



American Dietetic Association

Compensation & Benefits Survey

OF THE DIETETICS PROFESSION
2009

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Report on the ADA Compensation & Benefits Survey of the Dietetics Profession 2009

Responding to member requests for objective, reliable, and current information on compensation levels and benefits provided to those in the dietetics profession, the American Dietetic Association (ADA) began commissioning a semi-annual Compensation and Benefits Survey in 2002¹. Building on the success of this initial effort, which created the most comprehensive compensation survey of the profession yet conducted, subsequent administrations of the survey occurred in 2005² and 2007³, and now again in 2009.

This document reports the results of the current (2009) survey, including comparisons with prior results where appropriate. A comprehensive report in electronic format will be published by ADA in fall of 2009.

Methodology

The survey was conducted across a probability sample drawn from the population of all domestic Active and Active-Eligible ADA members (N = 51,094) plus all domestic nonmembers maintaining current registration as an RD or DTR (N = 29,022). To preserve confidentiality of response, an outside research firm was contracted to collect data via mail and Internet-based survey, which was conducted June 1 through July 31, 2009.

The 2009 survey carries forward a key feature of the prior efforts, presenting results not only at the level of registration (RD, DTR) or in the context of various practice areas, but also in terms of the specific jobs (from a set of 59 core positions listed) dietetics practitioners hold.

To facilitate trending, the survey questionnaire includes nearly all measurements from 2007.

New questions and answer options were added relating to the challenging economic conditions of the past 12 months (prior to the survey administration in June/July 2009), including those related to loss of a dietetics-related job, reasons for leaving the profession, and expectations of working in dietetics in the future.

Other expanded or restructured questions include those relating to work setting, organization size, practice area, racial categorization, highest level of education, and credentials held.

From the sample of 30,000, 9,556 usable responses were received — a 32% response rate. The margin of error for the 8,115 "practitioners" is $\pm 1.0\%$; for the 7,129 practicing RDs, $\pm 1.1\%$; for the 875 practicing DTRs, $\pm 3.1\%$.

The 32% response rate is somewhat lower than on past surveys (40%+), likely due to the primary data collection method. For the 2009 study a mixed-mode approach was used, via the Internet for those with a valid email address and via regular mail for those without. In past years, data was collected exclusively via regular mail.

¹ Rogers D, Salary Survey Working Group. Report on the ADA 2002 Dietetics Compensation and Benefits Survey. *J Am Diet Assoc.* 2003; 103:243-255.

² Rogers D. Dietetics Salaries on the Rise. *J Am Diet Assoc.* 2006; 106:296-305.

³ Rogers D. Compensation & Benefits Survey 2007: Above-Average Pay Gains Seen for Registered Dietitians. *J Am Diet Assoc.* 2008; 108:416-427.

Dietetics Employment

The survey sought to measure compensation for dietetics-related employment, which was purposely conceived broadly:

A dietetics-related position is considered to be any position that requires or makes use of your education, training, and/or experience in dietetics or nutrition, including situations outside of “traditional” dietetics practice.

By way of example, respondents were referred to an enclosure naming and briefly describing 59 core dietetics positions. These positions included not only “traditional” dietetics jobs such as Clinical Dietitian, Outpatient Dietitian, or WIC Nutritionist, but also jobs in such areas as consulting, sales, and communications.

Based on this definition of dietetics-related employment, about one in seven respondents (15%) reported they are not currently employed or self-employed in a dietetics-related position. Among the small group of professionals not currently registered as RDs or DTRs, that figure jumps to 33%.

Exhibit 1 Incidence of Dietetics-Related Employment

	# responding	% in dietetics
RDs	8,337	86%
DTRs	1,054	83%
non-registered professionals	165	67%
all professionals	9,556	85%

Of the 15% of respondents who are not currently employed in dietetics, 9% would like to/expect to work in dietetics in the future and 6% do not expect to seek such work in the future.

Among all respondents, about one in eight (12%) have experienced a dietetics-related job loss due to economic conditions (staff reductions, facility closings, etc.) in the 12 months prior to the survey administration in June/July 2009.

Among those not currently employed in a dietetics-related position, primary causes include being at home raising a family (33%), changing career/profession (18%), and finding a higher-paying job outside of dietetics (17%). About one in nine (11%) indicated they have not been able to find dietetics employment and 13% are retired.

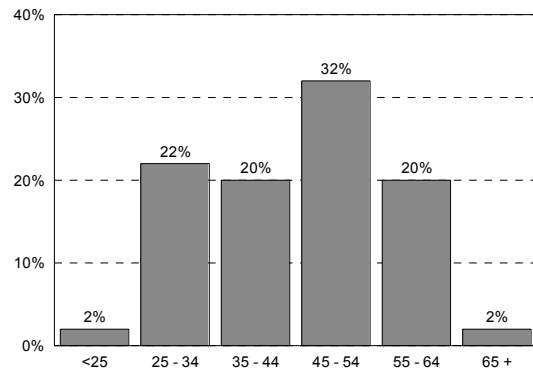
The balance of the results discussed here reflect the 8,115 respondents who indicated they are currently employed or self-employed in a dietetics-related position — “practitioners”. Those who were employed or self-employed in more than one such position were asked to respond only for what they considered to be their *primary* dietetics-related position.

Practitioner Profile

96% of practitioners are female. The median age is 47; 22% are 55 or older, while 24% are under 35. All three of these results indicate a slight population aging since the 2007 survey, and continues the pattern from the 2005 survey, when the median age was 44, only 15% were 55 or older, and 28% were under 35.

3% indicated Hispanic heritage, and 9% indicated a race other than White (5% Asian/Native Hawaiian/Pacific Islander, 3% Black/African American, and 1% other). The percentages are virtually unchanged since 2007.

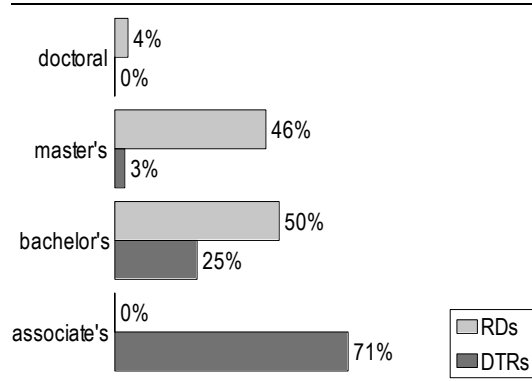
Exhibit 2 Age (years)



base: 8,115 practitioners

46% of RDs hold master’s degrees and 4% doctoral degrees. The incidence of RDs holding advanced degrees has held steady since 2005. Among DTRs, 28% hold a bachelor’s degree or higher.

**Exhibit 3
Education (Highest Degree Attained)**



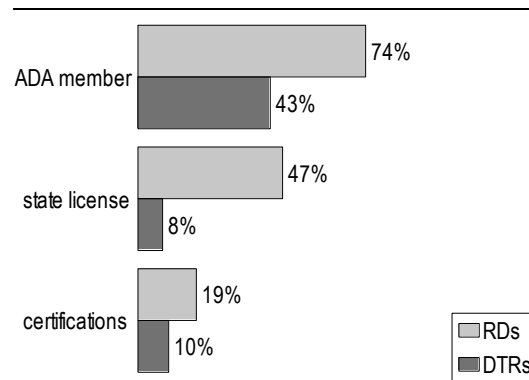
base: 7,129 practicing RDs; 875 practicing DTRs

74% of practicing RDs are members of the ADA, as are 43% of practicing DTRs. Both figures represent slight reductions (3 and 5 percentage points, respectively) from 2007.

In 2009, 47% of RDs reported holding a state license or certification, up five points from 2007. 8% of DTRs say they are state licensed/certified, identical to the report in 2007.

19% of RDs and 10% of DTRs indicated they hold one or more of the 12 specialty certifications asked about, rates unchanged since 2007. Certifications selected by at least 1% of RDs include CDE (Certified Diabetes Educator—10%), CNSD (Certified Nutrition Support Dietitian—5%), CSR (Certified Specialist in Renal Nutrition—1%), CSP (Certified Specialist in Pediatric Nutrition—1%), CSSD (Certified Specialist in Sports Dietetics—1%), and the one new category for 2009, CSO (Board Certified Specialist in Oncology Nutrition—1%). Named by at least 1% of DTRs were CDM (Certified Dietary Manager—8%), CFPP (Certified Food Protection Professional—5%), and CFM (Certified Food Manager—2%).

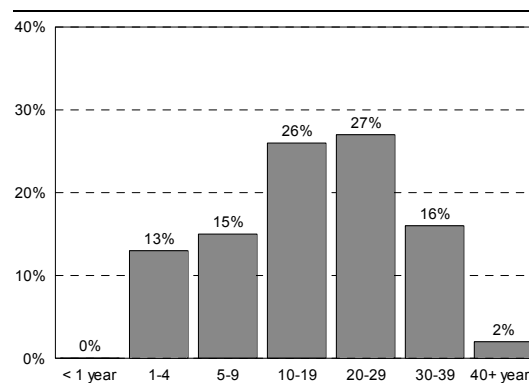
**Exhibit 4
Credentials**



base: 7,129 practicing RDs; 875 practicing DTRs

The typical (median) RD reports 17 years of work experience in dietetics/nutrition (excluding time taken off to return to school, raise a family, or work in other areas); the median for DTRs is slightly higher, at 18 years. As with age, both values have increased since 2007.

**Exhibit 5
Years in Field**



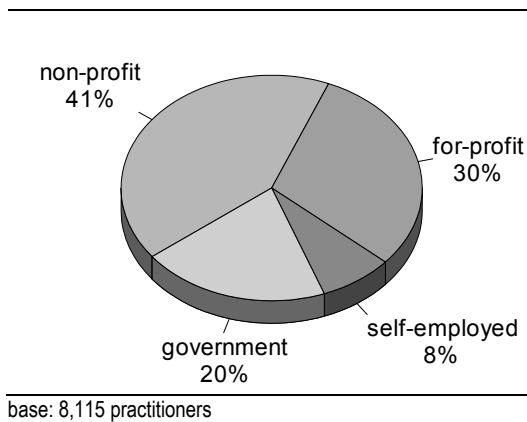
base: 8,115 practitioners

Dietetics/nutrition is a second career of 13% of practicing RDs, and for nearly a quarter (23%) of practicing DTRs.

Employers

8% of practitioners are self-employed, 30% work for a for-profit firm, 41% for a non-profit, and 20% for government. Self-employment is more common among RDs than DTRs (9% versus 2%, respectively), while a greater proportion of DTRs are found in non-profit settings (40% of RDs, 50% of DTRs). These figures have changed little since 2002.

Exhibit 6
Employment Sector

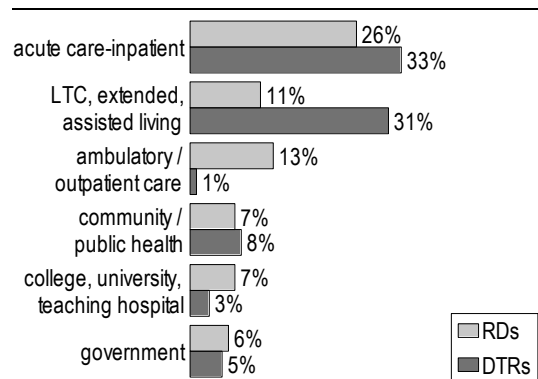


To provide greater specificity on employment context, the answer options provided for the survey question on work setting were changed significantly in 2009.

For RDs, the most common work setting, indicated by about one in four (26%), is acute-care facility—inpatient. The second most common setting, though indicated by only half as many (13%), is ambulatory/outpatient care facility (e.g., clinic, physician's office, etc.), followed closely at 11% by long-term, extended care, or assisted living facility (e.g., nursing home). These top three settings comprise about half of all RDs. The other half work across numerous other settings, none indicated by more than 7%.

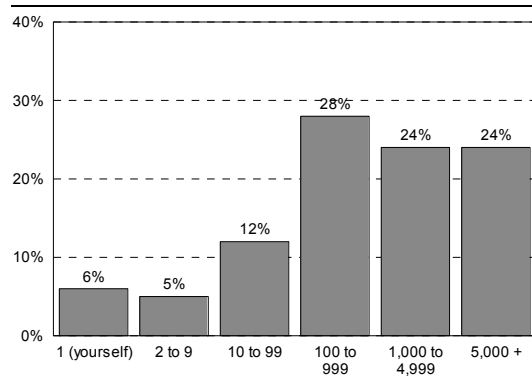
The majority of DTRs work in one of two settings: acute-care facility—inpatient (33%) or long-term, extended care, or assisted living facility (31%). No other setting was indicated by more than 8%.

Exhibit 7
Work Setting - Top Mentions



The typical (median) practitioner works in an organization employing 896 people at all locations. RDs tend to work in larger organizations than DTRs (medians 969 and 500, respectively). All of these reports represent significant increases from the 2007 data (median of 683 for all practitioners; 743 for RDs and 454 for DTRs). This is, at least in part, due to the questionnaire answer options being expanded to allow for the reporting of larger sized organizations. Although to some degree it may also reflect actual trends toward industry consolidation.

Exhibit 8
Organization Size
 Number of Employees, All Locations



base: 8,115 practitioners

Positions Held

Respondents were asked to review a list of 59 core position titles and brief descriptions and identify the one description that most closely matched their primary position, even if the job title differed from their own.

94% of responding practitioners found a match; thus the compensation data reported here represents the vast majority of dietetics employment situations.

The 59 positions are grouped into seven distinct practice areas, with acute care/inpatient the most prevalent, and consultation/business and education/research the least:

Exhibit 9
Practice Area, Primary Position

	RDs	DTRs
clinical nutrition — acute care/inpatient	30%	39%
clinical nutrition — ambulatory care	17%	1%
clinical nutrition — long term care	9%	17%
community	11%	10%
food and nutrition management	12%	19%
consultation and business	8%	2%
education and research	7%	2%

base: 7,129 practicing RDs; 875 practicing DTRs

In results very similar to those seen in previous surveys, positions most commonly held by RDs include:

Exhibit 10
Highest Incidence Positions — RDs

	RDs
Clinical Dietitian	16%
Clinical Dietitian, Specialist — Renal	3%
Nutrition Support Dietitian	3%
Outpatient Dietitian, General	4%
Outpatient Dietitian, Specialist — Diabetes	5%
Outpatient Dietitian, Specialist — Renal	4%
Clinical Dietitian, Long Term Care	9%
WIC Nutritionist	5%
Public Health Nutritionist	3%
Director of Food and Nutrition Services	4%
Clinical Nutrition Manager	3%

base: 7,129 practicing RDs

Among DTRs, the most common positions are:

Exhibit 11
Highest Incidence Positions — DTRs

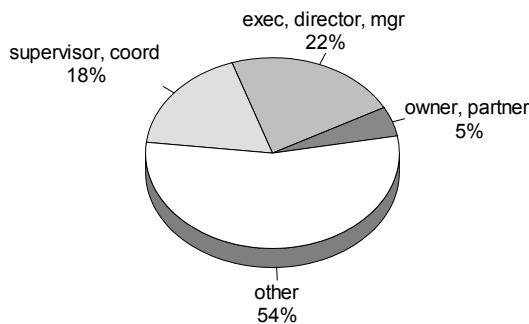
	DTRs
Dietetic Technician, Clinical	36%
Clinical Dietitian, Long Term Care	4%
Dietetic Technician, Long Term Care	13%
WIC Nutritionist	8%
Director of Food and Nutrition Services	5%
Dietetic Technician, Foodservice Management	9%

base: 875 practicing DTRs

Position Characteristics

5% of RDs and 1% of DTRs indicated they are owners of or partners in their practices, while 2% of RDs and virtually no DTRs reported an executive level of responsibility. 21% of practitioners overall are directors or managers, and another 18% are supervisors or coordinators (results were similar between RDs and DTRs). Responsibility levels have changed little since the 2002 survey.

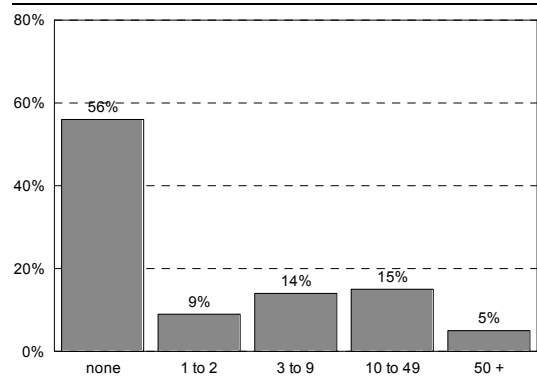
Exhibit 12
Responsibility Level



base: 8,115 practitioners

43% of RDs and 47% of DTRs reported they directly or indirectly supervise employees, both identical to reports from 2007. For those supervising, the median number supervised is eight for RDs and 14 for DTRs.

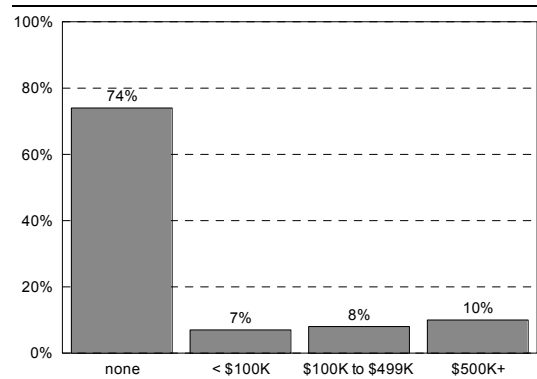
Exhibit 13
Number Supervised



base: 8,115 practitioners

25% of RDs and 23% of DTRs reported managing a budget, marginally more than two years ago. Median budget size is \$361,000 for RDs and \$299,000 for DTRs, with 11% of RDs and 8% of DTRs managing budgets of \$500,000 or more.

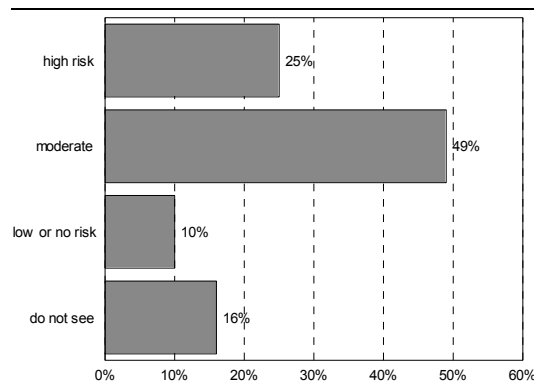
Exhibit 14
Budget Responsibility



base: 8,115 practitioners

Regarding the level of nutritional risk of the majority of patients/clients seen, proportions are about the same as in 2007. One quarter (25%) said a majority are high risk, while about half (49%) said moderate, 10% low or no risk, and 16% do not work with patients/clients. RDs are more likely than DTRs to see a majority of high-risk patients/clients, 26% versus 16%.

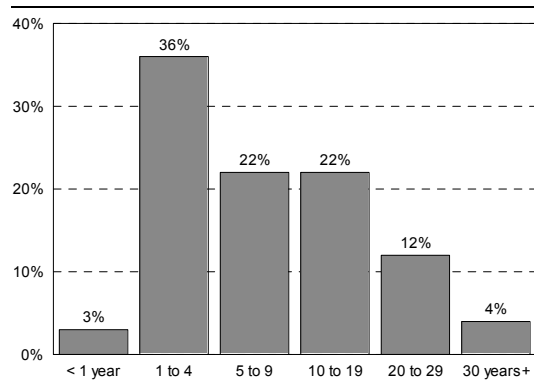
Exhibit 15
Nutritional Risk of Patients/Clients Seen



base: 8,115 practitioners

The typical practitioner has been in his or her primary dietetics position for seven years, with 39% in the job for less than five years, and 16% in the job for twenty years or more.

Exhibit 16
Years in Position



base: 8,115 practitioners

83% of RDs indicated that registration is a requirement for their positions, and an additional 12% indicated it is preferred. This compares to 56% of DTRs indicating registration is a requirement, and 26% indicating it is preferred.

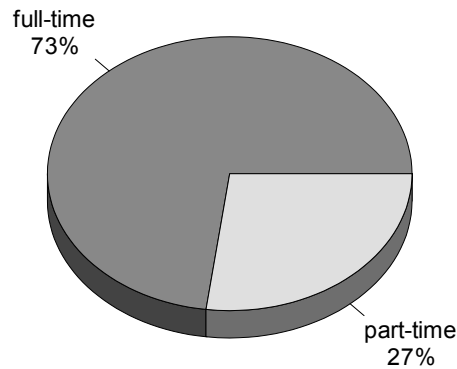
9% of RD and 15% of DTR positions are unionized.

RD Compensation

66% of RDs reported their pay was based on 40 hours per week or more, with an additional 13% indicating a pay base of between 30 and 37.5 hours per week. 97% of RDs indicated their positions are year-round (52 weeks).

For the purposes of this survey, full-time employment is defined as at least 35 hours per week for at least 48 weeks per year. By this definition, 73% of RDs are employed full time in 2009, up two points from 71% in 2007.

Exhibit 17
RD Pay Base



base: 6,587 answering RDs

(Analyses of hours worked and compensation received are based on the subset of respondents providing complete information for all relevant questions.)

Because the prevalence of part-time employment can make salary comparisons difficult, compensation is reported in two ways: in terms of *hourly wage*, and in terms of *total cash compensation* (which includes not only salary but also earnings from overtime pay, on-call pay, commissions, bonuses, incentive pay, profit sharing or distributions, and cash retirement benefits received — frequently important compensation components for consultants, executives, and those in sales positions). Hourly wage is assessed for all answering respondents; total cash compensation is examined only for those working full time for at least one year in the position.

Among all RDs in all positions, the median hourly wage as of April 1, 2009, was \$27.24 per hour. If annualized ($\times 40$ hours/week $\times 52$ weeks/year), this equates to a full-time salary of \$56,700 per year. Median total cash compensation for RDs employed in the position full time for at least one year was \$58,000.

These results are higher than the most current Bureau of Labor Statistics (BLS) median wage estimate for Dietitians and Nutritionists of \$24.32 per hour.⁴ Two factors help account for the discrepancy: this survey data is current as of April 1, 2009, and is thus nearly a year more current than the BLS estimate; and BLS does not restrict its estimate to registered dietitians.

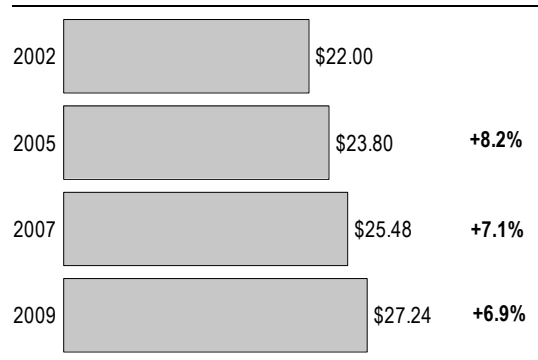
To gauge changes in compensation, comparisons in this report will be made to inflation as defined by the Consumer Price Index (CPI), which is also calculated by BLS.

At \$27.24, the median wage for all RDs is up 6.9% from its value of \$25.48 in the 2007 survey, representing an annualized increase of 3.4%. This increase substantially exceeds the 1.6% annual change in the CPI between April 2007 and April 2009.⁵

⁴ U.S. Department of Labor, Bureau of Labor Statistics. Occupational Employment and Wages, May 2008: 29-1031 Dietitians and Nutritionists. <http://www.bls.gov/oes/may/oes291031.htm>. Accessed 08/05/2009.

⁵ U.S. Department of Labor, Bureau of Labor Statistics. Consumer Price Index - All Urban Consumers. <http://www.bls.gov/cgi-bin/surveymost>. Accessed 08/05/2009.

Exhibit 18 RD Median Wage Trends



base: answering RDs: 8,621 / 8,017 / 7,768 / 6,587 in 2002 / 2005 / 2007 / 2009

Across all RDs responding, a wide range of compensation levels exist:

Exhibit 19 RD Compensation

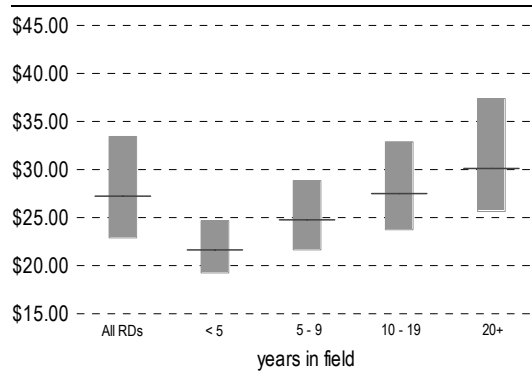
	Hourly Wage	Total Cash
10 th percentile (10% earn less)	\$19.23	\$41,000
25 th percentile (25% earn less)	\$22.89	\$48,100
50 th percentile (50% earn less)	\$27.24	\$58,000
75 th percentile (75% earn less)	\$33.44	\$70,700
90 th percentile (90% earn less)	\$41.55	\$90,000

base: 6,587 answering RDs (hourly wage); 4,642 answering RDs employed FT 1+ years in position (total cash compensation)

Helping to account for that range, a number of factors show strong associations with compensation levels for RDs. The following series of exhibits demonstrates the relationship between hourly wage and years in the field, years in the position, education, credentials, practice area, employment sector, responsibilities, and location. Note that all factors are based on respondent self-reports and are thus subject to some variation in how terms were understood.

Bars on the charts are delimited by the 25th and 75th percentiles; the horizontal line across each bar marks the median (50th percentile).

Exhibit 20
RD Hourly Wage by Years in Field



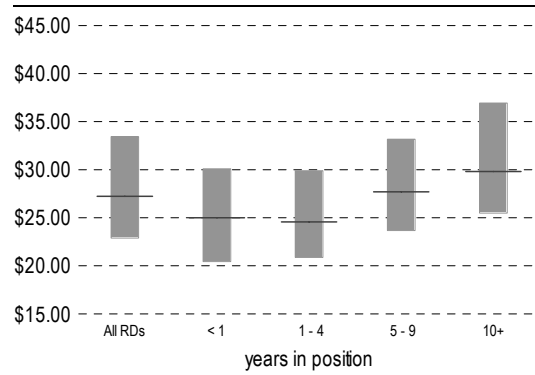
	#	percentiles		
		25 th	50 th	75 th
All RDs	6,587	\$22.89	\$27.24	\$33.44
20+ years	2,896	\$25.64	\$30.11	\$37.38
10 - 19 years	1,677	\$23.73	\$27.50	\$32.89
5 - 9 years	1,055	\$21.63	\$24.76	\$28.85
< 5 years	901	\$19.23	\$21.63	\$24.69

NOTE: Years in field excludes time taken off to return to school, raise a family, or work in other areas.

As might be expected, years of dietetics experience is strongly associated with compensation; those with 20 or more years of experience earn a median wage more than \$8 per hour above those in the under five year bracket.

The median wage increase for the lowest bracket and middle bracket since 2007 are about the same, at \$1.74 and \$1.76, respectively. Those in the highest bracket received a higher increase in hourly wage, at \$2.19.

Exhibit 21
RD Hourly Wage by Years in Position

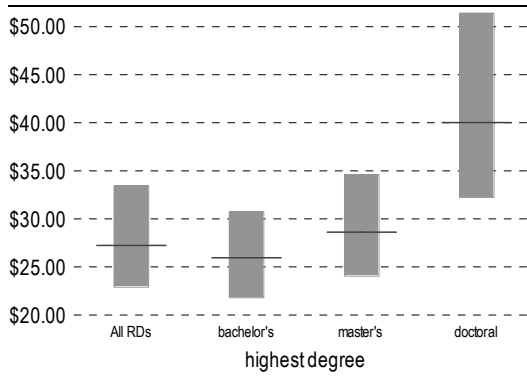


	#	percentiles		
		25 th	50 th	75 th
All RDs	6,587	\$22.89	\$27.24	\$33.44
10+ years	2,370	\$25.48	\$29.81	\$36.93
5 - 9 years	1,463	\$23.66	\$27.70	\$33.17
1 - 4 years	2,488	\$20.87	\$24.57	\$29.90
< 1 year	224	\$20.44	\$25.00	\$30.09

The newest RDs in their positions (less than one year) typically earn \$25.00 an hour. This is marginally higher than those in their positions from 1 to 4 years (\$24.57). Substantial increases are then experienced for those at 5 to 9 years and 10 years or more.

The median starting wage (those in position less than one year) in 2009 represents an increase of \$2.40 since the 2007 survey. This compares to an increase of \$1.76 for all RDs.

**Exhibit 22
RD Hourly Wage by Education**



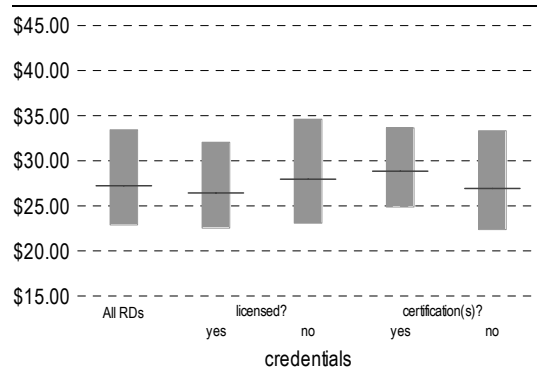
	#	percentiles		
		25 th	50 th	75 th
All RDs	6,587	\$22.89	\$27.24	\$33.44
doctoral degree	227	\$32.24	\$40.03	\$51.41
master's degree	3,020	\$24.04	\$28.63	\$34.62
bachelor's degree	3,319	\$21.80	\$25.96	\$30.77

Education beyond the bachelor's degree continues to be associated with wage gains, with the 2009 difference between the median wage of RDs with a bachelor's degree and that of RDs with a master's degree at \$2.67 per hour, a slight leveling off from the differential of \$2.88 noted in 2007.

Earning a PhD is associated with even greater gains; median earnings for those with a doctorate (at \$40.03) are more than 14 dollars per hour above RDs with only a bachelor's degree.

It is important to note that bivariate analyses such as this do not take into account other correlating factors which may also drive compensation: for example, those with PhDs tend to work primarily in academia, and pay scales are higher than average for RDs in that setting. When other significant factors are accounted for, holding a master's degree adds \$1.12 per hour to average wage, while a PhD adds \$7.06.

**Exhibit 23
RD Hourly Wage by Credentials Held**



	#	percentiles		
		25 th	50 th	75 th
All RDs	6,587	\$22.89	\$27.24	\$33.44
state license	3,143	\$22.53	\$26.44	\$32.05
no state license	3,444	\$23.08	\$27.95	\$34.62
specialty certification(s)	1,262	\$24.88	\$28.85	\$33.65
no certifications	5,325	\$22.36	\$26.92	\$33.33

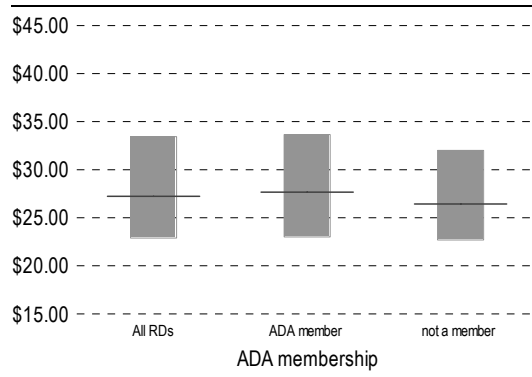
NOTE: Examples of specialty certifications indicated by respondents included CDE, CFM, CFPP, CHES, CNSD, CSP, CSR, CSSD.

As in all prior surveys, holding a state license/certification is associated with lower compensation for RDs, possibly due to the nature of positions requiring licensure and/or the general economic situation in states where licensure is in force. (Note that not all states require licensure.)

On the other hand, holding one or more specialty certifications is again associated with an increased median wage, adding \$1.93 per hour median wage over those with no such certifications.

Regarding specific credentials; most posted median wages greater than the overall RD average. The highest median hourly wages are for those holding the certifications CSSD (Certification Specialist in Sports Dietetics), at \$30.79, and CFPP (Certified Food Protection Professional), at \$30.29.

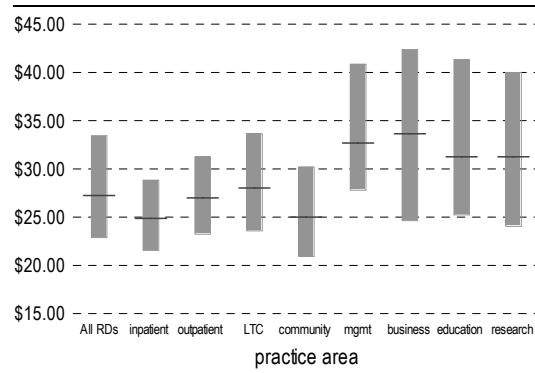
**Exhibit 24
RD Hourly Wage by ADA Membership**



	#	percentiles		
		25 th	50 th	75 th
All RDs	6,587	\$22.89	\$27.24	\$33.44
ADA member	4,844	\$23.00	\$27.67	\$33.65
not a member	1,743	\$22.69	\$26.44	\$32.00

As in previous surveys, results show a small positive association between ADA membership and RD compensation; typical members earn \$1.23 per hour more than nonmembers.

**Exhibit 25
RD Hourly Wage by Practice Area**



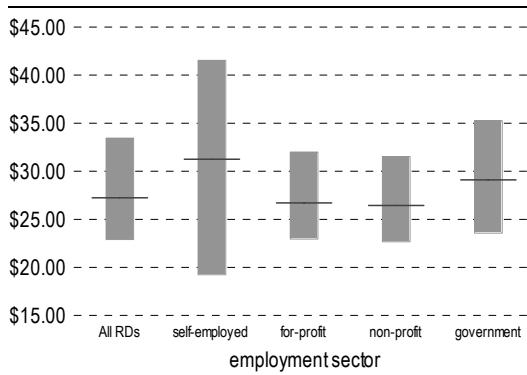
	#	percentiles		
		25 th	50 th	75 th
All RDs	6,587	\$22.89	\$27.24	\$33.44
inpatient	1,608	\$21.56	\$24.88	\$28.84
ambulatory care	1,568	\$23.23	\$27.00	\$31.25
long term care	653	\$23.57	\$28.02	\$33.65
community	868	\$20.92	\$25.00	\$30.21
food and nutrition management	818	\$27.79	\$32.69	\$40.87
consultation and business	375	\$24.64	\$33.65	\$42.37
education	451	\$25.24	\$31.25	\$41.35
research	183	\$24.04	\$31.25	\$40.00

Wages tend to be highest in the practice areas of food and nutrition management, consultation and business, education, and research. (The 2009 survey measured the latter two categories as separate areas, instead of combined as had been the case on previous surveys.)

Wages tend to be lowest in the areas of clinical nutrition-inpatient and community nutrition.

Regarding wages by employment sector, those who are self-employed earn the highest median wages (\$31.25) followed by those employed in government (\$29.10). Those working at for-profit or non-profit institutions earn about the same median wage, between \$26 and \$27. These patterns are similar to what has been noted in past years.

Exhibit 26
RD Hourly Wage by Employment Sector



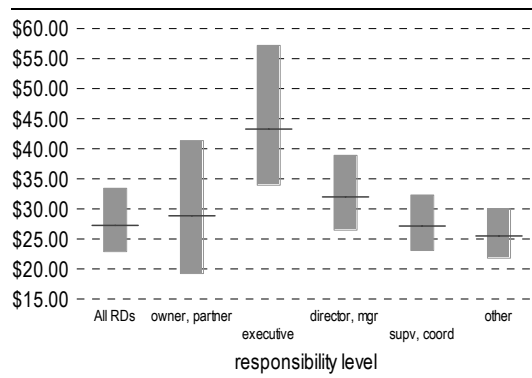
	#	percentiles		
		25 th	50 th	75 th
All RDs	6,587	\$22.89	\$27.24	\$33.44
self-employed	483	\$19.23	\$31.25	\$41.54
for-profit	2,019	\$22.95	\$26.71	\$32.00
non-profit (other than government)	2,666	\$22.66	\$26.44	\$31.54
government	1,350	\$23.56	\$29.10	\$35.26

Specific work settings for which median hourly wages are highest include:

- pharmaceutical or nutrition products manufacturer, distributor, or retailer (\$38.46)
- food or equipment manufacturer, distributor, or retailer (\$32.50)
- contract food management company (\$32.21)
- school food service (K-12) (\$31.38)
- college, university, or teaching-hospital faculty (\$31.52)

Median wages are lowest for wellness center or health club (\$24.04), community or public health program (\$24.52), and acute-care facility— inpatient (\$25.64).

Exhibit 27
RD Hourly Wage by Responsibility Level

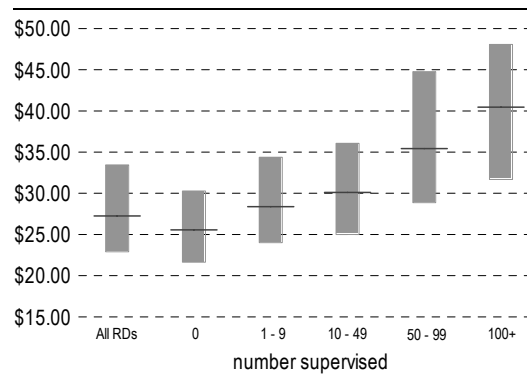


	#	percentiles		
		25 th	50 th	75 th
All RDs	6,587	\$22.89	\$27.24	\$33.44
owner or partner	279	\$19.23	\$28.85	\$41.35
executive	103	\$33.94	\$43.27	\$57.21
director or manager	1,390	\$26.44	\$32.00	\$38.91
supervisor or coordinator	1,234	\$23.06	\$27.14	\$32.31
other	3,510	\$21.79	\$25.48	\$30.00

Median wages increase with greater responsibility, with executives earning substantially more than other titles, including more than \$11 over directors or managers and more than \$16 over supervisors and coordinators.

Owners or partners show an extensive range of wages with the lowest bracket earning less than any other position (including those in "other" positions not associated with supervisory or coordinator functions). However at the top bracket (75th percentile), wages increase substantially, behind that of only executive level positions.

Exhibit 28
RD Hourly Wage by Number Supervised

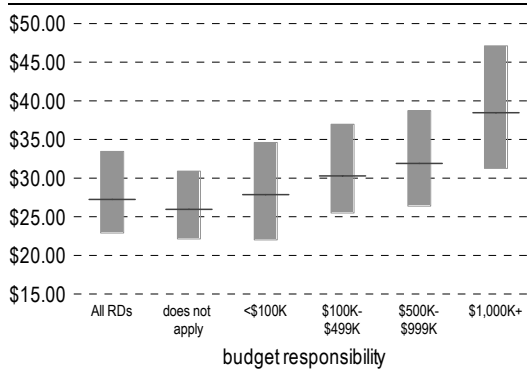


	#	percentiles		
		25 th	50 th	75 th
All RDs	6,587	\$22.89	\$27.24	\$33.44
100+	160	\$31.67	\$40.46	\$48.08
50 - 99	193	\$28.87	\$35.43	\$44.77
10 - 49	964	\$25.00	\$30.11	\$36.06
1 - 9	1,582	\$24.00	\$28.37	\$34.38
0	3,667	\$21.63	\$25.55	\$30.29

NOTE: includes employees supervised directly or indirectly

Supervisory responsibility is strongly associated with wage gains; those reporting direct and/or indirect supervision of 100 or more employees have a median wage nearly 50% greater than the typical RD. Those supervising 10 to 49 employees earn about 10% more than the typical RD.

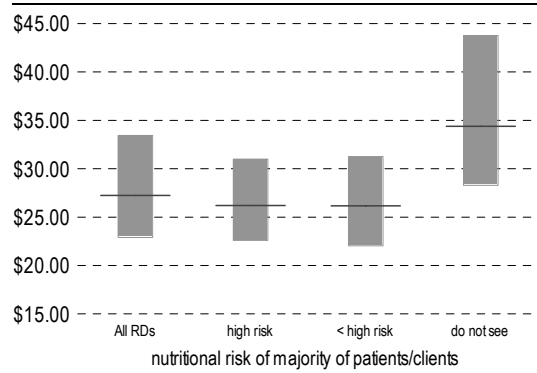
Exhibit 29
RD Hourly Wage by Budget Responsibility



	#	percentiles		
		25 th	50 th	75 th
All RDs	6,587	\$22.89	\$27.24	\$33.44
\$1,000K+	525	\$31.25	\$38.46	\$47.12
\$500K - \$999K	213	\$26.37	\$31.90	\$38.72
\$100K - \$499K	497	\$25.48	\$30.29	\$36.97
< \$100K	458	\$22.00	\$27.87	\$34.62
does not apply	4,848	\$22.12	\$25.96	\$30.91

Budget responsibility also correlates strongly with wages, with gains increasing as budget size increases: those responsible for budgets of \$1 million or more earn a median wage nearly 50% greater than those with no budget responsibility. One-fourth of those managing the biggest budgets (75th percentile) earn an annualized wage of approximately \$98,000 (\$47.12 per hour).

Exhibit 30
RD Hourly Wage by Patient/Client Responsibility



	#	percentiles		
		25 th	50 th	75 th
All RDs	6,587	\$22.89	\$27.24	\$33.44
most high risk	1,733	\$22.60	\$26.20	\$31.00
most < high risk	3,708	\$22.04	\$26.16	\$31.25
do not see patients/clients	1,065	\$28.28	\$34.38	\$43.75

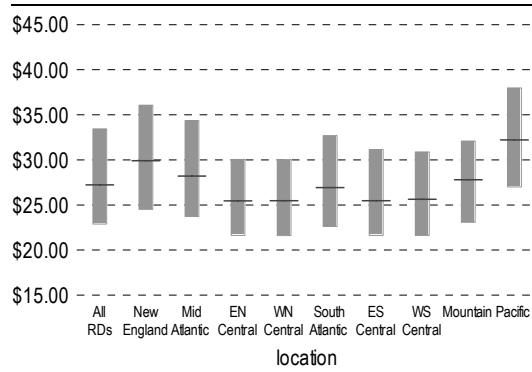
The status of the nutritional risk of the majority of patients/clients seen shows little correlation with wages, with the median amount being about the same for those working mostly with high risk patients (\$26.20) versus those working mostly with those with lower risk (\$26.16).

However, RDs who do not see patients/clients earn substantially more than those who do, earning a median wage more than \$8 per hour higher.

RDs holding unionized positions do better than who do not, with median hourly wages of \$30.00 compared to \$26.92. Likewise, those who are paid a regular salary/wage do better than those paid on a per diem or hourly fee basis (\$27.88 versus \$25.81).

Those working less than full time earn a slightly higher median hourly wage (\$27.50) than those working full time (\$27.18). This may represent to some degree the higher wage earned by part-time consultants, and in part by the prevalence of part-time employment among more experienced RDs.

Exhibit 31
RD Hourly Wage by Location
(selected Census Divisions)



	#	percentiles		
		25 th	50 th	75 th
All RDs	6,587	\$22.89	\$27.24	\$33.44
New England	451	\$24.52	\$29.91	\$36.06
Middle Atlantic	841	\$23.71	\$28.21	\$34.36
East North Central	1,195	\$21.63	\$25.45	\$30.05
West North Central	604	\$21.61	\$25.48	\$30.04
South Atlantic	1,146	\$22.62	\$26.92	\$32.69
East South Central	350	\$21.63	\$25.48	\$31.15
West South Central	677	\$21.63	\$25.64	\$30.88
Mountain	390	\$23.08	\$27.80	\$32.09
Pacific	891	\$27.00	\$32.21	\$37.98

RD compensation varies to some degree according to region. In terms of the nine standard Census Divisions, RDs on the coasts (in New England, Middle Atlantic, and Pacific states) earn the highest median wages, ranging from about \$28 to \$32. Those in the Mountain states come next at \$27.80 per hour. Lowest median wages (less than \$26 per hour) are experienced in the South Central and North Central states.

In addition to examining factors that might be considered legitimate determinants of compensation, the 2009 survey also included gender and heritage/race as candidate predictors in the regression analysis undertaken to create the RD Salary Calculation Worksheet.

Being of a heritage/race other than White is associated with an increase of \$0.61 in average wage among the full-time RDs analyzed, even when other factors are accounted for.

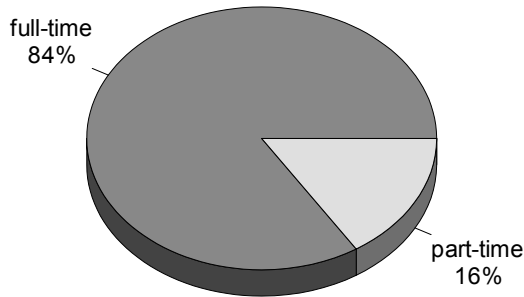
That analysis also shows that among RDs males earn more than females, even when other factors are accounted for: an estimated \$1.35 per hour, on average. Such results are based on a relatively small number of male respondents and should not be considered conclusive.

DTR Compensation

71% of DTRs reported their position's pay is based on 40 hours per week or more, with an additional 16% indicating a pay base of between 30 and 37.5 hours per week. 97% indicated their position is year-round.

In sum, 84% of DTRs work full time as defined in this report (35 hours or more per week for 48 weeks per year or more) — up nine points from the baseline measurement of 75% in 2002.

Exhibit 32
DTR Pay Base



base: 780 answering DTRs
(Analyses of hours worked and compensation received are based on the subset of respondents providing complete information for all relevant questions.)

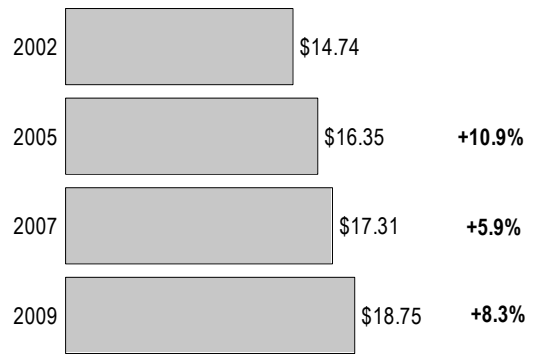
Among all DTRs in all positions, the median hourly wage as of April 1, 2009, was \$18.75 per hour; if annualized, this equates to a salary of \$39,000 per year. Median total cash compensation for DTRs employed in the position full time for at least one year was \$40,000.

As with RDs, these current survey estimates are higher than those published by the Bureau of Labor Statistics (May 2008 median = \$12.54).⁶ The factors previously discussed for RDs help to explain the discrepancy here, as well.

⁶ U.S. Department of Labor, Bureau of Labor Statistics. Occupational Employment and Wages, May 2008: 29-2051 Dietetic Technicians. <http://www.bls.gov/oes/2008/may/oes292051.htm>. Accessed 08/05/2009.

DTR median pay increased significantly more than the two-year inflation rate (CPI) of 3.2%, growing by 8.3% since 2007.

Exhibit 33
DTR Median Wage Trends



base: answering DTRs: 1,397 / 1,115 / 1,057 / 780
in 2002 / 2005 / 2007 / 2009

Like RDs, DTR compensation also spans a considerable range:

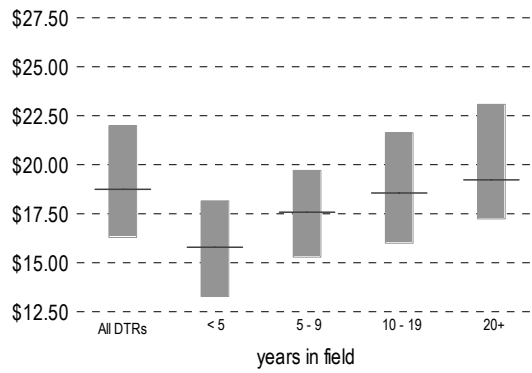
Exhibit 34
DTR Compensation

	Hourly Wage	Total Cash
10 th percentile (10% earn less)	\$14.00	\$29,000
25 th percentile (25% earn less)	\$16.29	\$34,400
50 th percentile (50% earn less)	\$18.75	\$40,000
75 th percentile (75% earn less)	\$22.00	\$47,400
90 th percentile (90% earn less)	\$25.95	\$56,700

base: 780 answering DTRs (hourly wage); 635 answering DTRs employed FT 1+ years in position (total cash compensation)

Helping to account for that range, a number of factors show strong associations with compensation levels for DTRs. The following series of exhibits demonstrates the relationship between hourly wage and years in the field, years in the position, education, credentials, ADA membership, practice area, employment sector, responsibilities, number supervised, budget responsibility, patient/client responsibility, and location. Note that all factors are based on respondent self-reports and are thus subject to some variation in how terms were understood.

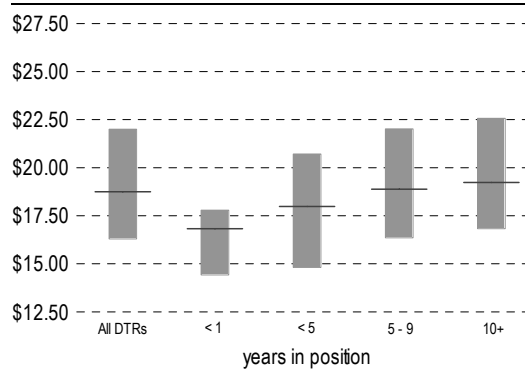
Exhibit 35
DTR Hourly Wage by Years in Field



	#	percentiles		
		25 th	50 th	75 th
All DTRs	780	\$16.29	\$18.75	\$22.00
20+ years	357	\$17.24	\$19.23	\$23.08
10 - 19 years	253	\$16.00	\$18.56	\$21.63
5 - 9 years	91	\$15.29	\$17.58	\$19.71
< 5 years	64	\$13.28	\$15.79	\$18.16

DTR median wages show a steady increase with increasing experience. The differential between new (< 5 years) and the most veteran (20+ years) practitioners is \$3.44 per hour.

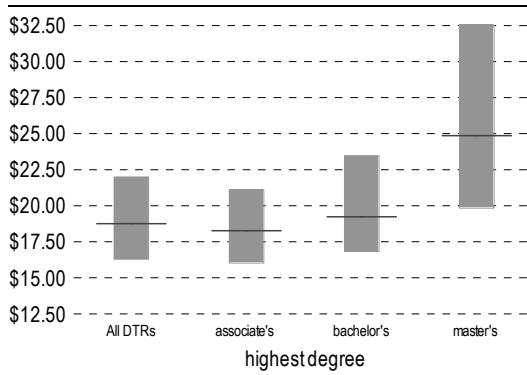
Exhibit 36
DTR Hourly Wage by Years in Position



	#	percentiles		
		25 th	50 th	75 th
All DTRs	780	\$16.29	\$18.75	\$22.00
10+ years	417	\$16.83	\$19.23	\$22.57
5 - 9 years	168	\$16.35	\$18.88	\$22.02
1 - 4 years	170	\$14.81	\$17.98	\$20.71
< 1 year	19	\$14.42	\$16.83	\$17.79

Similarly, the number of years in the specific position is clearly associated with compensation, although the effect is not as great as that observed for years in the field.

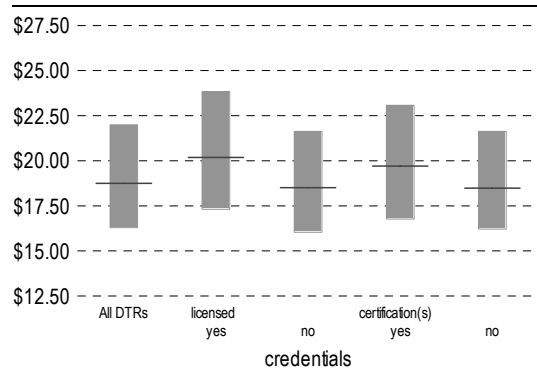
Exhibit 37
DTR Hourly Wage by Education



	#	percentiles		
		25 th	50 th	75 th
All DTRs	780	\$16.29	\$18.75	\$22.00
master's degree	20	\$19.83	\$24.86	\$32.54
bachelor's degree	198	\$16.83	\$19.23	\$23.47
associate's degree	559	\$16.03	\$18.27	\$21.22

Those DTRs going beyond the required associate's degree to earn a bachelor's degree receive close to an additional dollar per hour in median wage. The small number who earn a master's do significantly better.

Exhibit 38
DTR Hourly Wage by Credentials Held



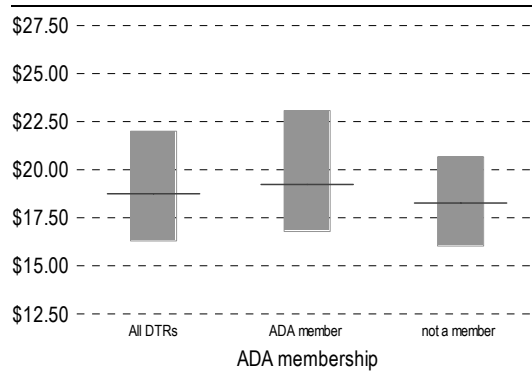
	#	percentiles		
		25 th	50 th	75 th
All DTRs	780	\$16.29	\$18.75	\$22.00
state license	65	\$17.31	\$20.19	\$23.84
no state license	715	\$16.03	\$18.51	\$21.63
specialty certification(s)	86	\$16.77	\$19.71	\$23.08
no certifications	694	\$16.21	\$18.48	\$21.63

NOTE: Examples of specialty certifications indicated by respondents included CDM and CFPP.

In the 2009 results, licensure does make a difference to the median wage received by DTRs, with those who are licensed doing about 9% better than those who are not. Past results on this issue have been inconsistent, with 2007 data showing no difference, but prior surveys showing an advantage for those with licensure.

As has been the case in past years, possession of one or more specialty certifications correlates with a modest median wage gain, \$1.23 per hour.

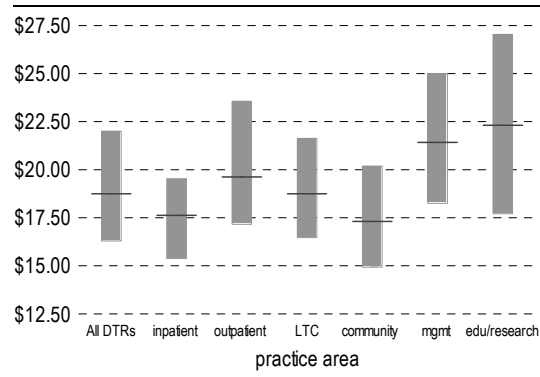
Exhibit 39
DTR Hourly Wage by ADA Membership



	#	percentiles		
		25 th	50 th	75 th
All DTRs	780	\$16.29	\$18.75	\$22.00
ADA member	337	\$16.78	\$19.23	\$23.08
not a member	443	\$16.03	\$18.27	\$20.67

As with RDs, ADA membership is associated with modestly higher compensation levels for DTRs; the differential in 2009 is \$0.96 per hour.

Exhibit 40
DTR Hourly Wage by Practice Area

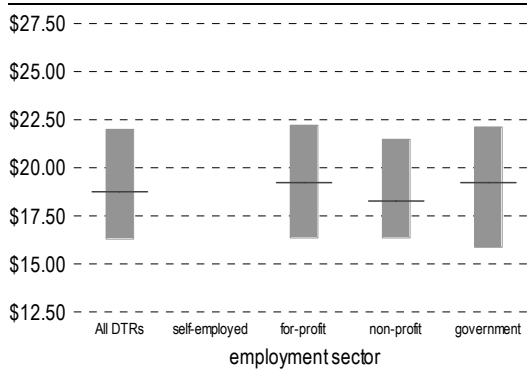


	#	percentiles		
		25 th	50 th	75 th
All DTRs	780	\$16.29	\$18.75	\$22.00
inpatient	261	\$15.38	\$17.63	\$19.53
outpatient/ambulatory	20	\$17.16	\$19.62	\$23.56
long term care	182	\$16.47	\$18.75	\$21.63
community nutrition	92	\$14.93	\$17.31	\$20.19
food and nutrition management	182	\$18.25	\$21.42	\$25.00
consultation and business	7			
education/research	26	\$17.71	\$22.31	\$27.04

The practice areas of education/research and food and nutrition management yield the highest median wage for DTRs at \$22.31 and \$21.42 per hour, respectively. (Those in consultation and business were among the wage leaders in past surveys, but the number of respondents in this practice area dropped below the reporting threshold of 15 cases in 2009.)

Lowest median wages were experienced in community nutrition (\$17.31) and clinical nutrition—inpatient (\$17.63).

**Exhibit 41
DTR Hourly Wage by Employment Sector**



	#	percentiles		
		25 th	50 th	75 th
All DTRs	780	\$16.29	\$18.75	\$22.00
self-employed	10			
for-profit	199	\$16.35	\$19.23	\$22.21
non-profit	398	\$16.35	\$18.27	\$21.48
government	147	\$15.87	\$19.23	\$22.12

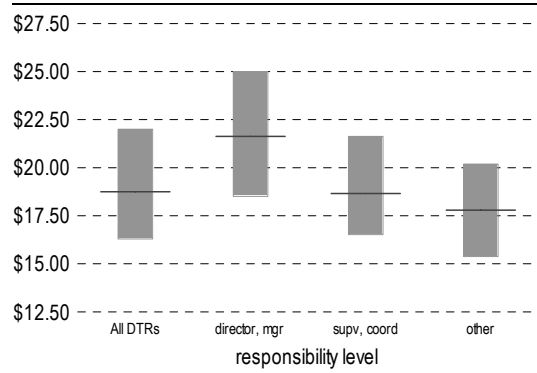
The number of responding self-employed DTRs is below the threshold for reporting, as it has been since the 2005 survey, so no statistics are shown.

Wages for the other types of employers are similar to one another, with government and for-profit DTRs at \$19.23 and non-profit DTRs trailing behind at \$18.27 per hour.

In terms of specific work settings, the highest amount is earned by DTRs in school food service (K-12) at \$21.18 per hour (up \$1.56 from 2007). Those employed in community or public health programs earn the lowest median wage at \$16.58 (up only \$0.10 since 2007).

All other settings are in between \$18.00 and \$19.23 in terms of median wage.

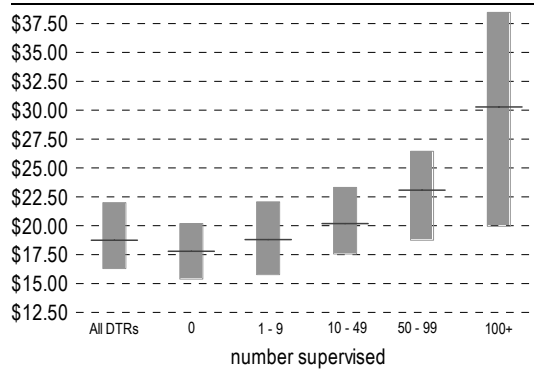
**Exhibit 42
DTR Hourly Wage by Responsibility Level**



	#	percentiles		
		25 th	50 th	75 th
All DTRs	780	\$16.29	\$18.75	\$22.00
director or manager	183	\$18.51	\$21.63	\$25.00
supervisor or coordinator	150	\$16.52	\$18.66	\$21.63
other	430	\$15.38	\$17.79	\$20.19

Responsibility level shows a clear association with DTR compensation, with those characterizing themselves as directors or managers earning a median wage \$3.84 per hour higher than those without supervisory or management responsibility. The gap between staff and supervisors/coordinators is more modest at \$0.87.

Exhibit 43
DTR Hourly Wage by Number Supervised

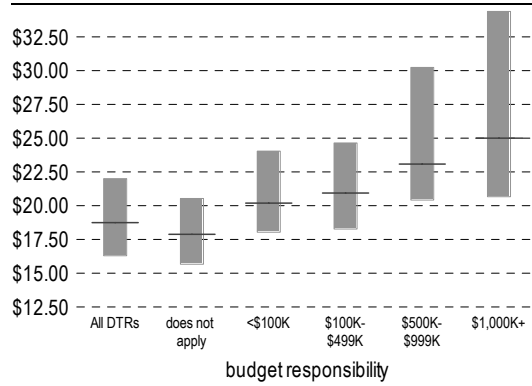


	#	percentiles		
		25 th	50 th	75 th
All DTRs	780	\$16.29	\$18.75	\$22.00
100+	15	\$19.95	\$30.29	\$38.46
50 - 99	21	\$18.75	\$23.08	\$26.44
10 - 49	193	\$17.55	\$20.19	\$23.32
1 - 9	146	\$15.77	\$18.80	\$22.07
0	403	\$15.38	\$17.79	\$20.19

NOTE: Includes number of employees supervised directly or indirectly.

Reflecting essentially the same trend as RDs, DTR compensation is strongly associated with supervisory responsibility, especially as the number supervised grows larger. Those directly or indirectly supervising 50 - 99 employees earn 30% more for median wage than those with no supervisory responsibility; those supervising 100 or more earn 70% more than those with no supervisory responsibility.

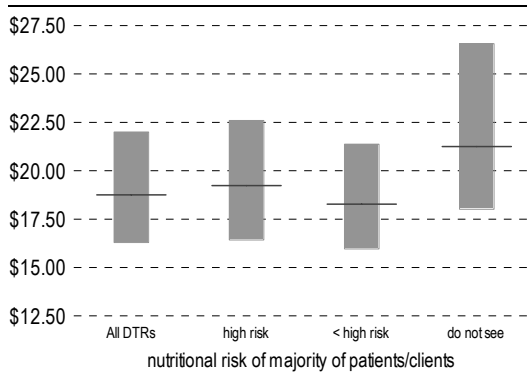
Exhibit 44
DTR Hourly Wage by Budget Responsibility



	#	percentiles		
		25 th	50 th	75 th
All DTRs	780	\$16.29	\$18.75	\$22.00
\$1,000K+	29	\$20.67	\$25.00	\$34.39
\$500K - \$999K	32	\$20.41	\$23.08	\$30.24
\$100K - \$499K	86	\$18.27	\$20.94	\$24.64
<\$100K	39	\$18.03	\$20.19	\$24.04
does not apply	574	\$15.66	\$17.88	\$20.53

Budget responsibility is also clearly associated with DTR compensation, with those managing large budgets (\$1 million or more) earning 40% higher median wages than those with no budget responsibility. Even those with authority over relatively smaller budgets (<\$100K) earn significantly more than those with no budget responsibility (13%).

Exhibit 45
DTR Hourly Wage by Patient/Client Responsibility



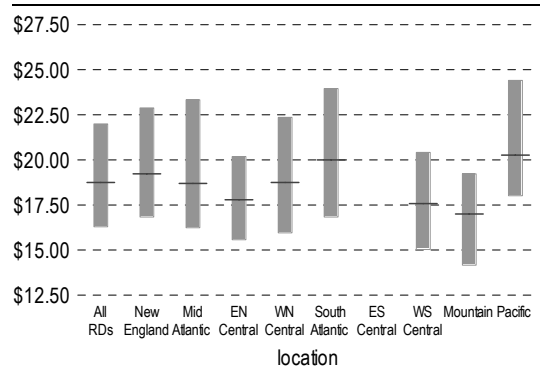
	#	percentiles		
		25 th	50 th	75 th
All DTRs	780	\$16.29	\$18.75	\$22.00
most high risk	127	\$16.42	\$19.23	\$22.60
most < high risk	573	\$15.96	\$18.27	\$21.37
do not see patients/clients	74	\$18.01	\$21.25	\$26.56

The differential for dealing with high risk patients/clients is substantially larger for DTRs than for RDs, at \$0.96 per hour median wage. Once again, those not seeing patients/clients do even better, earning a \$21.25 per hour median wage.

DTRs whose positions are unionized earn more than others (\$19.52 versus \$18.33 per hour median wage). Those paid a regular wage or salary earn a median wage of \$19.23, versus \$17.38 for those paid on a per diem or hourly fee basis.

Those working less than full time earn a substantially lower median hourly wage (\$17.66) than those working full time (\$18.75).

Exhibit 46
DTR Hourly Wage by Location
 (selected Census Divisions)



	#	percentiles		
		25 th	50 th	75 th
All DTRs	780	\$16.29	\$18.75	\$22.00
New England	61	\$16.83	\$19.23	\$22.88
Middle Atlantic	162	\$16.24	\$18.70	\$22.34
East North Central	245	\$15.57	\$17.79	\$20.19
West North Central	72	\$15.95	\$18.75	\$22.36
South Atlantic	85	\$16.83	\$20.00	\$23.96
East South Central	13			
West South Central	37	\$15.03	\$17.58	\$20.42
Mountain	19	\$14.16	\$17.00	\$19.23
Pacific	82	\$18.01	\$20.27	\$24.41

As with RD compensation, median DTR wages do vary somewhat by region.

Those in the South Atlantic states and the Pacific states earn the most, at \$20.00 per hour or more. Earning the lowest median wage, \$17.00 per hour, are DTRs in the Mountain states.

Benefits

Dietetics practitioners as a group are offered a variety of fringe benefits through their work. 82% receive paid vacation or personal time off, 73% paid holidays, and 71% paid sick days.

83% have access to some sort of medical coverage. 78% of dietetics practitioners have access to dental coverage and 67% vision coverage. 71% of dietetics practitioners are offered a prescription drug benefit.

73% can receive life insurance, and 64% some form of disability insurance. 66% reported access to defined contribution retirement programs (such as 401(k) plans) and 38% are offered a defined benefit (pension) retirement program.

50% are offered funding for professional development (conferences, seminars, etc.), while 26% can have their professional society dues paid. 36% are eligible to receive assistance with college tuition. 51% have access to an employee assistance or wellness program. 32% work with comp time or flex time. 39% have access to a fitness benefit such as a discounted health club membership or an on-site facility.

25% are eligible for extended and/or paid parental leave, and 11% have on-site child care or a child care allowance.

Exhibit 47
Benefits Offered As Part of Employment/Self-Employment

	%
NET: paid time off	85%
paid vacation, personal time off	82%
paid holidays	73%
paid sick days	71%
NET: medical	84%
medical insurance, group plan, or savings account	83%
dental insurance or group plan	78%
prescription drug benefit	71%
vision insurance or group plan	67%
NET: insurance	77%
life insurance	73%
disability insurance (long- and/or short-term)	64%
NET: retirement, investments	77%
defined contribution retirement plan (e.g., 401[k], SEP)	66%
defined benefit retirement plan (pension)	38%
stock options, ESOP	7%
profit sharing	7%
NET: professional/career development	56%
funding for professional development (conferences, seminars, etc.)	50%
professional society dues	26%
sign-on bonuses	5%
paid dietetics internship	2%
NET: quality of work life	74%
employee assistance or wellness program	51%
fitness benefit (e.g., discounted health club membership, on-site facilities)	39%
college tuition assistance	36%
comp time or flex time	32%
extended and/or paid parental leave	25%
on-site child care or allowance	11%
telecommuting	9%
other	2%
indicated one or more	90%
no benefits	9%
no answer	1%

base: 8,115 practitioners (multiple answers)

NET indicates selection of one or more items in category

Conclusion

In underwriting the *Compensation & Benefits Survey of the Dietetics Profession 2009*, the American Dietetic Association has again provided a comprehensive and current resource to help dietetics professionals manage their careers. This survey provides valuable perspectives on how specific dietetics jobs are compensated, shows how a variety of factors relate to compensation levels, and identifies important trends.

ADA plans to continue updating the survey every two years, and actively seeks suggestions for its improvement. With the help and participation of dietetics professionals, future surveys will continue to serve as an invaluable asset to the profession.

A detailed electronic report of survey results (approx. 190 pages) will be available in early October. This comprehensive report details the compensation for dozens of core dietitian and dietetic technician jobs, broken down by job title, region, education, experience, supervisory responsibility, and much more. Of particular interest to practitioners will be the interactive salary calculator, which offers the user an estimation of what practitioners with similar characteristics and in similar situations earn, on average. Download/print this resource at www.eatright.org/salariesurvey (\$19.95 members; \$150 non-members).