Results of the 2014 ASPHN Member Assessment Survey

In September 2014, ASPHN conducted a member assessment survey. The survey included questions on training, member needs and demographics. Two hundred eighty-one members received the survey and 110 members completed it for a response rate of 39%. 14 (12.7%) surveys were partially completed. This report summarizes the results of the survey

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Executive Summary

In September 2014, ASPHN conducted a member assessment survey. The survey included questions on training, member needs and demographics. Two hundred eighty-one members received the survey and 110 members completed it for a response rate of 39%. Survey respondents were most likely to be white, non-Hispanic females. Most respondents reported more than 26 years experience working in public health nutrition. A quarter of respondents plan to retire in the next 5 years.

A high percentage of members who completed the survey are currently active in ASPHN. The most commonly cited barrier to being actively involved in ASPHN was time.

The major emphases of the members' positions are:
1. Administration
2. Program planning
3. Nutrition education
4. Policy development
5. Environmental change

The most common program area of responsibility is obesity prevention followed by nutrition or health education and WIC. This is a change from 2012 when WIC was the most common program area reported. Most positions are still funded by WIC, followed by state dollars and CDC.

The majority of respondents are not involved with their state's Title V, Maternal and Child Health Services Block Grant Application. Respondents who are involved with the application generally just provide information and not actively involved in planning and or writing process.

The 2014 highest priority training topics are:
1. Develop outreach methods to increase target audience participation among high risk populations
2. Environment and policy changes impacting accessibility and opportunity for healthy eating in the community
3. Integrate nutrition into public health programs
4. Develop retention methods to increase target audience participation among high risk populations
5. Identify methods to sustain programs
6. Use data for program planning and evaluation
7. Build partnership between public health practitioners and researchers to measure public health impact
8. How to assess, implement and evaluate systems-level factors
9. Translate evidence-based research into practice

10. Emerging legislation and policy initiatives.

Training topics related to program sustainability, audience retention and developing and maintaining partnerships were prioritized much higher in 2014 than in 2012 and replaced topics focusing on working with diverse populations had three training topics in the top 10 list.

Members identified a wide variety of nutrition issues they feel will need to be addressed in the next one or two years. The most common topic were obesity / childhood obesity, followed by food insecurity, access and issues surrounding the public health nutrition workforce.

Figure 1: Word Cloud representing the responses to what issues need to be addressed in the next year or two.

Training

Current Training Needs

To assess training needs, 55 training topics were divided into 8 categories and participants were asked to rank each topic as high, medium or low priority based on their professional training needs and interests. An average rating was calculated by scoring each response and taking the average of all responses for that option. The priorities and score were defined as:

- Low Priority: I have a low interest or need for training (score = 1)
- Medium Priority: Something in the future that I should work on or need training (score = 5)
- High Priority: Something I should work on or need training right now (score = 10)

The ten training topics with the highest average rating are listed in table 1. Topics related to program sustainability, audience retention and developing and maintaining partnerships were rated much higher in 2014 than in 2012. In 2012, the category "working with diverse populations" had three training topics in the top 10. In 2014, the average rating for those 3 topics did not change significantly but they were not longer in the top 10.

Table 1:
Ten Highest Priority Training Topics

Category	Training Topic	Average Rating
Communication	Develop outreach methods to increase target audience participation among high risk populations	7.11
Subject Matter Topics	Environment and policy changes impacting accessibility and opportunity for healthy eating in the community	6.99
Leadership	Integrate nutrition into public health programs	6.90
Communication	Develop retention methods to increase target audience participation among high risk populations	6.82
Program planning	Identify methods to sustain programs	6.79
Assessment	Use data for program planning and evaluation	6.77
Assessment	Build partnership between public health practitioners and researchers to measure public health impact	6.64
Program planning	How to assess, implement and evaluate systems-level factors	6.60
Subject Matter Topics	Translate evidence-based research into practice	6.58
Subject Matter Topics	Emerging legislation and policy initiatives	6.5

Table 2 depicts the categories in priority order. Focusing on the broader categories helps to visualize if the entire category is of a high priority or just one or two specific topics. In 2014, the two highest priority categories, "Assessment" and "Program Planning" were ranked 6th and 7th

of the eight 2012 categories. The top 2012 category, "Working with Diverse Populations" dropped to 6th.

Table 2: Training Categories Sorted in Priority Order Categories	2014 Average Rating	2012 Average Rating / Rank
Assessment	6.28	5.39 / 6
Program planning	6.11	5.26 / 7
Evaluation	6.05	5.98 / 2
Policy	5.98	5.85 / 4
Working with Diverse Populations	5.68	6.01 / 1
Communications	5.62	5.90 / 3
Subject Matter Topics	5.61	4.59 / 8
Leadership	5.49	5.58 / 5

Tables 3 – 10 list the training topics for each category.

Table 3: Question 1-Subject Matter Topics Category (n = 110) Training Topics	High Priority (%)	Medium Priority (%)	Low Priority (%)	Average Rating
Environment and policy changes impacting accessibility and opportunity for healthy eating in the community	50.0	37.3	12.7	6.99
Translate evidence-based research into practice	39.1	46.4	10.9	6.58
Emerging legislation and policy initiatives	40.0	46.4	12.7	6.50
Wellness and health promotion	33.6	42.7	18.2	6.01
Affordable Care Act (ACA) provisions related to public health nutrition (PHN)	36.4	40.0	23.6	5.87
Infant and maternal mortality	40.0	29.1	29.1	5.85
Models for behavior change	35.5	32.7	28.2	5.67
Food supply / food systems	27.3	46.4	23.6	5.43
Built environment and policy changes impacting physical activity (PA) in the community	27.3	46.4	24.5	5.39
Farm to school / good agricultural practices (GAP) certification	11.8	41.8	43.6	3.81
Healthy aging	10.0	40.9	47.3	3.58

Other high priority subject matter topics:

- Childhood obesity prevention and treatment
- Effective community-wide strategies to increase access and consumption of healthier foods
- Federal changes to food programs
- Future of dietitians in public health; especially competitive salaries
- Health department accreditation—especially how RDs and RDNS can lead the process, thus impacting PHN
- Health equity
- How to evaluate and revise policy
- Nutrition and PA in worksites
- Potential impact of ACA on PHN. Successful models for public health to guide PHN services provided by community partners
- Sustaining the role of PHN at the state health department level.
- Create evidence that consumers need nutrition education support and skills provided by nutritionists to create the desire for public to adopt the PA changes created by generalists. Not PA or nutrition education but PA AND nutrition education.
- How to effectively influence policy changes - real skill building - how to make a real impact
- Preventing childhood obesity by establishing best practices for programs dealing with children under age 5
- School wellness policies collaboration between Departments of Education and Public Health; sustainable agriculture; impact of food policy council; models of food procurement; fruit and vegetable related to sodium >; evaluation of programs
- Social marketing to promote healthy lifestyles
- Sustainability; evaluating coalitions; writing success stories; being comfortable doing media interviews; using GIS mapping to influence decisions
- Trends in chronic disease development (e. g. increasing, decreasing emerging diseases)
- Using alternative and herbal medical therapy in nutrition practice

Table 4:
Question 2-Communication Category

(n = 110) Training Topic	High Priority (%)	Medium Priority (%)	Low Priority (%)	Average Rating
Develop outreach methods to increase target audience participation among high risk populations	49.1	38.2	10.0	7.11
Develop retention methods to increase target audience participation among high risk populations	44.5	42.7	10.9	6.82
Communicate effectively to audiences with diverse literacy and health competency levels using written, oral and visual (info graphics) techniques	31.8	50.0	16.4	5.95
Use of social media	30.9	40.0	21.8	5.73
Manage difficult conversations and negotiations	31.8	42.7	22.7	5.70

Table 4: Question 2-Communication Category (n = 110) Training Topic	High Priority (%)	Medium Priority (%)	Low Priority (%)	Average Rating
Develop culturally and linguistically competent organizational policies and procedures	27.3	50.9	20.0	5.57
Use of social marketing	23.6	48.2	25.5	5.17
Use of media advocacy	22.7	40.9	33.6	4.79
Use of focus groups	11.8	40.9	44.5	3.78

Other high priority communication topics:

- Developing a private share site for statewide partners
- Methods to post distance-learning educational opportunities
- Using community health workers to reach high risk populations for chronic disease management
- Developing comprehensive communication plans
- How to use technology to streamline duties, service delivery, and evaluation of public health programs to participants. Using the same methods with shrinking resources is adversely affecting numbers served and quality of care.
- Advocacy verses lobbying; How to win over the opposition

Table 5: Question 3-Working with Diverse Populations Category (n = 110) Training Topic	High Priority (%)	Medium Priority (%)	Low Priority (%)	Average Rating
Address health disparities/equity	39.1	41.8	14.5	6.44
Use culturally competent behavior change strategies	30.9	50.0	12.7	6.11
Identify and implement strategies for improving the diversity of the PHN workforce	23.6	40.0	31.8	6.00
Apply appropriate methods for interacting with diverse cultures	25.5	51.8	17.3	5.62
Plan and implement community-based interventions with diverse stakeholders	36.4	36.4	21.8	5.06
Define and identify cultural values and traditions	20.0	50.9	23.6	4.90

Other high priority topics related to working with diverse populations:

- Using target population to identify, develop, and implement effective cultural strategies and public health programs
- Learn more about how to work collaboratively with partners to anticipate the potential negative consequences and response of diverse populations to the well-intentioned consumer education (such as the "dirty dozen") on topics such as pesticides - organics, food safety of "fruits/vegetables/health foods.

Table 6: Question 4-Leadership Category (n = 110) Training Topic	High Priority (%)	Medium Priority (%)	Low Priority (%)	Average Rating
Integrate nutrition into public health programs	43.6	40.0	10.0	6.90
Strengthen leadership skills	32.7	44.5	13.6	6.20
Prioritize and sustain partnerships	33.6	44.5	17.3	6.04
Use succession planning	30.9	37.3	26.4	5.52
Identify models for collaboration	25.5	49.1	20.9	5.46
Work effectively in teams to achieve program	25.5	43.6	24.5	5.31
Develop skills in creating mentoring relationships for workforce development and learning	22.7	49.1	23.6	5.20
Plan and communicate a shared vision	20.9	45.5	28.2	4.91
Address issues related to diversity in the workplace	12.7	37.3	42.7	3.84

Other high priority leadership topics:

- Would double check succession planning if I could. Too much brainpower and institutional knowledge is simply walking out the door with no effort to ensure continuity of effort and programs.
- Active participation of individuals at the grassroots level in identifying and communicating goals for improved health outcomes.
- Perhaps apply above skills to influence elevating key PHN messages across funding streams and sustaining same with or without funding.

Table 7: Question 5-Assessment Category (n = 110) Training Topic	High Priority (%)	Medium Priority (%)	Low Priority (%)	Average Rating
Use data for program planning and evaluation	42.7	36.4	12.7	6.77
Build partnerships between public health practitioners and researchers to measure public health impact	40.0	38.2	12.7	6.64
Determine appropriate use of qualitative and quantitative data	30.9	42.7	18.2	5.89
Use target population risk assessment data to work with communities	30.9	40.0	20.0	5.82

Other high priority assessment topic: Evaluate and translate data for appropriate interpretation and use

Table 8: Question 6-Program Planning Category (n = 110) Training Topic	High Priority (%)	Medium Priority (%)	Low Priority (%)	Average Rating
Identify methods to sustain programs	42.7	38.2	11.8	6.79
How to assess, implement and evaluate systems-level factors	39.1	41.8	11.8	6.60
Tips to engage stakeholders	30.0	44.5	17.3	5.88
Write a comprehensive plan, strategic plan, and/or work plan	29.1	41.8	20.0	5.72
Lead and/or facilitate public health groups, partnerships and coalitions	30.9	34.5	25.5	5.58

Other high priority program planning topics:

- Maintenance of effort when funding goes away
- How to use technology for 360 degree evaluations for improved programs and resource allocation
- Incentivizing priority population to participate in programs.

Table 9: Question 7-Evaluation Category (n = 110) Training Topic	High Priority (%)	Medium Priority (%)	Low Priority (%)	Average Rating
Identify methods for outcome evaluations	37.3	39.1	14.5	6.41
Write an evaluation plan	35.5	40.9	15.5	6.26
Identify methods for impact evaluation	33.6	43.6	15.5	6.15
Report lessons learned and evaluation results	32.7	41.8	17.3	6.03
Use success stories to share evaluation results	33.6	40.0	19.1	5.99
Identify methods for process evaluation	24.5	48.2	20.0	5.46

Other high priority evaluation topics:

- Implement evaluations in a timely manner, revise existing programs, and share best practices
- Perhaps apply above to a challenging issue to measure such as fruit and vegetable consumption.
- Very important (high) to our work. We have evaluators and epidemiologists doing this as their primary function working with us.
- Developing logic models. Evaluating built environment strategies.

Table 10: Question 8-Policy Category (n = 110) Training Topic	High Priority (%)	Medium Priority (%)	Low Priority (%)	Average Rating
Analyze the potential impact of policies on diverse population groups	40.9	33.6	17.3	6.48
Apply evaluative criteria to analyze different or alternative policies	40.0	32.7	19.1	6.35
Frame problems based on key data that affects the target population	31.8	46.4	13.6	6.14
Formulate strategies to balance the interests of diverse stakeholders consistent with desired policy change	30.0	40.0	21.8	5.68
Understand the roles and relationships of groups involved in the public policy development and implementation process	24.5	42.7	24.5	5.27

Other high priority policy topics:

- How to write policies so they can and will be implemented at the local level. Adopting guidelines when policies are too permanent for schools, work sites.
- Increase and strengthen working relationship between nutritionists and policymakers

Future Training Needs

Members were allowed to enter an open ended response to the question, "Thinking ahead one or two years, what nutrition issues do you think will need to be addressed in your state."

There are a wide variety of issues, but the most commonly listed topics were obesity / childhood obesity, followed by food insecurity, access and issues surrounding the PHN workforce. Table 11 contains the complete list of responses.

Figure 2: Word Cloud representing the responses to what issues need to be addressed in the next year or two.

Table 11: **Question 9- Thinking ahead one or two years, what nutrition issues do you think will need to be addressed in your state.**	
Access Related (n = 15)	
Access to food (loss of homes, jobs, decrease in college grads, apathy, etc.)	Healthy food access and skills in utilizing healthy foods
Access to affordable healthy food	Healthy foods in workplaces
Access to healthy foods will continue to be an issue	Increasing access to healthy foods.
Continued ways to increase fruit and vegetable intake	Organic food
Food access for fresh fruits, vegetables and healthy options	Healthy eating when resources and time are scarce
Fresh Food Financing	SNAP incentives at farmers markets
Front yard gardens	Sustainable water and food supply.
Socio-ecological and life course issues such as inequity in access to affordable, high quality food	There is huge interest in local and fresh produce but I do worry about a loss of effort in access to fruits and vegetables non-local, frozen and canned which impacts those less fortunate.
Healthy food access and affordability	
Breastfeeding Related (n = 7)	
Breastfeeding X 2	Breastfeeding promotion
Continued breastfeeding promotion, education, support	Facilitating and leading hospitals to implement Baby Friendly policies.
CDC more money available for Breast Feeding	Increasing breastfeeding rates beyond 6 weeks
Food Insecurity / Hunger (n = 13)	
Food insecurity	Hunger
Food insecurity is being currently tackled	Food insecurity seems to be on the rise.
Strengthening connection between food insecurity and public health groups;	Socio-ecological and life course issues such as food insecurity
Food insecurity/hunger.	
Obesity Related (n = 22)	
Childhood obesity	Obesity will continue to be an issue.
Childhood obesity is still an issue	Obesity, especially childhood obesity.
Childhood overweight/obesity in WIC and MCH	Increased diversity and obesity among children
Overweight/obesity in school age children	Pediatric obesity
Maternal and Childhood obesity	Postpartum overweight/obesity in WIC
Obesity x 9	Obesity Prevention

Table 11: **Question 9- Thinking ahead one or two years, what nutrition issues do you think will need to be addressed in your state.**	
Reducing prevalence of obesity among children.	Reducing prevalence of obesity and high maternal weight gain in the pregnant population.
Policy, System and Environmental Change (n = 8)	
Greater work to support local public health capacity to address complex PHN problems.	Increased access to funds to support food systems work.
Access for citizens to be able to choose the better choices	Create legislative support for nutrition and food system related policies.
Continued funding and policy issues	Food systems change
Although we're making huge headway on promoting healthier eating through environmental approaches, the trend for reliance on prepared foods and restaurants to meet the majority of dietary needs will need some attention.	
Public Health Nutrition Workforce (n = 9)	
Hiring RD's versus educators	Maintaining nutrition staff
Getting more qualified nutrition providers in public health	Strategic positioning of PHNists equivalent to nurses.
Succession planning	Work force
How to expand internships/grad placement for nutrition students to ensure placement of students to expand the workforce.	Integrating nutrition/dietitians into Patient Centered Medical Homes and team-based care.
Difficulty recruiting PHN workforce. Funding nutrition programs.	
Schools and Childcare (n = 7)	
Working with early childcare centers and prisons	Improving nutrition environment in schools (food procurement)
Farm to School - building capacity and hiring designated staff	Food and beverage procurement standards for institutions
School wellness policy implementation and evaluation;	Implementation of the new meal pattern for CACFP
Farm to school/preschool	
Other Topics (n = 39)	
Aging population	Electronic medical records
Nutrition and aging	Evaluation of current practices and participant retention in federal food programs
Behavior change to prevent chronic disease, starting with young children	Increase in diabetes, especially gestational diabetes;
GMO labeling	Global energy.
Increases in chronic disease	Health transformation and role of nutrition

Table 11: **Question 9- Thinking ahead one or two years, what nutrition issues do you think will need to be addressed in your state.**	
Reducing prematurity and LBW.	Pre-diabetes among children
Sodium related to HTN Stroke	Using electronic media to provide nutrition education
Health equity	Activity …. safe environments to play
Health disparities will continue to grow	Increased PA
Reducing nutrition-related health disparities	Lack of PA.
Effectively engaging minority populations in nutrition-related programs and projects.	Working with industry partners to make healthy changes
The lack of affordable health care for adults because ACA was not expanded in Tennessee and isn't embraced my many citizens who would qualify.	Greater coordination is needed to help state agencies (and Cooperative Extension) work more collaboratively and support similar messages.
Coordinated care organizations and their impact on the delivery of nutrition services	How to integrate nutrition into other 1305 areas (diabetes, heart disease) so we can be better coordinated
Insurance coverage	Impact of the environment (i.e., droughts, pollution, etc.) on our food supply.
Social determinants of health	Implementation of EBT
Sodium reduction strategies in worksites and state agencies	More on health for individuals with disabilities
Infant mortality x 4	Sugar-sweetened beverage policies x 2
Reimbursement for prevention	

Suggested Training Topics and Speakers

Figure 3: Word Cloud representing suggested training topics

Members were asked to provide specific topics for training or suggested speakers. A wide variety of topics were recommended and are presented in Table 12.

Specific speakers suggestions are listed in Table 13.

Table 12: **Question 10– Please provide specific topics you want training on or suggested speakers? (Topics)**
Addressing racial/ethnic disparities
Affecting big policy changes
Analyzing data and using it to prioritize efforts to improve population nutrition and justify use of resources.
Cultural competency
Effectively addressing postpartum and childhood over weight/obesity in WIC
Evaluation and policy
Evaluation techniques to ensure interventions have desired outcomes
Fresh Food Financing
Grant writing
How to best engage and partner with large food retailers to increase access and consumption of healthy foods. If at all possible, I would suggest having this type of topic addressed by a representative from the private sector. Alternatively, I would love to see learning collaborative started with various ASPHN members who are working on healthy retail projects. Perhaps together we can align and leverage our ideas and contacts?
How to make sure RD and RDN's in public health can be involved in the ACA to possibly increase recognition and funding.
Leadership
Linking economic indicators to preventable chronic disease to articulate the need for comprehensive change to the food system, and garner political support of the economics of health.
Marketing PHNists
MNT billing, ICD-10 coding
Neonatal Abstinence Syndrome - how PHN can collaborate with stakeholders such as Neonatal units, pediatricians, foster caregivers, and other clinics to assure evidence based care and formulas for these infants.
Partner collaborations, how to get people to work as a team and not in their own silos.
Policy, systems and environmental strategies to prevent chronic disease; Evaluation of these approaches.
Pre diabetes
SNAP incentives at farmers markets
Social determinants of good nutrition and health outcomes
Successful weight management programs
Think Outside of the Box: Using Technology to Address and Improve Local Health Problems (comprehensive health and community assessments, documentation of relevant data, monitor local trends, timely referrals, and compare health outcomes to health services utilization and costs to identify gaps in health care systems).
Using electronic media effectively
Working in a hostile legislative environment.

Table 13: Question 10 – Please provide specific topics you want training on or suggested speakers? (Suggested Speakers)	
Kelly Brownell	Michael Pollan
William Dietz- Childhood obesity	Michele Simon
Ellen Jones in MS on policy	Jamie Stang for MCH topics
Anna Lappe	Brian Wansink
Robert Lustig	Alice Waters
Marion Nestle	
Someone from ASTHO to speak on the organization and how we work together	
ILCA speakers for implementing Baby Friendly and breastfeeding promotion programs as public health initiatives.	

Travel to ASPHN Meetings.

Most respondents can attend in-person meetings within driving distance if no overnight stay is required. More respondents were either unsure or unable to attend meetings that required an overnight stay or air travel.

Table 14: Question 11 – If there is no travel support from ASPHN, could you attend an in-person training or meeting?			
(n = 110)	Yes (%)	No (%)	Not sure (%)
If it is within driving distance and no overnight stay is required	78.2	2.7	10.9
If it is within driving distance and at least one night stay is required	50.9	12.7	28.2
If you must fly to reach the destination	20.9	28.2	42.7

Member Services

Participation in ASPHN

Table 15 lists the percentage of respondents reporting active participation in ASPHN. A high percentage of members who completed the survey report they are currently active in ASPHN. The survey defined active participation as being on a committee or in a leadership position such as on the ASPHN Board. Time was the most common barrier to being more actively involved in ASPHN. It was suggested that there is a perception that ASPHN caters to WIC and obesity programs. Improving linkages with the Maternal and Child Health Bureau, the National Diabetes Prevention Program (NDPP) and strategies with CDC's cooperative agreement #1305 might help members be more active.

Table 15: **Question 12- Are you (or were you in the past) actively participating in ASPHN (e.g., as a member, in a committee, or in a leadership position such as the ASPHN Board)?** (n = 110)	
Yes, currently active (%)	54.5
Yes, but not currently (%)	10.9
No (%)	25.5

Table 16 lists the number of members indicating an interest in serving on an ASPHN committee. Their names and contact information were forwarded to the chair of the appropriate committee.

Table 16: **Question 13- Would you be interested in serving on a committee?**	
Committee	**Frequency**
2015 Annual Planning Meeting	3
Collaborations	3
Governance	0
Membership communications	0
MCH Nutrition Steering Committee	1
Obesity Prevention Nutrition Steering Committee	6
Policy	4
Other limited term ad hoc committee	1
I already serve on a committee	37
Not at this time, but possibly in the future	32
No	17

Table 17 lists the number of members indicating an interest in serving in an ASPHN elected position. Their names and contact information were forwarded to the Governance Committee chair.

Table 17: **Question 14 - Are you interested in being nominated for an elected position?**	
Position	**Frequency**
ASPHN Board of Directors	1
National Council of FandV Nutrition Coordinators Chair Elect	0
MCH Nutrition Council Chair Elect	0
Governance Committee	1
Currently hold an elected office	10
Not at this time, but possibly in the future	41
No	46

Table 18 lists the number of members indicating an interest in participating in the Growing ASPHN's Leaders program. Their names and contact information were forwarded to the program organizer.

Table 18:
Question 15- Would you like to participate in the Growing ASPHN's Leaders Program?

Position	Frequency
Yes	8
Not at this time, but possibly in the future	39
No	34
Have already participated in a previous training	20

Demographics

The next section of the survey asked a variety of questions about ASPHN members, their position, funding, responsibilities, and other items related to their current status in the field of PHN.

Work Experience

Most respondents reported more than 26 years experience working in PHN (see table 19). A quarter of respondents plan to retire in the next 5 years (table 20).

Table 19
Question 16- How many years have you worked in public health nutrition?

Years Worked	Frequency	Percent
<1	2	1.8
1-5	13	11.8
6-10	14	12.7
11-15	15	13.6
16-20	13	11.8
21-25	14	12.7
≥26	28	25.5

Table 20
Question 17 - Do you intend to retire in the next 5 years?

Intent to retire	Frequency	Percent
Yes	28	25.5
No	52	47.3
Not sure	16	14.5

Education

A high percentage of respondents are registered dietitians (table 21) with at least a master's degree (table 22).

Table 21 Question 18 – Are you a Registered Dietitian?		
Registered Dietitian	**Frequency**	**Percent**
Yes	85	77.3
No	11	10.0

Table 22 Question 19 - What is the highest degree you have completed?		
Degree	**Frequency**	**Percent**
BA/BS	22	20.0
MA/MS	49	44.5
MBA	2	1.8
MPH	18	16.4
PhD/EdD/D.Ph.	5	4.5
Missing response	14	12.7

Seven members included information in the "other" field for question 19.

- In process of completing PhD (this person also marked PhD/EdD/D.Ph.)
- Considering pursuing MSW degree of PhD in PH (this person also marked MPH)
- Additional graduate work in public health and finance (this person also marked BA/BS)
- Working on my PhD (this person also marked MA/BS)
- MPA
- MEd

Work

Members were asked to estimate what percent of their time on the job they typically spend in both nutrition-related activities (e.g., program administration, evaluation, education) and PA. Approximately 50% of respondents spend more than 75% of their time on nutrition activities; while almost 75% spend less than 25% of their time working on PA related activities.

Table 23: Question 20 - In your job, what percent of time do you typically spend in nutrition-related activities (e.g., program administration, evaluation, education)?		
Time spent	**Frequency**	**Percent**
0% of time	1	0.9
1-25% of time	11	10.0
26-50% of time	13	11.8
51-75%	22	20.0
76-100%	52	47.3

Table 24: Question 21 - In your job, what percent of time do you typically spend in physical activity-related activities?		
Time spent	**Frequency**	**Percent**
0% of time	25	22.7
1-25% of time	60	54.5
26-50% of time	9	8.2
51-75%	3	2.7
76-100%	3	2.7

Responses to the question, "In which state do you work?" were grouped by US Census Bureau Regions/Divisions. The percent of the members who completed the survey is similar to the percent of total membership who work in that region.

Table 25: Question 22 – In which state do you work?				
Region	**Division**	**Respondents Frequency (Division)**	**Percent (Division)**	**Members Percent (Division)**
Region 1: Northeast	Division 1: New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)	7	6.3	6.8
	Division 2: Mid-Atlantic (New Jersey, New York, Pennsylvania)	9	8.1	7.9
Region 2: Midwest	Division 3: East North Central (Illinois, Indiana, Michigan, Ohio, and Wisconsin)	16	14.4	13.6
	Division 4: West North Central (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota)	23	20.7	19.7
Region 3: South	Division 5: South Atlantic (Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., and West Virginia)	8	7.2	10.3
	Division 6: East South Central (Alabama, Kentucky, Mississippi, and Tennessee)	6	5.4	9.0
	Division 7: West South Central (Arkansas, Louisiana, Oklahoma, and Texas)	3	2.7	4.6
Region 4: West	Division 8: Mountain (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming)	12	10.8	13.3
	Division 9: Pacific (Alaska, California, Hawaii, Oregon, and Washington)	11	9.9	14.7
	Missing	15	13.5	

State health departments overwhelmingly employ the respondents. Universities were a distant second. No members reported being a student; working for a Federal Government Agency or working for a Tribal Organization.

Table 26:
Question 23 – Where do you work?

Place	Frequency	Percent
State health department	86	78.2
University	6	5.5
Local health department	2	1.8
Non-profit	1	0.9
Other state agency	2	1.8
Other	1	0.9

Other work locations:

- Cooperative extension (also marked university)
- Department of Human Services (Other State agency)
- Dept. of Agriculture and Rural Development (Other state agency)
- Non-profit NGO (Other)

The most frequent major emphasis of respondents positions are administration, program planning and nutrition education. Respondents were able to check up to three areas of emphasis.

Table 27:
Question 24 – What is the major emphasis of your position?

Emphasis	Frequency	Percent
Administration	39	35.5
Program planning	36	32.7
Nutrition education	31	28.2
Policy development	29	26.4
Environmental change	22	20.0
Training	16	14.5
Workforce development	9	8.2
Other	9	8.2
Evaluation	8	7.3
Food systems	8	7.3
Physical activity	7	6.4
Quality assurance	6	5.5
Data management	4	3.6
Social marketing	3	2.7
Community assessment	2	1.8
Surveillance	2	1.8

Other, specified position emphasis:

- Cancer prevention via the Comprehensive Cancer Collaboration
- Chronic disease prevention and management—looking for opportunities to apply a food systems/public health perspective to this work
- Collaboration with other programs

- Coordinator
- Direct patient service
- Education
- Grant management/technical assistance
- Medical nutrition therapy services and billing
- Worksite wellness and health promotion

Obesity prevention is the most common program area of responsibility. Respondents were asked to choose all areas that apply.

Table 28:
Question 25 -Select your program area(s) of responsibility

Area of Responsibility	Frequency	Percent
Obesity prevention	51	46.4
Nutrition and/or health education	39	35.5
WIC	39	35.5
Chronic disease prevention	35	31.8
Breastfeeding	31	28.2
Maternal and child health	31	28.2
Health promotion and wellness	30	27.3
Policy	27	24.5
Fruits and vegetables	26	23.6
Environmental change	22	20.0
Child nutrition programs	21	19.1
Physical activity	20	18.2
Community food systems	13	11.8
School wellness policy	12	10.9
Other	12	10.8
Supplemental nutrition assistance program	11	10.0
Women's health	10	9.1
Adolescent health	8	7.3
School nutrition programs	8	7.3
USDA food distribution programs	7	6.4
Child and adult care food program	6	5.5
Adult nutrition programs	4	3.6
Emergency food-hunger prevention	4	3.6
Aging	3	2.7
Special needs	3	2.7
Surveillance systems	3	2.7

Other, specified program areas of responsibility:

- Cancer screening, immunizations

- Children with special health care needs
- Diabetes and heart disease control
- Dietetic internship director with public health/community nutrition concentration
- Food safety
- Coordinate the activities of all of these across departments
- Improving access to healthy foods/beverages – state facilities; retails
- Internships
- Medical nutrition therapy services and billing
- Partnership across or integrating most of the topics above
- Summer food service program
- Partner with WIC, SNAP-Ed, CACFP, school nutrition programs

Table 29 lists the sources that fund the respondent's positions. Respondents were able to check all responses that applied. WIC funds the most positions, followed by state dollars and CDC. The percentage funded by WIC decreased from 52% in 2012. In 2014, all CDC funds were grouped into a single category, this made it difficult to compare to the 2012 results, but it appears more positions are being funded by CDC funds.

Table 29:
Question 26 - Check the sources that fund your position.

Funding	Frequency	Percent
USDA WIC	39	35.5
CDC	31	28.1
State	30	27.3
MCH Block Grant	16	14.5
USDA SNAP-Ed	10	9.1
Other	8	7.2
Grant or other private sector funding	6	5.5
USDA CACFP	4	3.6
MCH SPRANS funding	2	1.8
USDA Team Nutrition	1	0.9
Older Americans Act/Congregate and Home Delivered Meals	0	0
USDA Senior Farmer's Market	0	0
USDA school breakfast/lunch	0	0

Other, specified position funding sources:

- County property taxes
- Indirect costs (pooled federal funds)
- MCH Training Grant
- Medicaid
- Private university
- Private university-tuition dollars

Most respondents are not involved with their state's Title V, Maternal and Child Health Services Block Grant Application. Respondents who are involved with the application generally just provide information and not actively involved in planning and or writing process.

Table 30:
Question 27 - What is your role in your state's Title V, Maternal and Child Health (MCH) Services Block Grant Application?

Role	Frequency	Percent
Not involved	48	43.6
Provide information about particular performance measures	31	28.2
Provide general information	22	20.0
Participate in planning for the grant	18	16.4
Participate in grant writing	15	13.6
Help develop state performance measures	15	13.6
Not involved but would like to know more	8	7.3

Participants were instructed to select all applicable responses.

Race, Ethnicity and Sex

Survey respondents were most likely to be white, non-Hispanic females. Respondents were asked to mark all races that apply.

Table 31
Question 28 – Are you Hispanic Latino, or Spanish Origin?

Hispanic	Frequency	Percent
Yes	7	6.4
No	89	80.9
Prefer not to answer	2	1.8

Table 32
Question 29 - What is your race?

Race	Frequency	Percent
White	87	79.1
Black or African American	6	5.5
American Indian or Alaska Native	3	2.7
Asian	3	2.7
Native Hawaiian or other specific islander	0	0
Prefer not to answer	2	1.8

Table 33 Question 30 – What is your sex?		
Sex	**Frequency**	**Percent**
Female	95	86.4
Male	3	2.7