

Issues of Nutrition Student Retention and Declining Numbers

NDEP Roundtable Discussions at FNCE

October 22, 2018

Pre-FNCE Questions/Comments/Issues

- What about the barriers to doing a supervised practice experience? It seems like our numbers are down yet students seem to not be applying to internships. I know cost is a huge one for our graduates but I was wondering what else might be going on it anything. Just an idea.
- What are the emerging areas for future dietetics practice?
- What are the job offering in community for new FEM 2-year degree graduates
- What are their retention strategies?
- Impact of increasing costs on students and interns – how many of yours are applying for SNAP and other programs that they're using since they meet low income eligibility requirements?
- Student retention as seeing a number of current nutrition students using BS nutrition degree as prep for PA, Nursing careers
- Preparing our students for future employability—is there a future for the nutrition health worker and DTR, and will the healthcare industry support a masters prepared dietitian
- How educators can prepare dialogue with higher education administrators if enrollment drops after start of FEM

On-Site Table Questions/Issues/Concerns

1. DTRs: How do we reach our potential students? They are not high school students
2. DTRs: How do we inform our own colleagues about what a diet tech is and can do to help them?
3. DTRs: How do we increase diversity (finding students who will be successful)?
4. We (UGA Dept of Foods and Nutrition) are experiencing declining numbers in our undergraduate DPD program due to concerns about changes in educational standards (i.e. FEM)
5. Issue of “lowering standards” in undergraduate program in order to increase numbers when chances of internship is lower – we don't want to lower our standards!
6. Recruitment and retention are tied to job market.
7. We need marking support for the profession.
8. Employers don't understand the roles of DTRs and RDs.
9. Students are not prepared for science courses.

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10. Why is this happening? What can we bring back to our administrators?

11. What is the current ratio of DPD grads to supervised practice placement slots?

Discussion Notes

1. What are the barriers to doing a supervised practice experience?
 - a. Numbers are down, students are not applying to internships
 - b. Cost?
 - c. What else is going on?
 - Rigor of chemistry/science courses weeds many students out; not enough financial reward/low salary; cost of the program/return on investment is poor; cannot bill for your services; other people think they can do your job; people don't know what RD do; all apps are down; how can the academy engage to educate on the profession to middle and high schoolers- some states liaisons cannot enter high schools; branding must come from the national level; lack of visibility of the profession to the public; poor branding for the profession; some colleges have recruiters and some do not;
2. What are the emerging areas for future dietetics practice for incoming students?
 - Dual degrees with health professions (e.g. fitness) may improve branding and job opportunities.
 - The Future Education Model (different for undergrads and graduate levels) is not a done deal (need to adjust to new standards); After 2024 you may need a graduate level degree to sit for exam – differing opinions. There will still be stand-alone internships for next 15 years.
 - Lots of confusion over pathways- no one understands it and it is difficult to explain to interested students. Info needs to come from ASCEND.
 - Lack of consensus on what types on science pre-recs among programs. Which of these do you actually need to teach the higher-level nutrition courses? Foundational chemistry courses are necessary. Larger schools consider chemistry/math courses for allied health professional, as it will be more applicable and interesting to students. Who wants to sit next to chemical engineering students? Might help with retention of students if the content were more applicable.
 - Community service exposure should be earlier to engage students. Specialty practice groups could engage students earlier such as integrated medicine, MNT, scans, pediatrics. Is inexpensive to join. Get students excited about what we do. Bring in speakers that talk about different career pathways. Let anyone interested take nutrition/profession orientation courses to improve recruitment.

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3. What are the job offerings in the community for the new Future Education Model (FEM) 2-year degree graduates?
4. What are your retention strategies?
5. What is the impact of increasing costs on students and interns?
 - a. How many of your students are applying for SNAP or other income-assistance programs?
6. Are students using a BS in nutrition as prep for PA, nursing, or other careers?
7. Preparing our students for future employability
 - a. Is there a future for the nutrition health worker and DTR?
 - b. Will the healthcare industry support a masters-prepared dietitian?
8. How can educators prepare a dialogue with higher education administrators if enrollment drops after the initiation of FEM?
 - Administrators are concerned about decreasing enrollment. Go to exploratory studies programs and pitch your programs. Graduate programs online (4+1 online?) – few high quality students want this because they want to make relationships in the profession. Decline letters from other health professions could suggest this career option – could be agreements between health professions to do this.
 - Acceptance rates are very high now due to lack of interest- should focus on this as a positive.
9. Diet techs going away? This may be the 4-year degree in the future
10. DPDs and DTR programs
 - All are seeing declining numbers at school
 - One site visitor states that numbers are stable in a few sites
 - One site's biggest class is down by 1/3
 - Increased number in DPDs from 2005-2007, not enough Dis
 - With competition for DI slots, entry capped in DPDs
 - Should we go backwards??
 - Colleges ask what you do – students may not be aware of finances

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11. Drop in population overall
12. In Ohio – welding certificate = \$60,000
13. Students aren't hearing about dietetic in context of public health
14. We are not visible!
15. High school students must be reached
16. Need to be incorporated into STEM
17. Kids pushed through high school without adequate English and math skills
18. Students with lower GPA may not get into programs
19. Dropping enrollment also leads administration suggest taking in lower GPA students, leading to:
 - a. Increased resources needed to bring students up to speed
 - b. Issues with completing/graduating from programs at no more than 150% of planned program length (can't meet program completion goals for 1 year program if remedial courses needed/taken)
20. Retention Issues
 - Basic science course and grades problems
 - Not enough tutors for students who need remedial help
21. At what point does Administration say the program is not worth it
 - Are smaller programs worth it to administration?
22. Mid-west RD/CDM – how to get DTR into mix?
23. Who does marketing? How? To whom?
 - Tool kit – exploring nutrition career at high school level
 - Video – interview students and put short clips into video
 - Whatever happened to SPRC program through ADA/AND? All the materials developed?
24. Schools market bigger programs more
25. Universities are multiple layers deep
 - Student service coordinator – get them into health care event
 - General nutrition course may attract students

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26. DPD

- Juniors' entry into program with mandatory GPA
- Financial issues impacting students despite advertising events

27. How can you recruit knowing the reality of costs for 6 years and unclear professional endpoint?

- Brighter students going into science, then on to dental and med school

28. One issue: MD salary of \$200,000 = parent see return on investment

- Compare to Graduate with MS + BS making \$35,000 = parents don't see return on investment (nor do students!)
- Physician assistants (2 year program) also make double \$\$ made by RDs, even with MS
- Boston RD makes \$60,000+ with high cost of living

29. Academy rationale that compensation studies reflect decreasing number of RDs at higher end of salary range, ageing out and lower salaries

- a. Will supply and demand increase salaries, or will we be displaced by automation or other aggressively marketed "disciplines" and health care providers who have nutrition services included in their SOP/licensing (PLUS those poorly qualified nutrition health workers that the Academy is pushing through the FEM model!)

30. Is "one click away" a USDE requirement?

31. Not all dietetics students even know what a DTR is or does

32. Why is the drop in student numbers happening?

- Business schools attract lots of students, but have no technical or engineering aspects

33. FEM's DTR (requiring 4 year nutrition/dietetics BS): survey in area done: responders didn't know what the DTR meant and saw no use for it

34. Community Health Workers fall under nursing (not dietetics practice) license

35. What about offering a nutrition certificate to offer to WIC to get students in the door

36. Add a nutrition and wellness track with no science requirement?

37. A lot of DTR students (as well as nutrition students, graduate students, and interns) are on public subsidies