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Advocacy: Our Professional Responsibility

The 117th Congress and newly elected state legislators have been sworn in. As the experts in our field, now is the time for the Academy and all credentialed nutrition and dietetics practitioners to prioritize our legislative and advocacy efforts and get involved like never before.

Advocacy is our professional responsibility. To achieve the Academy's vision of a world where all people thrive through the transformative power of food and nutrition, we must be at the table, working with policy leaders at every level of government to promote health and reduce the burden of chronic disease through nutrition services and interventions.

Academy members must take an active role in building influential relationships that will help us gain support for important issues that expand diverse access to our services, shape the public's health and food choices, promote consumer protection, and safeguard our licensure. In the accompanying boxes, several Academy members share their thoughts on the importance of advocacy and why all members should be involved.

Legislators and policy makers can't afford to ignore the cost savings benefits and lifesaving outcomes that we provide. Your individual advocacy efforts will enhance our advocacy within the Academy, which involves member leaders in the Legislative and Public Policy Committee and the Academy of Nutrition and Dietetics Political Action Committee (ANDPAC), affiliates, and dietetic practice groups, member interest groups, and thousands of grassroots members.

We need your professional expertise and contributions to ANDPAC to influence food, nutrition, and health policy. Dietetics is a profession and not just a job. As a profession, we are obligated to promote and advance our profession's body of knowledge, and we are responsible for influencing and supporting decisions that are in the best interest of our profession, our professionals, and the consumers we serve. That includes advocating for and financially supporting legislative and policy efforts that are relevant to our mission and vision.

In addition, our Professional Code of Ethics Principle #4 encourages social responsibility, collaboration to reduce health disparities, promotion of the unique role of nutrition and dietetics practitioners, and enhancing health and nutritional status while protecting the public. All of those principles are the foundation for the policies and legislation for which we advocate.

I have had the glorious feeling that comes from speaking to members of Congress and state legislators who have personally experienced the value of the services provided by registered dietitian nutritionists (RDNs). They believe in

prevention and increasing access to our services. This keeps me coming back and empowers me to speak up for the cost and lifesaving benefits we provide. I have also faced challenging and costly battles at the state level to preserve our licensure. This enrages and also empowers me to work harder to promote our professional competence and discourage those who want to hang out a shingle and call themselves a nutritionist without any training or credentialing.

Legislators want to hear from those who vote. That means *your* voice and stories, shared with *your* legislators, are key to getting our messages across and votes cast. We cannot sit back and let someone else step up. We must do this for our profession and for those whom we must ethically protect.

The Academy's strategic plan's focus areas of prevention and well-being, health care and health system, and food and nutrition safety and security inform our advocacy efforts. Here are a few of the many issues we are advocating for to advance food and nutrition policy:

The coronavirus 2019 (COVID-19) pandemic has magnified health disparities. To help mitigate the effect it has had on ethnic minority groups, we have an important role to play in advocating for the enactment of public policies intended to increase access to health care, healthful food, and culturally appropriate nutrition interventions.

Food insecurity significantly influences the health and well-being of individuals and is a risk factor for negative psychological and health outcomes. It also increases the prevalence and severity of diet-related disease.

Access to nutrition care through Medicare is one tool that can help prevent, manage, and treat many chronic conditions. Passage of the bicameral, bipartisan Medical Nutrition Therapy Act would provide Medicare Part B coverage of

outpatient medical nutrition therapy (MNT) for prediabetes, obesity, high blood pressure, high cholesterol, malnutrition, eating disorders, cancer, celiac disease, human immunodeficiency syndrome/acquired immunodeficiency syndrome, and any other disease or condition causing unintentional weight loss. The bill would also allow the US Secretary of Health and Human Services to further expand access to MNT without additional action from Congress and would allow physician assistants, nurse practitioners, clinical nurse specialists, and psychologists to refer their patients for MNT.

School nutrition programs and Child and Adult Care Food Program centers rely on reimbursement from meal service to pay for expenses. Many of these institutions maintained or incurred more expenses than normal during the COVID-19 pandemic while seeing a significant decrease in revenues from lower meal participation during school and business closures. To sustain these essential programs while protecting jobs and precious education resources, support must be provided to make programs financially solvent and to maintain the integrity of essential food security programs as the recovery process from the COVID-19 pandemic continues.

Licensure laws assure the public, health insurers and other payors, and state and federal governments that nutrition care is provided by knowledgeable, credentialed experts like you. We believe MNT and other complex services should be provided only by individuals who have at minimum the specialized education and training of RDs or meet state licensure standards. Our efforts are also focused on reducing the dangers of unscientific, medically unnecessary treatment by requiring that individuals practicing nutrition and dietetics are qualified to do so.

These are unique and exciting times, with a new administration, new members of Congress, and new state legislators, many of whom are unfamiliar with who we are and what we do. We have known for a long time about the systemic inequities that lead to food insecurity, health disparities, and nutrition-related chronic disease. COVID-19 has revealed these disparities even further. To me, the essence of an Academy

member's advocacy role is as a storyteller. We share data, the lived experience of our patients, clients, and community members, and the passion we have for our work to tell stories that move policymakers to act.

Patty Keane, MS, RD, ANDPAC member and former member of the Legislative and Public Policy Committee

Advocacy is all about building a relationship of trust with your legislators. This does take time, but it is never too late to start. Working in senior nutrition, I have been a strong advocate for programs like the Older Americans Act, Meals on Wheels, and Senior Dining Programs. Having good relationships with my state and federal legislators has allowed me to show them the importance and significance of these programs first-hand.

Mike Glasgow, RDN, CD, past chair of the Legislative and Public Policy Committee and incoming chair of ANDPAC

I advocate because nutrition is so important in our daily lives and decisions are made by our government leaders, frequently, that influence access and availability of nutrition programs and services. I most enjoy advocating for those who are part of my daily world. As a new resident of my state with a freshman member of Congress representing me, I have had the opportunity to quickly establish a relationship through ANDPAC-funded events and meetings in my local office. The goal is to make nutrition and its role in health care a focus from the beginning of my representative's tenure in Congress.

Robyn Brown, MBA, RD, LD, member and past chair, Legislative and Public Policy Committee

Advocating for nutrition policy impacts every single RDN. Our profession begins when a farmer nurtures a seed. Industry helps to grow that seed and process it. Marketing and media messaging guide consumers to purchase a product. And education helps young and old individualize and

adjust their nutrition lifestyle. Advocating means I'm in the game. I'm standing up and speaking up and using my voice to help influence the future health of all and working to protect our profession. What matters is that I am involved in the process. Martin Luther King once said: "Our lives begin to end the day we become silent on the things that matter." I am proud to be one of many

RDNs who join together so that our voices and expertise are heard.

Nancy Z. Farrell Allen, MS, RDN, FAND, past member and past chair of ANDPAC

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