

Part I

The Profession

Introduction to the Profession of Dietetics

“An honorable past lies behind, a developing present is with us, and a promising future lies before us.”¹

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INTRODUCTION

“What is a dietitian?” “What does a dietitian do?”

Recognition of the dietitian as a food and nutrition expert became official in 1917. This, however, was not the actual beginning of the practice of dietetics. The use of diet in the treatment of disease was already an ancient practice even though it was based more on trial and error than on scientific knowledge. Besides physicians, others including home economists, nurses, and cooks were practicing and teaching about good dietary practices, and researchers were uncovering the secrets of nutrients in foods and their health-promoting effects.²

Dietetics has been practiced as long as people have been eating. The term derives from “dieto,” meaning diet or food. According to earliest historical evidence, our ancestors were forced to concentrate on simply finding food with little concern about the variety or composition of that food. Today, however, food is plentiful. At least in the developed countries of the world, being able to choose and eat too much from that abundant food supply has become a major problem, resulting in adverse health for many.

Recommendations about eating and food choices have come from biblical admonitions as well as from early physicians and scientists. Physicians in Europe and China, including Hippocrates, formed theories about the relationship between food and the state of a person’s health.³ Many of the early physicians and scientists emphasized adding or eliminating certain foods from the diet according to disease symptoms although there was no knowledge at that time about nutrients. Until the discovery of the major nutrients in food during the 19th and 20th centuries, a scientific basis for many of the eating recommendations was tenuous at best.

During the 18th century, research by chemists and physicians began to yield information concerning digestion, respiration, and other metabolic functions. The studies were forerunners of later discoveries that identified the elusive substances in foods that were responsible for many of the effects described much earlier in the etiology of disease. Fats, carbohydrates, and amines were known by the mid-1800s, but vitamins and minerals were not discovered until the early 1900s.⁴

One of the most fascinating accounts of the relationship between specific foods and illness is found in Lind’s *Treatise on Scurvy* written in 1753.⁵ When it was discovered that lemons and limes or their juice would prevent the dreaded scurvy among sailors at sea for long periods of time,

it was a lifesaving piece of knowledge. Vitamin C from citrus fruits was later termed the “antiscorbutic” vitamin. Other breakthroughs came when vitamin A was found to be a factor in the prevention of skin lesions and blindness in both animals and people, and when niacin, one of the B vitamin group, was found to prevent pellagra in humans and “black tongue” in dogs.⁶ There are equally vivid accounts of discoveries of other nutrients.⁷

THE EARLY PRACTICE OF DIETETICS

Cooking Schools

Early cooking schools in the United States, following their emergence in Europe in the early 1800s, led the way toward good dietary practices.⁸ One of the first was the New York Cooking Academy founded in 1876, soon followed by schools in Boston and Philadelphia.⁹ The schools offered not only cooking instruction but conducted laboratories in chemistry and special classes for the sick.¹⁰ The schools trained many of the men and women who were in charge of food service in hospitals and the Red Cross during World War I.

Hospital Dietetics

Early practitioners in dietetics were in hospitals feeding the sick. Because little was known about people’s nutritional needs in either health or illness, food selection was not a major concern. Menus were monotonous and usually featured only a few foods. One account of menus in a New York hospital indicated that mush, molasses, and beer were served for breakfast and supper several days a week. Fruits and vegetables did not appear on menus until later, and then usually only as a garnish.¹¹

Florence Nightingale is credited not only with improving nursing of the sick during the Crimean War in the mid-1800s, but also with improving the food supply and sanitary conditions in hospitals.¹²

Clinics

The Frances Stern Clinic in Boston was one of the leading food clinics established in the late 1800s to provide diets for the sick poor. This clinic continues as a leading treatment center and serves as a model for similar clinics throughout the United States.

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The Military

Dietitians played important roles during the Civil War and World Wars I and II. During World War I, many served in military hospitals both overseas and in the United States. In World War II during the 1940s, hundreds of dietitians volunteered for active service. Dietitians also worked closely with the Office of the Surgeon General and the Red Cross to help train more individuals in nutrition. Military service and training programs are important professional opportunities for dietitians today.¹³

FOUNDING OF THE AMERICAN DIETETIC ASSOCIATION

The history of the profession of dietetics in the United States is also the history of the American Dietetic Association (ADA) because the two grew together in increasingly important ways. The profession flourished because the association took early steps to oversee both the education and practice of its members. In turn, dietitians supported the association and its activities.

Before the founding of the ADA, persons who worked in food and nutrition programs could join the American Home Economics Association (founded in 1909) and thus were able to associate and communicate with others of like interests. Dietitians were few in number and, although they had somewhat similar backgrounds, there was no way to identify persons who were professionally qualified. In 1917, a group of about 100 dietitians met in Cleveland, Ohio, for the purpose of “providing an opportunity for the dietitians of the country to come together and meet with the scientific research workers and to see that the feeding of as many people as possible be placed in the hands of women trained to feed them in the best manner known.”¹⁴ Because this was wartime, the government had extensive food conservation programs and used home economists, dietitians, and volunteers to conduct the programs. At the first meeting of the association, officers were elected and a constitution and bylaws were drawn up overnight. Dues were one dollar per year, and there were 39 charter members. Lulu Grace Graves was the first president, and Lenna Frances Cooper was the first vice president.

World War I was, in great part, the impetus that brought early dietitians together to discuss feeding needs. However, it was also recognized that the services of dietitians in hospitals were rapidly assuming greater importance, both in food service and in treating illness with diet. Researchers

were making great strides in nutrition science and, as more became known about nutrients, maintaining good nutrition and treating certain illnesses with diet became more precise.

Four areas of practice in dietetics were identified: dieto-therapy, teaching, social welfare, and administration.¹⁵ The vision of the early leaders is evident in that the same four areas of practice exist today, although terminology as well as practice in each area has undergone many changes. The first area, dieto-therapy, or the treatment of disease by diet, was later termed diet therapy, then clinical dietetics, and now is known as medical nutrition therapy or clinical nutrition. Dietitians in the practice of teaching instructed dietetics students, nurses, physicians, and patients. Later called the education section, this group established education standards and specified the experiences needed in an internship to become professionally competent. The social welfare area of practice was later named community nutrition. The administration practice became known as institution administration and later food systems management or management in food and nutrition.

The association continued to grow and by 1927 had 1200 members. The office headquarters were located in Chicago, and the association was legally incorporated in the State of Illinois. The first edition of the *Journal of the American Dietetic Association* was published in 1925, with four issues per year. Early issues of the journal featured subjects similar to those published today, such as articles on hospital food service, personnel issues, and special diets, especially the diabetic diet.

INFLUENTIAL LEADERS

Sarah Tyson Rorer has been credited as the first American dietitian. She was an instructor in one of the early cooking schools and educated both dietitians and physicians in hospital dietetics. Ellen H. Richards was the founder and leader of the home economics movement and so is claimed as one of the early leaders in dietetics. Lulu Graves served as the first president of the ADA and established a training course for hospital dietitians at Cornell University. Lenna Frances Cooper was an early ADA president and director of the School of Home Economics at Battle Creek Health Care Institution in Michigan. Later, she was appointed to the staff of the U.S. Surgeon General in Washington, D.C. She is commemorated through a lecture presented each year at the annual meeting of the ADA by a current leader in the profession.¹⁶

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Ruth Wheeler prepared the first outline of a training course for student dietitians that established education requirements for dietetics practice. Mary E. Barber, another ADA president, was the director of home economics at Battle Creek and was appointed as a food consultant in 1941 to assist with the problems of feeding 1.5 million soldiers in World War II. She also edited the first official history of the ADA. Mary Schwartz Rose was a leader in nutrition research and nutrition education for the public and established the Department of Nutrition at Columbia University. The Mary Schwartz Rose Fellowship for graduate study is awarded yearly in honor of this outstanding scientist and scholar.¹⁷

Mary P. Huddleston was the editor of the ADA journal from 1927 to 1946. An annual award is presented in her name to the author of the best article published in the previous year's journal. Anna Boller Beach was the first executive secretary of the ADA in 1923, served as president, and was the historian of the association for many years. Lydia J. Roberts was a leading nutritionist at the University of Chicago and the University of Puerto Rico. She initiated nutrition education programs to improve the nutritional status of children in Puerto Rico and was recognized widely for this accomplishment. Mary deGarmo Bryan inspected hospital training courses for dietitians in the 1930s and also developed a training course for directors of school lunch programs.

Scores of other influential leaders led the way in dietetics. Additional information can be found in *Carry the Flame: The History of the American Dietetic Association*¹⁸ and in the ADA journal. This brief listing highlights those leaders who played key roles in founding the association and thus were pioneers in the profession of dietetics.

DIETETICS AS A PROFESSION

A profession is defined as an area of practice with the following characteristics: specialized knowledge, continuing education, a code of ethics, and a commitment to service for others. Plato first described a profession as “the occupation . . . to which one devotes himself, a calling in which one professes to have acquired some special knowledge used by way of instruction, guidance, or advice to others, or of servicing them in some art.”¹⁹ Dietetics, like other professions that fit Plato's description, is organized around these principles in the following ways:

Specialized knowledge. The ADA set standards for education as early as 1919. At least 2 years of college was first recommended, which later be-

came a 4-year requirement or a 2-year course for institutional managers. Courses for the bachelor's degree were specified and, later, hospital training of 6 months was added to the educational requirement. Subsequent education plans were introduced that continued to specify needed courses. In 1987, "Standards of Education" were established by which dietetics education focused more on the outcomes of the educational process. The ADA set up a review process that periodically updated educational requirements as the profession grew and matured. Dietitians and employers alike recognize the specialized knowledge required to practice in dietetics.

Continuing education. When dietetics was registered as an accredited profession in the 1960s, a requirement of 75 clock hours of continuing education each 5 years was initiated. The ADA recognized a wide number of educational events as meeting this requirement and gave credit accordingly. Continuing professional education is a well-established function of the ADA through the Center for Professional Education, which offers conferences, annual meeting events, and other opportunities.

A code of ethics. The ADA developed a code of ethics for its members in 1942.²⁰ The code was updated and expanded over the years, moving from the "Code of Professional Conduct" to the 2009 "Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues." Published jointly by the ADA and the Commission on Dietetic Registration, it provides guidance to dietetic practitioners in their professional practice and conduct.²¹ See Appendix A.

Service to others. The seal of the ADA carries the motto: "Quam Plurimis Prodesse," which translated means "benefit as many as possible." Dietitians recognize a professional commitment to help the public attain optimal health and quality of life through the practice of good nutritional habits. The organization reflects this imperative in all areas of practice.

GROWTH OF THE PROFESSION AND HISTORICAL MILESTONES

Membership

In 1917, the requirements for membership in the ADA were lenient in order to bring in as many practitioners as possible. Gradually, however, active membership became based on individuals having attained specified education and practical experience. Several categories of membership have

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been added over the years, and at present, the categories are: active, honorary, international, retired, and student members.²²

Membership in the ADA has risen steadily over the years. The membership grew by about 1000 to 1500 each decade until a growth spurt in the late 1960s, with the addition of about 15,000 members between 1968 and 1978. In 2009, the membership stands at 70,000 of which 3 percent are men.²³

Registration and Licensure

In 1969, the association established the system of national professional certification under which the dietitian was designated a “Registered Dietitian” (RD). The title carried legal status and denoted the professional who met the education and experience requirements to practice, in addition to participating in continuing professional education, thereby maintaining currency of practice. A national testing program was also developed to establish eligibility. Employers soon became familiar with the RD credential and began specifying it as a condition of employment. Today, 75 percent of all dietitians are registered.

Licensure of dietitians occurs in states in which state governments have passed legislation recognizing the profession and awarding state-level legal standing. At present, 46 states have enacted licensure laws for dietitians, many with details of practice allowed, while others promote the title of Registered Dietitian.²⁴

The ADA Foundation

As the arm of the association with tax status identifying it as an educational and scientific nonprofit organization, the American Dietetic Association Foundation (ADAF) solicits and accepts monies donated for scholarships, research, and other designated projects. Several major studies have been funded by the foundation, and programs and lectureships at the annual meeting have been made possible through gifts and donations.

Dietetic Technicians and Managers

The Hospital, Institution, and Educational Food Service Society (HIEFSS) was formed in 1960 as an organization for food service supervisors. It was an independent society but closely tied to the ADA through membership standards as well as financial support. The name was later changed to the Association for Managers of Food Operations (AMFO), and the title for

members became “food manager.” Persons completing a voluntary certificate program have the title “certified food manager.”

Dietetic technician programs require specific education and training, usually 2 years in a community college program of study. As with the RD, the technician member also can become registered by meeting the specified standards and passing an examination. He or she earns the title “Dietetic Technician, Registered.”

Legislative Activity

Early participation in legislative activity began when dietitians promoted a bill to grant military rank to dietitians serving in World War I. In the 1940s and 1950s, legislative activity centered around setting standards for employment in the Veterans Administration, passage of the National School Lunch Act, and, in 1946, support of the Maternal and Child Health Bill. Signaling even more extensive efforts, the association changed its tax status in the 1960s to permit active lobbying and made its voice heard by establishing an office in Washington, D.C., and taking positions on national issues. A political action committee formed in 1980, through which ADA members donate funds and recognize legislators who promote legislation on behalf of food and nutrition issues. Each year, the ADA identifies key legislative issues for particular attention and activity by the Washington office and members. For 2008, the issue was healthcare reform with a significant white paper prepared by the Washington office with recommendations for Registered Dietitians in various areas of health care.²⁵

Areas of Practice

The practice of dietetics was first structured around four areas in which dietitians were employed. These were: administration, clinical, community, and education. Little was documented about the number of dietitians working in each area until periodic membership surveys were initiated in the early 1980s. As shown in Table 1-1, clinical dietetics is the area in which the highest number of dietitians work. Although this initially designated hospital-related dietetics, the clinical dietetics category now includes acute inpatient, ambulatory, and long-term care. The number of dietitians working in food service administration has declined in recent years as more dietitians are now practicing in clinical settings, the community area, and in consultation and private practice.

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Table 1-1. Primary Area of Practice by Dietitians (percent)

| Practice Area | 1993 ¹ | 1995 ² | 2002 ³ | 2005 ⁴ | 2007 ⁵ | 2009 ⁶ |
|-------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Clinical dietetics | 45 | 45 | 54 | 54 | 55 | 56 |
| Food and nutrition management | 20 | 26 | 13 | 13 | 12 | 12 |
| Community nutrition | 14 | 15 | 11 | 11 | 11 | 11 |
| Consultation/business | 13 | 7 | 11 | 11 | 11 | 8 |
| Education/research | 8 | 7 | 6 | 7 | 6 | 7 |
| Other | | | 5 | 4 | 5 | |

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Dietetic Practice Groups

Dietetic practice groups (DPGs) are formed by ADA members practicing in or having a particular interest in an identified area of practice. DPGs provide a means of networking among group members. The groups elect officers, collect dues, and publish a newsletter or similar communication for its members. From the original 9 groups established in 1978, there are now 29 practice groups.²⁶ For a listing of these DPGs, see Chapter 2.

Long-Range Planning

Leaders in dietetics have consistently taken steps to position the profession to meet both present and future needs. This standard has been achieved through planning groups, task forces, committees, and outside

consultants. In 1959, a study determined that active recruitment, educational opportunities, interaction with other professional groups, and an emphasis on research were needed for continued growth and development of the profession. These goals were expanded in the 1970s with the appointment of a task force and a study commission on dietetics. The study outcome was a report that examined the roles of dietitians and their educational needs for the future. The report, titled “The Profession of Dietetics: The Report of the Study Commission on Dietetics,”²⁷ influenced the ADA’s direction for many years. A second in-depth study funded by the ADAF in 1984 became a major reference source for long-range planning.²⁸

Many planning activities were initiated in the 1980s that moved the profession forward in significant ways. The first of a series of long-range planning conferences convened in 1981, with a second in 1984. Invited leaders discussed goals and needs and made far-reaching recommendations. The future was also explored in a strategic planning conference in 1995.²⁹ The ADA moved decisively toward public outreach and increased involvement in the policy arena, although emphasis continued on association members and their professional welfare.

Further landmark studies examined the education of dietitians, practice in dietetics registration and licensure, and advanced practice. In the 1970s a “Master Plan for Education and Practice” identified trends affecting the demand for dietitians and estimated numbers that would be needed in the future.³⁰ Role delineation studies included dietetic technicians and described the roles of dietitians and technicians in a variety of settings. These and other studies in the 1990s, including the Task Force on Critical Issues: Registration Eligibility and Licensure,³¹ continued to show opportunities that enhanced both education and practice and led to continued advances in the profession.

Two task forces in early 2000, the Task Force on the Future Practice and Education and Phase 2, Future Practice and Education Task Force, initiated broad and comprehensive study of practice and education.³²

The ADA Board of Directors undertakes long-range planning on a regular basis. Using expert consultants and the results of special studies and surveys, the board examines trends impacting dietetic practice to make long-term projections and set goals. The Strategic Plan of 2008 is the current document outlining the association’s goals. The plan is discussed in more detail in Chapter 2.

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Professional Partnerships

The ADA currently maintains liaisons with over 140 allied groups and associations. The formation of these partnerships has advanced mutual efforts and made many programs and activities possible.

Dietitians were initially organized as an interest section in the American Home Economics Association (now the American Association for Families and Consumer Sciences, or AAFCS), and joint efforts between the two groups have continued. The close association between the two groups is important in undergraduate education because most dietetics education programs are located in home economics divisions or university departments. Many members of each group hold membership in both associations.

Joint projects with the American Public Health Association (APHA) and the American Diabetes Association include the development of the diabetic exchange lists. Grants from the APHA also allowed the ADA to sponsor workshops on programmed learning. The U.S. Public Health Service (USPHS) sponsors a nutrition section that administers programs critical to health care in the United States.

The American Hospital Association is another important organization allied with the ADA. Hospitals employ many dietitians who contribute to patient care. Hospital-accrediting bodies (i.e., the Joint Commission of Accreditation of Healthcare Organization [JCAHO]) include nutrition and food services in their surveys and traditionally work with the ADA regarding the quality of the services. The American Diabetes Association exchanges speakers with the ADA at conferences and annual meetings and jointly publishes the booklet "Choose Your Foods: Exchange Lists for Diabetes."

The Food and Nutrition Science Alliance (FANSA) was formed in 1992 with the Institute of Food Technologists, the American Society for Clinical Nutrition, and the American Society for Nutritional Sciences. This linkage brings together a combined membership of more than 100,000 who have joined forces to speak with one voice on food and nutrition issues and to translate scientific information into practical advice for consumers.

The ADA has participated in many programs with governmental agencies, including the U.S. Department of Agriculture, the Department of Health and Human Services, the National Institutes of Health, the Na-

tional Research Council, and the U.S. Congress. Dietitians have served on the Food and Nutrition Board to develop recommended dietary allowances, and on the Dietary Guidelines for Americans committee.³³

The International Confederation of Dietetic Associations is composed of 34 national dietetic associations. The ADA was an early member of this group. The purpose of the confederation is to achieve integrated communication; promote an enhanced image for the profession; and increase awareness of standards of education, training, and practice in dietetics.

The American Overseas Dietetic Association (AODA) is affiliated with the ADA. The members are ADA members living overseas. The members enjoy the same benefits and privileges as other ADA affiliated groups.

An International Congress of Dietetics is held in a major city every 5 years. The first congress was held in Amsterdam in 1952, with the ADA as one of the founding groups. Organized for the purpose of sharing information, the congress publishes an international bulletin and holds an annual meeting. The 2008 congress was in Tokyo, Japan.

REACHING OUT TO THE PUBLIC

The ADA has initiated many programs over the years directed to the general public. Foremost among the services offered are the Web site: www.eatright.org and toll-free number (1-800-877-1600). The Web site is a source of current information for professionals as well as consumers interested in food and nutrition issues.

Begun as a “Dietitian’s Week” observance in three states, this focus is now a month-long event each March with both local and national emphasis and known as National Nutrition Month. During the month of observance, media events, promotional material and advertising, and special programs are featured.

A “dial-a-dietitian” program, funded by the Nutrition Foundation, was started in Detroit in 1961. Many states now offer similar services designed to provide information in a timely manner in response to questions from the public.

A training program was initiated in 1982 to prepare selected dietitians to serve as spokespersons for the profession in order to reach the public with food and nutrition information through the media. More spokespersons, including state media persons, have been added in most major media in the United States. Referred to as the “spokesperson network,” the program

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continues to be highly successful at reaching the public with timely and reliable information through television and other media outlets.

Position papers are another way the dietetics profession expresses views and presents “state-of-the-art” information in specific areas of dietetics. Before a position paper is published, it is extensively reviewed and approved as an official position of the association. Position papers are widely used and often quoted by the media and dietitians working to change or initiate legislation. Each paper is reviewed on a regular basis for currency of information to reflect the most scientifically accurate views.

Participation in national projects and campaigns is another way the association impacts the public. Over the years, campaigns on women’s health, child nutrition, osteoporosis, high blood pressure, and other issues have been the focus of several medical and health-related groups, including the ADA. In 2009, the ADA collaborated with the Alliance for a Healthier Generation to focus on childhood obesity. The alliance is a joint initiative of the American Heart Association and the William J. Clinton Foundation and includes the Academy of Pediatrics, insurance companies, and major media outlets in the initiative on childhood obesity.³⁴ The national effort to improve the health of the U.S. population is centered in the National Institutes of Health “Healthy People 2010” campaign currently underway.³⁵ The campaign goals are updated every 10 years and include a broad range of U.S. health-related conditions and practices that require attention and improvement. In part because of the participation of professional groups and governmental agencies, this is a program with far-reaching implications for the public.

SUMMARY

The history of the dietetics profession is a rich account of consistent growth, forward-thinking leaders, and the emergence of dietitians as leaders among those concerned with the health and well-being of all citizens. As a profession, dietetics has established standards for practitioner education, a code of ethics, registration and licensure systems, and a tradition of partnership and collaboration with others in allied areas of professional practice to extend outreach and service. The ADA supports its members as they practice in a wide variety of careers, and also reaches out to the public with timely and reliable information about food and nutrition issues.

DEFINITIONS

The American Dietetic Association (ADA). The professional organization for dietitians.

The American Dietetic Association Foundation (ADAF). The arm of the ADA with tax status enabling acceptance of funds for designated purposes of benefit to the association and the public.

Dietetic Practice Group (DPG). An organized group of ADA members with similar interests in an area of practice or a particular subject area.

Dietetic Technician. A graduate of an approved dietetic technician program.

Dietitian. A professional who translates the science of food and nutrition to enhance the health and well-being of individuals and groups.

Licensed Dietitian (LD). A dietitian who has fulfilled the state credentialing requirements required to engage in the practice of dietetics.

Nutritionist. A professional with academic credentials in nutrition; he or she also may be a Registered Dietitian.

Professional. A person who has attained specialized knowledge and high standards of commitment in an area of practice.

Registered Dietitian (RD). A dietitian who has fulfilled the eligibility requirements of the Commission on Dietetic Registration.

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