

How Well Do The Eating Habits of Registered Dietitian Nutritionists' In The United States Align With Their Teaching Patterns?



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Introduction

The Academy of Nutrition and Dietetics (AND) defines a Registered Dietitian Nutritionist (RDN) as a food and nutrition expert that translates the science of nutrition and dietetics into practical ways of healthful living. In a report from the Global Burden of Disease Study, it was estimated that nearly 23% of all male deaths and nearly 21% of all female deaths in 2015 were correlated to poor dietary habits. Furthermore, a report from the American Heart Association estimated that nearly 46% of deaths in the United States in 2012 that were caused by cardiometabolic diseases such as heart disease, type 2 diabetes, and stroke were correlated with poor dietary factors. Exploration of the RDN core health values may improve the profession's ability to address gaps in understanding health beliefs and behaviors.

Purpose

To determine whether the teaching patterns of RDNs align with their individual eating habits through a self-selected survey.



Methods

- An email was sent to approximately 5,000 RDNs through the Commission of Dietetic Registration registry
- Four hundred and twenty-five RDNs responded to our anonymous survey consisting of two major domains: eating patterns among RDNs and eating patterns taught by RDNs
- Demographics included: age, education, scope of practice, location, income, special diet, and employment status.

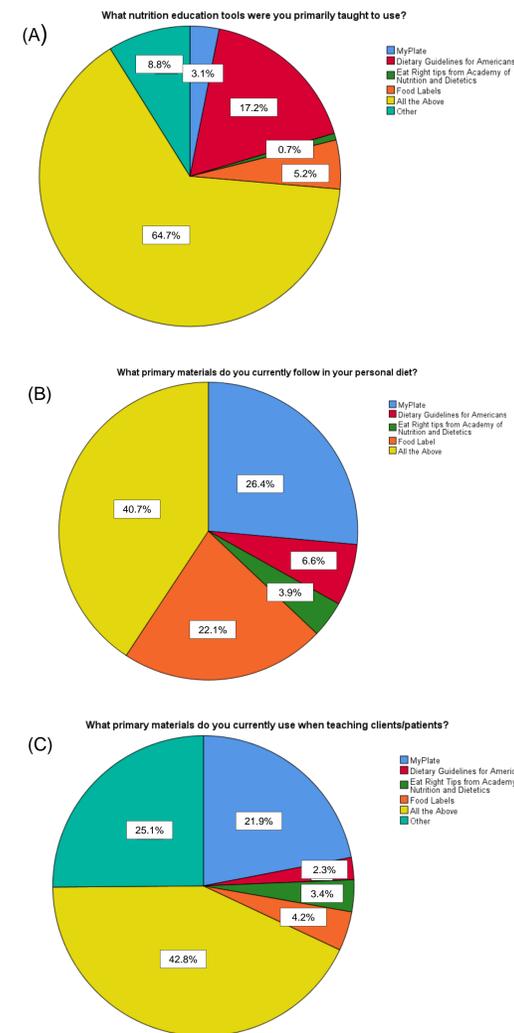
Inclusion criteria:

- Age 21-65
- Active RDN Credential
- Full time, part time, per diem, and/or private practice

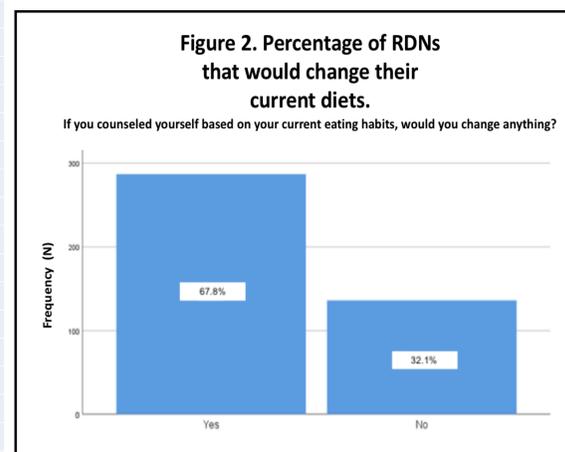
Exclusion criteria:

- Certified Nutrition Specialist's

Category	Frequency (%)
Gender (N=396)	
Male	12 (2.8%)
Female	384 (90.4%)
Age (N=398)	
21-30	130 (30.6%)
31-40	113 (26.6%)
41-50	58 (13.6%)
51-60	59 (13.9%)
61+	38 (8.9%)
Years of Practice (N=399)	
0-5	158 (37.2%)
5-10	78 (18.4%)
10-15	38 (8.9%)
15-20	28 (6.6%)
20+	97 (22.8%)
Scope of Practice (N=425)	
Clinical	144 (33.9%)
Foodservice	13 (3.1%)
Admin	16 (3.8%)
Community	44 (10.4%)
Outpatient	91 (21.4%)
Other	87 (20.5%)
Annual Income (N=391)	
<\$35,000	48 (11.3%)
\$36,000-\$55,000	130 (30.6%)
\$56,000-\$75,000	115 (27.1%)
\$76,000-\$95,000	47 (11.1%)
\$96,000+	51 (12.0%)
Geographic (N=395)	
Northeast	93 (21.9%)
Southeast	73 (17.2%)
Northwest	47 (11.1%)
Southwest	63 (14.8%)
Midwest	119 (28.0%)
Race (N=395)	
Black or African-American	3 (0.7%)
Hispanic/Latino	21 (4.9%)
Native American	3 (0.7%)
Asian/Pacific Islander	18 (4.2%)
White	346 (81.4%)
Other	4 (0.9%)
Level of Education (N=397)	
Bachelors	157 (36.9%)
Masters	228 (53.6%)
Doctorate	12 (2.8%)
Special Diet (N=395)	
Yes	62 (14.6%)
No	333 (78.4%)
Work Status (N=395)	
Full Time	265 (62.4%)
Part Time	66 (15.5%)
Per Diem	30 (7.1%)
Private Practice	34 (8.0%)



Figures 1 (A-C). Frequency of primary materials learned, followed, and taught by RDNs.



Statistical analysis

- Frequency (%) were computed for qualitative variables.
- A chi-square test was used to examine the association between the outcome variable with each qualitative variable.
- Kendall's tau-b and Cohen's κ non-parametric tests were used to examine the correlations and agreements between two ordinal food frequencies: what fit them the best versus what they recommend.
- Data was analyzed using SPSS Statistics Software version 25.0 with an alpha level of 0.05.

Results

- Baseline characteristics of participants are shown in Table 1.
- There was a significant difference in the tools that RDNs use to teach and the education they are taught in school ($p=0.007$) and the materials they follow in their personal diet ($p=0.000$) (Figures 1 A-C).
- Out of the 425 participants,
 - 48.9% mentioned they currently feel pressure to eat a certain way because they are an RDN.
 - 67.5% mentioned they would change their diets if they counseled themselves based on their current eating habits (Figure 2).
 - 60.5% experimented with dieting.
- There was a significant correlation found between what RDNs eat and what they recommend based on the food frequency questionnaire ($p=0.000$).

Conclusion

- It's essential for RDNs to continue as role models, fostering enhanced RDN client/patient relationships and improving personal eating habits.
- Although 68% of RDNs would change their diets (vegetable and sodium intake), fundamental education and counseling is still being provided to clients and patients.
- Using tools and guidelines RDNs follow in their personal dietary habits coincides to their teachings.
- Further research is needed to better understand the relationship RDN's have with their clients and how that ties into their personal lives while looking at motivational factors, internal pressures, and/or outside stimuli.



References available upon request.