Allied Health Workforce Projections, 2016-2030:
Registered Dieticians

This factsheet presents national-level supply and demand projections for registered dieticians from 2016 through 2030 using HRSA's Health Workforce Simulation Model (HWSM).[1]

Registered dietitians advise individuals on proper nutrition necessary to maintain a healthy lifestyle or achieve a health-related goal.[2] Dieticians may also provide medical nutrition therapy, develop education programs on nutrition topics, and plan meal programs in food service settings (e.g., hospitals, prisons, cafeterias). They also may work with other health care professionals using a team-based approach to coordinate patient care. Registered dietitians are required to have a bachelor's degree in dietetics or a related field, as well as postgraduate training. They are also required to pass state licensing exams and participate in continuing education classes. Nutritionists perform similar tasks as registered dieticians but do not go through the same formal educational and licensure processes. Due to the lack of data on nutritionists, this workforce projection report focuses only on registered dietitians.

About the National Center for Health Workforce Analysis

The National Center for Health Workforce Analysis informs public and private sector decision-makers on health workforce issues by expanding and improving health workforce data, disseminating workforce data to the public, and improving and updating projections of the supply and demand for health workers. Visit the website: https://bhw.hrsa.gov/national-center-health-workforce-analysis

METHODS

While the nuances of modeling workforce supply and demand differ for individual health occupations, the basic HWSM framework remains the same across all occupations. For supply modeling, the HWSM's major components include common labor-market factors like unemployment and new entrants to the workforce (e.g., newly trained dieticians), demographic and geographic characteristics of the existing workforce, and workforce participation decisions (e.g., patterns in retirement and hours worked). The model assumes that current supply patterns for registered dieticians remain the same throughout the forecast period and projects forward in one-year increments. Each annual supply estimate becomes the starting point for the subsequent year, with the process repeated through 2030.

For demand modeling, the HWSM assumes that demand equals supply in 2016,[3] and applies health care utilization patterns across future population demographics. The model provides demand projections under two scenarios: a "status quo" scenario (Scenario One) and an "evolving care delivery" scenario (Scenario Two).

Under **Scenario One**, the model assumes that 2016 health care use and delivery patterns for dietary and nutrition services remain the same over the forecast period, and accounts for changes in population demographics and the commensurate shifts in dietary and nutrition service usage. This status quo scenario

[1] This model uses a micro-simulation approach where supply is projected based on the simulation of career choices of individual health workers. Demand for health care services is simulated for a representative sample of the current and future U.S. population based on each person's demographic and socioeconomic characteristics, health behavior, and health risk factors that affect their health care utilization patterns. For more information on data and methods, please see: https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf

[2] Composite descriptions of health occupations examined in this report are sourced from: Bureau of Labor Statistics. Occupational Outlook Handbook, Dieticians and Nutritionists [online]. 2018. Accessed at: https://www.bls.gov/ooh/healthcare/dietitians-and-nutritionists.htm.

[3] The assumption that supply equals demand at baseline is a standard approach in workforce projection modelling. Please refer to: Ono T, Lafortune G, Schoenstein M. "**Health workforce planning in OECD countries: a review of 26 projection models from 18 countries.**" *OECD Health Working Papers, No. 62*. France: OECD Publishing; 2013: 8-11.

does not reflect potential changes in care utilization patterns in future years resulting from advancements in medicine and technology or shifts in health care delivery and payment models (e.g., team-based care, telemedicine).

Scenario Two builds upon Scenario One by incorporating the potential impact of evolving health care system trends and goals on dietary and nutrition services. This includes assumptions related to improvement in population health (e.g. improved control of diabetes, modest reduction in excess body weight) and implementation of team-based care and continuum of care. Detailed information on the modeling of the evolving care delivery scenario can be found in an accompanying technical documentation report.[4] Both supply and demand are reported as full-time equivalents (FTEs). FTE estimates may differ from actual counts of persons who are employed or providing care.

These estimates do not capture changes in health care delivery patterns or disparities between supply and demand at localized geographic levels. Quantifying changes to demand due to innovations in health care delivery models, payment reform, team-based care, health-seeking behaviors, and other health system-level factors presents many challenges. HRSA will continue incorporating such factors into its future workforce projections as the evidence-base evolves and reliable data sources become available.

FINDINGS

Nationally, approximately 78,970 registered dieticians were active in the U.S. workforce in 2016. By 2030, the supply of registered dieticians is expected to increase 24 percent to 97,940 FTEs (*Exhibit 1*).

Under **Scenario One,** demand for registered dieticians is expected to increase 21 percent to 95,540 FTEs in 2030. Under **Scenario Two**, demand for registered dieticians is projected to grow 26 percent to 99,540 FTEs in 2030. These estimates suggest the supply of registered dieticians in 2030 will be adequate under the status quo scenario, but may be in shortage under the evolving care delivery scenario.

Exhibit 1. Projected Supply and Demand for Registered Dieticians in the United States, 2016-2030

	Scenario One (Status quo)	Scenario Two (Evolving care delivery)
Supply		
Estimated supply, 2016	78,970	78,970
Projected supply, 2030	97,940	97,940
New entrants, 2016-2030	58,200	58,200
Attrition[a], 2016-2030	-39,230	-39,230
Projected supply, 2030	97,940	97,940
Total growth (%), 2016-2030	18,970 (24%)	18,970 (24%)
Demand		
Estimated demand, 2016	78,970	78,970
Projected demand[b], 2030	95,540	99,540
Changing demographics, 2016-2030	16,570	16,570
Achieving population health goals	NA	4,690
Increased managed care	NA	1,010
Avoidable hospitalization and ED use	NA	-1,700
Total growth (%), 2016-2030	16,570 (21%)	20,570 (26%)
Projected Supply (minus) Demand, 2030	**2,400**	**-1,600**

Notes: All numbers reflect full time equivalents (FTEs). Numbers may not sum to totals due to rounding. NA denotes "not applicable".

[4] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Technical Documentation for HRSA's Health Workforce Simulation Model. Rockville, MD: U.S. Department of Health and Human Services, 2018. Available from: https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hwsm-technical-report-to-dea.pdf.

ED denotes “emergency department”.
[a] Includes retirements and mortality.
[b] Demand growth for status quo scenario reflects changing demographics only.