

Propelling the Profession with Outcomes and Evidence: Building a Robust Research Agenda at the Academy



THOUGH THE ORIGINS OF evidence-based medicine are generally acknowledged as dating back to Dr Ernest Codman's development of the first bone registry in 1920, outcomes studies took decades to radiate to other health disciplines, as practitioners grappled with the difficulties of implementing protocols and gathering meaningful data.¹ Today, research represents the backbone in dietetics and across health care disciplines, as the need to discover and verify causations and develop new therapies to improve public health and care delivery via clinical and scientific inquiry represents a priority role of the highest order.²⁻⁴ Since the Academy of Nutrition and Dietetics* was founded, its leaders intended that the profession be rooted in science. In its role as “research advocate, facilitator, convener, funder, educator, and disseminator,”⁴ the Academy has demonstrated a long-standing investment in identifying

the impact of nutrition on disease risk factors and treatment outcomes, presenting it to stakeholders to influence public policy, and translating it to practice to yield many more programs and opportunities for nutrition and dietetics practitioners.

The push for a more robust system for encouraging research within the profession came primarily from members who had wanted to see a division of research launched at the Academy in the mid-1960s.⁵ Beginning in the mid-1970s, with clinical trials that included a dietetics component increasingly sponsored by the National Institutes of Health (NIH) and other donors, dietitians were increasingly entering the realm of clinical and scientific research as investigator or co-investigator. The direct involvement of nutrition and dietetics practitioners in research protocols was viewed as a tremendous opportunity to decrease the lag time in incorporating food and nutritional health research developments into practice.⁶

By the 1990s, outcomes research to draw data about intervention effectiveness in patient populations was booming across all health care disciplines; at this time, registered dietitians had their sights on using outcomes research to support their case in obtaining third-party reimbursement for medical nutrition therapy (MNT). The Academy encouraged its members to get involved in the research to demonstrate its cost effectiveness.⁴ From then forward, research has become ever more integral to multiple goals within the Academy's strategic plan.

As food and nutrition science became increasingly important to

multiple disciplines, the Academy was more frequently asked to contribute to federal, corporate, and professional organizations' research agendas. Stakeholders (namely, employers and consumers) increasingly expected services within the health care sphere to evolve from rigorously investigated evidence. Thus, dietetics research opportunities grew in tandem with the Academy's deepening commitment to fostering a research community and working to remove any real or perceived barriers to dietetics practitioner-led research.²

That commitment has helped practitioners attain regulatory support in most states and Medicare/Medicaid reimbursement for certain MNT therapies, and has yielded a trove of programming—an aggregate that includes an Academy research philosophy and agenda, the Nutrition Care Process, the Evidence Analysis Library (EAL), the Dietetics Practice-Based Research Network (DPBRN)—that has bolstered research to inform the profession and, in turn, the profession itself.

EARLY INITIATIVES

Though the Academy had supported research since the beginning, its biggest role in dietetics research had long been centralized in articles published in the *Journal*, which was established in 1925, and in the creation of academic competencies.⁷ The Research and Development unit was officially added to the Academy headquarters structure in 1981 after it was identified as critical to the association by the Board of Directors in 1978 to direct research endeavors and augment registered dietitian nutritionist (RDN) engagement in research projects.^{4,5} In 1982, to expand its role, and that of

**Until January 2012, the Academy of Nutrition and Dietetics was known as the American Dietetic Association; throughout this document, it will be called “the Academy.”*

This article was written by **Karen Stein, MFA**, a freelance writer, Traverse City, MI, and consultant editor for the Nutrition Care Manual, and a former editor of the *Journal*.

2212-2672/Copyright © 2016 by the Academy of Nutrition and Dietetics.
<http://dx.doi.org/10.1016/j.jand.2016.02.018>
 Available online 14 April 2016

members, in the research arena, the first Council on Research[†] was convened to serve as a think tank and determine the Academy's research agenda and priorities, representing a range of practice areas, including clinical, community nutrition, government, and industry, among others.^{4,7} Soon after—in 1987—the profession's academic standards were amended to require that RDNs new to the profession had education in reading and evaluating research literature and how to apply it to practice.⁴ Early Council on Research projects, according to an Annual Business Meeting of Members report, included mining the membership census for academic and professional data to inform research priorities; establishing a small research grants program; and launching an initiative to translate key nutrient research into diet recommendations that practitioners could use in their practice, an effort that was highlighted at the 1987 Conference on Advanced Practice and Research.

After several years of planning—plus a Council on Research reevaluation of its responsibilities following publication of the results of the 1987 conference, which called for generation of cost–benefit data regarding nutrition care services, determination of public need for dietary guidance, and establishment of a research base to support academic preparation and continued

[†]*Research functions within the Academy were not always consolidated, including the Council on Research. For example, in the late 1990s and early 2000s, the Health Services Research Task Force, Research Task Force, and outcomes research projects were part of Quality Management and were managed by the Washington, DC, office because it supported their legislative agenda. It was housed at headquarters briefly thereafter as part of Quality Management, focusing on Knowledge Center operations. In 2000, the Research and Scientific Affairs and Research was established and outcomes research moved to this area. Systematic reviews for the EAL moved to Scientific Affairs and Research in 2003 and eventually the evidence-based guideline functions were consolidated in this area in 2009.*

competency of nutrition and dietetics practitioners—a national consensus conference convened in 1990. Participants identified the need for more research in 12 dietetics practice areas.⁷ This conference's proceedings informed the basis for the Academy's first official research agenda “to promote optimal nutrition and to improve the public's food choices,” which focused on the practice areas of disease prevention and health promotion, acute and long-term care, foodservice, and consumer education and issued a call to action to incorporate a variety of disciplines to ensure the success of any research endeavors.⁸ The Research Agenda Conference Proceedings were published in 1992.

Opportunities were opening up in multiple arenas. Board reports of the first few years of the 1990s reveal the Council on Research spent the early part of the decade inventorying the previous decade's research endeavors at the Academy to evaluate progress and set new priorities and developing a research competency workshop to encourage more research among members.

The Nutrition Screening Initiative (NSI)—a nationwide, 30-organization collaborative effort (including the American Academy of Family Physicians and the National Council on Aging) that launched in 1989 in response to US Surgeon General and US Department of Health and Human Services calls in 1988 for a more robust nutrition screening—represented a notable early example of an Academy-supported outcomes research endeavor. The NSI helped the profession assert its value and impact in the field of gerontology by raising consumer awareness and identifying risk factors for malnutrition in older adults.⁶ Equipped with crucial data regarding malnutrition in older adults, the NSI was then successful in demonstrating to legislators, including Arkansas Senator David Pryor (D), that nutrition services were of fundamental importance and should be included as a standard part of gerontological care.⁹

The critical need for dietetics research was also highlighted when the Agency for Health Care Policy and Research began sponsoring investigations into health care delivery for specific medical conditions in the mid-1990s. Though nutrition was known to affect some of the health

states being studied and could have contributed to cost-effective care, there had been no definitive indication that dietetics was to be included in the development of the guidelines.⁶ At this same time, and amid these growing concerns that were yielding more and more reasons for RDNs to jump into the research fray, dietetics research was being reframed in a “modern scientific outlook.”⁶ It was projected that nutrition and dietetics practitioners would have growing opportunities in clinical biomedical, clinical foodservice, clinical management, and outcomes and effectiveness research, and the Academy redoubled its message to stimulate RDNs to participate in randomized clinical trials. Via a series of *Journal* articles, the Academy sought to bolster practitioners as leaders in research, reduce the lags to acceptance of new findings, help encourage adoption of clinical findings into practice, and further academic careers.⁶ Though a common approach to dietetics research at that time—“to understand or solve some difficulty in practice” beginning “with the patient or physical reality situations”—yielded useful information, a more theoretical basis and organizing principles was increasingly seen as a more effective way to inform observations and discovery of solutions.⁶

Though the Council on Research would ultimately be restored in 2014, by 2001, the Council on Research along with the Councils on Practice and Education were reorganized to create the Council on Professional Issues in the interest of streamlining decision making and improving communication.¹⁰ In 1998, the Health Services Research Task Force assembled for the first time, focusing its efforts on exploring and supporting effectiveness of outcomes from research endeavors in MNT and quality improvement.^{7,11} This group transitioned into the Research Task Force and eventually became a standing committee of the Board of Directors and House of Delegates (HOD).

FORWARD MOMENTUM YIELDS A RESEARCH PHILOSOPHY

Toward the end of the 1990s, the totality of the significant medical breakthroughs of the 20th century—and, thus, the benefits of medical research—was

Download English Version:

<https://daneshyari.com/en/article/2656628>

Download Persian Version:

<https://daneshyari.com/article/2656628>

[Daneshyari.com](https://daneshyari.com)