

**Information on RD/DTR Salaries and ADA's Efforts
to Increase Members' Reimbursement and Value in the Workplace**
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What Is the Value of ADA Membership?

- The value of membership in ADA can be quantified. Data from ADA's 2009 *Compensation and Benefits Survey of the Dietetics Profession* (<http://www.eatright.org/Shop/Product.aspx?id=11286>) indicate RDs who are ADA members earn on an annualized basis about \$2,600 more per year than non-members.
- Dietetic technicians, registered who are members earn about \$2,000 more per year, annualized.
- Increases in salary since the 2007 survey exceed the 3.4% annual change in the Consumer Price Index.
- Results showed a positive association between ADA membership and RD compensation, with typical members earning \$1.23/hour more than nonmembers.
- The results of the 2009 survey showed the annualized full-time salary for a registered dietitian is \$56,700 per year. This is in keeping with the results of the American Medical Association's "Careers in Health Care" income information at <http://www.ama-assn.org/ama/pub/education-careers/careers-health-care/health-care-income.shtml>.

What is ADA Doing to Increase Members' Value in the Marketplace?

- In keeping with ADA's Strategic Plan – to "assure competence through education and provide state-of-the-art professional development for career success" – the Association is providing increasingly more professional development resources, including:
 - Face-to-face learning via conferences such as the Food & Nutrition Conference & Expo, Public Policy Workshop, DPG/MIG events and CDR Certificate of Training Programs.
 - Distance learning, such as teleseminars, webinars and self-study options.
 - An expanded CPE Toolkit that guides members through professional programs and meeting planning for continuing professional education.
- ADA is creating tools for members to use to raise their perceived value, income potential and to negotiate higher salaries with employers. These include an interactive salary calculator, a career toolbox containing resume templates, cover letters and tips on how to brand yourself better; and checklists and quizzes to explore your skills and interests.
- ADA is increasing members' influence in Congress, state capitals, regulatory agencies, corporate leadership and many other areas that lead to increased employment opportunities.

What is ADA Doing to Increase Salaries?

- Ongoing ADA efforts to increase salaries include:
 - Continuing to obtain state licensure or certification for registered dietitians in the 20 states that still do not have such laws.
 - Addressing issues related to insurance coverage for nutrition services.
 - Collaborating with external groups on a childhood obesity initiative that creates new coverage and reimbursement to RD providers in targeted areas across the country.
 - Advocating for the placement of registered dietitians in key policy slots in government.
 - Continuing to work to expand coverage of Medicare MNT.
 - Working to reframe coverage to include preventive services through public wellness programs as well as private sector programs to create more billable services for RDs.
- Education and credentials give RDs and DTRs the skills to provide nutrition services and call themselves the leading source of food and nutrition information. Still, ADA and members alike must work to raise the perceived value of nutrition services to all stakeholders, including physicians, legislators, allied health professionals, the consumer and compensation departments.

- ADA has identified the consequences of the current payment rates within Medicare and achieved three payment increases for Medicare MNT services provided by RDs: 37% increase in 2003; 57% increase in 2007; 18-22% increase in 2009.

What Are Limits to What ADA Can Do?

- ADA works to help members achieve our common goals, including increased compensation, while respecting legal and ethical restraints governing businesses and professions.
- ADA is not a labor union and cannot negotiate a practitioner's salary. Under antitrust laws, professionals cannot engage in concerted action to lead to rise in prices; many actions therefore can be viewed under the law as an indirect way of price fixing.
- While lines are not always clear as to what is and isn't permissible, there are legal constraints on efforts to lobby or negotiate with specific providers or employers that can be viewed as improper collective activities designed to set or influence prices.

What Factors Play a Role in Practitioners' Salary?

- Many factors play a role in a practitioner's salary level, and compensation/reimbursement rates often are tied to factors over which ADA has little control. For example, compensation for the majority of employees working in hospitals or long-term care facilities is tied to the organization's salary structure, frequently called common pay-graded positions. Human resource departments may grade RD or DTR positions against a "benchmark" position, using position descriptions for making comparisons among different types of health-care providers.
- Salaries may be set according to the market's demand for services and the perceived severity of need for those services. If jobs grow at this rate and organizations experience difficulty filling the positions, nurses and pharmacists, for example, may experience dramatic increases in base pay and perks such as sign-on bonuses.
- Reimbursement can also be tied to whether the health professional is providing services that make a difference to the overall effectiveness of the organization, its bottom line and the health of clients and patients.

What Are Job Growth Projections?

- The Bureau of Labor Statistics projects average employment growth for [registered dietitians](http://www.bls.gov/oco/ocos077.htm) (<http://www.bls.gov/oco/ocos077.htm>), expected to increase 9 percent during the 2008-18 projection decade, about as fast as the average for all occupations. Job growth will result from increasing emphasis on disease prevention through improved dietary habits.
- A growing and aging population will boost demand for nutritional counseling and treatment in hospitals, residential care facilities, schools, prisons, community health programs, and home health-care agencies. Public interest in nutrition and increased emphasis on health education and prudent lifestyles also will spur demand, especially in food service management.
- Demand for nutritional therapy services is related to the ability of patients to pay, either out-of-pocket or through health insurance, and although more insurance plans now cover nutritional therapy services, the extent of such coverage varies among plans. Growth may be curbed by limitations on insurance reimbursement for dietetic services.
- Hospitals will continue to employ a large number of dietitians and nutritionists to provide medical nutritional therapy and plan meals. But hospitals also will continue to contract with outside agencies for food service and move medical nutritional therapy to outpatient care facilities, slowing job growth in hospitals relative to food service, outpatient facilities, and other employers.
- The number of RD positions in nursing care facilities is expected to decline, as these establishments continue to contract with outside agencies for food services. However, employment is expected to grow rapidly in contract providers of food services, in outpatient care centers, and in offices of physicians and other health practitioners.
- According to the Bureau of Labor Statistics, those with "specialized training, an advanced degree, or certifications beyond the particular state's minimum requirement should enjoy the best job opportunities."