Suggested Citation


This document is available at www.phcnpg.org and at https://publichealthnutrition.org.

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).

©2018, Public Health/Community Nutrition Practice Group, a dietetic practice group of Academy of Nutrition and Dietetics. The views expressed in this publication are those of the authors and do not necessarily reflect policies and/or official positions of the Academy of Nutrition and Dietetics. Mention of product names in this publication does not constitute endorsement by the authors PHCNPG/Academy. The Academy of Nutrition and Dietetics disclaims responsibility for the application of the information contained herein.
Contents

Section 1: Overview ......................................................... 4
   Background ................................................................. 5
   Authors & Reviewers ..................................................... 7
   Acronyms ................................................................. 9
   Definitions ............................................................... 11
   Introduction ............................................................ 13
   Purpose ............................................................... 16
   Intended Users .......................................................... 17
   How to Use the Guide .................................................. 18
   Glossary ............................................................... 20

Section 2: Self-Assessment Tool
   Available for download at www.phcnpg.org.

Section 3: Knowledge & Skills Statements ...................... 25
   Knowledge & Skills Statements for the RDN .................... 27
   Knowledge & Skills Statements for the NDTR .................. 30

Section 4: Knowledge & Skills Development Guide
   Available for download at www.phcnpg.org.
Section 1: Overview

Background
Authors & Reviewers
Acronyms
Definitions
Introduction
Purpose
Intended Users
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
- 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

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.
Authors & Reviewers


Expert Review Committee

Kay Sisk, MS, RDN, LD
Academy of Nutrition and Dietetics
Public Health/Community Nutrition Practice Group
kaysisk@gmail.com

Alison Conneally, MS, RDN, CDN
Association of State Public Health Nutritionists
alconneally@gmail.com

Kathleen Cullinen, PhD, RDN
Academy of Nutrition and Dietetics
Public Health/Community Nutrition Practice Group
kmcullinen@gmail.com

Anne Bartholomew, MS, RD
Sara Beckwith MS, RDN, LD, CLS
Josephine Cialone, MS, RD
Susan Foerster, MPH, RD (Ret)
Jill Lange, MPH, RDN, LD
Michele Lawler, MS, RD
Diane Moreau-Stodola, MS, RD
Melissa D. Olfert, DrPH, MS, RDN, LD
Karen L. Probert, MS, RD
Marsha Spence, PhD, MPH, RDN, LDN
Jamie Stang, PhD, MPH, RDN, LN
Chrisandra Stockmyer, MPH, RDN

U.S. Department of Agriculture, Food and Nutrition Service
Association of SNAP-Ed Nutrition Education Administrators
Academy of Nutrition and Dietetics, Public Health/Community Nutrition Practice Group
Association of SNAP-Ed Nutrition Education Administrators
Association of State Public Health Nutritionists
U.S. Department of Health & Human Services, Health Resources & Services Administration
National WIC Association
Society for Nutrition Education and Behavior
Association of State Public Health Nutritionists
American Public Health Association, Food and Nutrition Section
Association of Graduate Programs in Public Health Nutrition, Inc.
Centers for Disease Control and Prevention, Division of Population Health

Review Committee

Chair: Janice Dodds, EdD, RD
Coordinator: Heather Mixon, MS, RD

Anne Bennett
Suzanne Gregory, MPH
Ellen Harris, DrPH
Betsy Haughton, EdD, RD, LDN
Lyn Konstant, PhD, RD
Michele Lawler, MS, RD
Barbara Polhamus, PhD, MPH, RD
Sally Swartz, MS, RD
Margaret Tate, MS, RD
Peggy Trouba, MPH, RD
Judy Wilson

American Dietetic Association, Public Health/Community Nutrition Practice Group
American Public Health Association, Food and Nutrition Section
Association of Graduate Programs in Public Health Nutrition, Inc.
Society for Nutrition Education
U.S. Department of Health and Human Services, Maternal and Child Health Bureau
U.S. Centers for Disease Control and Prevention
American Dietetic Association, Public Health/Community Nutrition Practice Group
Association of State and Territorial Public Health Nutrition Directors
National WIC Association
U.S. Department of Agriculture, Food and Nutrition Service


Authors and Reviewers

Project Director: Helene Kent, MPH, RD
Coordinator: Janice B. Carlton, MS, RD, LDN
Project Coordinator: Janice Dodds, EdD, RD ADA
Coordinator: Aurelia McCoy

Authors

Erlinda Binghay, MPH, RD
Ted Fairchild, MPH, RD, CD
Cathy Franklin, MS, RD, CD
Betsy Haughton, EdD, RD, LDN
Lyn Konstant, PhD, RD
Michele Lawler, MS, RD
Margaret Tate, MS, RD

American Public Health Association, Food and Nutrition Section
American Dietetic Association, Public Health Nutrition Practice Group
National Association of WIC Directors
Association of Faculties of Graduate Programs in Public Health Nutrition
Society for Nutrition Education
U.S. Department of Agriculture, Food and Consumer Services
Association of State and Territorial Public Health Nutrition Directors

Reviewers

Kristin Biskeborn, MPH, RD
Brenda Lisi, RD, MPA, MS
Jean Collins Norris, MS, MPH, RD
Patricia L. Spletter, PhD, MPH, RD
Merryjo J. Ware, MPH, RD
Collette Zyrkowski, MPH, RD

Association of State and Territorial Public Health Nutrition Directors
U.S. Department of Agriculture, Food and Consumer Services
U.S. Department of Health & Human Services, Bureau of Maternal & Child Health Services
Society for Nutrition Education
National Association of WIC Directors
U.S. Centers for Disease Control and Prevention
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

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)

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

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 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.

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. 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.
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 functions and 10 Essential Public Health Services. 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.

---

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

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.


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. 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.

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.

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.
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.
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

**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

**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
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

**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.
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 sources.
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](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 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
- 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
- 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.
Knowledge & Skills Statements for the RDN

■ 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.
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.
Knowledge & Skills Statements for the NDTR

■ 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


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.


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.