

Engaging Registered Dietitian Nutritionists in a Research Network: Building on the first ten years

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Network (DPBRN)

Disclosures

- Academy of Nutrition and Dietetics employee
 - Salary support:
 - Hand R, Steiber A, Brown K. (2013) “Proposed Validity Testing for Quality Indicators for Nutrition Education Programs Checklist.” ConAgra Foods Foundation
 - Byham-Gray L, Steiber A, Frankenfield D, Gould-Fogerite S, Parrott J, Ikizler A. (2012) NIH 1R15DK090593-01A1
- Have received speaking honorarium from National Kidney Foundation of Arizona
- No financial holdings/conflicts to disclose

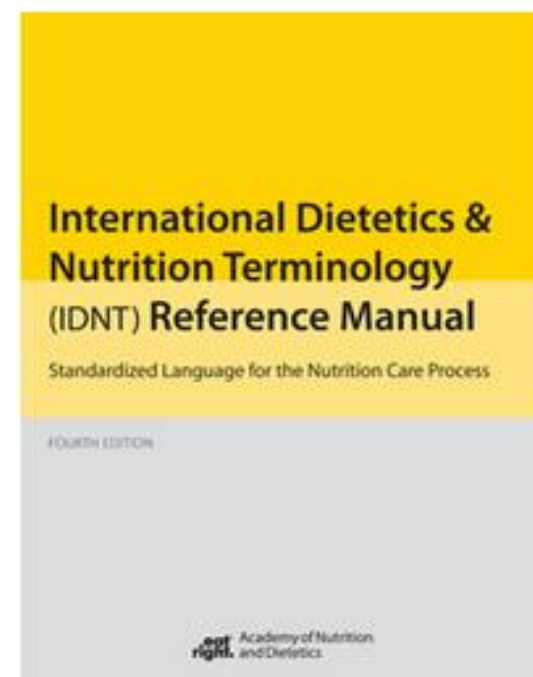
Outline

- Network history and goals
- Network membership characteristics
- Projects completed
- Future directions

Topics

Nutrition Guidelines List

- **Adult Weight Management Guideline**
- **Celiac Disease**
- **Chronic Kidney Disease**
- **Chronic Obstructive Pulmonary Disease Guideline**
- **Critical Illness Guideline 2012**
- **Diabetes Guideline**
- **Disorders of Lipid Metabolism Guideline Update**
- **Food and Nutrition for Older Adults Promoting Health and Wellness**
- **Gestational Diabetes Guideline**
- **Heart Failure Guideline**
- **HIV/AIDS**
- **Hypertension Guideline**
- **Oncology Guideline**
- **Pediatric Weight Management Guideline**
- **Spinal Cord Injury Guideline**
- **Unintended Weight Loss in Older Adults**
- **Vegetarian Nutrition**
- **Guideline Tutorials**



History

- Established by the profession's governing body in 2003
- Recognized the need for research as the foundation of an evidence-based and reimbursable practice
- Low research self-efficacy among RDNs common

Why a dietetics PBRN?

- Diet disease relationships often established by epidemiology
- Complex co-morbid patients are who RDNs see
- Large sample needed for diet studies

Mission

The mission of the Dietetics Practice-Based Research Network is to conduct, support, promote, and advocate research in practice-based settings to address: first, questions of importance to the dietetics profession; and second, to improve the delivery of food and nutrition services to enhance the health status of individuals, families, and communities.

Vision

DPBRN will be the leader in conducting, facilitating and disseminating dietetics-specific outcomes research to support dietetics practice and promote the nutritional health of all people.

Strategic Goals

Goal 1: DPBRN creates the evidence behind public trust of RDs as food and nutrition experts

Goal 2: DPBRN research is practical both as research and for implementation in patient care

Goal 3: Members and prospective members view participation in the Academy's research as vital to professional success.

DPBRN Oversight

- **Oversight Group**
 - Sub-committee of Academy's Research Committee
- **Guides direction of group**
 - Selecting/prioritizing projects
 - Project planning groups
 - Aligning with Academy Priorities for Research
- **Senior Manager**
 - Day-to-day operations
 - Project oversight as determined by PI

DPBRN membership benefits

- Free Academy member benefit
- Sign up separate to membership
- No research experience required
- Receive emails with project opportunities
- Bi-annual newsletter
- Member recognition emails and profiles

DPBRN membership characteristics

Credentials	%
Master's Degree	59
Doctorate	12
Professional	2
RD/RDN	89
Certified Nutrition Support Clinician	8
Certified Diabetes Educator	14

Type of work	%
Acute care	23
Long term care	6
Outpatient/ambulatory	29.5
Community/public health	14
Faculty	12

DPBRN membership characteristics

Areas of expertise	%
Obesity	42.5
Diabetes	36.6
Hyperlipidemia	25.9
Community/ Public Health	24.6
Hypertension	23.9
Nutrition Support	17.1
Pediatrics	17.3

Area of expertise	%
Geriatrics	16.6
Renal	14.2
Oncology	12
Eating Disorders	7
Sports	6.8
Obstetrics	5

Projects

Manag Care. 2013 Jan;22(1):40-5.

The incremental value of medical nutrition therapy in weight management.

Bradley DW, Murphy G, Snetselaar LG, Myers EF, Quails LG.

Blue Cross & Blue Shield of North Carolina, Durham, NC 27702-2291, USA. don.bradley@bcbsnc.com

Mainstreaming International Outcomes Research in Dietetics

Naomi Trostler, PhD, RD; Esther F. Myers, PhD, RD, FADA

WORLD JOURNAL OF PEDIATRIC OBESITY

Pediatr Obes. 2012 Feb;7(1):3-15. doi: 10.1111/j.2047-6310.2011.00001.x. Epub 2011 Dec 13.

Study design and baseline description of the BMI2 trial: reducing paediatric obesity in primary care practices.

Resnicow K, McMaster F, Woolford S, Stora E, Bocian A, Harris D, Drehmer J, Wasserman R, Schwartz R, Myers E, Foster J, Snetselaar L, Hollinger D, Smith K.

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Projects in progress

- Diabetes Guideline Field Test
- Toolkit Usability Tests
- Pilot comparative effectiveness of commercial weight management vs. RD lead group sessions for breast cancer survivors
- Validation of clinical characteristics of adult malnutrition

Projects in progress

- Team Approach to Heart Failure—AHRQ grant on dissemination of evidence based guidelines via social media
- Clinical staffing study
- Member needs assessment survey

Key features

- RDN clinicians as data collectors
- IRB challenges
- Mostly outpatient

Future endeavors

- Education
- Engage members in creation of research questions
- International work
- Collaborations

Education

- Human Subjects Protection Training: Application to Dietetics
- Proposal writing workshops
- Other resources based on responses to needs assessment survey
- Engaging students

Proposal process

Past: None

Current: 4 page form: Background,
Hypothesis/aims, Study design,
Variables/timeline, Population studied,
Dietitians needed, Study
procedures/intervention, Statistical plan, IRB,
Funding

Future: Less formal methods

Voting

One line question submission

Determine needs up front

International work

Renal Nutrition PBRN

Many challenges in international work

Collaboration

- RDNs need referrals or consults
 - Intensive Behavioral Therapy for Obesity
- Often need physician to accept the recommendation
- An opportunity to move nutrition research from markers to distal outcomes?

Collaboration

- Evidence based practice guidelines
- Nutrition care registry
- What are some questions we could answer together?

Collaboration

- comprehensive care coordination programs
- prevent obesity, hypertension, diabetes, and heart disease in at-risk populations such as the urban poor and American Indians.
- reduce health disparities in cardiovascular disease, diabetes, cancer, musculoskeletal diseases, and birth outcomes.
- literacy-sensitive disease management programs and usual care in reducing disparities in children and adults with low literacy and chronic disease (e.g., heart disease).
- clinical interventions (e.g., prenatal care, nutritional counseling, smoking cessation, substance abuse treatment, combinations of these interventions) to reduce incidences of infant mortality, pre-term births, and low birth weights, especially among African American women.
- diverse models of transition support services for adults with complex health care needs (e.g., the elderly, homeless, mentally challenged) after hospital discharge.
- accountable care systems and usual care on costs, processes of care, and outcomes for geographically defined populations of patients with one or more chronic diseases.

Academy research priorities

- Prevention and treatment of obesity and chronic diseases
- Nutrition and lifestyle education
- Nutritional status and disease risk assessment
- Translational nutrition
- Nutrition and genetics
- Provision of dietetics services
- Customer satisfaction
- Education and retention of dietetics professionals
- Safe, secure and sustainable food supply

Questions/Discussion

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