

# Introduction to the Profession of Nutrition and Dietetics

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

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## LEARNING OBJECTIVES

The student will be able to:

1. Describe early practices in dietetics.
2. Become familiar with the founding of the Academy of Nutrition and Dietetics.
3. Discuss how the profession has grown since inception.
4. Become familiar with names of early leaders in the profession and their contributions.
5. Name and describe the primary practice areas in dietetics.

## INTRODUCTION

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“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 effect.<sup>2</sup>

Dietetics has been practiced as long as people have been eating. The term derives from *dieta*, 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.<sup>3</sup> 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.<sup>4</sup>

One of the most fascinating accounts of the relationship between specific foods and illness is found in Lind's *Treatise of Scurvy* written in 1753.<sup>5</sup> 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.<sup>6</sup> There are equally vivid accounts of discoveries of other nutrients.<sup>7</sup>

## THE EARLY PRACTICE OF DIETETICS

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### *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.<sup>8</sup> One of the first was the New York Cooking Academy founded in 1876, soon followed

by schools in Boston and Philadelphia.<sup>9</sup> The schools not only offered cooking instruction but conducted laboratories in chemistry and special classes for the sick.<sup>10</sup> 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.<sup>11</sup>

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.<sup>12</sup>

### *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.

### *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.<sup>13</sup>

## **FOUNDING OF THE ACADEMY OF NUTRITION AND DIETETICS**

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The history of the profession of dietetics in the United States is also the history of the American Dietetic Association (ADA; now called the Academy of Nutrition and Dietetics) 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 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.”<sup>14</sup> 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 \$1 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 the 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 first identified: dietotherapy, teaching, social welfare, and administration.<sup>15</sup> 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 have undergone many changes. The first area, dietotherapy, 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 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 hospital food service, personnel issues, and special diets, especially the diabetic diet.

## INFLUENTIAL LEADERS

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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, DC. She is commemorated through a lecture presented each year at the annual meeting of the ADA by a current leader in the profession.<sup>16</sup>

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 Swartz Rose was a leader in nutrition research and nutrition education for the public and established the Department of Nutrition at Columbia University. The Mary Swartz Rose fellowship for graduate study is awarded yearly in honor of this outstanding scientist and scholar.<sup>17</sup>

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*<sup>18</sup> and in several issues of the Academy journal. This brief listing highlights those leaders who played key roles in founding the association and thus were pioneers in the profession of dietetics.

Many influential leaders have stepped forth over the years to assume leadership positions that moved the Association forward. The historical series of articles beginning in 2012 (shown later in this chapter) point to many persons and events important in the growing profession. A 2013 President's page made reference to several leaders in specific areas of practice.<sup>19</sup>

### *Recognized Leaders Today*

Each year, the Academy selects leaders who have made significant contributions to the profession and are singled out for recognition at the annual meeting. The highest honor awarded is the Marjorie Hulsizer Copher Award for which one recipient is named each year. The award is given in recognition of Copher who had a distinguished career in WWI, having been decorated by both England and France for improving food service delivery in field hospitals before serving as chief dietitian at Barnes Hospital in St. Louis. The awardee is a leader who has shown extensive, active participation and service to the profession of dietetics nutrition. The complete listing of persons receiving the honor can be accessed on the Academy website.

The Medallion Awards are presented each year to several (5 to 10) Academy members who have demonstrated outstanding service to the profession in various ways. Dietitian nutritionists who have been members of the Academy for at least 10 years are eligible to be nominated. All past recipients are also listed on the Academy website.

Another honor awarded each year is for a member selected to present the Lenna Frances Cooper Memorial Lecture. The person receiving the award presents a lecture on a topic of his/her choice at the annual meeting,

which is published later in the journal. Persons selected are accomplished speakers as well as having made unique contributions to the profession.

In 2015, the Academy established a new designation: Fellow of the Academy of Nutrition and Dietetics (FAND). This honor recognizes Academy leadership, volunteer, and presentation experience on behalf of the Association. Recipients add the designation “FAND” to their title.

Several other honors and awards are given annually in recognition of outstanding service at the state or national level and for leadership in specific areas of practice. The Academy also recognizes one or more persons in allied professions by bestowing honorary membership. The Honors Committee of the Board of Directors establishes criteria for the awards and makes selections among those nominated for national awards.

## DIETETICS AS A PROFESSION

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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.”<sup>20</sup> Dietetics, like other professions that fit Plato’s description, is organized around these principles in the following ways:

*Specialized knowledge.* Standards for education for dietetics were established as early as 1919. At least 2 years of college was first recommended, which later became 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 hours of continuing education each 5 years was initiated. A wide number of educational events were recognized as meeting this requirement and were given credit accordingly.



Continuing professional education is a well-established function of the Academy through the center for professional education, which offers conferences, annual meeting events, and other opportunities.

*A code of ethics.* A code of ethics for its members was developed in 1942.<sup>21</sup> 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 Academy and the Commission on Dietetic Registration, it provides guidance to dietetic practitioners in their professional practice and conduct.<sup>22</sup>

*Service to others.* The seal of the Academy carries the motto, “Quam Plurimis Prodesse,” which 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.

As of January 1, 2012, the name of the association was changed to the Academy of Nutrition and Dietetics.

## GROWTH OF THE PROFESSION

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### *Membership*

In 1917, the requirements for membership were lenient to bring in as many practitioners as possible. Gradually, however, active membership became based on specified education and practical experience. Several categories of membership have been added over the years, and at present, the categories are active, honorary, international, retired, student, and associate members.

Membership in the Academy 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 2015, the membership stood over 75,000 of which about 5 percent were men.

### *Registration and Licensure*

In 1969, the association established the system of national professional certification under which the dietitian was designated as 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 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 awarded state-level legal standing. Forty-seven states have enacted licensure laws for dietitians.

### *The Academy of Nutrition and Dietetics Foundation*

The arm of the association with a tax status identifying it as an educational and scientific nonprofit organization, the Foundation 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*

*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. The current name of this association is the Association of Nutrition and Foodservice Professionals (ANFP). Persons completing a voluntary certificate program have the title, certified dietary manager (CDA). Membership stands at over 14,000.

*Dietetic technicians.* 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 can also become registered by meeting the specific standards and passing an examination. He or she earns the title dietetic technician, registered (DTR).

Several milestones in the history of the DTRs follow:<sup>23</sup>

- 1986. The American Dietetic Association grandfathered 3618 dietetic technicians into membership.
- 1987. The first administration of the registration exam for dietetic technicians in nutrition care services and food service systems management was conducted.

- 1987. The passing standard for the registration examination for dietetic technicians was established.
- 1988. Continuing education requirements for DTRs were enacted.
- 1990. First DTR elected to the Commission on Dietetic Registration.
- 1990. Administration of the first registration examination based on the 1990 role delineation study took place, and new passing standards were developed.
- 1996. New test specifications for the DTR examination were implemented.
- 2007. New test specifications for DTR registration examination were implemented.
- 2009. Pathway III process was implemented to allow didactic program in dietetics graduates to sit for the DTR examination.
- 2015. Membership stood at 75,000.

### *Legislative Activity*

Involvement 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, DC, and taking positions on national issues. A political action committee (PAC) was formed in 1980, through which Academy members donate funds and recognize legislators who promote legislation on behalf of food and nutrition issues. Each year, the Academy identifies key legislative issues for particular attention and activity by the Washington office and members. The current legislative priorities for the Academy are discussed later in this chapter.

### *Areas of Practice*

The practice of dietetics was first structured around four areas in which dietitians were employed. 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. Fifty-six percent

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

Practice Area	2007 <sup>a</sup>	2009 <sup>b</sup>	2011 <sup>c</sup>	2013 <sup>d</sup>	2015 <sup>e</sup>
Clinical dietetics	55	56	56	57	57
Food and nutrition management	12	12	12	12	11
Community nutrition	11	11	11	11	10
Consultation/business	11	8	8	8	8
Education/research	6	7	7	6	7
Other	5	6	6	6	7

Sources: a. Rogers, D. "Compensation and Benefits Survey 2007: Above Average Pay Gain Seen for Registered Dietitians." *J Am Diet Assoc* 108 (2008): 416–425.

b. American Dietetic Association. Compensation and Benefits Survey of the Dietetics Profession 2009. Accessed October 20, 2009, [www.eatright.org](http://www.eatright.org)

c. Warde, B. "Compensation and Benefits Survey 2011: Moderate Growth in Registered Dietitian and Dietetic Technician Registered, Compensation in the Past 2 Years." *J Acad Nutr Diet* 112 (2012): 29–40.

d. Rogers, D. "Compensation and Benefits Survey 2013: Education and Job Responsibility Key to Increased Compensation." *J Acad Nutr Diet* 113 (2014):17–33.

e. Rogers, D. "Compensation and Benefits Survey 2015." *J Acad Nutr Diet* 116, no. 3 (2016): 370–388.

of DTRs also work in clinical practice. 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 while other areas of practice have remained close to the same.

### *Dietetic Practice Groups*

Dietetic practice groups (DPGs) are formed by Academy 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 26 practice groups.<sup>24</sup> Additional subgroups, or member interest groups (MIGs), have also been formed.

### *Long-Range Planning*

Leaders in dietetics have consistently taken steps to position the profession to meet both present and future needs. This has been achieved through planning groups, task forces, committees, and outside consultants. In 1959, through a study, it was 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. Titled, *The Profession of Dietetics: The Report of the Study Commission on Dietetics*, the report influenced the direction of the association for many years. A second in-depth study in 1984 became a major reference source for long-range planning.<sup>25,26</sup>

Many planning activities that moved the profession forward in significant ways were initiated in the 1980s. 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.<sup>27</sup> The ADA moved decisively toward public outreach and increased involvement in the policy arena, although emphasis on association members and their professional welfare continued.

Further landmark studies examined the education of dietitians, registration and licensure, and advanced practice. In the 1970s, a master plan for education for practice identified trends affecting the demand for dietitians and estimated numbers that would be needed in the future.<sup>28</sup> 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 one by the Task Force on Critical Issues: Registration Eligibility and Licensure,<sup>29</sup> 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 the Phase 2, Future Practice and Education Task Force, initiated broad and comprehensive studies of practice and education.<sup>30</sup>

The 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 2011–2012* is the current document outlining the association's goals.

### ***Professional Partnerships***

The Academy currently maintains liaisons with some 140 allied groups and associations. The formation of these partnerships has advanced mutual efforts and made many programs and activities possible. A long-standing affiliation with the American Public Health Association and the American Diabetes Association has resulted in the development of the diabetic exchange lists and joint publication of the booklet, *Choose Your Foods: Exchange Lists for Diabetes*. Grants from the public health association also allowed the ADA to sponsor workshops on programmed learning. The U.S. Public Health Service sponsors a nutrition section that administers programs critical to health care in the United States. The American Diabetes Association exchanges speakers with the Academy at conferences and annual meetings.

The American Hospital Association is another important organization allied with the Academy. Hospitals employ many dietitians who contribute to patient care. Hospital-accrediting bodies (e.g., the Joint Commission) include nutrition and food services in their surveys regarding the quality of the services.

The Food and Nutrition Science Alliance (FANSA) was formed in 1992 with the Institute of Food Technology, the American Society for Clinical Nutrition, and the American Society of Nutritional Science. This linkage brought together a combined membership of more than 100,000 who join forces to speak with one voice on food and nutrition issues and to translate scientific information into practical advice for consumers. FANSA is a partnership of seven professional scientific societies whose members have joined forces to speak with one voice on food and nutrition issues.<sup>31</sup>

The Academy of Nutrition and Dietetics has participated in many programs with governmental agencies, including the U.S. Department of Agriculture (USDA), the Department of Health and Human Services (DHHS), the National Institutes of Health, the National Research Council, and the U.S. Congress.

The International Confederation of Dietetic Associations is composed of 34 national dietetic associations. The American Dietetic Association was an early member of this group. The purposes of the confederation are

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 Academy is affiliated with the Academy. The members are Academy members living overseas. The members enjoy the same benefits and privileges as other Academy of Nutrition and Dietetics–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 2012 congress was held in Sydney, Australia.

## REACHING OUT TO THE PUBLIC

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The Academy has initiated many programs over the years directed to the general public. Foremost among the services currently offered by the organization are the Academy website, [www.eatright.org](http://www.eatright.org), and toll-free number, 1-800-877-1600. The website is a source of current information for professionals as well as consumers interested in food and nutrition issues and programs. Employers searching for a dietitian may also use the website to make connections.

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*.

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

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 Academy.

Childhood obesity has been a focus of the Academy and the Foundation for several years in concert with other governmental and private groups, such as The Alliance for a Healthier Generation. Academy members also serve on the committee to develop the Dietary Guidelines for Americans and on the Food and Nutrition Board of the National Academy of Sciences.

## HISTORICAL EVENTS IN THE ACADEMY OF NUTRITION AND DIETETICS

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A series of historical events in the association have been published beginning in 2012. The titles are as follows:

- History and Governance<sup>32</sup>
- Networking Groups<sup>33</sup>
- The Foundation<sup>34</sup>
- Dietetic Students<sup>35</sup>
- The Military Roots<sup>36</sup>
- Corporate Relations<sup>37</sup>
- The Academy's Past<sup>38</sup>
- Annual Meeting<sup>39</sup>
- Founding of the Academy<sup>40</sup>
- Recruitment Materials<sup>41</sup>
- Communications<sup>42</sup>
- Modern History<sup>43</sup>

## SUMMARY

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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 Academy of Nutrition and



Dietetics supports its members as they practice in a wide variety of careers, and it also reaches out to the public with timely and reliable information about food and nutrition issues.

## DEFINITIONS

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*Academy of Nutrition and Dietetics.* The professional organization for dietitians. Formerly known as the *American Dietetic Association*.

*Dietetic practice group (DPG).* An organized group of Academy of Nutrition and Dietetics 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.

*Nutritionist.* A professional with academic credentials in nutrition; he or she may also be an RD.

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

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14. See Note 11.
15. See Note 3.
16. See Note 11.
17. Ibid.
18. Ibid.
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20. See Note 11.
21. Ibid.
22. American Dietetic Association/Commission on Dietetic Registration. "Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues." *J Am Diet Assoc* 109, no. 8 (2009): 1461–1467.
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