

**AMERICAN DIETETIC ASSOCIATION
COMMISSION ON DIETETIC REGISTRATION**

**Compensation &
Benefits Survey
of the Dietetics
Profession 2005**



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Report on the ADA/CDR Compensation & Benefits Survey of the Dietetics Profession 2005

Over the years, the American Dietetic Association (ADA) has received many requests from members for objective, reliable information about industry norms on pay and benefit levels for the dietetics profession. Database surveys had been periodically conducted, providing generalized salary information for the major dietetics practice areas. However, many members wanted more specific information and suggested the concept of a salary survey by specific job title.

ADA responded to members' needs in 2002 by commissioning the *2002 Dietetics Compensation & Benefits Survey*,¹ the most comprehensive survey up to that point of compensation and benefits in the profession. Continuing to serve the profession, ADA and the Commission on Dietetic Registration (CDR) have underwritten an update to that study, the *Compensation & Benefits Survey of the Dietetics Profession 2005*, which builds on the strengths of the initial effort and improves it with several refinements.

This document reports summary results of that current survey, including comparisons with 2002 results where appropriate. A comprehensive report in book form will be published by ADA in October 2005.

Methodology

The survey was conducted across a probability sample drawn from the population of all domestic Active and Active-Eligible ADA members (N = 51,409) plus all domestic nonmembers maintaining current registration as an RD or DTR (N = 25,561). To preserve confidentiality of response, an outside research firm was contracted to collect data via mail survey, which was conducted May 11 through July 5, 2005.

The 2005 survey carries forward a key feature of the 2002 report, 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 (including nontraditional jobs) dietetics professionals hold. A key question asked respondents to identify the one position (from a set of 58 core positions) that most closely matched their actual employment. Compensation data are thus now available for the specific jobs that account for an estimated 95% of dietetics employment.

From the mailed sample of 30,000, a total of 12,016 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, $\pm 2.6\%$. The strong response rate, plus the fact that nearly one in six professionals is represented in the tabulated sample, again provides an exhaustive investigation of compensation in the dietetics profession.

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 58 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.

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.

Based on this definition of dietetics-related employment, slightly more than one in six dietetics 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 37%.

Exhibit 1

Incidence of Dietetics-Related Employment

	# responding	% in dietetics
RDs	10,209	83%
DTRs	1,548	80%
non-registered professionals	259	63%
all professionals	12,016	82%

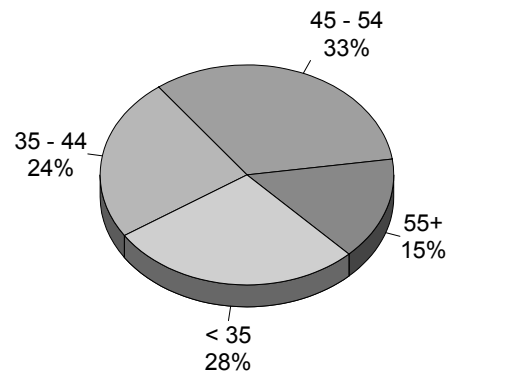
The balance of the results discussed here reflect the 9,873 sample members who indicated they are currently employed or self-employed in a dietetics-related position (“practitioners”). Those who were employed or self-employed in more than one such position were asked to respond only for what they considered to be their *primary* dietetics-related position.

Practitioner Profile

96% of practitioners are female. The median age is 44; 15% are 55 or older, and 28% are under 35. 3% indicated Hispanic heritage; 8% indicated a race other than white (4% Asian/Native Hawaiian/Pacific Islander, 2% Black/African American, and 2% other). These figures differ little from 2002 results.

Exhibit 2

Age (years)

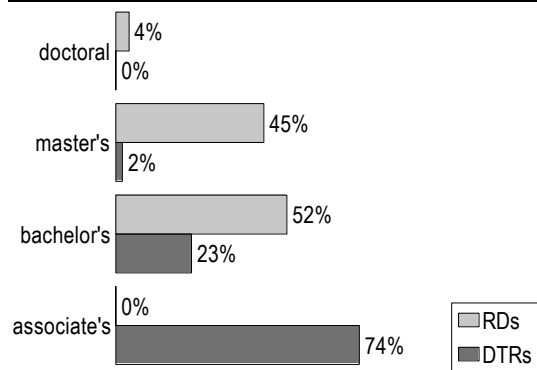


base: 9,873 practitioners

Virtually all RDs hold at least a bachelor’s degree, with 45% holding master’s degrees and 4% doctoral degrees. Among DTRs, 25% hold a bachelor’s degree or higher.

Exhibit 3

Education (Highest Degree Attained)



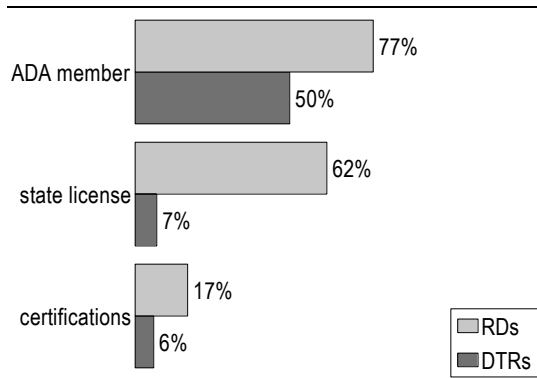
base: 8,475 practicing RDs; 1,236 practicing DTRs

77% of practicing RDs are members of the ADA, compared to only 50% of practicing DTRs.

62% of RDs hold a state license or certification, up markedly from 51% in the 2002 survey (which asked only about a state license). 7% of DTRs hold a state license/certification, compared with 6% in 2002.

17% of RDs and 6% of DTRs hold one or more specialty certifications (for example, CNSD, CDE, FADA, CSR, CSP, CHE, CDM, CFPP, CFE, CFM).

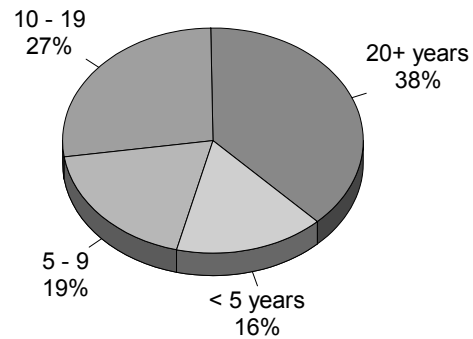
Exhibit 4
Credentials



base: 8,475 practicing RDs; 1,236 practicing DTRs

The typical (median) RD reports 15 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 lower, at 13 years. 38% of all practitioners have 20 or more years of work experience in dietetics/nutrition, whereas 16% have less than five years. Median year of initial registration is 1990 for RDs and 1994 for DTRs.

Exhibit 5
Years in Field

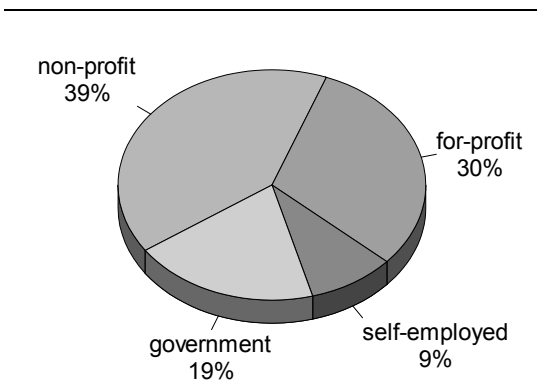


base: 9,873 practitioners

Employers

9% of practitioners are self-employed, 30% work for a for-profit firm, 39% for a non-profit, and 19% for government. Self-employment is more common among RDs than DTRs (10% versus 2%, respectively), while a greater proportion of DTRs are found in non-profit settings (38% of RDs, 49% of DTRs). These figures have changed little since 2002.

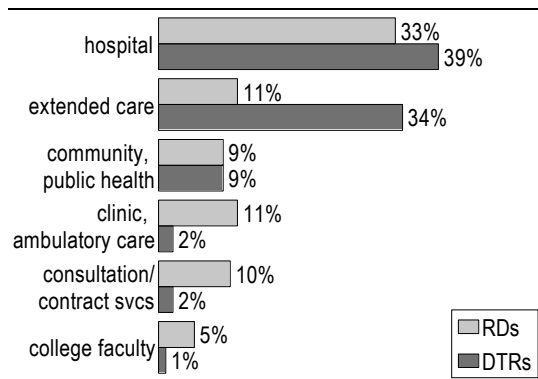
Exhibit 6
Employer Status



base: 9,873 practitioners

The most common employment setting for both RDs and DTRs is a hospital (33% and 39%, respectively). 34% of DTRs work in an extended care or long term care facility, compared to only 11% of RDs. 11% of RDs work in a clinic or ambulatory care center, compared to only 2% of DTRs. 9% of both groups work in a community or public health program.

Exhibit 7
Work Setting



base: 8,475 practicing RDs; 1,236 practicing DTRs

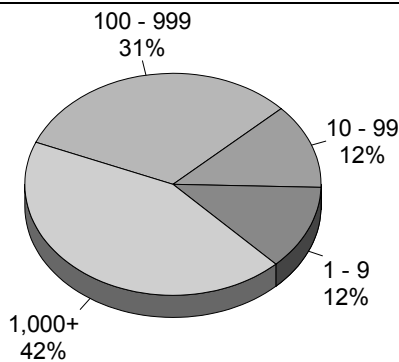
10% of RDs work private practice/consultation to individuals or consultation/contract services to organizations, compared to only 2% of DTRs. Other settings in which at least 2% of practitioners are employed include college or university faculties, government agencies, school food service, and contract food management companies. Distribution across settings is again very similar to that observed in 2002.

The typical (median) practitioner works in an organization employing 682 people at all locations, up markedly from the 2002 median of 534 and possibly reflecting increasing consolidation in the healthcare industry. RDs tend to work in larger organizations than DTRs (medians 756 and 430, respectively).

Exhibit 8

Size of Organization

Number of Employees, All Locations



base: 9,873 practitioners

Positions Held

Respondents were asked to review a list of 58 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.

95% of responding practitioners found a match; thus the compensation data reported here represents the vast majority of dietetics employment situations.

The 58 positions are grouped into seven distinct practice areas, with acute care/inpatient the most prevalent, and education/research the least:

Exhibit 9

Practice Area, Primary Position

	RDs	DTRs
clinical nutrition — acute care/inpatient	29%	43%
clinical nutrition — ambulatory care	14%	1%
clinical nutrition — long term care	11%	18%
community	11%	10%
food and nutrition management	13%	17%
consultation and business	11%	2%
education and research	7%	1%

base: 8,475 practicing RDs; 1,236 practicing DTRs

Among RDs, the most commonly held positions include:

Exhibit 10

Highest Incidence Positions — RDs

	RDs
Clinical Dietitian	17%
Clinical Dietitian, Specialist — Renal	3%
Outpatient Dietitian, General	4%
Outpatient Dietitian, Specialist — Diabetes	4%
Outpatient Dietitian, Specialist — Renal	3%
Clinical Dietitian, Long Term Care	11%
WIC Nutritionist	6%
Public Health Nutritionist	3%
Director of Food and Nutrition Services	5%
Clinical Nutrition Manager	4%
Private Practice Dietitian — Patient/Client Nutrition Care	4%

base: 8,475 practicing RDs

Among DTRs, the most common positions are:

Exhibit 11
Highest Incidence Positions — DTRs

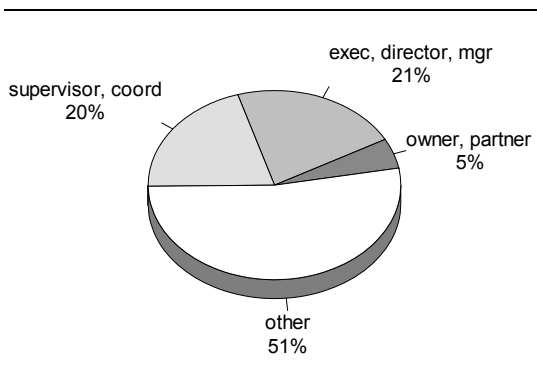
	DTRs
Dietetic Technician, Clinical	41%
Clinical Dietitian, Long Term Care	3%
Dietetic Technician, Long Term Care	15%
WIC Nutritionist	7%
Director of Food and Nutrition Services	6%
Dietetic Technician, Foodservice Management	8%

base: 1,236 practicing DTRs

Position Characteristics

6% of RDs and 1% of DTRs indicated they are owners of or partners in their practice, while 1% of RDs and less than 0.5% of DTRs reported an executive level of responsibility. 20% of practitioners overall are directors or managers, and another 20% are supervisors or coordinators (results similar between RDs and DTRs). Responsibility levels have changed little since the 2002 survey.

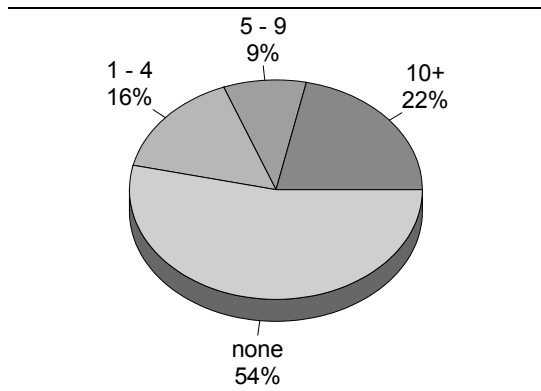
Exhibit 12
Responsibility Level



base: 9,873 practitioners

46% of RDs and 48% of DTRs reported they directly or indirectly supervise employees. For those supervising, the median number supervised is eight for RDs and 14 for DTRs.

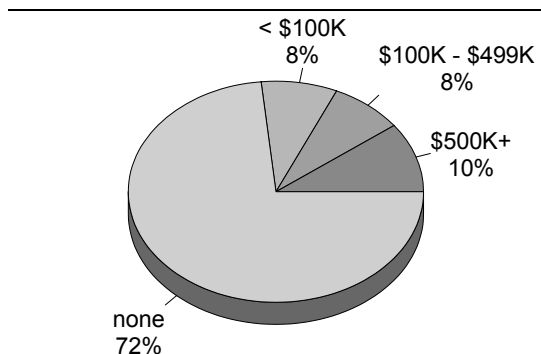
Exhibit 13
Number Supervised



base: 9,873 practitioners

26% of RDs and 24% of DTRs reported managing a budget; for those doing so, the median budget size is \$324,000 for RDs and \$227,000 for DTRs, with 10% of RDs and 7% of DTRs managing budgets of \$500,000 or more.

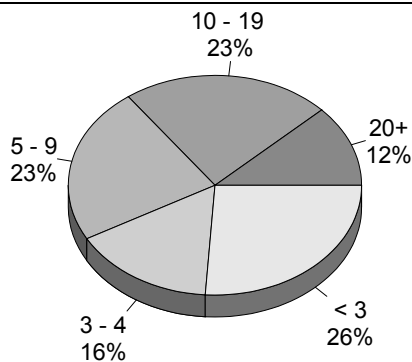
Exhibit 14
Budget Responsibility



base: 9,873 practitioners

The typical practitioner has been in his or her primary dietetics position for six years, with 26% in the job for less than three years, and 35% in the job for ten years or more. Job tenure is up slightly from 2002.

Exhibit 15
Years in Position



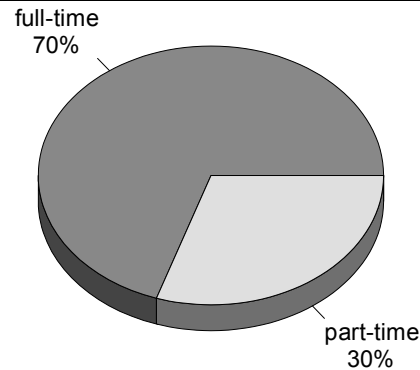
base: 9,873 practitioners

RD Compensation

63% of RDs reported their pay was based on 40 hours per week or more, with an additional 13% indicating a pay base of 30 to 39 hours per week. 96% 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, 70% of RDs are employed full time in 2005, up marginally from 68% in 2002.

Exhibit 16
RD Pay Base



base: 8,017 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, 2005, was \$23.80 per hour. If annualized ($\times 40$ hours/week $\times 52$ weeks/year), this equates to a full-time salary of \$49,500 per year. Median total cash compensation for RDs employed in the position full time for at least one year was \$50,000.

These results are higher than the most current Bureau of Labor Statistics (BLS) median wage estimate for Dietitians and Nutritionists of \$20.98 per hour.² Two factors help account for the discrepancy: this survey data is current as of April 1, 2005, and is thus nearly a year more current than the BLS estimate; and BLS does not restrict its estimate to registered dietitians.

At \$23.80, the median wage for all RDs is up 8.2% from its value of \$22.00 in the 2002 survey, representing an annualized increase of 2.7%. This increase exactly tracks change in the Consumer Price Index between April 2002 and April 2005.³

Exhibit 17

RD Median Wage 2002 Versus 2005



base: answering RDs: 8,621 in 2002, 8,017 in 2005

As in 2002, the wide range of RD compensation continues to be of interest:

Exhibit 18

RD Compensation

	Hourly Wage	Total Cash
10th percentile (10% earn less)	\$16.83	\$36,000
25th percentile (25% earn less)	\$19.61	\$41,500
50th percentile (50% earn less)	\$23.80	\$50,000
75th percentile (75% earn less)	\$28.85	\$60,500
90th percentile (90% earn less)	\$36.06	\$77,900

base: 8,017 answering RDs (hourly wage); 5,457 answering RDs (total cash compensation)

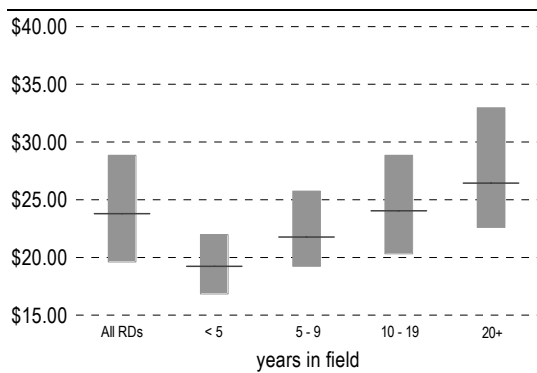
Helping to account for that range, a number of factors show strong associations with compensation levels for RDs. The following series of exhibits demonstrates the relationship between hourly wage and years in the field, years in the position, education, credentials, practice area, employer status, responsibility level, number supervised, budget 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.

² U.S. Department of Labor, Bureau of Labor Statistics. Occupational Employment and Wages, May 2004 29-1031 Dietitians and Nutritionists. <http://www.bls.gov/oes/current/oes291031.htm>. Accessed 07/23/05.

³ U.S. Department of Labor, Bureau of Labor Statistics. Consumer Price Index - All Urban Consumers. <http://www.bls.gov/cgi-bin/survey/most>. Accessed 07/23/05.

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

Exhibit 19
RD Hourly Wage by Years in Field

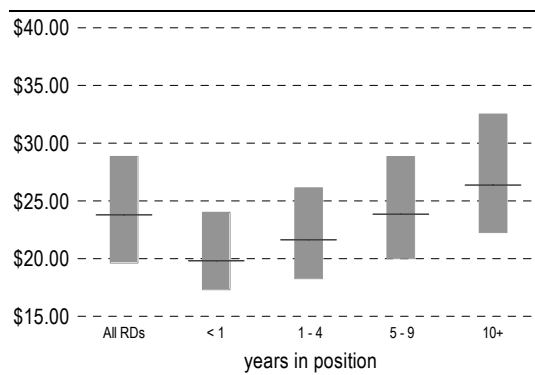


	#	percentiles		
		25th	50th	75th
All RDs	8,017	\$19.61	\$23.80	\$28.85
20+ years	3,110	\$22.60	\$26.44	\$32.97
10 - 19 years	2,060	\$20.32	\$24.04	\$28.85
5 - 9 years	1,528	\$19.23	\$21.77	\$25.75
< 5 years	1,276	\$16.83	\$19.23	\$21.98

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; among practitioners with 20 or more years of experience, more than three-fourths earn more than all but the top one-fourth of those with less than five years' experience.

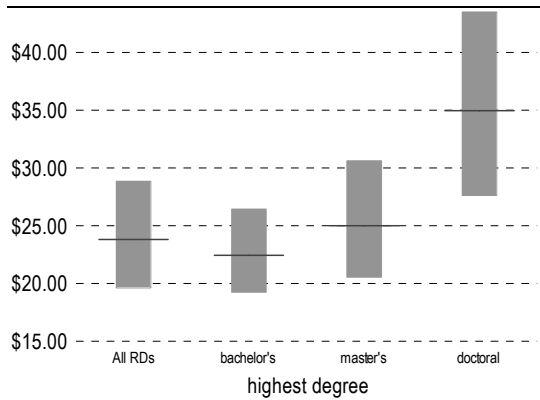
Exhibit 20
RD Hourly Wage by Years in Position



	#	percentiles		
		25th	50th	75th
All RDs	8,017	\$19.61	\$23.80	\$28.85
10+ years	2,687	\$22.26	\$26.37	\$32.52
5 - 9 years	1,817	\$20.00	\$23.85	\$28.84
1 - 4 years	3,234	\$18.27	\$21.63	\$26.13
< 1 year	245	\$17.31	\$19.81	\$24.02

The typical RD in the position less than one year earns \$19.81 an hour, with pay rising steadily along with job tenure.

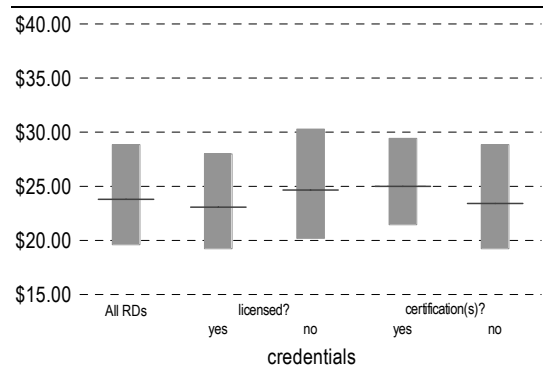
Exhibit 21
RD Hourly Wage by Education Level



	#	percentiles		
		25th	50th	75th
All RDs	8,017	\$19.61	\$23.80	\$28.85
doctoral degree	280	\$27.62	\$34.96	\$43.50
master's degree	3,552	\$20.54	\$25.00	\$30.62
bachelor's degree	4,158	\$19.23	\$22.44	\$26.44

Education beyond the bachelor's degree is clearly associated with wage gains; the difference between the median wage of RDs with a bachelor's degree and that of RDs with a master's degree is \$2.56 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 \$34.96) are more than twelve dollars above RDs with only a bachelor's degree.

Exhibit 22
RD Hourly Wage by Credentials Held



	#	percentiles		
		25th	50th	75th
All RDs	8,017	\$19.61	\$23.80	\$28.85
state license	4,949	\$19.23	\$23.08	\$28.00
no state license	3,068	\$20.19	\$24.66	\$30.29
specialty certification(s)	1,338	\$21.45	\$25.00	\$29.43
no certifications	6,679	\$19.23	\$23.42	\$28.85

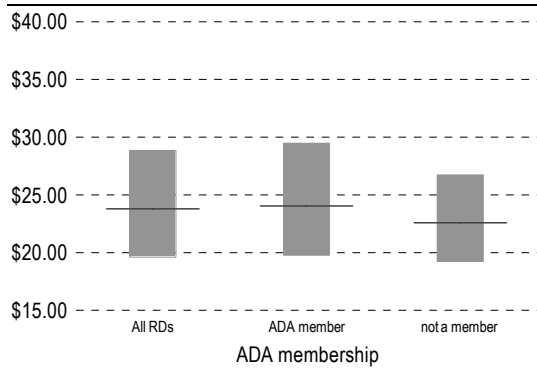
NOTE: Examples of specialty certifications provided to respondents included CNSD, CDE, FADA, CSR, CSP, CHE, CDM, CFPP, CFE, CFM.

As in 2002, 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.)

Holding one or more specialty certifications is again associated with an increased median wage, adding \$1.58 over those with no such certifications. The survey did not ask *which* specialty certifications are held, so the effect of any particular certification is unknown.

Exhibit 23

RD Hourly Wage by ADA Membership

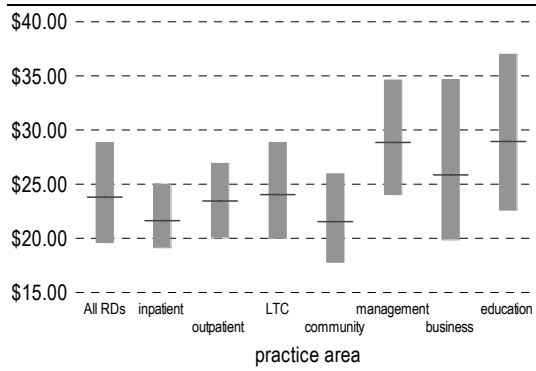


	#	percentiles		
		25th	50th	75th
All RDs	8,017	\$19.61	\$23.80	\$28.85
ADA member	6,187	\$19.78	\$24.04	\$29.48
not a member	1,830	\$19.23	\$22.59	\$26.73

Also as in 2002, results show a small positive association between ADA membership and RD compensation; typical members earn \$1.45 more than nonmembers.

Exhibit 24

RD Hourly Wage by Practice Area

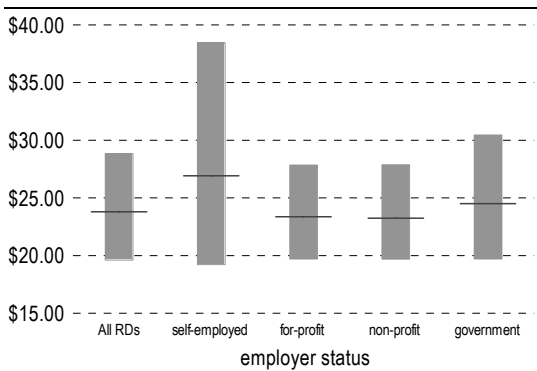


	#	percentiles		
		25th	50th	75th
All RDs	8,017	\$19.61	\$23.80	\$28.85
acute care/inpatient	2,350	\$19.13	\$21.63	\$25.00
ambulatory care	1,124	\$20.03	\$23.45	\$26.92
long term care	871	\$20.00	\$24.04	\$28.85
community	929	\$17.79	\$21.54	\$25.96
food and nutrition management	1,060	\$24.04	\$28.85	\$34.62
consultation and business	797	\$19.86	\$25.85	\$34.65
education and research	533	\$22.60	\$28.95	\$36.99

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. Since 2002, median wages have grown at the greatest rate for food/nutrition management and education/research (gains over 10% each), while they grew at less than inflation for long term care (+6.3%) and community (+5.0%), and actually went backwards for consultation and business (-0.7%).

Declining wages for those in the consultation and business practice area is likely related to the prevalence in that group of self-employed professionals, a group which saw its median wage drop from \$27.47 in 2002 to \$26.92 in 2005 (-2.0%).

Exhibit 25
RD Hourly Wage by Employer Status



	#	percentiles		
		25th	50th	75th
All RDs	8,017	\$19.61	\$23.80	\$28.85
self-employed	740	\$19.23	\$26.92	\$38.46
for-profit	2,449	\$19.71	\$23.37	\$27.85
non-profit (other than government)	3,122	\$19.69	\$23.24	\$27.88
government	1,570	\$19.71	\$24.51	\$30.46

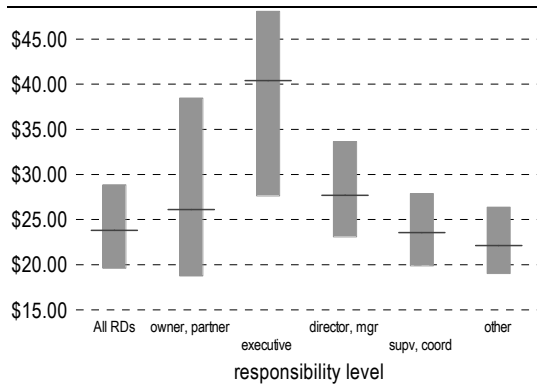
That said, those RDs self-employed in private practice or as consultants still do markedly better than RDs in others' employ, on average, and show the greatest upside potential by far (75th percentile of \$38.46, eight dollars more than the next highest segment).

Specific work settings for which median wages are highest include school food service (\$28.87), food manufacturers/distributors/retailers (\$27.64), pharmaceutical or nutrition products companies (\$27.88), and college or university faculty (\$30.78). School food service and college/university faculty both saw double-digit percentage gains for median wage since the 2002 survey.

Median wages are lowest in private practice, hospitals, and community or public health programs, though median wages in hospitals have increased by 11.0% since 2002 (to \$22.89).

Exhibit 26

RD Hourly Wage by Responsibility Level



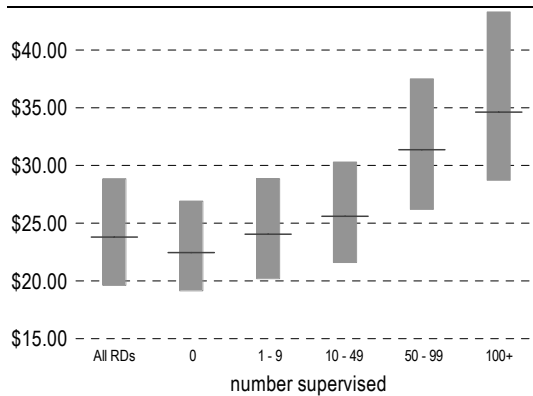
	#	percentiles		
		25th	50th	75th
All RDs	8,017	\$19.61	\$23.80	\$28.85
owner or partner	403	\$18.75	\$26.10	\$38.46
executive	120	\$27.61	\$40.40	\$48.08
director or manager	1,690	\$23.08	\$27.68	\$33.65
supervisor or coordinator	1,625	\$19.86	\$23.56	\$27.88
other	4,075	\$19.01	\$22.12	\$26.37

As in 2002, the relatively small cadre of executives reported exceptionally high hourly wages compared to all RDs, a disparity that increases even more at the high end of the range when sources of compensation other than hourly wage (e.g., bonuses, incentive pay) are taken into account.

The median wage differential between staff and supervisors/coordinators has remained about the same as in 2002 (\$1.44), while the gap between staff and directors/managers has grown to \$5.56 per hour; median wage for directors/managers surged +10.7% since 2002.

Exhibit 27

RD Hourly Wage by Number Supervised



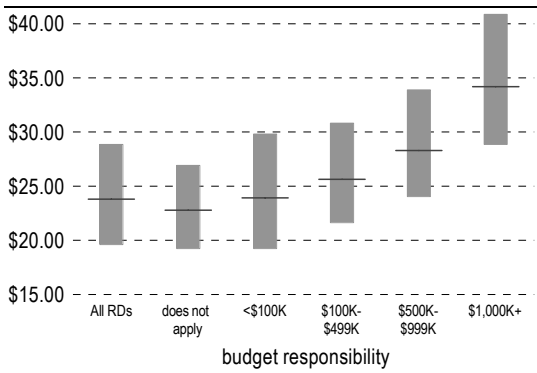
	#	percentiles		
		25th	50th	75th
All RDs	8,017	\$19.61	\$23.80	\$28.85
100+	185	\$28.71	\$34.62	\$43.30
50 - 99	255	\$26.20	\$31.37	\$37.50
10 - 49	1,264	\$21.59	\$25.60	\$30.29
1 - 9	2,047	\$20.19	\$24.04	\$28.85
0	4,242	\$19.14	\$22.45	\$26.92

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 45% greater than the typical RD. These results closely mirror the results based on responsibility level, probably because wage levels tend to correspond to a position's rank in an organization's hierarchy.

Median wage gains since 2002 failed to keep pace with inflation for those without supervisory responsibility (+6.9%).

Exhibit 28
RD Hourly Wage by Budget Responsibility

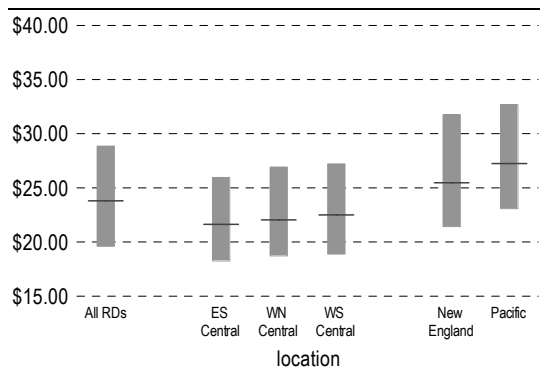


	#	percentiles		
		25th	50th	75th
All RDs	8,017	\$19.61	\$23.80	\$28.85
\$1,000K+	576	\$28.85	\$34.19	\$40.87
\$500K - \$999K	277	\$24.04	\$28.30	\$33.89
\$100K - \$499K	666	\$21.63	\$25.64	\$30.82
< \$100K	608	\$19.23	\$23.92	\$29.81
does not apply	5,780	\$19.23	\$22.78	\$26.92

Budget responsibility also correlates with wages, with gains increasing as budget size increases. Those responsible for budgets of \$1 million or more earn a median wage 50% greater than those with no budget responsibility, and have seen the greatest wage growth since 2002 (+11.1%). One fourth of that select group earn wages of more than \$40.87 per hour (\$85,000 per year).

While almost half of all practicing RDs (46%) have some supervisory responsibility, only about a quarter (26%) manage budgets.

Exhibit 29
RD Hourly Wage by Location
(selected Census Divisions)



	#	percentiles		
		25th	50th	75th
All RDs	8,017	\$19.61	\$23.80	\$28.85
East South Central	503	\$18.25	\$21.63	\$25.96
West North Central	809	\$18.72	\$22.05	\$26.92
West South Central	675	\$18.88	\$22.50	\$27.22
New England	500	\$21.43	\$25.48	\$31.77
Pacific	1,084	\$23.08	\$27.24	\$32.69

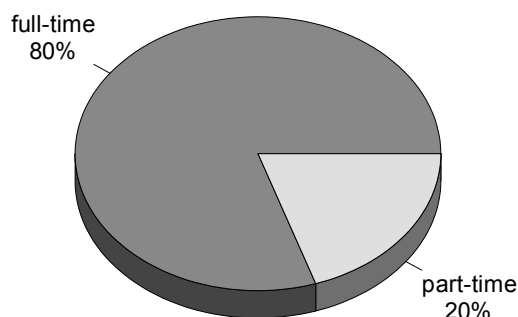
RD compensation does vary somewhat by employment location. In terms of the nine standard Census Divisions, the East South Central states (Kentucky, Tennessee, Mississippi, Alabama), the West North Central states (North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri), and the West South Central states (Arkansas, Louisiana, Oklahoma, Texas) post below-average median wages, whereas the New England states (Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, Maine) and the Pacific states (Alaska, Hawaii, Washington, Oregon, California) post above-average median wages.

DTR Compensation

69% 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 30 to 39 hours per week. 97% indicated their position is year-round.

In sum, 80% of DTRs work full time as defined in this report (35 hours or more per week for 48 weeks per year or more) — up five points from 75% in 2002.

Exhibit 30
DTR Pay Base



base: 1,115 answering DTRs

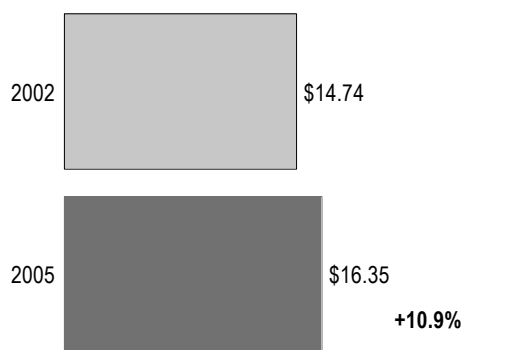
(Analyses of hours worked and compensation received are based on the subset of respondents providing complete information for all relevant questions.)

Among all DTRs in all positions, the median hourly wage as of April 1, 2005, was \$16.35 per hour; if annualized, this equates to a salary of \$34,000 per year. Median total cash compensation for DTRs employed in the position full time for at least one year was \$34,600.

As with RDs, these current survey estimates are higher than those published by the Bureau of Labor Statistics (May 2004 median wage = \$11.05).⁴ The factors previously discussed help to explain the discrepancy here, as well.

Unlike RDs, DTR median pay increased faster than the three-year inflation rate (CPI) of 8.2%, growing by 10.9% since 2002.

Exhibit 31
DTR Median Wage 2002 Versus 2005



base: answering DTRs: 1,397 in 2002, 1,115 in 2005

⁴ U.S. Department of Labor, Bureau of Labor Statistics. Occupational Employment and Wages, May 2004 29-2051 Dietetic Technicians. <http://www.bls.gov/oes/current/oes292051.htm>. Accessed 07/23/05.

Like RDs, DTR compensation also spans a considerable range:

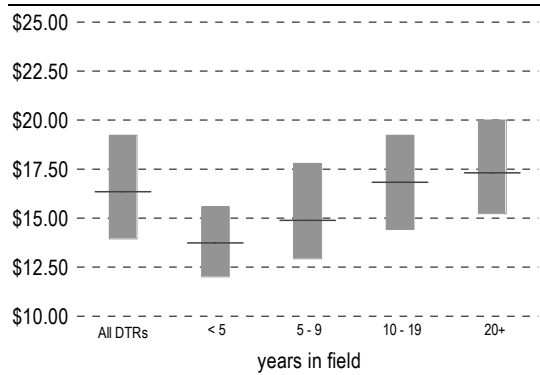
Exhibit 32
DTR Compensation

	Hourly Wage	Total Cash
10th percentile (10% earn less)	\$12.02	\$25,700
25th percentile (25% earn less)	\$13.94	\$29,600
50th percentile (50% earn less)	\$16.35	\$34,600
75th percentile (75% earn less)	\$19.23	\$40,000
90th percentile (90% earn less)	\$22.32	\$47,000

base: 1,115 answering DTRs (hourly wage); 874 answering DTRs (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, practice area, employer status, responsibility level, number supervised, budget 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 33
DTR Hourly Wage by Years in Field

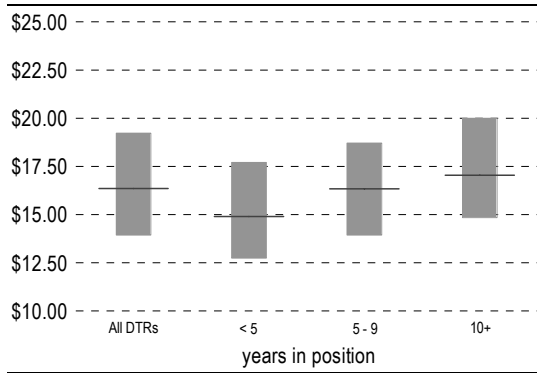


	#	percentiles		
		25th	50th	75th
All DTRs	1,115	\$13.94	\$16.35	\$19.23
20+ years	347	\$15.23	\$17.31	\$20.00
10 - 19 years	390	\$14.42	\$16.83	\$19.23
5 - 9 years	218	\$12.93	\$14.89	\$17.79
< 5 years	149	\$12.01	\$13.74	\$15.57

DTR median wages show a steady increase with increasing experience, and the differential between new (< 5 years) and the most veteran (20+ years) practitioners has increased since 2002 (now \$3.57).

Exhibit 34

DTR Hourly Wage by Years in Position

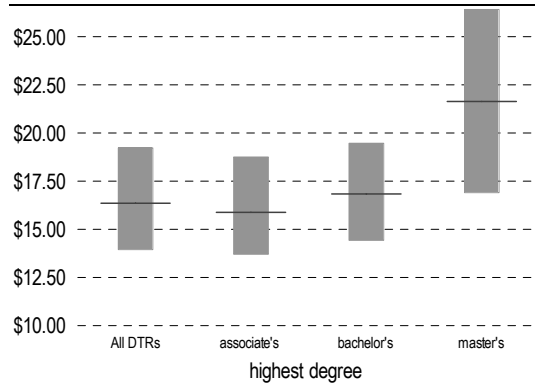


	#	percentiles		
		25th	50th	75th
All DTRs	1,115	\$13.94	\$16.35	\$19.23
10+ years	460	\$14.84	\$17.04	\$20.00
5 - 9 years	305	\$13.94	\$16.34	\$18.71
1 - 4 years	323	\$12.74	\$14.90	\$17.71

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 35

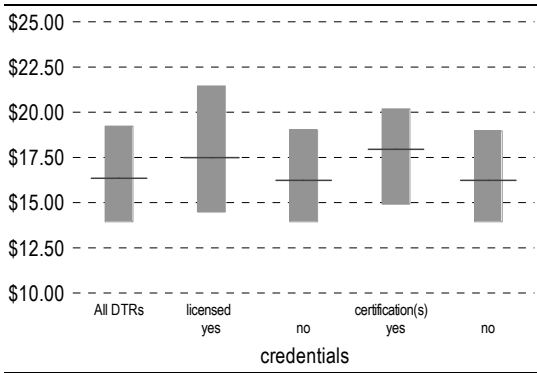
DTR Hourly Wage by Education Level



	#	percentiles		
		25th	50th	75th
All DTRs	1,115	\$13.94	\$16.35	\$19.23
master's degree	25	\$16.90	\$21.63	\$26.41
bachelor's degree	269	\$14.42	\$16.83	\$19.47
associate's degree	816	\$13.70	\$15.88	\$18.75

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

Exhibit 36
DTR Hourly Wage by Credentials Held

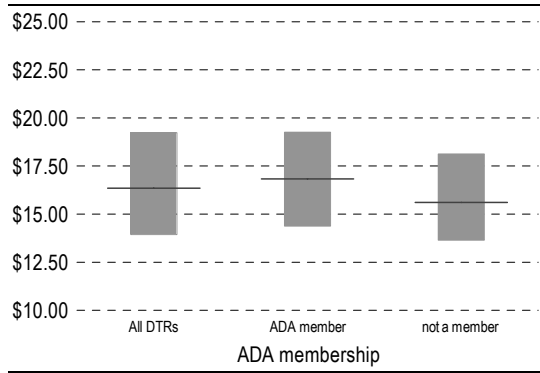


	#	percentiles		
		25th	50th	75th
All DTRs	1,115	\$13.94	\$16.35	\$19.23
state license	82	\$14.48	\$17.49	\$21.45
no state license	1,033	\$13.94	\$16.23	\$19.02
specialty certification(s)	72	\$14.91	\$17.95	\$20.19
no certifications	1,043	\$13.94	\$16.23	\$18.97

NOTE: Examples of specialty certifications provided to respondents included CNSD, CDE, FADA, CSR, CSP, CHE, CDM, CFPP, CFE, CFM.

In reverse of the situation with RDs, the median wage of the small number of DTRs with a state license is over a dollar an hour more than the median wage of those without. (Note that few states require DTRs to be licensed.) In a change since 2002, possession of one or more specialty certifications now correlates with notable wage gains for DTRs.

Exhibit 37
DTR Hourly Wage by ADA Membership

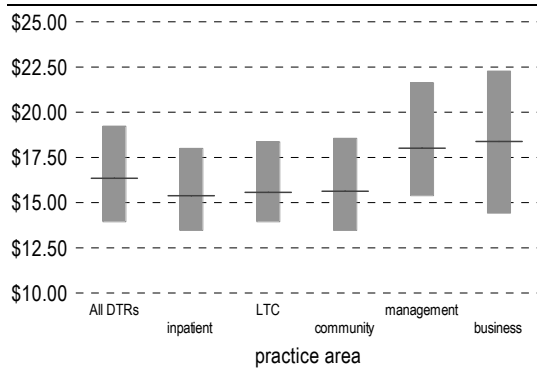


	#	percentiles		
		25th	50th	75th
All DTRs	1,115	\$13.94	\$16.35	\$19.23
ADA member	561	\$14.38	\$16.83	\$19.26
not a member	554	\$13.65	\$15.61	\$18.13

As with RDs, ADA membership is associated with higher compensation levels for DTRs. Member DTRs also enjoyed a 12.2% increase in median wage since the 2002 survey, while nonmember pay went up only 8.3%.

Exhibit 38

DTR Hourly Wage by Practice Area

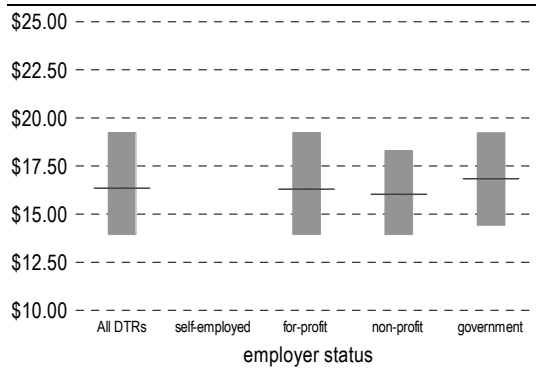


	#	percentiles		
		25th	50th	75th
All DTRs	1,115	\$13.94	\$16.35	\$19.23
acute care/inpatient	479	\$13.46	\$15.38	\$18.00
long term care	204	\$13.94	\$15.57	\$18.37
community	112	\$13.46	\$15.63	\$18.56
food and nutrition management	198	\$15.38	\$18.01	\$21.63
consultation and business	22	\$14.42	\$18.38	\$22.28

As in 2002, the practice areas of food and nutrition management and consultation and business hold the greatest promise for DTRs, where median wages are \$18.01 and \$18.38, respectively, over \$2.00 more per hour than the median wages of those in the inpatient, long term care, or community areas. The community practice area enjoyed the greatest percentage gain since 2002, however, at +12.1%.

Exhibit 39

DTR Hourly Wage by Employer Status

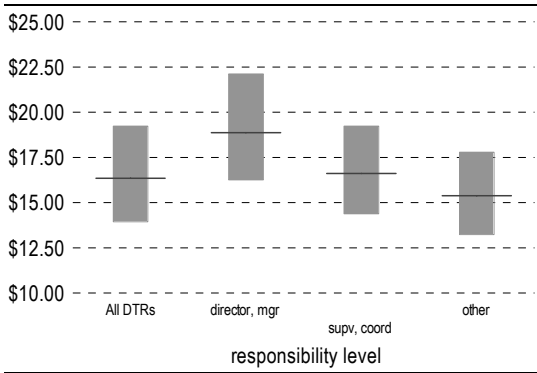


	#	percentiles		
		25th	50th	75th
All DTRs	1,115	\$13.94	\$16.35	\$19.23
self-employed	17			
for-profit	343	\$13.94	\$16.30	\$19.23
non-profit	545	\$13.94	\$16.03	\$18.29
government	184	\$14.42	\$16.84	\$19.23

The number of responding self-employed DTRs dropped below the threshold for reporting in the 2005 survey, so no statistics are shown. Wages for the other types of employers are similar to one another.

In terms of specific work settings, DTRs in school food service earn a median of \$17.31 per hour (down 5.0% from 2002), and those employed by a government agency earn a median of \$15.60 per hour (down 9.9%). Those working in extended care facilities saw gains of 12.1%, to \$16.70, while those in community or public health programs jumped +14.6%, to \$15.93. Median wage for those employed in hospitals is \$15.38, up 6.7% from 2002.

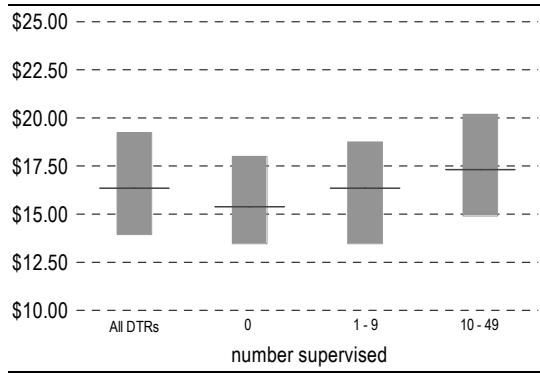
Exhibit 40
DTR Hourly Wage by Responsibility Level



	#	percentiles		
		25th	50th	75th
All DTRs	1,115	\$13.94	\$16.35	\$19.23
director or manager	232	\$16.26	\$18.87	\$22.12
supervisor or coordinator	257	\$14.38	\$16.61	\$19.23
other	604	\$13.23	\$15.38	\$17.79

Responsibility level shows a clear association with DTR compensation, with those characterizing themselves as directors or managers earning a median wage \$3.49 per hour higher than those without supervisory or management responsibility (up from a \$2.65 differential in 2002). The gap between staff and supervisors/coordinators has grown as well, from \$0.67 in 2002 to \$1.23 in 2005.

Exhibit 41
DTR Hourly Wage by Number Supervised



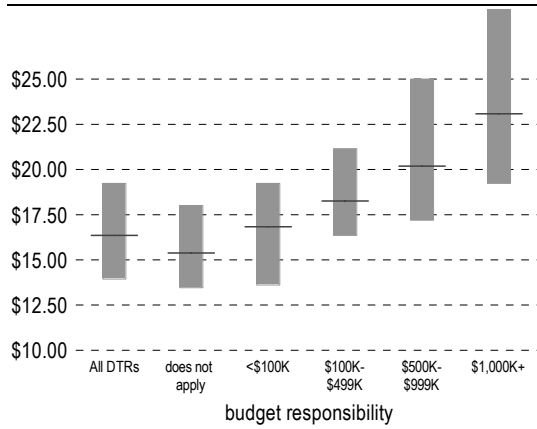
	#	percentiles		
		25th	50th	75th
All DTRs	1,115	\$13.94	\$16.35	\$19.23
10 - 49	313	\$14.90	\$17.31	\$20.19
1 - 9	205	\$13.46	\$16.35	\$18.75
0	567	\$13.46	\$15.38	\$18.00

NOTE: Includes number of employees supervised directly or indirectly. Results for supervision of 100 or more employees not shown due to insufficient response.

Reflecting essentially the same phenomenon, DTR compensation is strongly associated with supervisory responsibility, especially as the number supervised grows larger. Those without supervisory responsibility saw median wages fail to keep pace with inflation, up only 7.7% since 2002.

Exhibit 42

DTR Hourly Wage by Budget Responsibility



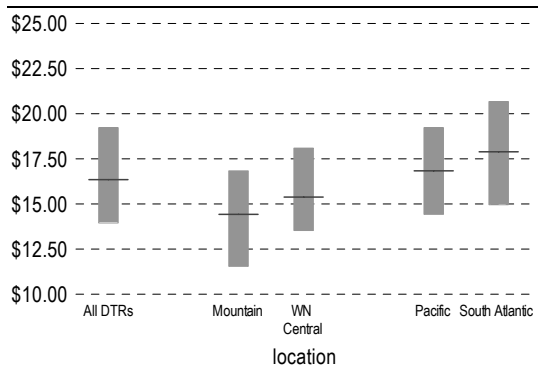
	#	percentiles		
		25th	50th	75th
All DTRs	1,115	\$13.94	\$16.35	\$19.23
\$1,000K+	29	\$19.23	\$23.08	\$28.85
\$500K - \$999K	45	\$17.19	\$20.19	\$25.00
\$100K - \$499K	130	\$16.35	\$18.26	\$21.15
< \$100K	73	\$13.61	\$16.83	\$19.23
does not apply	805	\$13.46	\$15.38	\$18.00

Budget responsibility is also clearly associated with DTR compensation, with those managing large budgets (\$1 million or more) earning 50% higher median wages than those with no budget responsibility.

Exhibit 43

DTR Hourly Wage by Location

(selected Census Divisions)



	#	percentiles		
		25th	50th	75th
All DTRs	1,115	\$13.94	\$16.35	\$19.23
Mountain	31	\$11.54	\$14.42	\$16.83
West North Central	113	\$13.53	\$15.38	\$18.09
Pacific	132	\$14.42	\$16.83	\$19.23
South Atlantic	138	\$14.95	\$17.89	\$20.67

As with RD compensation, median DTR wages do vary somewhat by employment location. DTRs in the Mountain states (Idaho, Nevada, Utah, Arizona, Montana, Wyoming, Colorado, New Mexico) and the West North Central states (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota) earn median wages significantly below the median for all DTRs, while those in the Pacific states (Alaska, Hawaii, Washington, Oregon, California) and the South Atlantic states (West Virginia, Maryland, Delaware, District of Columbia, Virginia, North Carolina, South Carolina, Georgia, Florida) earn more.

Benefits

Although many are employed part-time, dietetics practitioners as a group enjoy considerable fringe benefits from their work. 79% receive paid vacation or personal time off, 73% paid holidays, and 71% paid sick days. 80% have some sort of medical coverage, which compares favorably with a reference group of US white collar workers in private industry, where 75% have medical coverage.⁵ 74% of dietetics practitioners have dental coverage and 59% have vision coverage, well above the reference group values of 52% and 32%, respectively. 68% of dietetics practitioners receive a prescription drug benefit.

69% receive life insurance, and 62% some form of disability insurance, again above the norms for white collar workers. 64% reported participation in defined contribution retirement programs (such as 401(k) plans), about the same as the reference group, and 42% participate in defined benefit (pension) retirement programs, compared to only 23% of the reference group.

57% receive funding for professional development (conferences, seminars, etc.), and 22% have their professional society dues paid. 41% receive assistance with college tuition. 42% have access to an employee assistance or wellness program. 34% work with comp time or flex time. 33% receive a fitness benefit such as a discounted health club membership or an on-site facility, up four points since 2002. 26% are eligible for extended and/or paid maternity leave, and 12% have on-site child care or a child care allowance, values which have not changed since the previous survey.

Benefit levels are most influenced by employment status (self-employed versus not; full-time versus 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.

⁵ U.S. Department of Labor, Bureau of Labor Statistics. Employee Benefits in Private Industry, 2005. National Compensation Survey: Employee Benefits in Private Industry in the United States, 2002-2003.

Exhibit 44

Benefits Offered As Part of Employment/Self-Employment

	%
NET: paid time off	82%
paid vacation, personal time off	79%
paid holidays	73%
paid sick days	71%
NET: medical	81%
medical insurance, group plan, or savings account	80%
dental insurance or group plan	74%
prescription drug benefit	68%
vision insurance or group plan	59%
NET: insurance	74%
life insurance	69%
disability insurance (long- and/or short-term)	62%
NET: retirement, investments	76%
defined contribution retirement plan (e.g., 401[k], SEP)	64%
defined benefit retirement plan (pension)	42%
stock options, ESOP	8%
profit sharing	7%
NET: professional development	59%
funding for professional development (conferences, seminars, etc.)	57%
professional society dues	22%
NET: quality of work life	73%
employee assistance or wellness program	42%
college tuition assistance	41%
comp time or flex time	34%
fitness benefit (e.g., discounted health club membership, on-site facilities)	33%
extended and/or paid parental leave	26%
on-site child care or allowance	12%
telecommuting	7%
other	3%
indicated one or more	89%
no benefits	11%
no answer	0%

base: 9,873 practitioners (multiple answers)

NET indicates selection of one or more items in category; see *Appendix* for a statistical glossary

Conclusion

In underwriting the *Compensation & Benefits Survey of the Dietetics Profession 2005*, the American Dietetic Association and the Commission on Dietetic Registration 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

A 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 #3568). Price is \$20 for ADA members, \$250 for nonmembers.