

Evaluating the Impact of COVID19 on Nutrition Jobs in the New York Metropolitan Area: A Comparison of Position Listings and Reported Needs from Before and During the Pandemic

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Abstract

The Covid19 pandemic has caused significant changes in staffing and training needs in the healthcare workforce. Among the practitioners impacted are dietitians and nutritionists. This study compared samples of position announcements in nutrition and dietetics from 2017 and 2021. Differences by both total number of position and position categories were found to be significantly different ($p < .05$) between the two time periods studied. There was a decrease of about 50% in the total number of positions posted in the first three months of 2021 as compared to the same months in 2017. Changes across position location were also significant. As a % of the total positions, specialty programs were the only category to show growth over the time period studied. These included overall increases in outpatient clinical programs focusing on HIV/AIDs, cancer, and hemodialysis, and more notably in 2021, eating disorders, obesity, and mental health programs. Differences in specific skills and credentials desired were consistent with needs in these practice areas. Awareness of changes in the employment landscape can help to better prepare students and interns to meet emerging patient care needs and workforce demands.

Keywords: COVID19, workforce, dietitian, nutritionist, skills, credentials, education

1. Introduction

The New York City metropolitan area is served by a wide range of healthcare providers, including the public hospital system (New York City Health and Hospitals Corporation), multiple private sector hospitals and clinics, and private practice and specialty providers, the majority of which employ Registered Dietitians (RD) and other nutrition professionals. In addition to clinical practice, healthcare foodservice operations also employ significant numbers of these workers.

Analysis of current dietetics practice as well as projections of workforce needs for nutrition and dietetics professionals have been ongoing for many years (Stein & Rops, 2016; Hickson, Child, & Collinson, 2018; El-Kour et al., 2020). These have provided the basis for development of educational competencies for initial credentialing and work force readiness, as well as continuing professional education (Bawadi et al., 2019). While providing needed structure, these have also presented challenges to both students and educators (Morgan, Campbell, & Reidlinger, 2018; Morgan et.al 2018; Hutchins et al., 2021). The sources of data for these studies have come primarily from surveys and interviews with practitioners and other relevant stakeholders.

While having information about the credentialing and employment details of those already in the workforce provides valuable insights, information about what employers are seeking in new hires is scarce. To better understand this aspect of the nutrition and dietetics workforce needs, position announcements for employment in nutrition and dietetics listing desired credentials, qualifications, skills, and characteristics sought in a prospective employee were examined by content analysis (Gaba, Shrivastava, Amadi, & Joshi, 2016). These results were found to align closely with the ACEND Competences for Registered Dietitian Nutritionists (ACEND, 2016).

However, the COVID-19 pandemic has resulted in wide-ranging impacts to the food and nutrition landscape, including changes to eating habits (Di Renzo et al., 2020; Al-Domi et.al 2021; Elmacioğlu et al., 2021; Rodriguez-Leyva & Pierce, 2021), increased food insecurity (Niles et al., 2020; Wolfson & Leung, 2020; Jafri et al., 2021), and exacerbation of an array of chronic diseases impacted by these changes (Knorr & Khoo, 2020; Shah, Khan, Dhurandhar, & Hegde, 2021) including obesity (Demeulemeester et al., 2021; Heinberg & Steffen 2021;

Zeigler, 2021), diabetes (Grabia et al., 2020; Drucker, 2021; Mahluji et al., 2021), gastrointestinal disorders (Aguila et al., 2020; Hunt et al., 2021; Kostoff et al., 2021; Wang et al., 2021), liver disease (Cha, Regueiro, & Sandhu, 2020; Levy et al., 2021; Marjot et al., 2021), kidney disease (Nadim et al., 2020; Askari et al., 2021), and cancer (Pathania et al., 2021).

The COVID-19 pandemic has resulted in changes to the work environments and activities in many professions (Parker, Horowitz, & Minkin, 2020). Nutrition has been no exception to this, with increased demand on clinical knowledge and skills concurrently with personal and institutional contingencies (Thibault et al., 2021). This practice environment has been described as volatile, uncertain, complex, and ambiguous (Farr, 2021).

At the same time, an increased rate of turnover in clinical dietetics positions has also been observed (Hewko, Oyeseun, Clow, & VanLeeuwen, 2021). This may be related to both changing workplace and personal factors. For example, higher levels of family care-giving responsibilities by dietitians have been shown to be related to burnout and reported intention to leave their jobs (Williams, Eggett, & Patten, 2021).

These changes have impacted in how professionals prepare for their careers (Minhas et al., 2020) as well as the expectations of professionals across healthcare domains (Bourgeault et al., 2020; El-Kour et al., 2020; Rutgers Institute for Corporate Social Innovation, 2020; Mehta et al., 2021). For example, telehealth has become an important medium for clinical practice (Brunton et al., 2021; Rozga et al., 2021). Ongoing workforce challenges have created a need for changes in educational preparation and continuing professional training. Approaching the analysis of these changes from a “demand side” as identified by employers can help to quickly target education and training to these new needs, challenges, and opportunities (Krasna et al., 2021). Further analysis of identified workforce needs can help to identify those details.

To date, there have been no published studies examining these changes as they pertain to employment criteria for dietitians and nutritionists. The objective of the present study was to compare the job descriptions included in position announcements from a sample collected prior to the pandemic with a comparable sample collected after the impact of the pandemic had been experienced.

The hypothesis was that there will be differences between the characteristics identified in the pre-pandemic sample as compared to the more recent sample. Elucidating the details of these hypothesized changes could provide evidence-based guidance for basic and continuing education of dietitians and nutritionists in a changing healthcare landscape.

2. Materials and Methods

The study protocol was reviewed by the City University of New York Institutional Review Board and was determined to be exempt from further IRB approval.

2.1 Data Collection

From January through March of 2017, and again in January through March of 2021, position announcements were collected from the New York State Registered Dietitian Yahoo group, a publicly available listserv which distributes weekly position announcements for jobs in nutrition and dietetics. These are submitted as needs arise by prospective employers from throughout New York City and adjoining regions. Comparable position announcements sent directly to the authors were also collected and included in the analysis. After collection, each job posting was assigned a unique identification code number. Duplicate postings were removed. These documents were then subjected to content analysis as described elsewhere (Stemler, 2000; Vaismordi, Turunen & Bondas, 2013; Erlingsson & Brysiewicz, 2017). Each posting was examined for descriptive terms, and these were coded into a spreadsheet for analysis, following a process that has been described elsewhere (Gaba, Shrivastava, Amadi, & Joshi, 2016). General categories included degrees, credentials, and experience areas. Where identified, additional employer-desired skill and credential – specific categories were created.

2.3 Content Analysis

Once the data categories were created, statistical analysis was conducted using SPSS Statistics 26 software. Descriptive tests were carried out for the categorical variables and results were reported as frequency distributions. Quantitative data from 2017 were compared to data from 2021 by paired samples T tests. General data, such as type of position and area were available for all items in this sample. For more specific variables, such as specialty credentials, missing data was considered to indicate that credential was not required for the given position. Given the unequal sizes of the two groups evaluated proportionate comparisons were done looking at the percent of position announcements stating each requirement.

3. Results

In total, 203 individual postings in the dietetics/nutrition field were recorded during the 2017-time period, and 102 were collected in the same time frame, January through March, in 2021. By the same collection methods, the total number of positions posted was about 50% lower in 2021, across all areas of practice. This difference was statistically significant ($p = .021$). The number of postings in each category by month is shown in Table 1.

Table 1. Position Type per Month 2017 and 2021

Month	January		February		March		3-month totals	
	2017	2021	2017	2021	2017	2021	2017	2021
RD Staff	42	28	47	14	50	31	139	73
RD Specialist	3	4	8	3	5	2	16	9
Management	6	5	4	3	11	5	21	13
Non-RD Staff	3	0	1	0	8	5	18	7
Student/Volunteer	8	1	2	1	1	0	11	2
Other	2	0	0	0	2	0	4	0
Totals	64	38	62	21	77	43	203	103

$p=.021$

Staff RD was the most numerous position type listed for these three months in both years. A comparison of totals by month for this position type is shown in Figure 1. While totals for all months were lower in 2021 than 2017, the numbers for February were the lowest in 2021, with numbers rebounding somewhat for that year in March.

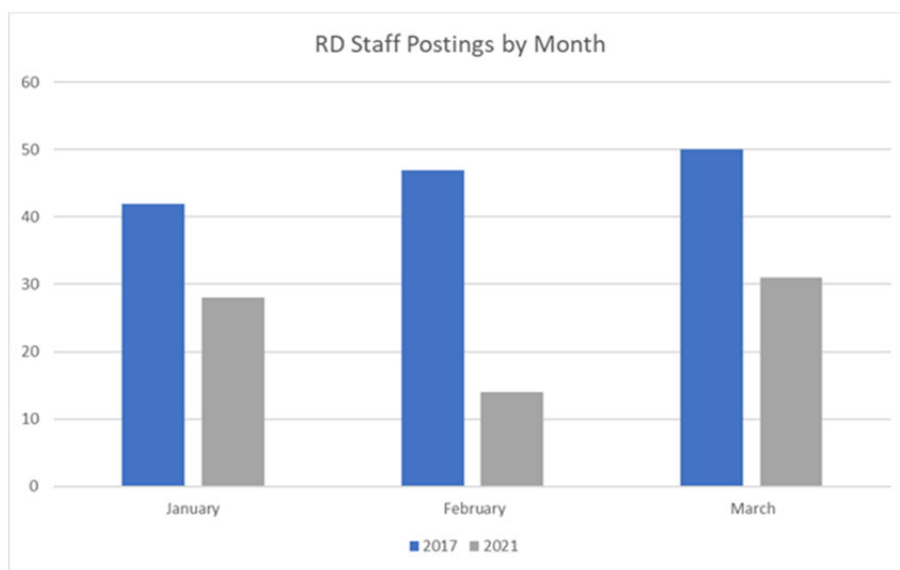


Figure 1. RD Staff Postings by Month

Comparisons were also made by type of practice setting. These are shown in Table 2. The overall change in practice area by year was also statistically significant ($p=.05$).

Table 2. Type of Practice Facility by Year

	2017 N (%)		2021 N (%)	
Clinical Facility	90	(44.3)	47	(46.0)
LTC/Rehab Facility	40	(19.7)	14	(13.7)
Non-Profit	17	(8.4)	3	(2.9)
Private Practice	28	(13.7)	15	(14.7)
Specialty Program	11	(5.4)	15	(14.7)
Government	6	(2.9)	4	(3.9)
Other*	11	(5.4)	4	(3.9)

p=.05

* Other included positions in food service, sales, and college faculty positions.

Detailed comparisons of all attributes identified in the content analysis were also done. Groupings identified were: credentials, degrees, experience in years, experience by type, general skills, specific patient type, acute/clinical care skills, education skills, management skills, food service skills, indicators of professionalism, and other specified skills. These are available in the appendix.

While the raw numbers show significant decreases in the largest practice areas (Clinical Facility and Long-Term Care), these categories remained consistent as a % of the total positions posted. Proportionately, the largest changes were seen in non-profits, which decreased by 82.3%, and specialty programs which increased 26.6%.

The most frequently designated types of specialized experience requested in 2017 were in managing diabetes (7%) and obesity (7%), and in 2021 managing obesity (12%), diabetes (9%) eating disorders (8%), and mental health (6%).

Consistent with the nature of the sample, the Registered Dietitian credential was the most widely sought in both years. Although the number of positions advertised in 2021 was smaller, the percentage of those positions requiring this credential was substantially higher across all position types in that year. For staff dietitian positions it was included in 58% in 2017, as compared to 97% in 2021. For specialist dietitian positions these were 69% in 2017 and 89% in 2021. For management positions they were 14% versus 61% respectively. Numbers for registry eligible were much lower across all categories. New York State Certification (CDN) was another frequently mentioned credential in both years, particularly for specialist dietitians, which were 38% in 2017 and 44% in 2021. Unspecified state licensure, and the Certified Diabetes Care and Education Specialist (CDCES), Certified Nutrition Support Clinician (CNSC), International Board Certified Lactation Consultant (IBCLC), and Certified Specialist in Renal Nutrition, credentials were mentioned by small numbers of positions in both years.

Looking at academic degrees, the majority of positions required a bachelor's degree, with about 13% requiring master's degrees over both years. Degrees required were not significantly different across position types, however these Ns were small when broken out by groups.

A need for experience in general was mentioned for many of the positions. A minimum of one year of experience was specified for most positions, both in 2017 and in 2021, with the exception of management positions, which were generally seeking two to five years of experience.

Specific areas of experience were also frequently mentioned. Management experience was mentioned across all position categories, which may be indicative of consolidation of duties. This was especially seen with the dietitian specialist category, where management experience was listed for 12% of positions in 2017, and 44% of positions in 2021. Specific mention of clinical experience also rose substantially as a percent of positions listed. This appeared in 13% of staff dietitian positions and 25% of specialist positions in 2017, and rose to 34% and 66% respectively in 2021. Outpatient, inpatient, and community experience all had similar increases. Infrequently mentioned experience was mostly related to food service activities.

General skills were mentioned in both years, including effective communication, detail oriented, organizational skills, and administrative skills being most frequent. Others included social media skills, research skills, and familiarity with various types of software applications. Ability to communicate in languages other than English was mentioned in postings for both years. The majority were seeking Spanish speakers, with Cantonese, Mandarin, Creole and French also sought for some positions.

Specific disorders and patient populations included in the position announcements were also evaluated. While the majority did not include this category, there was a change observed from 2017 (63% not specified) to 2021 (24% not specified). This decline in positions not specifying a patient population was offset by an increase in positions stating they were to work with mental health, eating disorders, obesity, bariatric, and diabetes patients. As noted above, these were concurrent with an increased number of positions identified as specialist dietitian.

A wide variety of specific activities to be performed were listed in the position announcements examined. Content analysis of these divided them into six categories: clinical care, patient education, management, food service, professionalism, and other. Clinical care activities included all aspects of nutrition assessment and the Nutrition Care Process (NCP), and were fairly consistent across both years, as would be expected in this type of sample. Many different educational activities were identified, with an increased percentage of positions indicating a need for development of educational materials, as well as coaching and advising. This was especially notable in the specialist dietitian category. (0% to 22% for developing educational materials, and 0% to 44% for coaching and advising.) Many specific activities related to management were mentioned, but no significant differences were noted between the two years' data. The same was true for activities categorized as related to food service. Under activities related to professionalism, it was encouraging to see an increased percentage of positions mention a requirement for mentorship and precepting interns. This changed from 17% of staff dietitian positions in 2017 to 40% in 2021, from 0% to 22% for specialist dietitians, and from 14% to 54% for managers over the same time periods. Activities classified under the "other" category pertained mostly to technological skills, and there were not striking differences for these between 2017 and 2021.

4. Discussion

4.1 Employment

The results of this study can be seen as complementary to the Academy of Nutrition and Dietetics (AND) Compensation and Benefits surveys (Academy of Nutrition and Dietetics, 2020; Academy of Nutrition and Dietetics, 2021). Whereas the data provided by AND in these surveys represent the perspective of dietitians as employees, the results of the present study address the needs of prospective employers. Comparing the two can help to identify how well those two areas mesh together and identify emerging trends in employment.

As discussed in the 2019 AND Compensation and Benefits survey, there had been stability in employment for the majority of respondents, with only 3% indicating that they had lost their position due to economic conditions in 2019, with comparable results in 2015 and 2017. That result was 12% during the recession in 2009 (Academy of Nutrition and Dietetics, 2020, page 4). The 2021 survey reported an increase to 5% in respondents indicating they had been terminated from a position due to economic reasons over the previous twelve months. Those data would include February 2020 through March 2021, representing a longer time frame than the present study (Academy of Nutrition and Dietetics, 2021, pages 1 and 6). Furthermore, 9% indicated they were not able to find nutrition/dietetics employment in this time frame, comparable to the 2019 report, with an additional 5% indicating they had experienced a job loss specifically related to the COVID-19 pandemic. 34% reported being retired, which was an increase of 9% over since 2019 (Academy of Nutrition and Dietetics, 2021, page 6). This increase in retirement may also have been driven by factors related to the pandemic (Ng et al., 2021).

Comparisons of results from the current study to some from the AND survey may help to clarify where the employment impacts may be likely to be most noticeable. According to the survey, the top three most common work settings for dietitians in 2021 were inpatient acute care facilities (21%), outpatient care facilities (20%), and long-term care facilities (9%) (Academy of Nutrition and Dietetics, 2021, page 1). In the present study, the total number of positions in inpatient acute care and long-term care decreased substantially, although they remained the largest percentage of positions listed. In contrast, specialty dietitian positions in outpatient clinics actually increased from 2017 to 2021. This increase was driven by more positions caring for patients with eating disorders, obesity, and mental health issues. These pandemic-related areas of practice could represent opportunities for dietitians in an otherwise less favorable employment landscape. While immediate nutrition care needs directly related to COVID19, such as enteral feeding of intubated ICU patients will be alleviated with the resolution of the pandemic, it is likely to be a driver of longer-term needs resulting from indirect issues such as changes in mental health or eating habits. Increased demand for specialists in these areas is consistent with subsequent studies showing increases in diagnosed eating disorders (Asch et al., 2021; Agostino et al., 2021; and obesity (Pellegrini et al., 2020; Cava et al., 2021) during the pandemic. These may be related to increased stress and other mental health issues arising from the pandemic (Ramalho et al., 2022).

A state license or certification was required most commonly for dietitian specialist positions, 38% in 2017 and 44% in 2021. This is consistent with the 38% of RDs holding this credential nationally in 2021 (Academy of Nutrition

and Dietetics, 2021, page 1). Specialty credentials identified from the position analysis included Certified Diabetes Care and Education Specialist (CDCES, formerly Certified Diabetes Educator CDE), Certified Nutrition Support Clinician (CNSC), International Board-Certified Lactation Consultant (IBCLC), and Certified Specialist in Renal Nutrition (CSR). These were largely comparable to the certifications mentioned in the AND survey (Academy of Nutrition and Dietetics, 2021, page 1). The lack of food service credentials being indicated in the positions evaluated for the content analysis may have been due to the focus on practice positions in the sample of listings studied, or to lower needs for such positions with reductions in food service operations occurring during this time.

The Certified Eating Disorder Registered Dietitian (CEDRD) credential was not mentioned in the AND survey, although there is potentially an increasing demand for this specialty, as well as the Certified Specialist in Obesity and Weight Management (CSOWM) credential. In addition to these credentials, stronger training for dietitians in counseling and mental health may be warranted in view of increased needs following the pandemic.

The AND survey data indicated that 30% of the RDs surveyed were in their first two years of practice, and the median level of work experience reported was thirteen years (Academy of Nutrition and Dietetics, 2021, pages 1 and 12). That is significantly more experience that was required in the position analysis, where the majority of postings requested one year of experience, except for two to five years for management positions. This may be of concern if economic impacts due to the pandemic cause RDs to seek positions for which they may be overqualified.

Examination of data from the U.S. Bureau of Labor Statistics (BLS) showed that there were comparable changes in employment in the overall health care workforce that parallel this RD workforce data. There was a decline in healthcare employment of 3.1% from February 2020 to February of 2021. The declines in employment in parts of health care in 2021 are noteworthy given how consistently health sector jobs grew prior to 2020 (Altarum Health Sector Economic Indicators, 2021).

BLS data also showed that while employment in hospitals and physicians' offices had returned to nearly pre-pandemic levels, skilled nursing facilities and other health care employment setting have not kept pace in this recovery. They also note a discrepancy in employment among healthcare worker rates by gender, with women having a higher rate of unemployment than men (Peterson-KFF Health Systems Tracker, 2022). Since the 92% of RDs are women (Rogers, 2021) this may have a larger impact on employment in nutrition and dietetics.

4.2 Education and Training

In order to meet the needs of the nutrition and dietetics workforce, both didactic and practical experiences must prepare students to be effective practitioners for those they serve (Morgan, Campbell & Reidlinger, 2018). To this end, the Commission on Dietetic Registration (CDR) conducts an Entry-Level Dietetics Practice Audit every five years (Rogers et al., 2021). The practice audit collects information about the activities performed by entry-level Registered Dietitian Nutritionists, the frequency of those activities, and the level of risk associated with each. The results then provide a basis for the Registered Dietitian exam administered by CDR, and the Accreditation Standards administered by ACEND (Morgan, Campbell, & Reidlinger, 2018).

The general nutrition activities identified in the present content analysis were similar to the core activities identified in the CDR practice audit, such as performing the Nutrition Care Process, assessing educational needs, and carrying out management activities. These are also reflected in the 2022 ACEND Standards (ACEND, 2021).

In addition to the results of the content analysis that were consistent with entry-level practice and education, additional areas were identified which were more pertinent to advanced and specialist levels of practice. The COVID19 pandemic has created an increased need for these, and the education and training required to produce qualified staff to meet those needs.

4.2 Strengths and Limitations

A strength of this study was the use of directly posted position announcements, which reflect the specific needs and desires of employers in a prospective manner. This provides an approach to complementary analysis with the AND Compensation and Benefits survey, the Entry-Level Dietetics Practice Audit, and other post-hire data sources. Including both pre-pandemic and pandemic era data allows for identification of some possible trends in dietetics and nutrition professionals' employment needs.

There are two main limitations of the current study. The samples were drawn entirely for positions in the New York metropolitan area, and therefore may not be generalizable to other regions. Likewise, the samples were collected from January through March of each year, and therefore do not include the complete annual trends in employment. In addition, positions with differing requirements may have been posted elsewhere and not captured by these data

collection methods.

5. Conclusions

The COVID19 pandemic has had a significant impact on the employment landscape for dietitians and nutritionists in the New York metropolitan area with decreased hiring in early 2021. At this same time, content analysis of samples of position announcements from before and during the pandemic identified changes in needs, specifically increases in positions related to obesity, eating disorders and mental health. Education and training for nutrition professionals should include preparation for working in these areas.

5.1 Future Research

There is a need for further research to examine the impact of the COVID19 pandemic on the expectations and qualifications sought in dietitians and nutritionists throughout the country, and in different healthcare environments. This type of demand-side analysis can be a valuable complement to other sources of data used to guide education and credentialing in nutrition and dietetics.

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Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

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Appendix

Credentials, Skills and Attributes Sought – N (% by column totals).

	2017					2021				
	Total 203 (%)	Staff 139 (%)	Specialist 16 (%)	Management 21 (%)	Other 27 (%)	Total 102 (%)	Staff 73 (%)	Specialist 9 (%)	Management 13 (%)	Other 7 (%)
Credentials										
RD/RDN	108(53)	81(58)	11 (69)	3 (14)	13(48)	87(85)	71(97)	8 (89)	8 (61)	0 (0)
RD Eligible	11 (5)	8 (6)	0 (0)	0 (0)	3 (11)	4 (4)	3 (4)	0 (0)	1 (8)	0 (0)
CDN (NY State)	33 (16)	23(17)	6 (38)	0 (0)	4 (15)	20(20)	14(19)	4 (44)	2 (15)	0 (0)
State License (unspecified)	29 (14)	20(14)	6 (38)	1 (5)	2 (7)	18(18)	14(19)	0 (0)	4 (31)	0 (0)
CDCES (diabetes)	7 (3)	4 (3)	3 (19)	0 (0)	0 (0)	7 (7)	6 (8)	1 (11)	0 (0)	0 (0)
CNSC (nutrition support)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	5 (5)	4 (5)	0 (0)	1 (8)	0 (0)
IBCLC (lactation)	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
CSR (renal)	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Degrees										
Associate Degree	1 (0)	0 (0)	0 (0)	0 (0)	1 (4)	1 (0)	0 (0)	0 (0)	0 (0)	1 (14)
Bachelor's Degree	42 (21)	30(21)	2 (12)	3 (14)	7 (26)	27(26)	20(27)	4 (44)	1 (8)	2 (29)
Master's Degree	26 (13)	15(11)	6 (38)	1 (5)	4 (15)	13(13)	12(16)	0 (0)	1 (8)	0 (0)
PhD	3 (1)	0 (0)	0 (0)	0 (0)	3 (11)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Experience (years)										
	2017					2021				
New Graduates	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
At least One year	24 (12)	17(12)	5 (31)	0 (0)	2 (7)	20(20)	19(26)	0 (0)	1 (8)	0 (0)
At least Two years	6 (3)	4 (3)	0 (0)	1 (5)	1 (4)	11(11)	6 (8)	0 (0)	4 (31)	1 (14)
At least Three years	2 (1)	2 (1)	0 (0)	0 (0)	0 (0)	2 (2)	1 (1)	0 (0)	0 (0)	1 (14)
At Least Five years	3 (1)	0 (0)	0 (0)	2 (10)	1 (4)	4 (4)	1 (1)	1 (11)	1 (8)	1 (14)
Experience (type)										
	2017					2021				
Management	26 (13)	21(15)	2 (12)	1 (5)	2 (7)	26(25)	21(29)	4 (44)	0 (0)	1 (14)
Clinical	23 (11)	18(13)	4 (25)	1 (5)	0 (0)	36(35)	25(34)	6 (66)	3 (23)	2 (29)
Outpatient	27 (13)	16(12)	6 (38)	1 (5)	4 (15)	33(32)	23(31)	4 (44)	5 (38)	1 (14)
Inpatient	10 (5)	10(7)	0 (0)	0 (0)	0 (0)	30(29)	22(30)	2 (22)	5 (38)	1 (14)
Community	14 (7)	6(4)	2 (12)	3 (14)	3 (11)	17(17)	11(15)	3 (33)	1 (8)	2 (29)
Fitness	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (3)	3 (4)	0 (0)	0 (0)	0 (0)
Sales	4 (2)	1 (0)	1 (6)	0 (0)	2 (7)	1 (0)	0 (0)	0 (0)	0 (0)	1 (14)
Kitchen	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1 (14)
Foodservice	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1 (14)
Hospitality	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (3)	2 (3)	0 (0)	0 (0)	1 (14)

General Skills	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Effective Communication	33 (16)	21(15)	4 (25)	2 (10)	6 (22)	15(15)	10(14)	0 (0)	3 (23)	2 (29)
Detail Oriented	20 (10)	11(8)	3 (19)	1 (5)	5 (19)	14(14)	10(14)	0 (0)	2 (15)	2 (29)
Organizational Skills	17 (8)	9 (6)	2 (12)	1 (5)	5 (19)	5 (5)	5 (7)	0 (0)	0 (0)	0 (0)
Administrative Skills	14 (7)	7 (5)	2 (12)	2 (10)	3 (11)	4 (4)	4 (5)	0 (0)	0 (0)	0 (0)
Social Media skills	2 (1)	1 (0)	0 (0)	0 (0)	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Research	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Quantitative skills	1 (0)	0 (0)	0 (0)	0 (0)	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Statistical Skills	1 (0)	0 (0)	1 (6)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Microsoft Office	12 (6)	7 (5)	3 (19)	1 (5)	1 (4)	7 (7)	5 (7)	0 (0)	0 (0)	2 (29)
Adobe Skills	2 (1)	1 (0)	0 (0)	0 (0)	1 (4)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
EMR skill	8 (4)	6 (4)	2 (12)	0 (0)	0 (0)	3 (3)	3 (4)	0 (0)	0 (0)	0 (0)
MDS Skill	14 (7)	13 (9)	0 (0)	0 (0)	1 (4)	2 (2)	2 (3)	0 (0)	0 (0)	0 (0)
Gerimenu	9 (4)	9 (6)	0 (0)	0 (0)	0 (0)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Mealtracker	5 (2)	5 (4)	0 (0)	0 (0)	0 (0)	4 (4)	4 (5)	0 (0)	0 (0)	0 (0)
ICD Coding	2 (1)	2 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Sigmacare	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (3)	3 (4)	0 (0)	0 (0)	0 (0)
Highly motivated	8 (4)	5 (4)	1 (6)	0 (0)	2 (7)	5 (5)	4 (5)	0 (0)	1 (8)	0 (0)
Driver's License	1 (0)	0 (0)	0 (0)	0 (0)	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Ability to Travel	3 (1)	0 (0)	1 (6)	0 (0)	2 (7)	1 (0)	0 (0)	1 (11)	0 (0)	0 (0)

Language skills	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Spanish	28 (14)	16(12)	7 (44)	1 (5)	4 (15)	12(12)	9 (12)	0 (0)	2 (15)	0 (0)
Cantonese	2 (1)	2 (1)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1 (14)
Mandarin	2 (1)	2 (1)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1 (14)
Creole	2 (1)	2 (1)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1 (14)
French	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1 (14)

Specific Patient Type	2017					2021				
	Total 203 (%)	Staff 139 (%)	Specialist 16 (%)	Management 21 (%)	Other 27 (%)	Total 102 (%)	Staff 73 (%)	Specialist 9 (%)	Management 13 (%)	Other 7 (%)
None Specified	128(63)	84(60)	11 (69)	20 (95)	14(52)	24(24)	26(36)	5 (55)	0 (0)	2 (29)
Mental Health	1 (0)	0 (0)	0 (0)	0 (0)	1 (4)	6 (6)	3 (4)	2 (22)	1 (8)	0 (0)
Eating Disorders	12 (6)	9 (6)	0 (0)	0 (0)	3 (11)	8 (8)	5 (7)	2 (22)	0 (0)	1 (14)
Obesity	14 (7)	12 (9)	0 (0)	0 (0)	2 (7)	12(12)	8(11)	3 (33)	0 (0)	1 (14)
Bariatric	2 (1)	2 (1)	0 (0)	0 (0)	0 (0)	6 (6)	4 (5)	1 (11)	1(8)	0 (0)
Diabetes	14 (7)	11 (8)	2 (12)	0 (0)	1 (4)	9 (9)	6 (8)	3 (33)	0 (0)	0 (0)
Metabolic Disorders	2 (1)	2 (1)	0 (0)	0 (0)	0 (0)	2 (2)	2 (3)	0 (0)	0 (0)	0 (0)

HIV/AIDS	6 (3)	3 (2)	1 (6)	1 (5)	0 (0)	1 (0)	0 (0)	1 (11)	0 (0)	0 (0)
Kidney Disease	4 (2)	2 (1)	1 (6)	0 (0)	1 (4)	5 (5)	3 (4)	0 (0)	1 (8)	1 (14)
Liver Disease	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	4 (4)	3 (4)	0 (0)	1 (8)	0 (0)
Cancer	3 (1)	2 (1)	1 (6)	0 (0)	0 (0)	3 (3)	0 (0)	0 (0)	2 (15)	1 (14)
Lymphoma	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)	1 (8)	0 (0)
Cardiac	3 (1)	2 (1)	0 (0)	0 (0)	1 (4)	2 (2)	1 (1)	0 (0)	1 (8)	0 (0)
Congestive Heart Failure	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	2 (2)	1 (1)	0 (0)	1 (8)	0 (0)
Hypertension	3 (1)	3 (2)	0 (0)	0 (0)	0 (0)	3 (3)	1 (1)	0 (0)	1 (8)	1 (14)
Cholesterol	3 (1)	2 (1)	0 (0)	0 (0)	1 (4)	3 (3)	1 (1)	1 (11)	1 (8)	0 (0)
Peripheral Vascular Disease	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (2)	1 (1)	0 (0)	1 (8)	0 (0)
Stroke	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Digestive	2 (1)	1 (0)	0 (0)	0 (0)	1 (4)	4 (4)	3 (4)	0 (0)	1 (8)	0 (0)
Lung Disorders	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Autism	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Developmental disabilities	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Dementia	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Prenatal	4 (2)	2 (1)	0 (0)	0 (0)	2 (7)	3 (3)	1 (1)	1 (11)	0 (0)	0 (0)

Activities	2017 (N)					2021 (N)				
	Total 203 (%)	Staff 139 (%)	Specialist 16 (%)	Management 21 (%)	Other 27 (%)	Total 102 (%)	Staff 73 (%)	Specialist 9 (%)	Management 13 (%)	Other 7 (%)
Clinical Care										
Provide Quality Nutrition Care	30 (15)	24 (17)	0 (0)	2 (10)	4(15)	14(14)	12 (16)	0 (0)	2 (15)	0 (0)
Knowledge of Nutrition Care Process (NCP)	16 (8)	11 (8)	1 (6)	1 (5)	3(11)	5 (5)	4 (5)	0 (0)	1 (8)	0 (0)
Medical Nutrition Therapy (MNT)	18 (9)	16 (12)	1 (6)	1 (5)	0 (0)	20(20)	15(21)	2 (22)	3 (23)	0 (0)
Organize Clinical Care	19 (9)	13 (9)	2 (12)	1 (5)	3(11)	7 (7)	4 (5)	0 (0)	3 (23)	0(0)
Screening/ Assessment	58 (29)	43 (31)	4 (25)	3 (14)	8(30)	37(36)	31(42)	3 (33)	3 (23)	0 (0)
Visit patients on assigned units at least once per stay	5 (2)	3 (2)	2 (12)	0 (0)	0 (0)	2 (2)	0 (0)	0 (0)	2 (15)	0 (0)
Obtain medical data and health information from patient charts	10 (5)	8 (6)	2 (12)	0 (0)	0 (0)	2 (2)	1 (1)	0 (0)	0 (0)	1(14)
Formulate Nutrition Care Plan	15 (7)	12 (9)	1 (6)	0 (0)	2 (7)	7 (7)	6 (8)	0 (0)	1 (8)	0 (0)
Integrate Care Plans – Culture Ethnic	25 (12)	20 (14)	1 (6)	0 (0)	4(15)	3 (3)	1 (1)	1 (11)	0 (0)	1(14)
Monitor/Evaluate patient progress	20 (10)	18 (13)	1 (6)	0 (0)	1 (4)	4 (4)	3 (4)	0 (0)	0 (0)	1(14)
Responsibility for all	14 (7)	8 (6)	1 (6)	2 (10)	3(11)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

inpatients										
Reviews information and charts to ensure ongoing compliance with plan of care	5 (2)	3 (2)	1 (6)	0 (0)	1 (4)	2 (2)	0 (0)	1 (11)	1 (8)	0 (0)
Responsible for patient focused activities on assigned units	2 (1)	2 (1)	0 (0)	0 (0)	0 (0)	2 (2)	2 (3)	0 (0)	0 (0)	0 (0)
Interpret diagnostics for food allergies and sensitivity	8 (4)	5 (4)	1 (6)	1 (5)	1 (4)	2 (2)	1 (1)	0 (0)	1 (8)	0 (0)
NFPE / Identify Malnutrition	12 (6)	8 (6)	3 (19)	1 (5)	0 (0)	5 (5)	4 (5)	0 (0)	1 (8)	0 (0)
Document pressure ulcer, tube feeding, calorie counts	8 (4)	6 (4)	1 (6)	0 (0)	1 (4)	1 (0)	0 (0)	0 (0)	0 (0)	1(14)
Submit/Maintain EMR documents	41 (20)	30 (22)	3 (19)	5 (24)	3(11)	20(20)	17(23)	1 (11)	2 (15)	0 (0)
Admission and Discharge planning	21 (10)	16 (12)	1 (6)	1 (5)	3(11)	7 (7)	5 (7)	1 (11)	1 (8)	0 (0)
Liaison w medical team, nursing, and community	13 (6)	8 (6)	2 (12)	2 (10)	1 (4)	5 (5)	2 (3)	1 (11)	2 (15)	0 (0)
Communicate patient goals to MD staff	12 (6)	11 (8)	1 (6)	0 (0)	0 (0)	2 (2)	1(1)	0 (0)	1 (8)	0 (0)
DSME	18 (9)	7 (5)	9 (56)	1 (5)	1 (4)	5 (5)	4 (5)	1 (11)	0 (0)	0 (0)
Diabetes Insulin Pump and Glucose Monitoring	15 (7)	9 (6)	3 (19)	3 (14)	0 (0)	3 (3)	2 (3)	1 (11)	0 (0)	0 (0)
Expand / Promote Clinical Nutrition	16 (8)	10 (7)	2 (12)	2 (10)	2 (7)	2 (2)	1 (1)	0 (0)	1 (8)	0 (0)
Develop evidence based clinical pathways	2 (1)	1 (0)	0 (0)	0 (0)	1 (4)	1 (0)	0 (0)	1 (11)	0 (0)	0 (0)
Education										
Develop Ed Materials	15 (7)	11 (8)	0 (0)	3 (14)	1 (4)	10(10)	8 (11)	2 (22)	0 (0)	0 (0)
Coaching Advising	25 (12)	16 (12)	0 (0)	5 (24)	4(15)	22(22)	14 (19)	4 (44)	3 (23)	1(14)
Interviewing – Goal Setting	33 (16)	23 (17)	2 (12)	2 (10)	6(22)	11 (11)	9 (12)	1 (11)	1 (8)	0 (0)
Televisits – Virtual Education	14 (7)	8 (6)	1 (6)	1 (5)	4(15)	6 (6)	5 (7)	0 (0)	0(0)	1(14)
Assist in Nutrition Education Workshops and Fairs	24 (12)	17 (12)	2 (12)	3 (14)	2 (7)	9 (9)	6 (8)	3 (33)	0 (0)	0 (0)
Social Media / virtual nutrition workshops	7 (3)	3 (2)	0 (0)	2 (10)	2 (7)	5 (5)	2 (3)	1 (11)	2 (15)	0 (0)
Counsel patients on diet and weight maintenance	13 (6)	11 (8)	0 (0)	0 (0)	2 (7)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Facilitates support groups	11 (5)	9 (6)	1 (6)	1 (5)	0 (0)	2 (2)	1 (1)	0 (0)	1 (8)	0 (0)
Develop multilingual	5 (2)	3 (2)	1 (6)	0 (0)	1 (4)	2 (2)	1 (1)	1 (11)	0 (0)	0 (0)

educational materials and classes										
Create interactive health programs to be delivered on health portal	2 (1)	1 (0)	0 (0)	1 (5)	0 (0)	3 (3)	1 (1)	0 (0)	0 (0)	2(29)
Nutrition education on therapeutic diets and drug interactions	4 (2)	2 (1)	0 (0)	0 (0)	2 (7)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Prepare/Present interactive cooking demonstrations	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	2 (2)	0 (0)	0 (0)	1 (8)	1(14)
Set up and break down equipment for cooking demos	2 (1)	1 (0)	0 (0)	1 (5)	0 (0)	2 (2)	0 (0)	0 (0)	1 (8)	1(14)
Promote healthy eating at markets with cooking demos and recipes	5 (2)	4 (3)	1 (6)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1(14)
Complete mandatory food educator training	4 (2)	1 (0)	1 (6)	0 (0)	2 (7)	1 (0)	0 (0)	0 (0)	0 (0)	1(14)
Management										
Adhere to regulatory guidelines and standards	18 (9)	13 (9)	1 (6)	1 (5)	3(11)	17(17)	13	0 (0)	4 (31)	0 (0)
HIPAA/FERPA guidelines	20 (10)	12 (9)	3 (19)	4 (19)	1 (4)	9 (9)	7 (9)	1 (11)	1 (8)	0 (0)
Apply Standards of Practice (SOPS)	19 (9)	16 (12)	0 (0)	2 (10)	1 (4)	6 (6)	4 (5)	0 (0)	1 (8)	1(14)
Process Improvement	15 (7)	11 (8)	2 (12)	1 (5)	1 (4)	7 (7)	5 (7)	0 (0)	2 (15)	0 (0)
Key Performance Indicators	18 (9)	12 (9)	1 (6)	2 (10)	3(11)	4 (4)	1 (1)	0 (0)	1 (8)	2(29)
Meet Key Performance Indicators	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	2 (2)	0 (0)	0 (0)	0 (0)	2(29)
Performance Improvement / Quality Management	25 (12)	19 (14)	2 (12)	1 (5)	3(11)	6 (6)	2 (3)	0 (0)	4 (31)	0 (0)
Update policies and procedures	4 (2)	3 (2)	1 (6)	0 (0)	0 (0)	3 (3)	2 (3)	0 (0)	1 (8)	0 (0)
Interface between regulatory agencies and insurers in practice	7 (3)	4 (3)	1 (6)	1 (5)	1 (4)	2 (2)	1 (1)	1 (11)	0 (0)	0 (0)
Assist in achieving patient satisfaction goals	5 (2)	3 (2)	1 (6)	1 (5)	0 (0)	3 (3)	0 (0)	0 (0)	2 (15)	1(14)
Participate in improvement programs	9 (4)	7 (5)	0 (0)	1 (5)	1 (4)	1 (0)	0 (0)	0 (0)	1 (8)	0 (0)
Manage RD and clerical staff	13 (6)	8 (6)	0 (0)	1 (5)	4(15)	2 (2)	1 (1)	0 (0)	1 (8)	0 (0)
Leadership/ problem solving skills	15 (7)	9 (6)	1 (6)	2 (10)	3(11)	4 (4)	4 (5)	0 (0)	0 (0)	0 (0)
Assist Clinical Nutrition	12 (6)	5 (4)	1 (6)	2 (10)	4(15)	3 (3)	2 (3)	1 (11)	0 (0)	0 (0)

Manager (CNM)CNM										
Coordinate educational program for staff	25 (12)	17 (12)	2 (12)	1 (5)	5(19)	16(16)	10(14)	1 (11)	5 (38)	0 (0)
Seek out and collaborate with stakeholders	13 (6)	10 (7)	0 (0)	2 (10)	1 (4)	4 (4)	2 (3)	0 (0)	2 (15)	0 (0)
Written and Verbal Communications for Women Infants and Children (WIC) and Department of Health (DOH) staff	3 (1)	1 (0)	1 (6)	0 (0)	1 (4)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Provide support re WIC/DOH regulations	6 (3)	5 (4)	0 (0)	1 (5)	0 (0)	3 (3)	2 (3)	0 (0)	1 (8)	0 (0)
Communicate between office staff, field staff and volunteers	7 (3)	7 (5)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1(14)
Disseminate best practices to pantries	11 (5)	4 (3)	3 (19)	2 (10)	2 (7)	2 (2)	1 (1)	0 (0)	0 (0)	1(14)
Coordinate technology updates to pantries	7 (3)	3 (2)	2 (12)	2 (10)	0 (0)	3 (3)	0 (0)	0 (0)	2 (15)	1(14)
Report progress to plentiful team	5 (2)	4 (3)	1 (6)	0 (0)	0 (0)	2 (2)	0 (0)	0 (0)	1 (8)	1(14)
Facilitate patient confidentiality	2 (1)	0 (0)	0 (0)	1 (5)	1 (4)	2 (2)	1 (1)	0 (0)	1 (8)	0 (0)
Coordinates interdisciplinary team meetings	4 (2)	3 (2)	0 (0)	1 (5)	0 (0)	2 (2)	1 (1)	1 (11)	0 (0)	0 (0)
Analyze performance improvement activities	9 (4)	7 (5)	1 (6)	0 (0)	1 (4)	2 (2)	0 (0)	1 (11)	0 (0)	1(14)
Coordinates and oversees collection of required data	4 (2)	3 (2)	0 (0)	0 (0)	1 (4)	2 (2)	0 (0)	1 (11)	0 (0)	1(14)
Develop and implement business plans	5 (2)	2 (1)	1 (6)	1 (5)	1 (4)	1 (0)	0 (0)	1 (11)	0 (0)	0 (0)
Facilitate active participation in workgroups	10 (5)	6 (4)	2 (12)	1 (5)	1 (4)	3 (3)	2 (3)	1 (11)	0 (0)	0 (0)
Plan / Facilitate team meetings	7 (3)	6 (4)	1 (6)	0 (0)	0 (0)	2 (2)	0 (0)	0 (0)	2 (15)	0 (0)
Hires leads and trains team members	3 (1)	2 (1)	0 (0)	0 (0)	1 (4)	2 (2)	0 (0)	0 (0)	1 (8)	1(14)
Set guidelines for follow ups and reassessments	3 (1)	2 (1)	0 (0)	0 (0)	1 (4)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Collect data and administer surveys to customers	2 (1)	1 (0)	0 (0)	1 (5)	0 (0)	2 (2)	1 (1)	0 (0)	0 (0)	1(14)
Work with community-based organizations	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1(14)

Food Service										
Order / Accept food from Vendors	16 (8)	13 (9)	1 (6)	0 (0)	2 (7)	6 (6)	4 (5)	1(11)	0 (0)	1(14)
Make Low Expenditures	20 (10)	11 (8)	2 (12)	2 (10)	5(19)	2 (2)	0 (0)	1 (11)	1 (8)	0 (0)
Link to Pantry Assistants	18 (9)	13 (9)	1 (6)	3 (14)	1 (4)	9 (9)	6 (8)	1 (11)	0 (0)	2(29)
Communicate with Kitchen Staff	26 (13)	19 (14)	0 (0)	3 (14)	4(15)	9 (9)	6 (8)	1 (11)	1 (8)	1(14)
Guide pantries in adopting new technology	5 (2)	5 (4)	0 (0)	0 (0)	0 (0)	3 (3)	1 (1)	0 (0)	1 (8)	1(14)
Oversee implementation of patients' food service needs	6 (3)	4 (3)	0 (0)	0 (0)	2 (7)	3 (3)	2 (3)	0 (0)	1 (8)	0 (0)
Honor patients' food preferences within diet restrictions	3 (1)	3 (2)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)	1 (8)	0 (0)
Obtaining Food Preferences	33 (16)	24 (17)	1 (6)	3 (14)	5(19)	11 (11)	6 (8)	2 (22)	2 (15)	1(14)
CBORD experience	12 (6)	7 (5)	1 (6)	1 (5)	3(11)	3 (3)	0 (0)	0 (0)	2 (15)	1(14)
Health Touch Menu System	6 (3)	4 (3)	1 (6)	1 (5)	0 (0)	4 (4)	1 (1)	0 (0)	2 (15)	1(14)

Professionalism										
2021										
Mentorship / Precepting	32 (16)	23 (17)	0 (0)	3 (14)	6(22)	12(12)	29(40)	2 (22)	7 (54)	6(86)
Attend Meetings	20 (10)	27 (19)	1 (6)	2 (10)	6(22)	2 (2)	21(29)	1 (11)	2 (15)	0 (0)
Maintain clinical expertise	33 (16)	21 (15)	4 (25)	5 (24)	3(11)	27(26)	24(33)	1 (11)	2 (15)	0 (0)
Participate in Continuing Ed	25 (12)	19 (14)	1 (6)	2 (10)	3(11)	14(14)	12 (16)	1 (11)	1 (8)	0 (0)

Other										
Coordinate Clinical and Academic Research	9 (4)	6 (4)	1 (6)	0 (0)	2 (7)	2 (2)	2 (3)	0 (0)	0 (0)	0 (0)
Technical Assistance	26 (13)	15 (11)	4 (25)	1 (5)	6(22)	3 (3)	2 (3)	1 (11)	0 (0)	0 (0)
Resolve Help Desk Tickets	8 (4)	6 (4)	0 (0)	2 (10)	0 (0)	1 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Understand technology interface in pantries	3 (1)	0 (0)	2 (12)	0 (0)	1 (4)	2 (2)	1 (1)	0 (0)	0 (0)	1(14)
Support pantries to create accounts	12 (6)	10 (7)	1 (6)	1 (5)	0 (0)	2 (2)	0 (0)	0 (0)	0 (0)	1(14)
Work w pantry staff to set up WIFI and technology	3 (1)	2 (1)	0 (0)	0 (0)	1 (4)	1 (0)	0 (0)	0 (0)	0 (0)	1(14)
Work w pantry clerks to accelerate check in	5 (2)	3 (2)	1 (6)	1 (5)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1(14)
Provide roll out assistance to pantries	7 (3)	4 (3)	2 (12)	1 (5)	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1(14)
Community Outreach	22 (11)	11 (8)	4 (25)	2 (10)	5(19)	4 (4)	2 (3)	0 (0)	1 (8)	1(14)

Travel for nutrition outreach	8 (4)	4 (3)	1 (6)	0 (0)	3(11)	2 (2)	1 (1)	1 (11)	0 (0)	0 (0)
Promote corporate wellness	12 (6)	9 (6)	0 (0)	1 (5)	2(7)	5 (5)	2 (3)	1 (11)	2 (15)	0 (0)
Best practices in holistic wellness	5 (2)	1 (0)	1 (6)	1 (5)	2(7)	2 (2)	0 (0)	0 (0)	0 (0)	2(29)
Assist w Special Projects	25 (12)	20 (14)	2 (12)	1 (5)	2(7)	8 (8)	7 (9)	1 (11)	0 (0)	0 (0)

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