

Compensation & Benefits Survey 2007: Above-Average Pay Gains Seen for Registered Dietitians

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Results of the ADA/CDR Compensation & Benefits Survey of the Dietetics Profession 2007 show RD and DTR pay continuing to improve—for RDs, at a rate faster than inflation.

Results are in for the third edition of the most comprehensive survey of dietetics compensation available, and the news for dietetics professionals continues to be upbeat. The *Compensation & Benefits Survey of the Dietetics Profession 2007*, sponsored jointly by the American Dietetic Association (ADA) and by the Commission on Dietetic Registration (CDR), shows that Registered Dietitians (RDs) enjoyed wage gains greater than inflation since the 2005 survey, while Dietetic Technicians, Registered (DTRs) saw gains nearly keeping pace. RD median annualized wages are now at \$53,000, up from \$49,500 in 2005; DTR median annualized wages are now \$36,000, up from \$34,000. Some specific dietetics positions showed exceptional wage gains, while a few lagged. And the importance of increasing responsibility to earn increased compensation was again underscored. Finally, RDs and DTRs continue to receive benefits packages that might be the envy of many other professionals.

This article was written by **Dick Rogers** of Readex Research, Stillwater, MN. His firm was responsible for design, execution, and reporting of the ADA/CDR Compensation & Benefits Survey of the Dietetics Profession 2007.

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PRACTITIONER PROFILE

Dietetics Employment Defined

As in both prior administrations (2005 [1] and 2002 [2]), 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 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Nutritionist, but also jobs in such areas as consulting, sales, and communications.

Based on this definition of dietetics-related employment, slightly more than one in six food and nutrition professionals (18%) 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 27% (Table 1).

Table 1. Incidence of dietetics-related employment, from *Compensation & Benefits Survey of the Dietetics Profession 2007*

	No. responding	% in dietetics
Registered dietitians	10,212	82
Dietetic technicians, registered	1,424	82
Nonregistered professionals	225	73
All professionals	11,861	82

About the Survey

Over the years, ADA has received many requests from members for objective, reliable information about industry norms on pay and benefit levels for the dietetics profession. ADA responded to members’ needs in 2002 by commissioning the Dietetics Compensation & Benefits Survey, the most comprehensive survey of its type in the profession up to that point. Continuing to serve the profession, ADA and CDR have underwritten subsequent administrations of the survey in 2005 and now again in 2007, building on the strengths of the initial effort and improving it with several refinements.

The 2007 survey was conducted across a probability sample drawn from the population of all domestic Active and Active-Eligible ADA members (N=52,391) plus all domestic nonmembers maintaining current registration as an RD or DTR (N=27,006). To preserve confidentiality, an outside research firm was contracted to collect data via mail survey from May 31 through July 23, 2007.

The 2007 survey carries forward a key feature of the prior efforts, presenting results not only at the level of registration (RD, DTR), but also in terms of the specific jobs (including nontraditional jobs) food and nutrition professionals hold. A key question asked respondents to identify the one position (from a set of 59 core positions) that most closely matched their actual employment. These data represent the specific jobs that account for an estimated 95% of dietetics employment.

From the mailed sample of 30,000, a total of 11,861 usable responses was received—a 40% response rate. The margin of error for all practitioners is $\pm 0.9\%$; for practicing RDs, $\pm 1.0\%$; for practicing DTRs, $\pm 2.3\%$. The strong response rate, plus the fact that more than one in seven professionals is represented in the tabulated sample, again provides an exhaustive investigation of compensation in the dietetics profession.

The balance of the results discussed here reflect the 9,698 sample members who indicated they are currently employed or self-employed

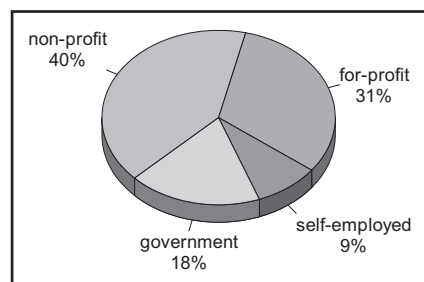


Figure 1. Employment sector of dietetics practitioners (n=9,698), from *Compensation & Benefits Survey of the Dietetics Profession 2007*.

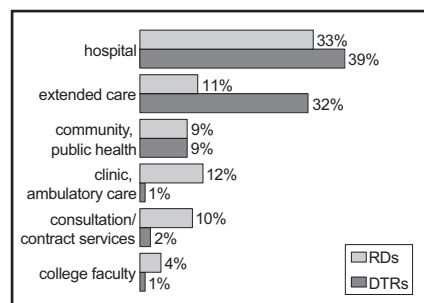


Figure 2. Work setting of practicing registered dietitians (RDs) (n=8,364) and practicing dietetic technicians, registered (DTRs) (n=1,170), from *Compensation & Benefits Survey of the Dietetics Profession 2007*.

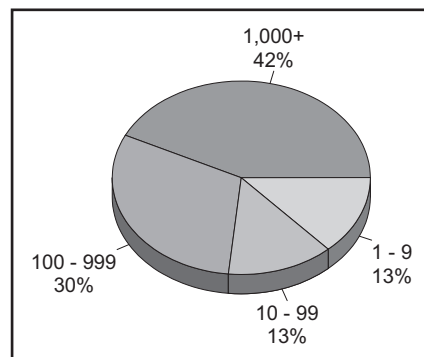


Figure 3. Size of organizations employing dietetics practitioners (number of employees at all locations, n=9,698), from *Compensation & Benefits Survey of the Dietetics Profession 2007*.

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.

Table 2. Practice areas of practicing registered dietitians (n=8,364) and practicing dietetic technicians, registered (n=1,170), based on primary position selected, from *Compensation & Benefits Survey of the Dietetics Profession 2007*

	Registered dietitians (%)	Dietetic technicians, registered (%)
Clinical nutrition—acute care/inpatient	30	41
Clinical nutrition—ambulatory care	15	0
Clinical nutrition—long-term care	10	18
Community	11	9
Food and nutrition management	12	18
Consultation and business	11	3
Education and research	6	1

Table 3. Highest incidence positions among practicing registered dietitians (n=8,364), from *Compensation & Benefits Survey of the Dietetics Profession 2007*

	Registered dietitians (%)
Clinical dietitian	17
Clinical dietitian, specialist—renal	3
Nutrition support dietitian	3
Outpatient dietitian, general	4
Outpatient dietitian, specialist—diabetes	4
Outpatient dietitian, specialist—renal	3
Clinical dietitian, long-term care	10
WIC ^a nutritionist	5
Public health nutritionist	3
Director of food and nutrition services	4
Clinical nutrition manager	3
Private practice dietitian—patient/client nutrition care	4

^aWIC=Special Supplemental Nutrition Program for Women, Infants, and Children.

Table 4. Highest incidence positions among practicing dietetic technicians, registered (n=1,170), from *Compensation & Benefits Survey of the Dietetics Profession 2007*

	Dietetic technicians, registered (%)
Dietetic technician, clinical	39
Clinical dietitian, long-term care	3
Dietetic technician, long-term care	15
WIC ^a nutritionist	7
Director of food and nutrition services	5
Dietetic technician, foodservice management	9

^aWIC=Special Supplemental Nutrition Program for Women, Infants, and Children.

Who Are Dietetics Practitioners?

Ninety-seven percent of practitioners are female. The median age is 46 years; 19% are 55 or older, while 26% are under 35. Three percent indicated Hispanic heritage, and 10% indicated a race other than white (5% Asian/Native Hawaiian/Pacific Islander, 3% Black/African American, and 2% other). Racial diversity has increased modestly since the 2002 survey.

Virtually all RDs hold at least a bachelor’s degree, with 45% holding master’s degrees and 3% doctoral degrees. Among DTRs, 27% hold a bachelor’s degree or higher.

Seventy-seven percent of practicing RDs are members of ADA, compared to only 48% of practicing DTRs.

The typical (median) RD reports 16 years of work experience in dietetics/nutrition (excluding time taken off to

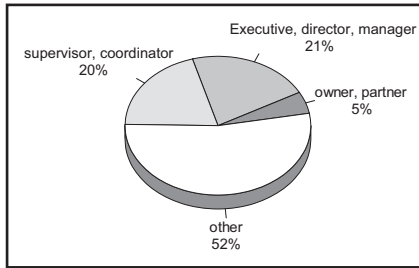


Figure 4. Responsibility level of dietetics practitioners (n=9,698) from *Compensation & Benefits Survey of the Dietetics Profession 2007*.

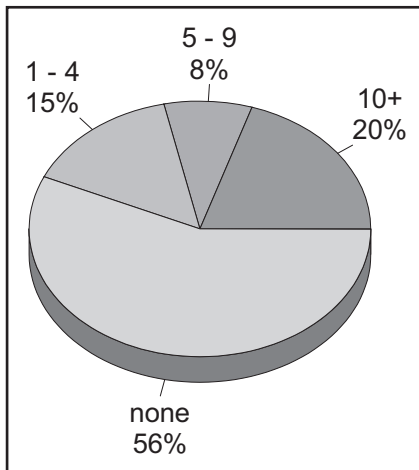


Figure 5. Number supervised directly and/or indirectly by dietetics practitioners (n=9,698) from *Compensation & Benefits Survey of the Dietetics Profession 2007*.

return to school, raise a family, or work in other areas); the median for DTRs is slightly lower, at 15 years. Forty-one percent of all practitioners have 20 or more years of work experience in dietetics/nutrition, whereas 14% have less than 5 years.

Where Do They Work?

Nine percent of practitioners are self-employed, 31% work for a for-profit firm, 40% for a nonprofit, and 18% for government. Self-employment is more common among RDs than DTRs (10% vs 2%, respectively), while a greater proportion of DTRs are found in the nonprofit sector (38% of RDs, 48% of DTRs). These figures have changed little since 2002 (Figure 1).

The most common employment setting for both RDs and DTRs is a hospital (33% and 39%, respectively). Thirty-two percent of DTRs work in an extended-care or long-term care

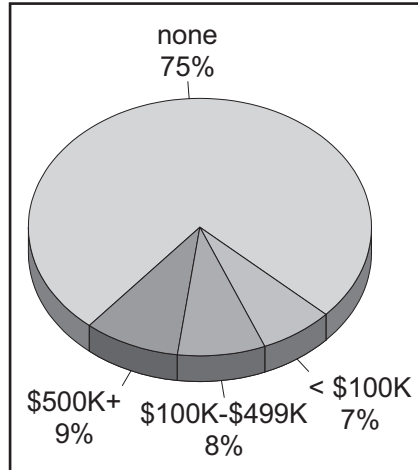


Figure 6. Budget responsibility of dietetics practitioners (n=9,698) from *Compensation & Benefits Survey of the Dietetics Profession 2007*.

facility, compared to only 11% of RDs. Twelve percent of RDs work in a clinic or ambulatory care center, compared to only 1% of DTRs. Nine percent of both groups work in a community or public health program (Figure 2).

The typical (median) practitioner works in an organization employing 683 people at all locations, virtually identical to the result seen in 2005. RDs tend to work in larger organizations than DTRs (medians 743 and 454, respectively) (Figure 3).

What Jobs Do Practitioners Hold?

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

Ninety-five percent of responding practitioners found a match; thus, the compensation data reported here represent 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 education/research the least (Table 2).

Among RDs, the most commonly held positions are found primarily in clinical and outpatient settings (Table 3).

Among DTRs, long-term care and foodservice settings are more prevalent (Table 4).

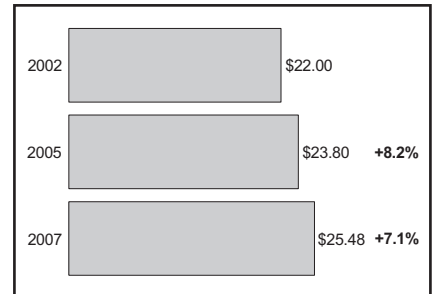


Figure 7. Registered dietitian median wage 2002 (n=8,621), 2005 (n=8,017), and 2007 (n=7,768), from *Compensation & Benefits Survey of the Dietetics Profession 2007*.

What Responsibilities Do Practitioners Have?

Six percent of RDs and 1% of DTRs indicated they are owners of or partners in their practice, while 2% of RDs and virtually no DTRs reported an executive level of responsibility. Twenty percent of practitioners overall are directors or managers, and another 20% are supervisors or coordinators (results similar between RDs and DTRs) (Figure 4). Responsibility levels have changed little since the 2002 survey.

Forty-three percent of RDs and 47% of DTRs reported they directly or indirectly supervise employees, both marginally down from 2005. For those supervising, the median number supervised is eight for RDs and 14 for DTRs (Figure 5).

Twenty-four percent of RDs and 21% of DTRs reported managing a budget, again marginally less than 2 years ago. Median budget size is \$313,000 for RDs and \$240,000 for DTRs, with 10% of RDs and 6% of DTRs managing budgets of \$500,000 or more (Figure 6).

RD COMPENSATION

A significant fraction of RDs work part-time and/or only part of the year. As defined in this survey, 71% of RDs are employed full-time (35 hours or more per week for 48 weeks or more per year), up somewhat from 68% in 2002.

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

Table 5. Registered dietitian compensation at selected percentiles: hourly wage (n=7,768), and total cash compensation for full-time employees in position at least 1 year (n=5,346), from *Compensation & Benefits Survey of the Dietetics Profession 2007*

	Hourly wage	Total cash
10th percentile (10% earn less)	\$18.40	\$39,000
25th percentile (25% earn less)	\$21.15	\$44,900
50th percentile (50% earn less)	\$25.48	\$53,300
75th percentile (75% earn less)	\$31.25	\$65,500
90th percentile (90% earn less)	\$38.94	\$82,500

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 1 year in the position.

Median Wages Up 7.1% Over 2 Years

Among all RDs in all positions, the median hourly wage as of April 1, 2007, was \$25.48 per hour. If annualized ($\times 40$ hours/week $\times 52$ weeks/year), this equates to a full-time salary of \$53,000 per year, up from

\$49,500 in 2005. Median 2007 total cash compensation for RDs employed in the position full time for at least one year was \$53,300 (up from \$50,000).

These results are higher than the most current Bureau of Labor Statistics (BLS) median wage estimate for Dietitians and Nutritionists of \$22.59 per hour (3). Two factors help account for the discrepancy: these survey data are current as of April 1, 2007, and are thus nearly a year more current than the BLS estimate; and BLS does not restrict its estimate to RDs.

At \$25.48, the median wage for all RDs is up 7.1% from its value of \$23.80 in the 2005 survey, representing an annualized increase of 3.5% (Figure 7). This increase exceeds the

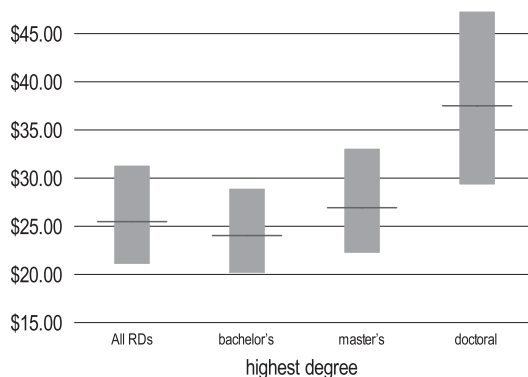
3.1% annual change in the Consumer Price Index between April 2005 and April 2007 (4).

As in prior years, the wide range of RD compensation continues to be of interest: RDs in the top 10% continue to earn more than twice as much per hour as those in the bottom 10% (Table 5).

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 education, experience, and other factors. Note that all factors are based on respondent self-reports and are thus subject to some variation in how terms were understood.

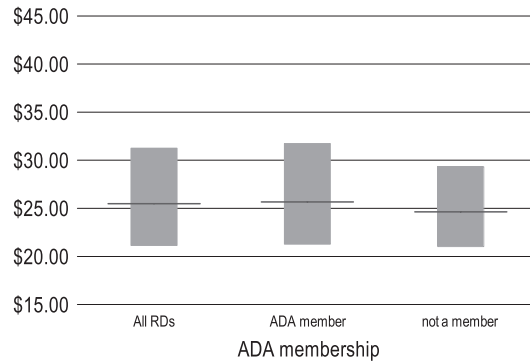
Qualifications Matter

Education beyond the bachelor's degree continues to be associated with wage gains, with the 2007 difference between the median wage of RDs with a bachelor's degree and that of RDs with a master's degree at \$2.88 per hour, up from a differential of \$2.30 in 2002. Earning a PhD is associated with even more notable gains; median earnings for those with a doctorate (at \$37.50) are more than thir-



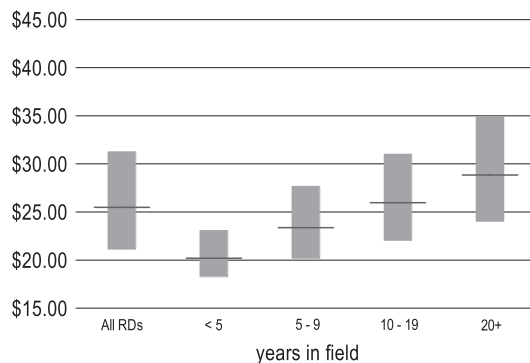
	No.	Percentiles		
		25th	50th	75th
All RDs	7,768	\$21.15	\$25.48	\$31.25
Doctoral degree	249	\$29.38	\$37.50	\$47.24
Master's degree	3,461	\$22.29	\$26.92	\$33.00
Bachelor's degree	4,001	\$20.19	\$24.04	\$28.85

Figure 8. Registered dietitian (RD) hourly wage by education level (highest degree earned). Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). From *Compensation & Benefits Survey of the Dietetics Profession 2007*.



	No.	Percentiles		
		25th	50th	75th
All RDs	7,768	\$21.15	\$25.48	\$31.25
ADA member	5,969	\$21.28	\$25.67	\$31.73
Not a member	1,799	\$21.03	\$24.64	\$29.33

Figure 9. Registered dietitian (RD) hourly wage by American Dietetic Association (ADA) membership. Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). From *Compensation & Benefits Survey of the Dietetics Profession 2007*.



	No.	Percentiles		
		25th	50th	75th
All RDs	7,768	\$21.15	\$25.48	\$31.25
20+ years	3,238	\$24.04	\$28.85	\$34.91
10-19 years	1,931	\$22.05	\$25.96	\$31.00
5-9 years	1,420	\$20.19	\$23.37	\$27.67
<5 years	1,160	\$18.27	\$20.19	\$23.08

Figure 10. Registered dietitian (RD) hourly wage by experience (years in the field). Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). From *Compensation & Benefits Survey of the Dietetics Profession 2007*.

teen dollars per hour above RDs with only a bachelor's degree (Figure 8).

Having one or more specialty certifications (eg, certified diabetes educator [CDE], certified nutrition support dietitian [CNSD], and the various Certified Specialist credentials offered by the CDR) is associated with an increased median wage, adding

\$1.92 per hour median wage over those with no such certifications.

ADA Membership

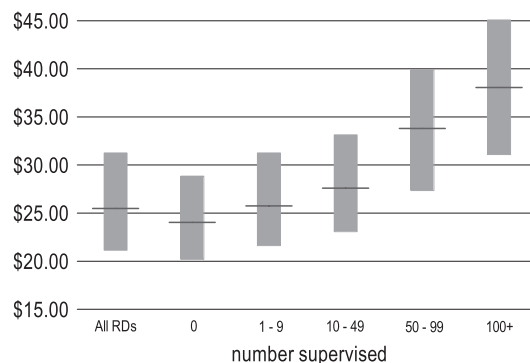
As in both 2002 and 2005, results again show a small positive association between ADA membership and RD compensation; typical members

earn \$1.03 per hour more than non-members (Figure 9).

Experience and Responsibility Count, Too

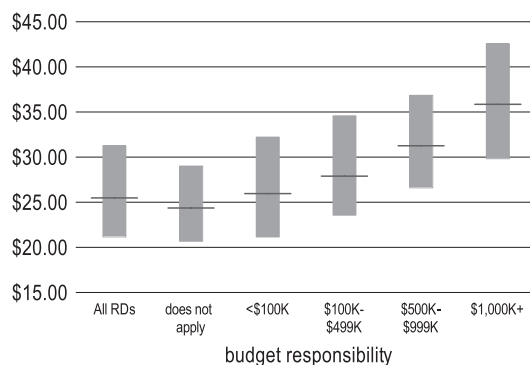
As might be expected, years of dietetics experience is strongly associated with compensation; those with 20 or more years of experience earn a me-

BUSINESS OF DIETETICS



	No.	Percentiles		
		25th	50th	75th
All RDs	7,768	\$21.15	\$25.48	\$31.25
100+	169	\$31.09	\$38.05	\$45.07
50-99	229	\$27.34	\$33.80	\$39.90
10-49	1,126	\$23.08	\$27.59	\$33.14
1-9	1,904	\$21.63	\$25.75	\$31.25
0	4,307	\$20.19	\$24.04	\$28.85

Figure 11. Registered dietitian (RD) hourly wage by number directly and/or indirectly supervised. Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). From *Compensation & Benefits Survey of the Dietetics Profession 2007*.



	No.	Percentiles		
		25th	50th	75th
All RDs	7,768	\$21.15	\$25.48	\$31.25
\$1,000K+	530	\$29.81	\$35.85	\$42.55
\$500K-\$999K	248	\$26.59	\$31.25	\$36.83
\$100K-\$499K	570	\$23.56	\$27.88	\$34.57
<\$100K	584	\$21.15	\$25.96	\$32.21
Does not apply	5,752	\$20.66	\$24.36	\$29.00

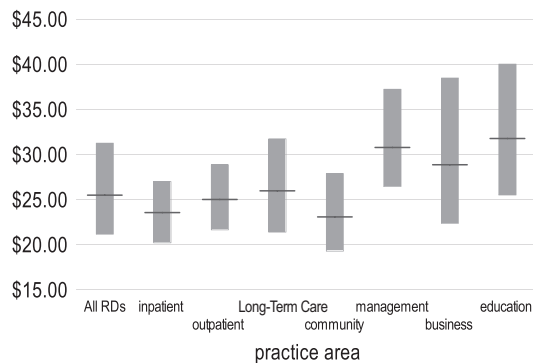
Figure 12. Registered dietitian (RD) hourly wage by budget responsibility. Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). From *Compensation & Benefits Survey of the Dietetics Profession 2007*.

dian wage more than \$8 per hour above those in the under-5-year bracket. Median wage increased \$0.96 since 2005 for those in the low-

est bracket, but \$2.41 for those in the highest (Figure 10).

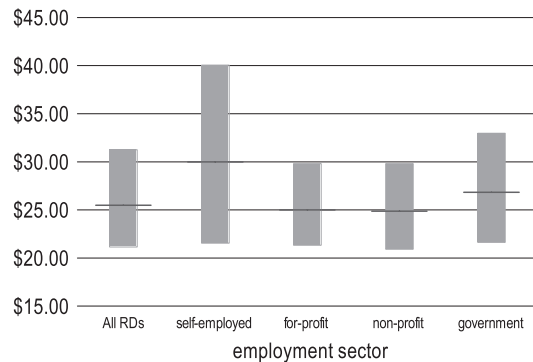
To achieve wage gains, it is important that experience reflect increasing respon-

sibility: practitioners must avoid the syndrome described by one employer whose employee “had 10 years of experience, but it was the same year 10 times.”



	No.	Percentiles		
		25th	50th	75th
All RDs	7,768	\$21.15	\$25.48	\$31.25
Acute care/inpatient	2,352	\$20.19	\$23.55	\$27.00
Ambulatory care	1,192	\$21.63	\$25.00	\$28.85
Long-term care	813	\$21.38	\$25.96	\$31.73
Community	876	\$19.27	\$23.08	\$27.88
Food and nutrition management	1,000	\$26.44	\$30.77	\$37.22
Consultation and business	767	\$22.36	\$28.85	\$38.46
Education and research	430	\$25.50	\$31.76	\$40.02

Figure 13. Registered dietitian (RD) hourly wage by practice area. Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). From *Compensation & Benefits Survey of the Dietetics Profession 2007*.



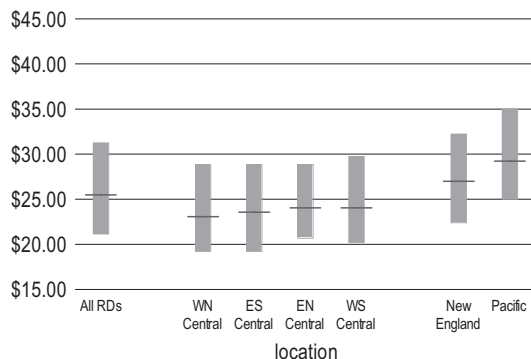
	No.	Percentiles		
		25th	50th	75th
All RDs	7,768	\$21.15	\$25.48	\$31.25
Self-employed	675	\$21.54	\$30.00	\$40.06
For-profit	2,444	\$21.33	\$25.00	\$29.81
Non-profit (other than government)	3,043	\$20.91	\$24.86	\$29.81
Government	1,467	\$21.63	\$26.84	\$32.97

Figure 14. Registered dietitian (RD) hourly wage by employment sector. Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). From *Compensation & Benefits Survey of the Dietetics Profession 2007*.

Attaining and increasing supervisory responsibility can be one component in increasing responsibility, and

it 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 (Figure 11).



	No.	Percentiles		
		25th	50th	75th
All RDs	7,768	\$21.15	\$25.48	\$31.25
West North Central	729	\$19.23	\$23.08	\$28.85
East South Central	419	\$19.23	\$23.56	\$28.85
East North Central	1,436	\$20.67	\$24.04	\$28.85
West South Central	674	\$20.19	\$24.04	\$29.73
New England	477	\$22.40	\$26.98	\$32.23
Pacific	1,094	\$25.00	\$29.23	\$35.00

Figure 15. Registered dietitian (RD) hourly wage by location (selected Census Divisions). Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). From *Compensation & Benefits Survey of the Dietetics Profession 2007*.

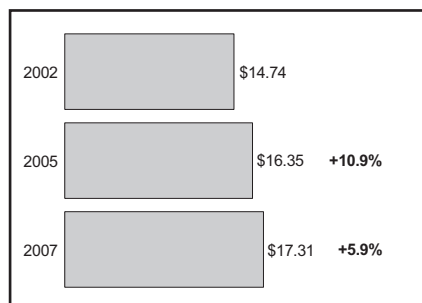


Figure 16. Dietetic technician, registered, median wage 2002 (n=1,397), 2005 (n=1,115), and 2007 (n=1,057), from *Compensation & Benefits Survey of the Dietetics Profession 2007*.

Percentage gains in median wage since 2005 were again lowest for the nonsupervisory cohort; since 2002, this group has failed to keep pace with inflation. Recalling that more than half of RDs have no supervisory responsibility, this appears to represent an area of opportunity for RDs.

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 earn an annualized wage of over \$88,000 (\$42.55 per hour) (Figure 12).

While 43% of all practicing RDs have some supervisory responsibility, only a quarter (24%) manage budgets. Acquiring budget responsibility represents another possible growth opportunity for RDs.

Where You Work Makes a Difference

RD wages tend to be highest in the practice areas of food and nutrition management, consultation and business, and education and research. Wages tend to be lower in the areas of acute care/inpatient, ambulatory care (outpatient), and community. Median wages outpaced inflation in all reported practice areas from 2005 to 2007, led by consultation and business (+11.6%). The largest percentage gains in median wage since 2002 have been seen for education and research (+21.4%), acute care/inpatient (+18.0%), and food and nutrition management (+17.4%) (Figure 13).

2007 RD wages by sector distribute much as in 2002 and 2005: those employed in government do somewhat better than average, while those who are self-employed post significantly

higher median wages than others (\$30.00 per hour in 2007) and even greater upside potential (75th percentile of \$40.06 in 2007) (Figure 14).

Specific work settings for which median hourly wages are highest include consultation or contract services to organizations (\$28.85), school foodservice (\$30.05), food manufacturers/distributors/retailers (\$28.85), pharmaceutical or nutrition products companies (\$33.65), and college or university faculty (\$32.69).

RD compensation continues to vary somewhat by employment location. In terms of the nine standard Census Divisions, RDs in the central part of the United States (from the Dakotas to Texas in the west, to Ohio through Alabama in the east) earn median wages somewhat below the overall average, while those in New England (Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, Maine) and especially the Pacific states (Alaska, Hawaii, Washington, Oregon, California) again post above-average median wages (Figure 15).

High wage locations continue to be led by California, which includes five of the top eight cities for RD compensation in the United States.

Table 6. Dietetic technician, registered, compensation at selected percentiles: hourly wage (n=1,057), and total cash compensation for full-time employees in position at least 1 year (n=834), from *Compensation & Benefits Survey of the Dietetics Profession 2007*

	Hourly wage	Total cash
10th percentile (10% earn less)	\$12.79	\$27,000
25th percentile (25% earn less)	\$14.87	\$31,200
50th percentile (50% earn less)	\$17.31	\$36,400
75th percentile (75% earn less)	\$20.19	\$42,500
90th percentile (90% earn less)	\$24.04	\$51,000

Table 7. Highest-paying positions held by registered dietitians, from *Compensation & Benefits Survey of the Dietetics Profession 2007*

	No.	Median wage
Public relations and/or marketing professional	28	\$38.46
Executive-level professional	117	\$37.95
Director of nutrition	56	\$37.59
Research & development nutritionist	38	\$36.25
Director of clinical nutrition	102	\$32.45
Director of food and nutrition services	343	\$31.73
Sales representative	123	\$31.25
Manager of nutrition communications	21	\$29.76
School foodservice director	95	\$29.67

Table 8. Highest-paying positions held by dietetic technicians, registered, from *Compensation & Benefits Survey of the Dietetics Profession 2007*

	No.	Median wage
Director of food and nutrition services	58	\$21.63
Dietetic technician, foodservice management	97	\$18.27

DTR COMPENSATION

Eighty-one percent of DTRs are employed full-time (35 hours or more per week for 48 weeks or more per year), up from 75% in 2002 and 10 points higher than observed among RDs.

Median DTR Wages Up 5.9% Since 2005

Among all DTRs in all positions, the median hourly wage as of April 1, 2007, was \$17.31 per hour; if annualized, this equates to a salary of \$36,000 per year (up from \$34,000 in 2005). Median total cash compensation for DTRs employed in the position full time for at least one year is \$36,400, up from \$34,600.

As with RDs, these current survey estimates are higher than those published by the Bureau of Labor Statistics (May 2006 median wage=\$11.56) (5). The factors previously discussed

help to explain the discrepancy here as well.

Unlike RDs, DTR median pay increased marginally more slowly than the 2-year inflation rate (CPI) of 6.2%, growing by 5.9% since 2005 (Figure 16).

As in prior years, the wide range of DTR compensation continues to be of interest: DTRs in the top 10% earn nearly twice as much per hour as those in the bottom 10% (Table 6).

Major factors associated with DTR compensation levels are the same as for RDs: education, experience, responsibility, and location. As in prior years, the practice areas of food and nutrition management and consultation and business hold the greatest promise for DTRs, with median wages of \$20.19 for both categories, over \$3.00 more per hour than the median wages of those in the inpa-

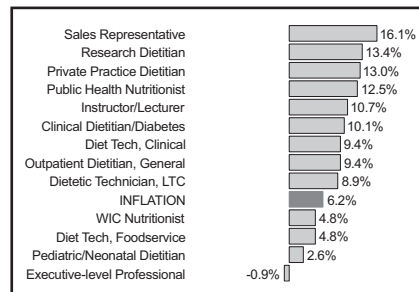


Figure 17. Percent change in median hourly wage 2005-2007 for selected dietetics positions, from *Compensation & Benefits Survey of the Dietetics Profession 2007*.

tient, long-term care, or community areas. Median wage has also grown fastest since 2002 for those in the food and nutrition management area.

DTRs do least well, on average, in the West South Central and Mountain states; median wages are highest in the Pacific and South Atlantic states.

LEADERS AND LAGGARDS

A great strength of these compensation surveys is that they present wage data not only for RDs and DTRs as a whole, but also in terms of the specific jobs (including nontraditional jobs) dietetics professionals hold. Results for 2007 show that the most rewarding nonacademic jobs typically held by RDs evidence median wages \$4 to \$13 per hour greater than the overall average (Table 7).

Top-paying positions held by DTRs are found in foodservice (Table 8).

Since 2005, several positions' median wages have increased by substantially more than the 2-year inflation rate of 6.2%, including Sales Representatives, Research Dietitians, Private Practice Dietitians, Public Health Nutritionists, Instructors/Lecturers, Clinical Dietitians (Specialists in Diabetes), Dietetic Technicians/Clinical, Outpatient Dietitians (General), and Dietetic Technicians/Long-Term Care.

Positions not keeping pace with inflation since 2005 include WIC Nutritionists, Dietetic Technicians/Foodservice Management, Pediatric/Neonatal Dietitians, and Executive-level Professionals (Figure 17).

Positions which have gained at least 20% in median wage since

2002—or five-plus points better than inflation—include Research Dietitian, Instructor/Lecturer, Clinical Dietitian/Diabetes, Director of Food and Nutrition Services, Sales Representative, and Assistant Foodservice Director.

BENEFITS

Although many are employed part-time, dietetics practitioners as a group are offered considerable fringe benefits through their work. Eighty percent receive paid vacation or personal time off, 72% paid holidays, and 70% paid sick days. Eighty percent have access to some sort of medical coverage, which is comparable to a reference group of US white collar workers in private industry, where 77% have access to medical coverage (6). Seventy-five percent of dietetics practitioners have access to dental coverage and 63% vision coverage, well above the reference group values of 53% and 32%, respectively. Sixty-seven percent of dietetics practitioners are offered a prescription drug benefit.

Sixty-nine percent can receive life insurance, and 61% some form of disability insurance, again above the norms for white-collar workers. Sixty-five percent reported access to defined contribution retirement programs (such as 401[k] plans), identical to the reference group, and 42% are offered a defined benefit (pension) retirement program, compared to only 23% of the reference group.

Fifty-four percent are offered funding for professional development (eg, conferences, seminars), down three points from 2005, while 26% can have their professional society dues paid, up four points. Thirty-eight percent are eligible to receive assistance with college tuition. Forty-four percent have access to an employee assistance or wellness program. Thirty-two percent work with comp time or flex time. Thirty-five percent have access to a fitness benefit such as a discounted health club membership or an on-site facility, up six points since 2002. Twenty-four percent are eligible for extended and/or paid maternity leave, and 11% have on-site child care or a child-care allowance, values which have changed little since previous surveys.

Benefit levels are most influenced

by employment status—self-employed vs not; full-time vs part-time. Those working in hospitals, schools, or government agencies tend to enjoy a richer array of benefits than those employed in other areas, particularly extended care.

CONCLUSION

In underwriting the *Compensation & Benefits Survey of the Dietetics Profession 2007*, ADA and CDR have provided a comprehensive and current resource to help dietetics professionals better manage their responsibilities and 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 and CDR plan to periodically update the survey, and actively seek 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.

EDITOR'S NOTE

The Compensation & Benefits Survey of the Dietetics Profession 2007 continues to provide the most comprehensive and authoritative source of information on compensation in the profession. It should prove to be an asset to professionals and their employees in all major dietetics practice settings, as well as provide reference material for self-employed dietetics professionals.

The book-length report of survey results, including detailed tabular data for RDs and DTRs, results for over 40 dietetics positions, results for dozens of metropolitan areas, and two Salary Calculation Worksheets, is available through the ADA Member Service Center: 1-800-877-1600, ext. 5000 (request item #356808). Price is \$20 for ADA members, \$250 for nonmembers.

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