Official Launch of
The Guide

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

3rd Edition | 2018
Speakers

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Learning Objectives

• Describe the evolving field of public health/community nutrition and the rationale for training and enhancing skills among present and future RDNs/NDTRs.

• Describe the rationale for the development of the Guide for Developing and Enhancing Skills in Public Health and Community Nutrition (Guide) and identify the target audiences.

• Identify how to use and customize the Guide effectively to meet personalized knowledge and skill development goals.
Evolution of Public Health Nutrition

• Public health (PH) and community nutrition (CN) 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)\textsuperscript{1}

• Continued emphasis on evidence-based and culturally appropriate approaches to behavior change
A Social-Ecological Model for Food and Physical Activity Decisions

Integration of coordinated, multi-level approaches, ensuring a comprehensive approach to programming consistent with current public health practices for health promotion and disease prevention.
# SNAP-ED EVALUATION FRAMEWORK

**Nutrition, Physical Activity, and Obesity Prevention Indicators**

## INDIVIDUAL
**GOALS AND INTENTIONS**
- **ST1:** Healthy Eating
- **ST2:** Food Resource Management
- **ST3:** Physical Activity and Reduced Sedentary Behavior
- **ST4:** Food Safety

**BEHAVIORAL CHANGES**
- **MT1:** Healthy Eating
- **MT2:** Food Resource Management
- **MT3:** Physical Activity and Reduced Sedentary Behavior
- **MT4:** Food Safety

**MAINTENANCE OF BEHAVIORAL CHANGES**
- **LT1:** Healthy Eating
- **LT2:** Food Resource Management
- **LT3:** Physical Activity and Reduced Sedentary Behavior
- **LT4:** Food Safety

## ENVIRONMENTAL SETTINGS
**EAT, LIVE, WORK, LEARN, SHOP, AND PLAY**
- **ST5:** Need and Readiness
- **ST6:** Champions
- **ST7:** Partnerships

**ORGANIZATIONAL MOTIVATORS**
- **MT5:** Nutrition Supports
- **MT6:** Physical Activity and Reduced Sedentary Behavior Supports

**ORGANIZATIONAL ADOPTION AND PROMOTION**
- **LT5:** Nutrition Supports Implementation
- **LT6:** Physical Activity Supports Implementation
- **LT7:** Program Recognition
- **LT8:** Media Coverage
- **LT9:** Leveraged Resources
- **LT10:** Planned Sustainability
- **LT11:** Unexpected Benefits

## SECTORS OF INFLUENCE
**MULTI-SECTOR PARTNERSHIPS AND PLANNING**
- **ST8:** Multi-Sector Partnerships and Planning

**MULTI-SECTOR CHANGES**
- **MT7:** Government Policies
- **MT8:** Agriculture
- **MT9:** Education Policies
- **MT10:** Community Design and Safety
- **MT11:** Health Care Clinical-Community Linkages

**MULTI-SECTOR IMPACTS**
- **LT12:** Food Systems
- **LT13:** Government Investments
- **LT14:** Agriculture Sales and Incentives
- **LT15:** Educational Attainment
- **LT16:** Shared Use Streets and Crime Reduction
- **LT17:** Health Care Cost Savings
- **LT18:** Commercial Marketing of Healthy Foods and Beverages
- **LT19:** Community-Wide Recognition Programs

## POPULATION RESULTS (R)
**TRENDS AND REDUCTION IN DISPARITIES**
- **R1:** Overall Diet Quality
- **R2:** Fruits & Vegetables
- **R3:** Whole Grains
- **R4:** Dairy
- **R5:** Beverages
- **R6:** Food Security
- **R7:** Physical Activity and Reduced Sedentary Behavior
- **R8:** Breastfeeding
- **R9:** Healthy Weight
- **R10:** Family Meals
- **R11:** Quality of Life

## CHANGES IN SOCIETAL NORMS AND VALUES

**APRIL 2016**
Public Health and Community Nutrition

• Complementary interface of public health/community nutrition approaches in population health with clinical nutrition services

• The three classic approaches to disease prevention:
  
  o **Primary:** *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

  o **Secondary:** *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 in high risk populations

  o **Tertiary:** *Managing and rehabilitating diagnosed health conditions* to reduce complications, improve quality of life, and extend years of productivity
Public Health and Community Nutritionists

- Overlapping skill sets
- Ideally work closely with multi-disciplinary public health teams
- PHNs trained in both nutrition and the core competency areas of public health
- CNs trained in the delivery of primary, secondary, and tertiary nutrition services within community settings
3 Core Public Health Functions related to Public Health Nutrition Practice

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 10 Essential Public Health Services

Public Health Approach

• Defined by its focus on primary and secondary prevention rather than treatment

• Targets large, at-risk populations rather than individuals and employs evidence-based interventions that have the potential to reach large numbers of individuals, impact behavior, and change social norms

• Interventions that address the determinants of health rather than the treatment of disease
Public Health Nutrition

• Include PSE Interventions include to increase access to healthy eating and low- or no-cost physical activity opportunities (make the healthy choice the easy choice)

• Focus on accessibility, marketing, purchase, selection, and preparation to increase consumption of healthier food choices

• 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.
Public Health Nutritionists

• Employed in public, business, and non-profit sectors

• International, national, state, and local organizations

• Collaborate with policy makers, key officials, related health professionals, and community leaders to promote health and prevent disease

• Integral role in designing, implementing, and evaluating food and nutrition policy, systems, and environmental (PSE) interventions in community settings
Cross-Sector, Multi-Level Programming

- 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
- Sport and fitness centers
Trends in Health Care Costs

• 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 U.S., chronic diseases account for
  o 7 out of every 10 deaths; and
  o 86% of U.S. healthcare costs\(^2\)

• Yet, only 3% of total annual U.S. healthcare expenditures are spent on prevention.\(^3\)
Trends in Health Care Costs

• U.S. Centers for Medicare & Medicaid Services

  o In 2016, U.S. healthcare expenditures grew 4.3% to **$3.3 trillion in 2016**, accounting for 17.9% of Gross Domestic Product (GDP).

  o Under current law, national health spending is projected to grow at an average rate of 5.5% per year for 2017-26 and to reach **$5.7 trillion by 2026**.

  o As a result, the health share of GDP is expected to rise from 17.9% in 2016 to 19.7% by 2026.
Trends in Health Care Costs

• Number of Americans ages 65 and older is projected to more than double from 46 million today to over 98 million by 2060

• Enrollment shifts from private health insurance to Medicare related to the aging of the population

• With the dual burden of escalating healthcare costs and an aging population, health promotion and disease prevention efforts will have a larger role in healthcare services

• American Hospital Association increasing support of community-based health promotion and disease prevention
Rationale for the Guide

• A stronger focus on and need for public health skills of present and future RDNs and NDTRs

• Positioning the next century of nutrition and dietetics practitioners as leaders in the face of shifting demographics, changes in nutrition and physical activity patterns, health care disparities, and domestic and global economic pressures

• Current and future PHN leaders in policy development, assessment, assurance, advocacy, PSE change, education, marketing, and programs and services

• Shift from a client to a population/systems focus is ongoing and continues to occur at different rates
The Guide for Developing and Enhancing Skills in Public Health and Community Nutrition (Guide)
Revision: Guidelines for Community Nutrition Supervised Experiences

• The original Guidelines was first authored in 1995.

• 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 2nd edition of the Guidelines was published in 2003 and reflected changes in public health nutrition over the previous decade.
Rationale for the 3rd Edition

• Much has changed in the public health arena over the past 15 years.

• The Academy’s Committee for Public Health/Community Nutrition is working to assist members transitioning to work in the field of community nutrition and move public health forward.

• Provide an updated tool for numerous entities to develop/enhance the knowledge and skills needed to perform the role of a public health nutritionist.
Revision Process

• Timeline for Revision
  ➢ January 2013: PHCNPG partnered with ASPHN
  ➢ Fall 2013: Guidelines identified as a collaborative revision project
  ➢ Spring 2014: Expert Review Committee established
  ➢ Summer 2015: Preliminary draft reviewed by members of ASPHN, PHCNPG, and NDEP
  ➢ Fall 2017: Final draft reviewed by Academy’s Committee for PHCN, PHCNPG Executive Committee, ASPHN Board, NDEP Executive Committee
  ➢ March 2018: Academy approved
# Expert Review Committee

<table>
<thead>
<tr>
<th>INDIVIDUAL</th>
<th>ORGANIZATION REPRESENTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Bartholomew, MS, RD</td>
<td>U.S. Department of Agriculture Food and Nutrition Service</td>
</tr>
<tr>
<td>Josephine Cialone, MS, RD</td>
<td>Academy of Nutrition and Dietetics Public Health/Community Nutrition Practice Group</td>
</tr>
<tr>
<td>Michele Lawler, MS, RD</td>
<td>U.S. Department of Health and Human Services, Health Resources and Services Administration</td>
</tr>
<tr>
<td>Diane Moreau-Stodola, MS, RD</td>
<td>National WIC Association</td>
</tr>
<tr>
<td>Melissa D. Olfert, DrPH, MS, RDN, LD</td>
<td>Society for Nutrition Education and Behavior</td>
</tr>
<tr>
<td>Jill Lange, MPH, RDN, LD</td>
<td>Association of State Public Health Nutritionists</td>
</tr>
<tr>
<td>Shana Patterson, RDN</td>
<td></td>
</tr>
<tr>
<td>Karen L. Probert, MS, RD</td>
<td></td>
</tr>
<tr>
<td>Sara Beckwith MS, RDN, LD, CLS</td>
<td>SNAP-Ed Nutrition Networks and Other Implementing Agencies (ASNNA)</td>
</tr>
<tr>
<td>Susan Foerster, MPH, RD (Ret)</td>
<td></td>
</tr>
<tr>
<td>Marsha Spence, PhD, MPH, RDN, LDN</td>
<td>American Public Health Association, Food and Nutrition Section</td>
</tr>
<tr>
<td>Jamie Stang, PhD, MPH, RDN, LN</td>
<td>Association of Graduate Programs in Public Health Nutrition, Inc.</td>
</tr>
<tr>
<td>Chrisandra Stockmeyer, MPH, RD</td>
<td>Centers for Disease Control and Prevention, Division of Population Health</td>
</tr>
</tbody>
</table>
Purpose of the *Guide*

Three (3) primary purposes of the *Guide*:

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.
Components of the Guide

Three (3) Main Components of the Guide:

• Self-Assessment Tool
• Knowledge and Skills Statements for the RDN/NDTR
• Knowledge and Skills Development Guide
Intended Users of the Guide

- Practitioners
  - RD/RDN
  - DTR/NDTR
  - Nutrition Personnel
- Employers
  - Public Health and Nutrition Administrators
- Educators, Preceptors and Students
  - Dietetic Internship Directors and Preceptors
  - Individual Supervised Practice Pathways (ISPP) Directors, Preceptor and Students
The Major Revisions

1) Updated document title
   - 1st and 2nd Eds: Guidelines for Community Nutrition Supervised Experiences
   - 3rd Ed: Guide for Developing and Enhancing Skills in Public Health and Community Nutrition

2) Specified how each target audience can use the Guide
   - 1st and 2nd Eds: Included general suggestions for use
   - 3rd Ed: Includes step-by-step how-to information for each of the 3 intended users (practitioners, employers, educators/students)
The Major Revisions

3) Improved accessibility and usability of the Guide
   - 1st and 2nd Eds: PDF available for download online
   - 3rd Ed:
     - Interactive PDFs of 3 versions available online
     - PDF of complete version available online

4) Targeted current needs of public health and community nutritionists
   - 1st and 2nd Eds:
     - 3 Overarching Topics
     - 25 Training Areas
   - 3rd Ed:
     - 6 Core Competency Areas
     - 46 Knowledge and Skills Statements
Basis for the Knowledge and Skills Statements: Competencies/Standards Considered

Accreditation Council for Education in Nutrition and Dietetics
The accrediting agency for the Academy of Nutrition and Dietetics

Society for Nutrition Education and Behavior Foundation

The Council on Linkages Between Academia and Public Health Practice

FROM THE ACADEMY
Standards of Practice & Professional Performance

Academy of Nutrition and Dietetics: Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Public Health and Community Nutrition
Meg Browning, PhD, MPH, RD; Adrienne Z. Jutelke, MS, RD; Elizabeth Janine Jones, PhD, RD; Phyllis Skill Crowley, MS, RD; BCC; Darci C. Frederick, MD, RD, FADA; Leigh Ann Edwards-Lipton, MPH, RD

Essential Practice Competencies for the Commission on Dietetic Registration’s Credentialing Nutrition and Dietetics Practitioners

Guidelines for Community Nutrition Supervised Experiences 2nd Edition

Strategies for Success: Curriculum Guide (Didactic and Experiential Learning) Third Edition
Graduate Programs in Public Health Nutrition

Association of Graduate Programs in Public Health Nutrition, Inc.
2013
Knowledge and Skills

- 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 and Skills Development Guide

### Food & Nutrition (FN)

<table>
<thead>
<tr>
<th>RDN</th>
<th>NDTR</th>
<th>Suggested Work-Related &amp; Learning Activities</th>
<th>Example Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>FN1. History</td>
<td>FN1. History</td>
<td>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.</td>
<td>- The Public Health System and the 10 Essential Public Health Services, CDC: <a href="https://www.cdc.gov/stppublichealth/publichealthservices/essentialhealthservices.html">https://www.cdc.gov/stppublichealth/publichealthservices/essentialhealthservices.html</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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)).</td>
<td>- 2015-2020 Dietary Guidelines for Americans, USDA-DHHS: <a href="http://health.gov/dietaryguidelines/2015/guidelines">http://health.gov/dietaryguidelines/2015/guidelines</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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 DNPAC).</td>
<td>- The State of Obesity: Better Policies for a Healthier America: <a href="https://www.fshah.org/reports">https://www.fshah.org/reports</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify a state or local annual plan of operations from one or more nutrition</td>
<td>- Programs and Services, USDA-FNS: <a href="https://www.fns.usda.gov/programs-and-services">https://www.fns.usda.gov/programs-and-services</a></td>
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How to Use the Guide

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Educators & Preceptors
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Comparison of Standards for the RDN

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<th>2017 ACEND® Accreditation Standards CP, DI, DPD, FDE, IDE Programs</th>
<th>Knowledge &amp; Skills Development Guide</th>
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<tbody>
<tr>
<td>Domains 2. Professional Practice Expectations</td>
<td></td>
</tr>
<tr>
<td>Beliefs, values, attitudes and behaviors for the professional dietitian nutritionist level of practice (ACEND®, 2017).</td>
<td></td>
</tr>
<tr>
<td>KDND 2.1 Demonstrate effective and professional oral and written communication and documentation.</td>
<td>CMC1-7, RE7</td>
</tr>
<tr>
<td>KDND 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.</td>
<td>AE2, AE5</td>
</tr>
<tr>
<td>KDND 2.3 Assess the impact of a public policy position on nutrition and dietetics practice.</td>
<td>AE2</td>
</tr>
<tr>
<td>KDND 2.4 Discuss the impact of health care policy and different health care delivery systems on food and nutrition services.</td>
<td>AE5, ML15</td>
</tr>
<tr>
<td>KDND 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.</td>
<td>FN6, PSE1, ML5, ML12</td>
</tr>
<tr>
<td>KDND 2.6 Demonstrate an understanding of cultural competence/sensitivity.</td>
<td>CMC2-3, CMC5-6</td>
</tr>
<tr>
<td>KDND 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.</td>
<td>ML15</td>
</tr>
<tr>
<td>KDND 2.8 Demonstrate an understanding of the importance and expectations of a professional in mentoring and precepting others.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>RE4, ML1</td>
</tr>
<tr>
<td>CRDN 2.2 Demonstrate professional writing skills in preparing professional communications.</td>
<td>CMC1, RE7</td>
</tr>
<tr>
<td>CRDN 2.3 Demonstrate active participation, teamwork, and contributions in group settings.</td>
<td>FN6, PSE1, ML5, ML12-13</td>
</tr>
<tr>
<td>CRDN 2.4 Function as a member of interprofessional teams.</td>
<td>FN6, PSE1, ML5, ML12-13</td>
</tr>
<tr>
<td>CRDN 2.5 Assign duties to NDTRs and/or support personnel as appropriate.</td>
<td>Multiple statements from core areas FN, CMC, AE, PSE, RE, ML</td>
</tr>
<tr>
<td>CRDN 2.6 Refer clients and patients to other professionals and services when needs are</td>
<td></td>
</tr>
</tbody>
</table>

Educators & Preceptors

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3rd Edition | 2018

Educators, Preceptors, and Students

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## Self-Assessment Tool

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<thead>
<tr>
<th>Food &amp; Nutrition</th>
<th>Knowledge</th>
<th>Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Describing the historical development of public health and public health</td>
<td>Little or 0</td>
<td>Not at all</td>
</tr>
<tr>
<td>nutrition interventions</td>
<td>General</td>
<td>Not very</td>
</tr>
<tr>
<td>• Utilizing the core functions of public health in your workplace</td>
<td>Thorough</td>
<td>Not at all</td>
</tr>
<tr>
<td>• Applying food, nutrition, and physical activity principles to meet the health</td>
<td>Not at all</td>
<td>Not very</td>
</tr>
<tr>
<td>needs of individuals</td>
<td>General</td>
<td>Not very</td>
</tr>
<tr>
<td>• Applying food and nutrition principles to meet nutrition needs of populations</td>
<td>Thorough</td>
<td>Not at all</td>
</tr>
<tr>
<td>• Relating factors in the food system to food and nutrition</td>
<td>Not at all</td>
<td>Not very</td>
</tr>
<tr>
<td>• Describing factors that impact food accessibility, adequacy, and safety of</td>
<td>General</td>
<td>Not very</td>
</tr>
<tr>
<td>local and global food systems</td>
<td>Thorough</td>
<td>Not at all</td>
</tr>
<tr>
<td>• Assessing and interpreting nutritional status of individuals</td>
<td>Not at all</td>
<td>Not very</td>
</tr>
<tr>
<td>• Assessing and interpreting nutritional status of populations</td>
<td>General</td>
<td>Not very</td>
</tr>
<tr>
<td>• Determining priority nutritional needs of individuals</td>
<td>Thorough</td>
<td>Not at all</td>
</tr>
<tr>
<td>• Determining priority nutritional needs of populations</td>
<td>Not at all</td>
<td>Not very</td>
</tr>
<tr>
<td>• Implementing public health nutrition programs and/or interventions</td>
<td>General</td>
<td>Not very</td>
</tr>
<tr>
<td>• Explaining issues related to dietary and physical activity guidance</td>
<td>Thorough</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication, Marketing, &amp; Cultural Sensitivity</th>
<th>Knowledge</th>
<th>Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Utilizing a range of media platforms to communicate nutrition information</td>
<td>Little or 0</td>
<td>Not at all</td>
</tr>
<tr>
<td>• Tailoring food and nutrition messages to diverse audiences</td>
<td>General</td>
<td>Not very</td>
</tr>
<tr>
<td>• Following the concepts of cultural sensitivity when developing, implementing,</td>
<td>Thorough</td>
<td>Not at all</td>
</tr>
<tr>
<td>and evaluating food and nutrition programs and resources</td>
<td>Not at all</td>
<td>Not very</td>
</tr>
</tbody>
</table>
# Self-Assessment Tool

## My Professional Development Goals & Learning Plan

<table>
<thead>
<tr>
<th>Targeted Areas for Improvement</th>
<th>Learning Plan/Resources</th>
<th>Time Frame</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
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How to Use the Guide: Hands-on Application

- Practitioners
- Program administrators
- Educators, preceptors, and students
Example 1: Practitioner

• Review the Introduction of the Guide

• Complete the Self-Assessment Tool and prioritize areas for improvement

• Use the Development Guide to develop and enhance knowledge and skills
Example 1: Practitioner

Self-Assessment Tool

<table>
<thead>
<tr>
<th>Advocacy &amp; Education</th>
<th>Knowledge</th>
<th>Confidence</th>
<th>Guide Knowledge &amp; Skills Reference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying economic, cultural, and societal trends that have implications for the health and nutrition of populations</td>
<td>Little or no</td>
<td>Not at all</td>
<td>AE1</td>
</tr>
<tr>
<td>Describing governmental structures and political processes</td>
<td>General</td>
<td>Not very</td>
<td>AE2</td>
</tr>
<tr>
<td>Describing the role of governmental and non-governmental organizations in the delivery of nutrition and physical activity programs and services</td>
<td>Thorough</td>
<td>Moderately</td>
<td>AE3</td>
</tr>
<tr>
<td>Differentiating between lobbying and education</td>
<td>Not at all</td>
<td>Very</td>
<td>AE4</td>
</tr>
<tr>
<td>Articulating the value of evidence-based public health nutrition programs</td>
<td>Thorough</td>
<td>Extremely</td>
<td>AE5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy, Systems, &amp; Environmental Change</th>
<th>Knowledge</th>
<th>Confidence</th>
<th>Guide Knowledge &amp; Skills Reference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing partnerships with stakeholders</td>
<td>Little or no</td>
<td>Not at all</td>
<td>PSE1</td>
</tr>
<tr>
<td>Assessing the built and social environments</td>
<td>General</td>
<td>Not very</td>
<td>PSE2</td>
</tr>
<tr>
<td>Identifying gaps in services</td>
<td>Thorough</td>
<td>Moderately</td>
<td>PSE3</td>
</tr>
<tr>
<td>Planning interventions that support collective impact and sustainability of services</td>
<td>Not at all</td>
<td>Very</td>
<td>PSE4</td>
</tr>
<tr>
<td>Developing and implementing nutrition programs</td>
<td>Thorough</td>
<td>Extremely</td>
<td>PSE5</td>
</tr>
<tr>
<td>Increasing access to healthy food and physical activity</td>
<td>Not at all</td>
<td>Not at all</td>
<td>PSE6</td>
</tr>
<tr>
<td>Identifying food and nutrition safety net programs</td>
<td>Thorough</td>
<td>Not at all</td>
<td>PSE7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research &amp; Evaluation</th>
<th>Knowledge</th>
<th>Confidence</th>
<th>Guide Knowledge &amp; Skills Reference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applying concepts used in research</td>
<td>Little or no</td>
<td>Not at all</td>
<td>RE1</td>
</tr>
<tr>
<td>Applying principles of epidemiological approaches</td>
<td>General</td>
<td>Not very</td>
<td>RE2</td>
</tr>
</tbody>
</table>
Example 1: Practitioner

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<tbody>
<tr>
<td>PSE3</td>
<td>Activity 1 (Select a nutrition program; Develop program objectives that align with program activities and evaluation measures) Resource 1 (Moving to the Future)</td>
<td>3 weeks</td>
<td>Low: , Med: , High: ■</td>
</tr>
</tbody>
</table>
Example 1: Practitioner

<table>
<thead>
<tr>
<th>RDN</th>
<th>NDTR</th>
<th>Suggested Work Related &amp; Learning Activities</th>
<th>Example Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSE3, Developing and Implementing Nutrition Programs</td>
<td>PSE3, Developing and Implementing Nutrition Programs</td>
<td>Select a nutrition program with a base in evidence and theory; Develop program objectives that align with program activities and evaluation measures.</td>
<td>Moving to the Future, Tools for Planning Nutrition and Physical Activity Programs, EPHN <a href="http://movingtothefuture.org">http://movingtothefuture.org</a></td>
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<tr>
<td></td>
<td></td>
<td>Identify appropriate global, national, regional, or local nutrition and physical activity plans 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).</td>
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<td>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.</td>
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<tr>
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<td></td>
<td>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.</td>
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<td>Funded DNPDAO State and Local Programs, CDC <a href="https://www.cdc.gov/hccdp/hccdp.php/dnpdao/state-local-programs/funding.html">https://www.cdc.gov/hccdp/hccdp.php/dnpdao/state-local-programs/funding.html</a></td>
</tr>
</tbody>
</table>
Example 1: Practitioner
Example 1: Practitioner

Writing Objectives - Overview

Objectives provide direction on how to achieve a goal. An objective is a specific, measurable, intended result of your committee's work. Objectives need to relate logically to a goal, and they should include specific measurements and time frames.

The terminology for and categorization of objectives varies. For example, an objective having to do with the proportion of adolescents drinking three servings of milk per day could be defined as an outcome objective, intermediate objective, or health behavior objective depending on the resource. Or, an objective directing the establishment of a health access program might be considered a process objective, a policy objective, or even a strategy for an objective focused on improving the school health environment, depending on the resource.

The exact term for an objective is not important. It is important that goals, objectives, and strategies are logically related and that objectives are well-written. A logical relationship among goals, objectives, and strategies helps make sure that your work will impact what you are targeting.

Well-written objectives are essential to effective evaluation. Moving to the Future: Nutrition and Physical Activity Program Planning describes and defines two different types of objectives—outcome objectives and process objectives.

In Moving to the Future, outcome objectives can address health status, health behaviors, health environment, or health policy. Generally, it will take a community at least three years to achieve these objectives. Other common terms for such objectives are impact, long-term, behavioral, community-level and intermediate. Here are examples of three outcome objectives:

- By December 31, 2010, increase from 37% to 44% the percentage of people in Friendly County who are of healthy weight.
- By December 31, 2010, increase from 37% to 44% the percentage of people in Friendly County who are of healthy weight. (Baseline source: 2005 BRFSS data with data from Friendly County and 10 peer counties. The state chronic disease epidemiologist estimated the regional data. Goal source: the upper 95% confidence interval from this same regional data.)
- By December 31, 2010, increase from 37% to 44% the percentage of people in Friendly County who are of healthy weight. (Baseline source: 2005 BRFSS data with data from Friendly County and 10 peer counties. The state chronic disease epidemiologist estimated the regional data. Goal source: the upper 95% confidence interval from this same regional data.)

Moving to the Future Terminology

Coalitions. People work together in a number of ways, in coalitions, partnerships, committees, teams, task forces, and so on. The tools in Moving to the Future will help you no matter how your group is structured. To make Moving to the Future friendly to people working together in different ways, we use these group terms interchangeably. So, if you are working in a formal committee and Moving to the Future uses the word team, the information applies to you as well.

Program. In Moving to the Future, the word program is defined broadly and could encompass any group of activities including projects, services, programs, and policies or environmental changes.

Nutrition and Physical Activity. In Moving to the Future, we often pair the word nutrition with the phrase physical activity, as for example in "address the nutrition and physical activity needs" or "develop a nutrition and physical activity plan." This does not suggest that these materials are only useful to people working on community-based nutrition AND physical activity...
Example 1: Practitioner
Example 2: Administrator

- Review the Introduction of the Guide
- Use the Knowledge and Skills Statements to develop job descriptions
- Use the Management and Leadership core competency to enhance skills
- Refer employees to the Self-assessment Tool and Development Guide for professional development
Example 2: Administrator

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 impact on the nutritional status of individuals, populations, and environmental settings across the life course.

- **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. 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.
  - **CMC3. Interviewing and Counseling** Utilizes appropriate interviewing and counseling techniques to positively impact behavior change at the individual or interpersonal levels.
  - **CMC4. 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).
  - **CMC5. Social Determinants of Health** Explains the role of cultural, socioeconomic, and behavioral factors in the availability, accessibility, acceptability, and delivery of public health services.
  - **CMC6. Marketing** Identifies and utilizes principles of marketing for use in the food, nutrition, and physical activity...
**Example 2: Administrator**

<table>
<thead>
<tr>
<th>RDN</th>
<th>NDTR</th>
<th>Suggested Work-Related &amp; Learning Activities</th>
<th>Example Resources</th>
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</thead>
<tbody>
<tr>
<td>ML8. Funding Opportunities and Grant Writing</td>
<td>ML8. Funding Opportunities and Grant Writing</td>
<td>Complete a grant writing seminar or workshop series or certificate program.</td>
<td>Moving to the Future: Nutrition and Physical Activity Program Planning</td>
</tr>
<tr>
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<td>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., bid contracts, local assistance, etc.).</td>
<td><a href="http://www.movingtothefuture.org">http://www.movingtothefuture.org</a></td>
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<td>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.</td>
<td>Grants and Funding, Partners in Information Access for the Public Health Workforce</td>
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<td></td>
<td>Volunteer to serve on a local, state, or federal external peer review committee to evaluate public health nutrition proposals for competitive funding.</td>
<td><a href="https://phppartners.org/grants.html">https://phppartners.org/grants.html</a></td>
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<td></td>
<td>Participate in the grant writing team with public health professionals who have successfully received grant funding for nutrition programs.</td>
<td>Grants &amp; Funding, Write Your Application, NIH</td>
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<td></td>
<td>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.</td>
<td><a href="https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/write-your-application.htm">https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/write-your-application.htm</a></td>
</tr>
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</table>
Example 2: Administrator
Example 2: Administrator

NIH PA-10-053 (R21)

School Nutrition and Physical Activity Policies, Obesogenic Behaviors and Weight Outcomes among Maine Kindergartners
Research Concept Paper

Purpose of the Study
This two year project is designed to (1) identify predictors of, facilitators for, and barriers to adoption and implementation of multi-level nutrition and physical activity policies and (2) model the association between school policy with health behaviors and BMI status in K-3rd graders in Topsham, Maine. Evaluating the quality of existing policy, behavioral, and BMI tracking systems, this study hopes to inform the development of a long-term evaluation plan to evaluate the efficacy of school wellness policies on obesogenic behaviors and BMI in Maine children.

Timeframe
Cycle I Due Date: February 16, 2012; Scientific Merit Review: October - November 2012; Advisory Council Round: January 2013; Earliest Project Start Date: April 2013

Background and Significance
Obesity prevalence among U.S. children and adolescents has almost tripled since 1980, and approximately 17% (or 12.5 million) of U.S. children and adolescents aged 2 - 19 years are obese.¹ According to the 2009 Maine Integrated Youth Health Survey (MIYHS), 16.5% of Maine kindergartners are overweight and 11.9% are obese.² The Social Ecological approach to identifying leverage points for designing effective interventions to promote energy balance is the standard for assessing the range of factors that influence diet and physical activity.³ Within this framework, interrelationships among multi-level, multi-sector nutrition and physical activity policies may be evaluated. Although policy interventions that make healthy choices available, affordable, and easy are widely accepted approaches for population level improvements in nutrition and physical activity behaviors, few studies to date have examined the policy adoption and implementation process.
Example 3: Educators, Preceptors, and Students

• Review the Introduction of the Guide

• Complete the Self-Assessment Tool

• Use the Comparison of Standards that crosswalk the KRDN/CRDN and KNDT/CNDT statements with the Guide’s statements

• Use the Development Guide in planning curriculum and field experiences, and to direct student and/or interns to meet competencies
Example 3: Educators, Preceptors, and Students

Self-Assessment Tool

<table>
<thead>
<tr>
<th>Communication, Marketing, &amp; Cultural Sensitivity</th>
<th>Knowledge</th>
<th>Confidence</th>
<th>Guide Knowledge &amp; Skills Reference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilizing a range of media platforms to communicate nutrition information</td>
<td>○</td>
<td>○</td>
<td>CMC1</td>
</tr>
<tr>
<td>Tailoring food and nutrition messages to diverse audiences</td>
<td>○</td>
<td>○</td>
<td>CMC2</td>
</tr>
<tr>
<td>Following the concepts of cultural sensitivity when developing, implementing, and evaluating food and nutrition programs and resources</td>
<td>○</td>
<td>○</td>
<td>CMC3</td>
</tr>
<tr>
<td>Utilizing appropriate interviewing and counseling techniques</td>
<td>○</td>
<td>○</td>
<td>CMC4</td>
</tr>
<tr>
<td>Communicating with diverse audiences</td>
<td>○</td>
<td>○</td>
<td>CMC5</td>
</tr>
<tr>
<td>Explaining the role of cultural, socioeconomic, and behavioral factors in the delivery of public health services</td>
<td>○</td>
<td>○</td>
<td>CMC6</td>
</tr>
<tr>
<td>Utilizing the principles of marketing</td>
<td>○</td>
<td>○</td>
<td>CMC7</td>
</tr>
</tbody>
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<th>Priority</th>
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<tbody>
<tr>
<td>CMC1</td>
<td>Activity 2 (Describe the importance of a public health food and nutrition topic; List 3 takeaway messages; Practice a media interview) Resource 2 (Academy Media Guide)</td>
<td>3 weeks</td>
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</tbody>
</table>

- Low
- Med
- High
Example 3: Educators, Preceptors, and Students

<table>
<thead>
<tr>
<th>2017 ACEND® Accreditation Standards</th>
<th>Knowledge &amp; Skills Development Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 3. Clinical and Customer Services</strong></td>
<td></td>
</tr>
<tr>
<td>Development and delivery of information, products, services to individuals, groups and populations (ACEND®, 2017).</td>
<td></td>
</tr>
<tr>
<td><strong>KRDN 3.1</strong> Use the Nutrition Care Process to make decisions, identify nutrition-related problems and determine and evaluate nutrition interventions.</td>
<td></td>
</tr>
<tr>
<td>FNS-7</td>
<td></td>
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<tr>
<td><strong>KRDN 3.2</strong> Develop an educational session or program/educational strategy for a target population.</td>
<td></td>
</tr>
<tr>
<td>CMC3, CMC7, RE7</td>
<td></td>
</tr>
<tr>
<td><strong>KRDN 3.3</strong> Demonstrate counseling and education methods to facilitate behavior change and enhance wellness for diverse individuals and groups.</td>
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<tr>
<td>CMC4</td>
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</tr>
<tr>
<td><strong>KRDN 3.4</strong> Explain the processes involved in delivering quality food and nutrition services.</td>
<td></td>
</tr>
<tr>
<td>FN2-6</td>
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<tr>
<td><strong>KRDN 3.5</strong> Describe basic concepts of nutritional genomics.</td>
<td></td>
</tr>
<tr>
<td>FN3</td>
<td></td>
</tr>
<tr>
<td><strong>CRDN 3.1</strong> 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.</td>
<td></td>
</tr>
<tr>
<td>FNS-7, CMC2-4</td>
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<tr>
<td><strong>CRDN 3.2</strong> Conduct nutrition focused physical exams.</td>
<td></td>
</tr>
<tr>
<td>CMC1</td>
<td></td>
</tr>
<tr>
<td><strong>CRDN 3.3</strong> Demonstrate effective communication skills for clinical and customer services in a variety of formats and settings.</td>
<td></td>
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<tr>
<td>CMC1-3, CMC5, RE7</td>
<td></td>
</tr>
<tr>
<td><strong>CRDN 3.4</strong> Design, implement and evaluate presentations to a target audience.</td>
<td></td>
</tr>
<tr>
<td>CMC2-4</td>
<td></td>
</tr>
<tr>
<td><strong>CRDN 3.5</strong> Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience.</td>
<td></td>
</tr>
<tr>
<td>CMC3, PSE3-4, RE6, ML3</td>
<td></td>
</tr>
<tr>
<td><strong>CRDN 3.6</strong> Use effective communication and counseling skills to facilitate behavior change.</td>
<td></td>
</tr>
<tr>
<td>CMC5</td>
<td></td>
</tr>
<tr>
<td><strong>CRDN 3.7</strong> Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.</td>
<td></td>
</tr>
<tr>
<td>CMC3, PSE3-4, RE6, ML3</td>
<td></td>
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<tr>
<td><strong>CRDN 3.8</strong> Deliver respectful, science-based answers to client questions concerning emerging trends.</td>
<td></td>
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<tr>
<td>CMC5</td>
<td></td>
</tr>
<tr>
<td><strong>CRDN 3.9</strong> Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources.</td>
<td></td>
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<tr>
<td>FN3-4</td>
<td></td>
</tr>
<tr>
<td><strong>CRDN 3.10</strong> 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.</td>
<td></td>
</tr>
<tr>
<td>FN2</td>
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</table>
Example 3: Educators, Preceptors, and Students

Communication, Marketing, & Cultural Sensitivity (CMC)

<table>
<thead>
<tr>
<th>RDN</th>
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<tbody>
<tr>
<td>CMC1. Media Platforms</td>
<td>CMC1. Media Platforms</td>
<td>- 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).</td>
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<tr>
<td></td>
<td></td>
<td>- 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 &amp; Dietetics spokesperson and record for critique.</td>
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<tr>
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<td>- Develop health marketing basics, develop social media stories for diverse audiences.</td>
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<td>- 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.</td>
</tr>
<tr>
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<td>- 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 outcomes, and targeted audiences.</td>
</tr>
</tbody>
</table>

Example Resources:
- Gateway to Health Communication & Social Marketing, CDC [http://www.cdc.gov/healthcommunication](http://www.cdc.gov/healthcommunication)
Example 3: Educators, Preceptors, and Students

Media Guide
2018-2019
eatrightPRO.org/media

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Contact Us
The Academy’s Strategic Communications Team is available to help with everything from providing background information to arranging an interview with an Academy Spokesperson.

Email: media@eatright.org
Website: www.eatrightPRO.org/media
Phone: 800/977-1600
Lydia Hall: Media Relations Manager, ext. 4769
Sarah Amundsen: Public Relations Manager, ext. 176

Social Media
facebook.com/EatRightNutrition
twitter.com/EatRight
youtube.com/EatRightTV
googletv.com/4EatRight
facebook.com/KidsEatRight
twitter.com/KidsEatRight
pinterest.com/KidsEatRight
youtube.com/KidsEatRight
sm.eatright.org/KERI
linked sm.eatright.org/GooglePlus/KERI
facebook.com/foodnutrimag
twitter.com/foodnutrimag
pinterest.com/foodnutrimag
instagram.com/foodnutrimag
google.com/+foodnutrimag

Addressing the national epidemic of childhood obesity... Deciphering the latest diet books, apps and trends... Packing a healthy lunch for the kids... Juicing and detoxing... Eating gluten-free... Food allergies... Food safety... Sports nutrition... African-American, Asian and Latino nutrition...
How to Use the Guide

Practitioners

Guide for Developing and Enhancing Skills in Public Health and Community Nutrition
3rd Edition | 2018

www.phcnpg.org

Educators, Preceptors, and Students

Educators & Preceptors

Guide for Developing and Enhancing Skills in Public Health and Community Nutrition
3rd Edition | 2018

www.asphn.org

Employers & Administrators

Guide for Developing and Enhancing Skills in Public Health and Community Nutrition
3rd Edition | 2018

https://publichealthnutrition.org
Summary

- As the field of public health nutrition continuously evolves with the changing landscape of population-based health care, there is a stronger and increasing focus on and need for public health skills of current and future RDNs/NDTRs.

- There is a need for PHN leaders in policy development, assessment, assurance, advocacy, PSE change, education, marketing, and programs and services.

- The Guide is intended for a variety of users and is the most comprehensive, up-to-date public health nutrition resource to train the current and future workforce.

- The Guide may be used to assess knowledge and skills, develop a personalized learning plan, and facilitate self-directed learning at every level of practice.
How to Access the Guide and Additional Resources

• Interactive PDFs located on the PHCNPG and ASPHN websites

• Integrated into the ASPHN web-based tool and resources continually updated
  - https://publichealthnutrition.org/

• Public Health Nutrition Online Certificate of Training
  - https://asphn.org/public-health-nutrition-online-certificate-training/
  - https://www.eatrightstore.org/collections/public-health-nutrition
Questions

Thank you for joining us!

Training Our Workforce:
A New Guide for Training Public Health and Community Nutrition Professionals
References

