledge & Skills Statements for the RDN

Intended Users

Educators, preceptors, and students of didactic programs in dietetics and dietetic internship programs.

The following are recommended *Guide* knowledge and skills statements that may align with the 2017 ACEND® Core Knowledge Statements (KRDN) and Core Competency Statements (CRDN). Use the suggested work-related

and learning activities in the Knowledge & Skills Development section of the *Guide* for ideas as to how students and/or interns can meet all or specific ACEND® program standards. Discretion lies with the program director.

Comparison of Standards for the RDN

2017 ACEND® Accreditation Standards CP, DI, DPD, FDE, IDE Programs	Knowledge & Skills Development Guide
<p>Core Knowledge Statements (KRDN)</p> <p>Core Competency Statements (CRDN)</p>	<p>Core Area 1 ■ Food & Nutrition (FN)</p> <p>Core Area 2 ■ Communication, Marketing, & Cultural Sensitivity (CMC)</p> <p>Core Area 3 ■ Advocacy & Education (AE)</p> <p>Core Area 4 ■ Policy, Systems, & Environmental Change (PSE)</p> <p>Core Area 5 ■ Research & Evaluation (RE)</p> <p>Core Area 6 ■ Management & Leadership (ML)</p>
<p>Domain 1. Scientific and Evidence Base of Practice Integration of scientific information and translation of research into practice (ACEND®, 2017).</p>	
<p>KRDN 1.1 Demonstrate how to locate, interpret, evaluate and use professional literature to make ethical, evidence-based practice decisions.</p>	<p>FN5-7, PSE3, RE4, RE6, ML1</p>
<p>KRDN 1.2 Use current information technologies to locate and apply evidence-based guidelines and protocols.</p>	<p>RE5</p>
<p>KRDN 1.3 Apply critical thinking skills.</p>	<p>Multiple statements from core areas FN, CMC, AE, PSE, RE, ML</p>
<p>CRDN 1.1 Select indicators of program quality and/or customer service and measure achievement of objectives.</p>	<p>RE1, RE6, ML6</p>
<p>CRDN 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature.</p>	<p>FN5-7, PSE3, RE6</p>
<p>CRDN 1.3 Justify programs, products, services and care using appropriate evidence or data.</p>	<p>AE5, RE7, ML15</p>
<p>CRDN 1.4 Evaluate emerging research for application in nutrition and dietetics practice.</p>	<p>FN5</p>
<p>CRDN 1.5 Conduct projects using appropriate research methods, ethical procedures and data analysis.</p>	<p>RE1-7</p>
<p>CRDN 1.6 Incorporate critical-thinking skills in overall practice.</p>	<p>Multiple statements from core areas FN, CMC, AE, PSE, RE, ML</p>

Comparison of Standards for the RDN

2017 ACEND® Accreditation Standards CP, DI, DPD, FDE, IDE Programs

Knowledge & Skills Development Guide

Domain 2. Professional Practice Expectations

Beliefs, values, attitudes and behaviors for the professional dietitian nutritionist level of practice (ACEND®, 2017).

KRDN	KRDN 2.1 Demonstrate effective and professional oral and written communication and documentation.	CMC1-7, RE7
	KRDN 2.2 Describe the governance of nutrition and dietetics practice, such as the Scope of Nutrition and Dietetics Practice and the Code of Ethics for the Profession of Nutrition and Dietetics; and describe interprofessional relationships in various practice settings.	
	KRDN 2.3 Assess the impact of a public policy position on nutrition and dietetics practice.	AE2, AE5
	KRDN 2.4 Discuss the impact of health care policy and different health care delivery systems on food and nutrition services.	AE2
	KRDN 2.5 Identify and describe the work of interprofessional teams and the roles of others with whom the registered dietitian nutritionist collaborates in the delivery of food and nutrition services.	FN6, PSE1, ML5, ML12
	KRDN 2.6 Demonstrate an understanding of cultural competence/sensitivity.	CMC2-3, CMC5-6
	KRDN 2.7 Demonstrate identification with the nutrition and dietetics profession through activities such as participation in professional organizations and defending a position on issues impacting the nutrition and dietetics profession.	AE5, ML15
	KRDN 2.8 Demonstrate an understanding of the importance and expectations of a professional in mentoring and precepting others.	ML15
CRDN	CRDN 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable, and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics.	RE4, ML1
	CRDN 2.2 Demonstrate professional writing skills in preparing professional communications.	CMC1, RE7
	CRDN 2.3 Demonstrate active participation, teamwork and contributions in group settings.	FN6, PSE1, ML5, ML12-13
	CRDN 2.4 Function as a member of interprofessional teams.	FN6, PSE1, ML5, ML12-13
	CRDN 2.5 Assign duties to NDTRs and/or support personnel as appropriate.	Multiple statements from core areas FN, CMC, AE, PSE, RE, ML
	CRDN 2.6 Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.	
	CRDN 2.7 Apply leadership skills to achieve desired outcomes.	ML1-15
	CRDN 2.8 Demonstrate negotiation skills.	ML13
	CRDN 2.9 Participate in professional and community organizations.	PSE1, ML5
	CRDN 2.10 Demonstrate professional attributes in all areas of practice.	Multiple statements from core areas FN, CMC, AE, PSE, RE, ML
	CRDN 2.11 Show cultural competence/sensitivity in interactions with clients, colleagues and staff.	CMC2-5
	CRDN 2.12 Perform self-assessment and develop goals for self-improvement through the program.	Self-Assessment Tool
	CRDN 2.13 Prepare a plan for professional development according to Commission on Dietetic Registration.	My Professional Development Goals & Learning Plan
	CRDN 2.14 Demonstrate advocacy on local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics profession.	AE2-4, ML15
	CRDN 2.15 Practice and/or role play mentoring and precepting others.	

Comparison of Standards for the RDN

2017 ACEND® Accreditation Standards CP, DI, DPD, FDE, IDE Programs		Knowledge & Skills Development Guide
Domain 3. Clinical and Customer Services		
Development and delivery of information, products, services to individuals, groups and populations (ACEND®, 2017).		
KRDN	KRDN 3.1 Use the Nutrition Care Process to make decisions, identify nutrition-related problems and determine and evaluate nutrition interventions.	FN5-7
	KRDN 3.2 Develop an educational session or program/educational strategy for a target population.	CMC3, CMC7, RE7
	KRDN 3.3 Demonstrate counseling and education methods to facilitate behavior change and enhance wellness for diverse individuals and groups.	CMC4
	KRDN 3.4 Explain the processes involved in delivering quality food and nutrition services.	FN2-6
	KRDN 3.5 Describe basic concepts of nutritional genomics.	FN3
CRDN	CRDN 3.1 Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings.	FN5-7, CMC2-4
	CRDN 3.2 Conduct nutrition focused physical exams.	
	CRDN 3.3 Demonstrate effective communication skills for clinical and customer services in a variety of formats and settings.	CMC1-7
	CRDN 3.4 Design, implement and evaluate presentations to a target audience.	CMC1-3, CMC5, RE7
	CRDN 3.5 Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience.	CMC2-3
	CRDN 3.6 Use effective communication and counseling skills to facilitate behavior change.	CMC4
	CRDN 3.7 Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.	CMC3, PSE3-4, RE6, ML3
	CRDN 3.8 Deliver respectful, science-based answers to client questions concerning emerging trends.	CMC5
	CRDN 3.9 Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources.	FN3-4
	CRDN 3.10 Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals.	FN2

Comparison of Standards for the RDN

2017 ACEND® Accreditation Standards CP, DI, DPD, FDE, IDE Programs

Knowledge & Skills Development Guide

Domain 4. Practice Management and Use of Resources

Strategic application of principles of management and systems in the provision of services to individuals and organizations (ACEND®, 2017).

KRDN	KRDN 4.1 Apply management theories to the development of programs or services.	ML3-6
	KRDN 4.2 Evaluate a budget and interpret financial data.	ML8, ML10
	KRDN 4.3 Describe the regulation system related to billing and coding, what services are reimbursable by third party payers and how reimbursement may be obtained.	ML11
	KRDN 4.4 Apply the principles of human resource management to different situations.	ML9
	KRDN 4.5 Describe safety principles related to food, personnel and consumers.	FN2
	KRDN 4.6 Analyze data for assessment and evaluate data to be used in decision-making for continuous quality improvement.	PSE2, ML6
CRDN	CRDN 4.1 Participate in management of human resources.	ML9
	CRDN 4.2 Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food.	FN2
	CRDN 4.3 Conduct clinical and customer service quality management activities.	
	CRDN 4.4 Apply current nutrition informatics to develop, store, retrieve and disseminate information and data.	RE5, RE7
	CRDN 4.5 Analyze quality, financial and productivity data for use in planning.	RE6, ML7-8, ML10
	CRDN 4.6 Propose and use procedures as appropriate to the practice setting to promote sustainability, reduce waste and protect the environment.	FN3
	CRDN 4.7 Conduct feasibility studies for products, programs or services with consideration of costs and benefits.	
	CRDN 4.8 Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies.	RE6, ML7-8, ML10
	CRDN 4.9 Explain the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public and private insurers, fee-for-service and value-based payment systems.	ML11
	CRDN 4.10 Analyze risk in nutrition and dietetics practice.	

Comparison of Standards for the NDTR

ACEND® 2017 Accreditation Standards for Nutrition and Dietetics Technician Programs (DT) compared with the *Guide's* Knowledge & Skills Statements for the NDTR

Intended Users

Educators, preceptors, and students of nutrition and dietetics technician programs.

The following are recommended *Guide* knowledge and skills statements that may align with the 2017 ACEND® Core Knowledge Statements (KNDT) and Core Competency Statements (CNDT). Use the suggested work-related

and learning activities in the Knowledge & Skills Development section of the *Guide* for ideas as to how students and/or interns can meet all or specific ACEND® program standards. Discretion lies with the program director.

Comparison of Standards for the NDTR

2017 ACEND® Accreditation Standards DT Programs	Knowledge & Skills Development Guide	
<p>Core Knowledge Statements (KNDT)</p> <p>Core Competency Statements (CNDT)</p>	<p>Core Area 1 ■ Food & Nutrition (FN)</p> <p>Core Area 2 ■ Communication, Marketing, & Cultural Sensitivity (CMC)</p> <p>Core Area 3 ■ Advocacy & Education (AE)</p> <p>Core Area 4 ■ Policy, Systems, & Environmental Change (PSE)</p> <p>Core Area 5 ■ Research & Evaluation (RE)</p> <p>Core Area 6 ■ Management & Leadership (ML)</p>	
<p>Domain 1. Scientific and Evidence Base of Practice Integration of scientific information and translation of research into practice.</p>		
KNDT	<p>KNDT 1.1 Demonstrate how to locate, interpret, evaluate and use professional literature to make ethical, evidence-based practice decisions related to the dietetics technician level of practice.</p>	<p>FN5-7, PSE3, RE4, RE6, ML1</p>
	<p>KNDT 1.2 Use current information technologies to locate and apply evidence-based guidelines and protocols.</p>	<p>RE5</p>
	<p>KNDT 1.3 Apply critical thinking skills.</p>	<p>Multiple statements from core areas FN, CMC, AE, PSE, RE, ML</p>
CNDT	<p>CNDT 1.1 Access data, references, patient education materials, consumer and other information from credible sources.</p>	<p>FN7, RE7</p>
	<p>CNDT 1.2 Evaluate information to determine if it is consistent with accepted scientific evidence.</p>	<p>FN7, PSE3</p>
	<p>CNDT 1.3 Collect performance improvement, financial, productivity or outcomes data and compare it to established criteria.</p>	<p>ML10</p>
	<p>CNDT 1.4 Implement actions based on care plans, protocols, policies and evidence-based practice.</p>	<p>FN5-6, PSE3-4, RE6</p>

Comparison of Standards for the NDTR

2017 ACEND® Accreditation Standards DT Programs		Knowledge & Skills Development Guide
Domain 2. Professional Practice Expectations		
Beliefs, values, attitudes and behaviors for the professional nutrition and dietetics technician level of practice.		
KNDT	KNDT 2.1 Demonstrate effective and professional oral and written communications skills sufficient for entry into technical practice.	CMC1-7
	KNDT 2.2 Demonstrate effective interviewing and education methods for diverse individuals and groups.	CMC4
	KNDT 2.3 Describe the governance of nutrition and dietetics practice, such as the Scope of Nutrition and Dietetics Practice and the Code of Ethics for the Profession of Nutrition and Dietetics; and interprofessional relationships in various practice settings.	
	KNDT 2.4 Identify and describe the work of interprofessional teams and the roles of others with whom the nutrition and dietetics technician, registered collaborates in the delivery of food and nutrition.	PSE1, ML3-6, ML12
	KNDT 2.5 Demonstrate an understanding of cultural competence/sensitivity.	CMC2-3, CMC6
	KNDT 2.6 Explain legislative and regulatory policies related to nutrition and dietetics technician level of practice.	AE2-3
	KNDT 2.7 Demonstrate identification with the nutrition and dietetics profession through activities such as participation in professional organizations and defending a position on issues impacting the nutrition and dietetics profession.	AE2-5
	KNDT 2.8 Demonstrate an understanding of the importance and expectations of a professional in mentoring and precepting others.	ML15
CNDT	CNDT 2.1 Adhere to current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Dietetics Practice, Standards of Professional Practice and the Code of Ethics for the Profession of Dietetics.	RE4, ML1
	CNDT 2.2 Use clear and effective oral and written communication.	CMC1-7
	CNDT 2.3 Prepare and deliver sound food and nutrition presentations to a target audience.	CMC1-3, CMC5
	CNDT 2.4 Demonstrate active participation, teamwork and contributions in group settings.	PSE1, ML3-6, ML12-13
	CNDT 2.5 Function as a member of interprofessional teams.	PSE1, ML3-6, ML12-13
	CNDT 2.6 Refer situations outside the nutrition and dietetics technician scope of practice or area of competence to a registered dietitian nutritionist or other professional.	
	CNDT 2.7 Participate in professional and community organizations.	PSE1, ML3-6
	CNDT 2.8 Demonstrate professional attributes in all areas of practice.	Multiple statements from core areas FN, CMC, AE, PSE, RE, ML
	CNDT 2.9 Show cultural competence in interactions with clients, colleagues and staff.	CMC2-5
	CNDT 2.10 Perform self-assessment and develop goals for self-improvement throughout the program.	Self-Assessment Tool
	CNDT 2.11 Prepare a plan for professional development according to Commission on Dietetic Registration.	My Professional Development Goals & Learning Plan
	CNDT 2.12 Participate in advocacy at the local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics profession.	AE5, ML15
	CNDT 2.13 Practice and/or role play mentoring and precepting others.	ML15

Comparison of Standards for the NDTR

2017 ACEND® Accreditation Standards DT Programs	Knowledge & Skills Development Guide
Domain 3. Clinical and Customer Services Development and delivery of information, products, services to individuals, groups and populations.	
KNDT 3.1 Use the Nutrition Care Process for nutrition screening for referral to the registered dietitian nutritionist, collection of assessment data, nutrition interventions and monitoring strategies appropriate for the technician level of practice.	FN5-7
KNDT 3.2 Implement interventions to effect change and enhance wellness in diverse individuals and groups.	FN6, CMC3, PSE3-4, RE6
KNDT 3.3 Present an educational session to a target population.	CMC3, CMC7
KNDT 3.4 Describe the processes involved in delivering quality food and nutrition services.	FN4
CNDT 3.1 Perform nutrition screening and identify clients or patients to be referred to a registered dietitian nutritionist.	FN5
CNDT 3.2 Perform specific activities of the Nutrition Care Process as assigned by registered dietitian nutritionists in accordance with the Scope of Nutrition and Dietetics Practice for individuals, groups and populations in a variety of settings.	FN5-7, CMC2-4
CNDT 3.3 Provide nutrition and lifestyle education to well populations.	CMC1-7
CNDT 3.4 Promote health improvement, food safety, wellness and disease prevention for the general population.	FN2, FN6-7, PSE4, RE3, CMC3, CMC5, CMC7

