The California Academy of Nutrition and Dietetics (CAND) is a professional organization of approximately 6500 Registered Dietitian Nutritionists (RDNs), Dietetic Technicians, Registered (DTRs), and nutrition students.

**CAND Vision:** Optimize the state of California’s health through food and nutrition.

**CAND Mission:** Empower members to be the state’s food and nutrition leaders.

**CAND champions policies and regulations that:**
- Protect California consumers seeking/receiving nutrition services
- Endorse a strong scope of practice of RDNs and DTRs in California
- Support the roles of RDNs and DTRs in the delivery of health care in California
- Ensure and promote informed food decisions by the public

**CAND, as an affiliate of the Academy of Nutrition and Dietetics, shares its legislative and public policy priorities:**
- Disease prevention and treatment
- Lifestyle nutrition
- Healthy food systems and access
- Quality healthcare

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**DISEASE PREVENTION & TREATMENT**

Chronic diseases, including heart disease, diabetes, cancer, stroke, HIV/AIDS, and obesity are leading causes of death and disability in the U.S., and modifiable through lifestyle behaviors, including nutrition. Prevention is the most effective, affordable strategy to reduce risk and severity of chronic disease. Educating and counseling people to make healthy choices is the cornerstone of medical nutrition therapy (MNT) – a nutrition service provided by Registered Dietitian Nutritionists (RDNs). MNT is cost-effective in disease prevention and disease management, as an intervention that produces a change in personal health practices and self-care.

Health disparities are evident in California, particularly with respect to obesity, impacting health outcomes and costs. African Americans, Latino populations, and lower socio-economic groups are more severely affected by obesity and related chronic diseases, often due to poor diet and physical inactivity. In 2008 alone, the national medical care costs of obesity totaled about $147 billion and people who are obese had medical costs $1,429 higher than those of normal weight.

**CAND SUPPORTS PUBLIC POLICIES AND FUNDING WHICH:**

- IDENTIFY opportunities for RDNs as providers of MNT in chronic disease management and prevention under the Affordable Care Act and Covered California.
- PROMOTE programs and services that improve the health of all populations through effective nutrition programs addressing chronic diseases, and especially obesity, to help close health disparity gaps.
LIFECYCLE NUTRITION

Nutrition plays an essential role in all stages of life – from conception through pregnancy, infancy, childhood, adolescence and into older adulthood. In California, 3.3 million children receive nutritious meals and snacks daily through the Child and Adult Care Food Program and over 3 million students were eligible for free or reduced-price school meals in 2013-2014. Older adults who don't consume an adequate and proper diet are at increased risk for calorie-protein malnutrition, loss of functionality, injury, micronutrient deficiencies, and morbidity and mortality. To realize the full mental, physical, and economic potential of all California children, and to reduce health care costs of treating malnourished adults in our state, these lifecycle nutrition services are critical.

CAND SUPPORTS PUBLIC POLICIES AND FUNDING WHICH:

- ENSURE that children in daycare, preschool, and K-12 have foods that meet standards for a healthy diet and have adequate time and space to eat in a comfortable and safe environment
- ENCOURAGE collaboration between education and agriculture in such programs as school or community gardens
- EDUCATE all ages, ethnic, and income groups to make healthful food choices and incorporate physical activity into their lives
- INCLUDE the study of women & children’s health issues in medical research
- ENDORSE programs that promote breastfeeding and breastfeeding education
- SUPPORT nutrition services and programs provided by various government agencies for the benefit of children and adolescents
- SUPPORT nutrition services and programs provided for the benefit of older adults

HEALTHY FOOD SYSTEMS & ACCESS

Californians eat a wide variety of foods produced both domestically and internationally. Cooking is no longer done primarily at home, with half of every food dollar spent on food prepared outside the home. Knowledge of food safety, strategies and infrastructure to prevent foodborne and waterborne illness, as well as efforts to work with industry to develop and market nutritious food products, are essential.

Advocating for access to a healthy food supply also means leading efforts to reduce food deserts. All people should be assured of freedom from hunger, yet many Californians face both hunger and limited or uncertain food availability, which results in poor dietary quality and quantity. In California, statistics from 2011-2014 show that 15% of households were food insecure, and 1 in 9 residents participated in CalFresh (California’s Supplemental Nutrition Assistance Program, SNAP). The majority of SNAP recipients in California are children, elderly, or disabled.

CAND SUPPORTS PUBLIC POLICIES AND FUNDING WHICH:

- ENSURE adequate funding for and increased utilization of food and nutrition assistance programs
- INCLUDE food and nutrition education by qualified nutrition professionals in the implementation and operation of food and nutrition assistance programs and facilities
- ENDORSE innovative programs to promote and support individual and household economic self-sufficiency
- PRIORITIZE a commitment to healthy, sustainable food systems
- PROMOTE collaboration among professional leaders, academia, industry, and government to ensure food and water safety through public education, technology, and research
- ENSURE safe food at all facilities and restaurants
- PROVIDE enhanced food safety education to those at greatest risk: the young, old, pregnant, and very sick
QUALITY HEALTH CARE

Nutrition services are a fundamental component of comprehensive health care and the assurance of optimal health. Nutrition services make sense in a core package of benefits offered by a strong health care system. The public deserves access to competent health care professionals, including nutrition care professionals, that are qualified by education, experience, and examination, to provide safe, quality care. As well, the effectiveness of programs and services should be tracked and evaluated, to ensure that goals and outcomes are met, and that services are needed/valued.

Medical nutrition therapy (MNT), which involves individualized nutrition assessment, education and counseling, and monitoring/evaluation, is effective in the prevention and treatment of many medical conditions and chronic diseases. Appropriately utilized, MNT furnished by a Registered Dietitian Nutritionist (RDN), upon referral by a physician, reduces the severity, duration, and cost of illness, across the continuum of care.

In California, the RDN is a legal provider of MNT, with title protection and a defined scope of practice (per California Business & Professions (B&P) Code Sections 2585 and 2586). RDNs are scientifically-educated and trained, meeting standards of professional competence.

CAND SUPPORTS PUBLIC POLICIES AND FUNDING WHICH:

- PROVIDE access to and coverage of comprehensive healthcare services, including MNT, for all populations in California
- PROTECT Californians from unsafe nutrition practices provided by practitioners lacking qualifications and/or professional competence.
- PROTECT Californians from unsafe nutrition products with health claims unsupported by sound scientific evidence.
- ENSURE reimbursement to providers of MNT for patients/clients referred by their physician for nutrition-related medical conditions
- ENDORSE nutrition monitoring to evaluate public health strategies, the effectiveness of programs, and the overall connection between diet and health.
- INCLUDE creative programs to reach consumers with scientifically-based food and nutrition information that promotes optimal health, including the development of criteria to assist consumers in evaluating the accuracy of nutrition messages.

References:


