

Academy of Nutrition and Dietetics Registered Dietitian Brand Evaluation Research Results



Editor's Note: Because the research on which this article reports was conducted in 2011, the term registered dietitian (RD), rather than registered dietitian nutritionist (RDN), is used throughout. As the terms are interchangeable, much of the research on the registered dietitian brand still applies to the registered dietitian nutritionist brand. In cases where survey respondents were questioned about awareness of registered dietitians, the applicability of the survey results to registered dietitian nutritionists is less clear. However, this research was part of the decision-making process that led to the adoption of the new registered dietitian nutritionist credential, and therefore serves as important documentation of the factors that influenced that historic change.

THE ACADEMY OF NUTRITION and Dietetics (Academy) has conducted a series of marketing research projects designed to understand perceptions of the registered dietitian (RD) brand in the marketplace. By surveying consumers and physicians (as well as other health professionals), the Academy has identified the key current strengths of the brand that need to be better communicated and reinforced, as well as some opportunities to strengthen the RD brand by increasing consumers' familiarity with RDs' training and expertise.

PHASE I: QUALITATIVE RESEARCH

In July of 2011, the Academy contracted with Polaris Marketing Research to

What Is a Brand?

Charles R. Pettis, CEO of Brand Solutions, defines brand as "the proprietary visual, emotional, rational and cultural image that you associate with a company or product."*More expansively, a brand is an intangible asset that resides in people's minds, which is defined by the expectations people have about the benefits they will receive. These expectations of benefits are developed over time by communications and—more importantly—by actions. A few important points about brands are:

- They are assets that must be managed.
- They are defined by your customers' experiences and what they expect they will experience with you in the future.
- They are developed over time by what you do in the marketplace, as well as the messages you send in communications.

* Pettis CR. *TechnoBrands: How to Create & Use "Brand Identity" to Market, Advertise & Sell Technology Products*. Self-published: iUniverse; 2001.

conduct a qualitative evaluation of the RD brand. Qualitative research was chosen as the initial phase of the project to explore perceptions that would later be quantified through survey research. Six 30-minute telephone interviews were completed with physicians in specialties in which proper nutrition is critically important, such as endocrinology, nephrology, gastroenterology, oncology, cardiology, and internal medicine. The interviews covered a variety of subjects, including physician training in dietetics and nutrition, current practices in advising patients on these topics, and sources of information, as well as attitudes about the role of RDs in patient care. In addition, eighteen 30-minute telephone interviews were completed with RDs, nine of whom were members of

the Academy of Nutrition and Dietetics and nine who were not members. The RDs were asked about tools they use to deliver nutrition advice, sources of nutrition information, practice characteristics, and attitudes about membership in the Academy. The RDs worked in a variety of settings (Table 1).

All of the questions in this phase of the research were open-ended, without any scale or response category suggestions. The goal of these interviews was to create a dialogue or conversation and to allow the respondents to take the discussion in the direction that was interesting or important to them. Physician and RD responses in this project were categorized by topic, as well as by whether the comment was positive, negative, or neutral. Because of the small sample size of this study, specific percentages were not calculated because they would not be meaningful.

The results of this first, qualitative phase of research showed that most of the physicians in this study have a very positive perception of RDs' training and experience. For example, some physicians in this study said:

I know RDs have a certain level of fact-based, up-to-date information.

RDs have the training and experience to give information tailored to certain medical conditions.

In addition, physicians understand that their own nutrition training (as part of medical school) was minimal and that proper nutrition is critical for delivering good patient outcomes in many medical situations. Illustrative comments include:

I would say my nutritional education was pathetic to non-existent.

Without a doubt, nutrition is the weakest area of my training.

Medical doctors (MDs) believe that RDs increase the probability of

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Why Build Your RD Brand?

Brands are valuable tools for managing your RD practice and professional reputation. If you invest in strengthening your individual RD brand, you will find that it becomes an asset that works for you. You no longer have to explain your training or credentials—your brand will be recognized as a creditable source of nutrition information. You spend less time marketing yourself, and let others market for you through referrals and word-of-mouth. And if you want to expand your business, your brand is already there leading the way with strong perceptions.

the patient successfully managing their diet through information, communication, encouragement, and reinforcement.

Adequate nutrition . . . can absolutely make a difference in the progress of a disease.

The dietitian brings human involvement. It's not just a brochure or a video or a website.

Both MDs and RDs interviewed in this project agree that the public's knowledge of nutrition and RDs is inadequate at best, saying:

They really don't know very much. Maybe a 5 on a 10-point scale.

The general public is very unsophisticated about nutrition.

The MDs and RDs interviewed in this project also believe that lack of

insurance coverage prevents consumers from seeking the assistance of RDs.

I am more likely to refer patients if it is covered by their insurance.

The Academy should advocate for insurers to cover RDs.

The qualitative research provided excellent information for developing the subsequent quantitative brand evaluation. In particular, we understood the need to be careful about terminology—consumers (and some physicians) might not perceive or understand the difference in training and qualifications between RDs and other dietetics practitioners and health professionals. In addition, we understood the need to get underneath consumer objections to consulting an RD. RDs and physicians believe cost is a major obstacle, but the research would be designed to explore other objections (such as, “I can do it myself”). Finally, we learned to explore physicians' own perception of their nutrition expertise as well as other motivations for referring patients to RDs (such as for general health improvement and weight loss, and because physicians lack time in a typical office visit to cover nutrition properly and effectively with patients).

PHASE II: BRAND RESEARCH SURVEY

In October 2011, the Academy proceeded with the quantitative evaluation

phase of the RD brand project, again contracting with Polaris Marketing Research. Leveraging the findings of the qualitative phase, the objectives for this phase of the research were defined:

- To identify what differentiates RDs from other sources of information about food, nutrition, and dietetics practitioners in the minds of key audiences.
- To understand audience perceptions of the RD credential.
- To identify strengths and weaknesses in image/perceptions of RDs today, with an eye toward future message development.

An online survey was developed for each of the populations being examined in this survey: RDs (Academy member and nonmember), physicians (in several specialties), and consumers. The consumers included in the survey were screened to ensure they had some interest in nutrition. All of the online surveys included a mix of scaled, multiple-choice, and short-answer questions.

In order to identify the appropriate consumers, we used a question from previous Academy research:

Question: Which of the following best describes your interest in nutrition and healthy eating?

1. A healthy diet and regular exercise are very important, and I am doing all I can to eat a healthy diet and exercise.
2. I know a healthy diet and regular exercise are important, but I don't always eat a healthy diet or exercise.
3. I think a healthy diet and regular exercise are overrated.

Only those consumers responding 1 or 2 were allowed to continue with the survey. Not surprisingly, most of the consumers in the survey (61%) were best described by the statement “I know a healthy diet and regular exercise are important, but I don't always eat a healthy diet or exercise,” and 39% of consumers agreed with the first statement.

The total sample for phase II of the brand definition research project and the resulting margins of error at the 95% confidence level are shown in [Table 2](#).

Table 1. Work setting for Academy^a member and nonmember registered dietitians in phase I of the Academy's registered dietitian brand definition research project

Work setting	Academy member	Academy nonmember
	←————— n —————→	
Acute care—inpatient	3	—
Acute care—outpatient	1	1
Ambulatory/outpatient care	1	2
Long-term/extended care	1	1
Private practice	1	2
Community or public health	1	1
School food service	—	2
Supermarket	1	—

^aAcademy of Nutrition and Dietetics.

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