

# Compensation and Benefits Survey of the Dietetics Profession: 2024 Executive Summary



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**Editor's Note:** *The Compensation and Benefits Survey of the Dietetics Profession continues to provide the most comprehensive and authoritative source of information on compensation in the profession. It should prove to be an asset to practitioners and their employers in all major practice settings, as well as provide reference material for self-employed nutrition and dietetics practitioners.*

*The full detailed report of survey results is available through the Academy website. This comprehensive report details compensation for dozens of core dietitian and dietetic technician jobs, broken down by job title, region, education, experience, supervisory responsibility, and much more. Of particular interest to practitioners will be the interactive salary calculator, which offers the user an estimation of what practitioners with similar characteristics and in similar situations earn, on average. Access the full compensation and benefits survey report (free to Academy members) at [www.eatrightPRO.org/salariesurvey](http://www.eatrightPRO.org/salariesurvey).*

**R**ESULTS ARE IN FOR THE 11TH edition of the most comprehensive survey of nutrition and dietetics compensation available: the *Compensation and Benefits Survey of the Dietetics Profession 2024*,<sup>1</sup> sponsored by the Academy of Nutrition and Dietetics (the Academy) and Commission on Dietetic Registration (CDR).

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## About The Survey

Over the years, the Academy of Nutrition and Dietetics has received many requests from members for objective, reliable information about industry norms for pay and benefit levels for the dietetics profession. The Academy responded to members' needs in 2002 by commissioning the *Dietetics Compensation and Benefits Survey*, the most comprehensive survey of its type in the profession up to that point. To continue to provide this valuable resource, the Academy and the Commission on Dietetic Registration have funded updates of that original extensive survey in alternate years beginning in 2005, building on the strengths of the initial effort and improving it with several refinements.

The 2024 survey was conducted across a probability sample drawn from the population of domestic Academy members plus domestic nonmembers maintaining current registration as a registered dietitian nutritionist (RDN) or nutrition and dietetics technician, registered (NDTR). To preserve confidentiality, an outside research firm was contracted to collect data via the Internet from March 11 through April 18, 2024.

From the sample of 46 646, a total of 5652 usable responses were received—a 12% response rate.

Because the survey sample was stratified by registration type (RDN vs NDTR), Academy membership status (member vs nonmember), and availability of e-mail address (to determine the contact method for the survey), results have been weighted in tabulation to accurately reflect true population proportions.

The margin of error for all responding RDN practitioners is  $\pm 1.4$  percentage points; for all responding NDTR practitioners,  $\pm 6.1$  percentage points.

As with any research, the results should be interpreted with the potential of nonresponse bias in mind. It is unknown how those who responded to the survey may be different from those who did not respond. In general, the higher the response rate, the lower the probability of estimation errors due to nonresponse and thus, the more stable the results.

The median hourly wage among practicing RDNs is \$37.98 per hour (as of January 1, 2024). If annualized, this equates to a full-time salary of approximately \$79,000 per year. The median hourly wage among practicing NDTRs is \$26.31 per hour, equating to an annualized full-time salary of approximately \$54,700 per year.

As in all past surveys, wages varied by position, and the importance of increased education and job responsibility to increased compensation is still apparent. Credentialed nutrition and dietetics practitioners continue to receive attractive benefits packages.

## PRACTITIONER PROFILE

### Nutrition and Dietetics Employment Defined

As in all prior administrations (most recently, 2021<sup>2</sup>), the survey sought to measure compensation for nutrition and dietetics–related employment, which was purposely conceived broadly:

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

By way of example, respondents were referred to an enclosure naming and briefly describing 60 core nutrition and dietetics positions. These positions included not only “traditional” dietetics jobs, such as clinical dietitian; outpatient dietitian; or Special Supplemental Nutrition Program for Women, Infants, and Children nutritionist, but also jobs in areas such as consulting, sales, and communications.

**Table 1.** Prevalence of nutrition and dietetics-related employment<sup>a</sup>

Variable	Actual no. responding (unweighted)	Weighted no. responding	In field, %
Registered dietitian nutritionist	4697	4814	88
Nutrition and dietetics technician, registered	238	135	75
Total	4935	4949	88

<sup>a</sup>Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>

**Employment Trends**

Based on this definition of nutrition and dietetics–related employment, 88% reported they are currently employed or self-employed in the field (Table 1).

Of the 12% not currently working in the field, 42% would like to or expect to work in nutrition and dietetics in the future, and 58% do not expect to seek such work in the future.

Two percent of all respondents indicated they had been let go from a nutrition and dietetics–related job due to economic conditions (eg, staff reductions and facility closings) in the 12 months before the survey administration; that figure is lower than the 5% recorded in 2021 (a figure likely impacted by the COVID-19 pandemic) and still well below the 12% recorded in 2009 during the last recession.

Among those who left a nutrition and dietetics–related position in the past 12 months, primary reasons included having found a position with a better salary (34%), a position with a schedule better fitting their needs (22%), and/or having found a higher-paying job outside of nutrition and dietetics (14%). Approximately 1 in 10 reported that a contributing reason was a position with a better commute (11%), a position with a hybrid schedule (10%), a fully telecommuting position (9%), and/or relocation (9%). Smaller proportions of respondents cited having changed their career/profession (7%), having been promoted into a non–dietetics-related position (3%), and/or not being able to find nutrition and dietetics employment (2%).

Other reasons cited for having left a nutrition and dietetics–related position in the past 12 months were having

retired (17%), staying home with family (9%), disability/health challenges (2%), and/or having returned to school (1%).

The balance of the results discussed here reflects the 4935 respondents (4949 weighted) who indicated they are currently employed or self-employed in a nutrition and dietetics–related position—“practitioners.” Those who were employed or self-employed in more than 1 such position were asked to respond only for what they considered to be their primary nutrition and dietetics–related position.

**Who Are Credentialed Nutrition and Dietetics Practitioners?**

Ninety-four percent of practitioners identified as women, similar to prior surveys. The median age of practitioners was 40 years, similar to 2021. Nineteen percent are 55 years or older, and 32% are younger than 35 years. Seven percent indicated Hispanic heritage and 9% indicated a race other than White (5% were Asian, 2% were Black/African American, and 1% were American Indian or Alaska Native).

Beginning in 2019, several disability/health-related questions were added to the survey instrument. A small percentage of practitioners indicated they have a long-lasting condition—1% have a condition that substantially limits 1 or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying, and 1% report having blindness, deafness, or a severe vision or hearing impairment.

Due to a physical, mental, or emotional condition lasting 6 months or more, 5% have had difficulty learning, remembering, or

concentrating, 2% have had difficulty working at a job or business, and 1% have had difficulty going outside the home alone to shop or visit a doctor’s office.

Similar to the 4 previous studies, more than one-half of RDNs hold a graduate degree (57% had a master’s degree and 4% had a doctoral degree). The proportion of NDTRs holding a bachelor’s degree or higher was 59%, similar to the 57% reported in the 2021 study.

Thirty-six percent of RDNs and 2% of NDTRs reported holding a state license/certification (not required in all states).

The typical (median) RDN reported 12 years of work experience in nutrition and dietetics (excluding time taken off to return to school, raise a family, or work in other areas)—similar to the median of 13 years reported in 2021. The median for NDTRs is now also 12 years, compared with 11 in 2021.

**Where Do They Work?**

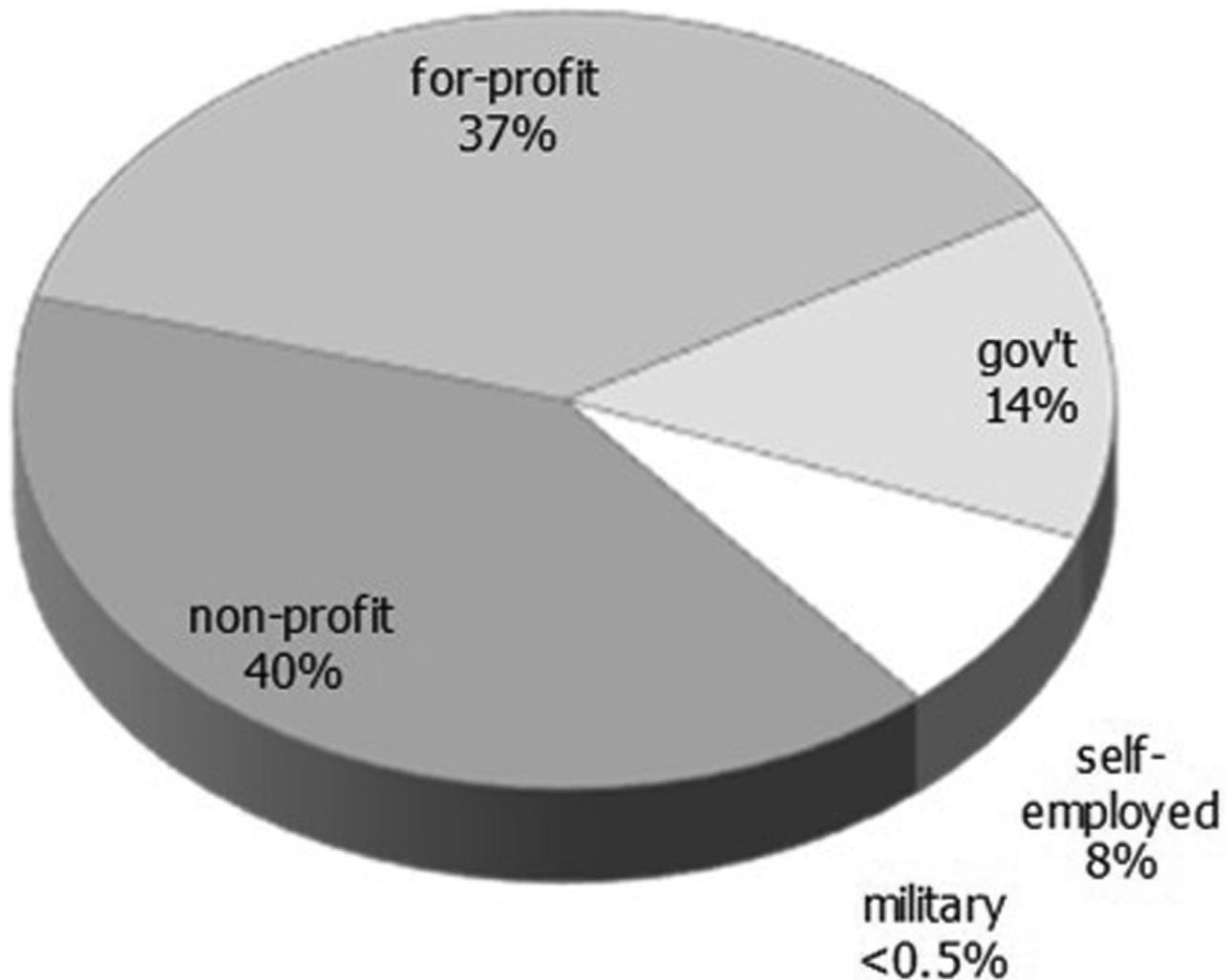
Eight percent of practitioners are self-employed, 37% work at a for-profit firm, 40% at a nonprofit (other than government), and 14% for government (other than military). Fewer than 1% work for the military (Figure 1).

Self-employment is more common among RDNs than NDTRs (8% and 2%, respectively), and a somewhat greater proportion of NDTRs are found in nonprofit settings (40% of RDNs, 50% of NDTRs).

The most common work setting for RDNs, indicated by approximately 1 in 4 (24%), is an inpatient acute-care facility. Twenty-two percent reported working in an ambulatory/outpatient care facility (eg, clinic or physician’s office), followed by social services/public health organization (8%). These top 3 settings employ approximately one-half of all practicing RDNs. The other half work across numerous other settings, with no other individual setting accounting for more than 6%.

The majority of NDTRs work in the following 3 settings: inpatient acute-care facilities (31%), social services and public health organizations (18%), or long-term care facilities (16%). No other individual setting was indicated by more than 10% (Figure 2).

The typical (median) practitioner works in a large organization



**Figure 1.** Employment sector of credentialed nutrition and dietetics practitioners (weighted n = 4949). Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>

employing 3393 people. RDNs tend to work in larger organizations than NDTRs (with respective medians of 3558 and 706) (Figure 3).

### What Jobs Do Practitioners Hold?

Respondents were asked to review a list of 60 core position titles and brief descriptions and identify the 1 description that most closely matched their primary position, even if the job title differed from their own.

Ninety-five percent of responding practitioners found a match; thus the compensation data reported here represents the vast majority of nutrition and dietetics employment situations.

The 60 positions are grouped into 7 distinct practice areas, with acute care/inpatient the most prevalent. Consultation/business, long-term care, and education/research are among the least prevalent (Table 2).

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

Among NDTRs, 7 positions account for most of the employment (Table 4).

### What Responsibilities Do Practitioners Have?

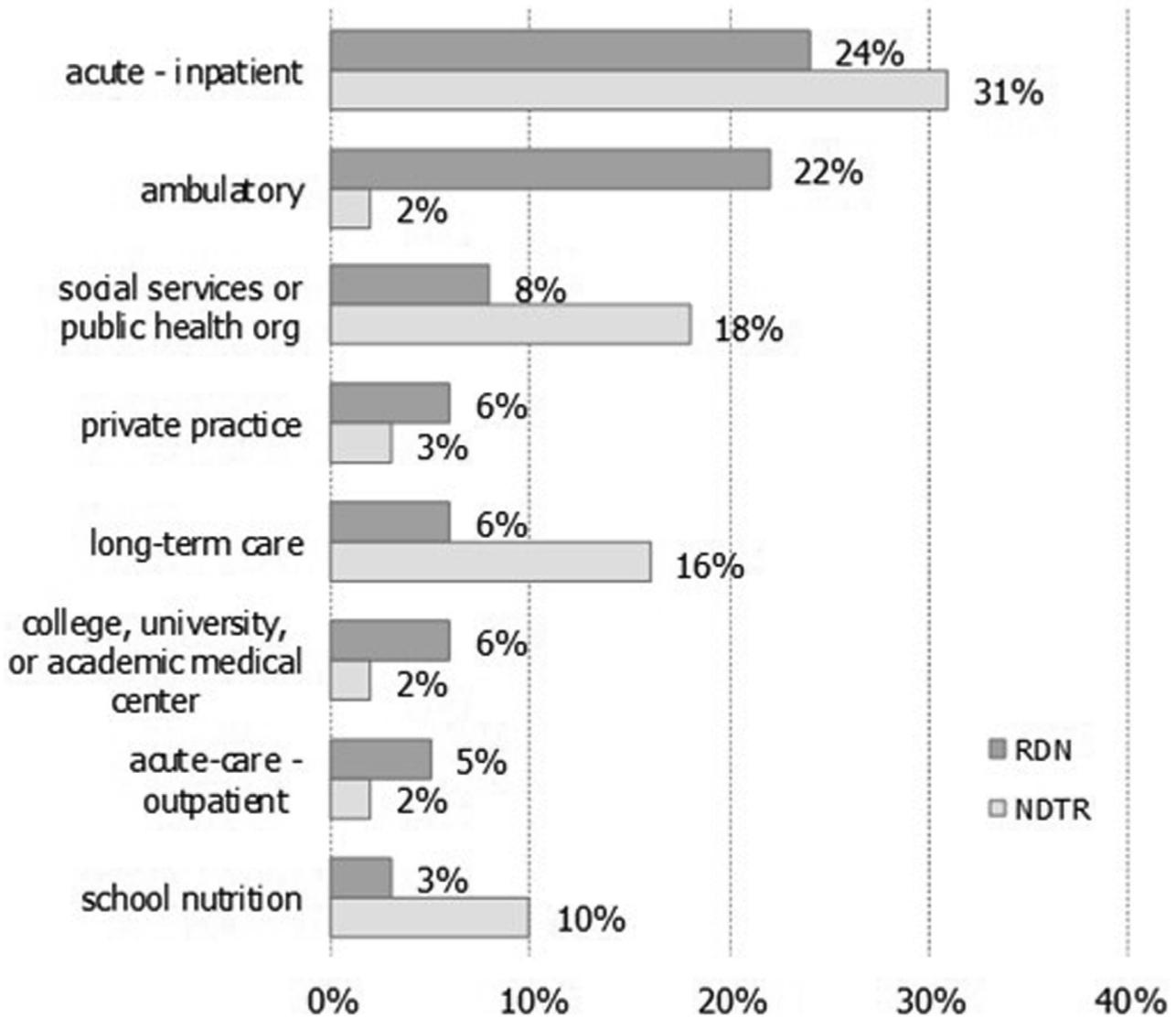
Six percent of RDNs and 3% of NDTRs indicated they are owners of, or partners in, their practices.

Twenty-one percent of practitioners overall are executives, directors, or managers, and another 15% are supervisors or coordinators (Figure 4).

Thirty-one percent of RDNs and 42% of NDTRs reported they directly or indirectly supervise employees, compared with 34% and 42% in 2021, respectively. For those supervising, the median number supervised is 7 for RDNs and 8 for NDTRs.

Twenty-two percent of RDNs and 29% of NDTRs reported managing a budget, results similar to recent surveys. Nine percent of RDNs and 11% of NDTRs manage budgets of \$500,000 or more (Figure 5).

Median budget size (among those managing budgets) was \$334,000 for RDNs and \$247,000 for NDTRs (Figure 6).



**Figure 2.** Most prevalent work settings of practicing registered dietitian nutritionists (RDNs) (weighted n = 4814) and practicing nutrition and dietetics technicians, registered (NDTRs) (weighted n = 135). Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>

**RDN Compensation**

Eighty-four percent of practicing RDNs reported that their primary nutrition and dietetics-related positions are full-time and year-round, similar to 2021 (82%).

Sixty-three percent of practicing RDNs are paid a salary by an employer, 30% are paid an hourly wage, 3% are a business owner paying themselves a regular salary, and 4% have some other pay basis (including those self-employed and nonsalaried owners).

Because the prevalence of part-time employment can make salary comparisons difficult, compensation is reported in the following 2 ways: in

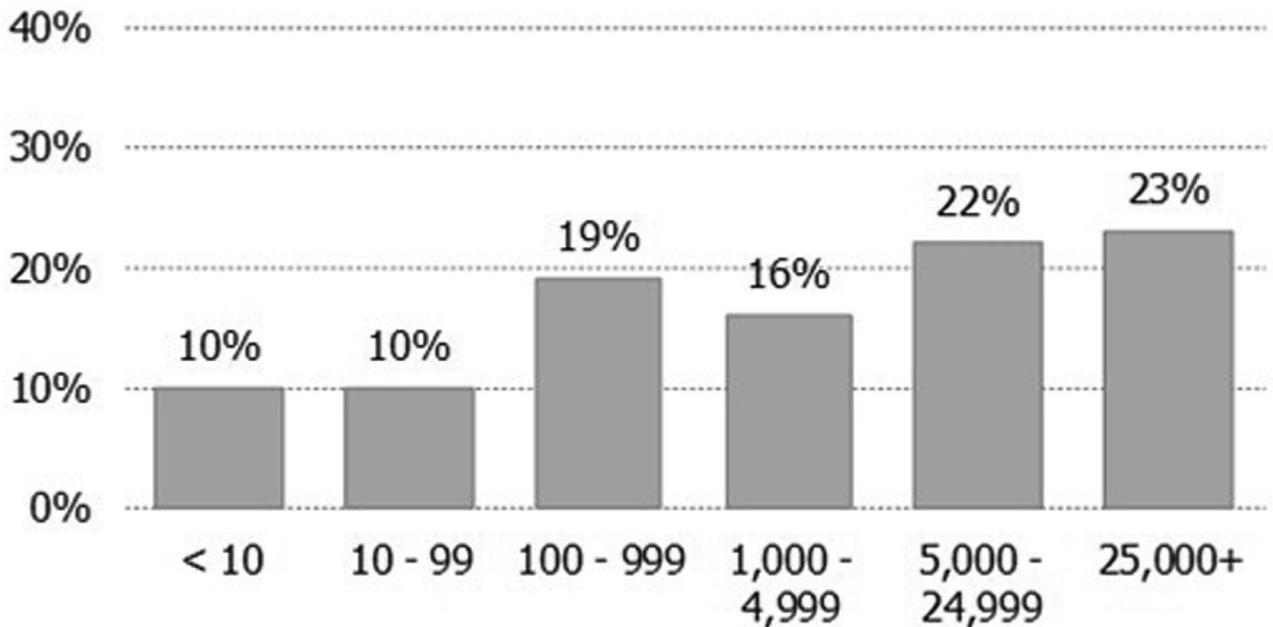
terms of hourly wage and in terms of total cash compensation (which includes not only salary but also earnings from overtime pay, shift differentials, on-call premiums, commissions, incentive pay, bonuses, and profit sharing). Hourly wage was assessed for all answering respondents; total cash compensation was examined only for those working full time for at least 1 year in the position.

**Median RDN Wages**

Among all practicing RDNs in all positions, the median hourly wage as of January 1, 2024 was \$37.98 per hour. If

annualized ( $\times 40 \text{ h/wk} \times 52 \text{ wk/y}$ ), this equates to a full-time salary of approximately \$79,000 per year. Median total cash compensation for RDNs employed in the position full-time (year-round) for at least 1 year was \$80,400.

These results are higher than the most current Bureau of Labor Statistics (BLS) estimates for dietitians and nutritionists, at \$34.27 per hour (on average), annualized at \$71,280.<sup>3</sup> Two factors help account for the discrepancy: this survey data are current as of January 1, 2024, eight months more current than the BLS estimate and BLS does not restrict its estimate to RDNs.



**Figure 3.** Size of organizations employing credentialed nutrition and dietetics practitioners (number of employees at all locations, weighted n = 4949). Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>

Compensation spans a wide range for RDNs (Table 5). Helping to account for this range, a number of factors show strong associations with RDN compensation. The exhibits that follow demonstrate the relationship between hourly wage and a number of variables. Note that all factors are based on respondent self-reports and are thus

subject to some variation in how terms were understood.

**Qualifications Matter**

Education beyond the bachelor's degree continues to be associated with hourly wage gains. RDNs with a bachelor's degree as their highest degree

(any major) earned \$1.00 less per hour compared with RDNs with a master's degree (any major).

Earning a doctorate degree is associated with even greater gains; median earnings for those with a doctorate (at \$50.95 per hour) are more than \$13 per hour above RDNs with a bachelor's degree (Figure 7).

Historically, those with a state license earned somewhat less than those without, likely due, at least in part, to the effects of the large nonlicensed pool of RDNs in California, a high-wage state. In 2024, that median gap was \$1.38 per hour.

Holding 1 or more of the specialty certifications asked about correlated with a more significant wage premium: \$39.90 per hour vs \$36.97 for those without. Highest median hourly wages by specialty certifications include Certified Specialist in Sports Dietetics (\$46.53) and Certified Diabetes Care and Education Specialist (\$41.68).

**Academy Membership**

The association between Academy membership and compensation is positive at the 50th percentile (difference of \$1.44 between members and

**Table 2.** Practice area of practicing registered dietitian nutritionists (weighted n = 4814) and practicing nutrition and dietetics technicians, registered (weighted n = 135), based on primary position selected<sup>a</sup>

Practice area	Registered dietitian nutritionists, %	Nutrition and dietetics technicians, registered, %
<b>Clinical nutrition</b>		
Acute care inpatient	42	42
Ambulatory care	17	1
Long-term care	5	8
<b>Community and public health nutrition</b>	7	21
<b>Management and executive leadership</b>	10	14
<b>Consultation, business and industry, entrepreneur</b>	8	3
<b>Education and research</b>	5	1

<sup>a</sup>Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>

**Table 3.** Most prevalent positions among practicing registered dietitian nutritionists (weighted n = 4814)<sup>a</sup>

Position	%
Clinical dietitian	19
Clinical dietitian, specialist-renal	6
Outpatient dietitian, general	6
Clinical dietitian, long-term care	5
Pediatric/neonatal dietitian	4
Nutrition support dietitian	4
Clinical dietitian, specialist-diabetes	3
Outpatient dietitian, specialist-diabetes	3
Special Supplemental Nutrition Program for Women, Infants, and Children nutritionist	3
Director of food and nutrition services	3
Private practice dietitian-patient/client nutrition care	3

<sup>a</sup>Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>

nonmembers) and even greater at the 75th percentile (difference of \$3.49) (Figure 8).

**Experience and Responsibility Count, Too**

As would be expected, years of nutrition and dietetics experience is strongly associated with compensation; those with 20 or more years of experience earn a median wage \$10.38 per hour more than those in the field less than 5 years (Figure 9).

Supervisory responsibility is strongly associated with wage gains; those reporting direct and/or indirect supervision of 100 or more employees have a

median hourly wage \$21.63 greater than those who do not supervise others (Figure 10).

More than 6 in 10 RDNs report no supervisory authority; this represents a potential area of opportunity for increased earnings.

Budget responsibility also correlates with hourly wages, with gains increasing as budget size increases. Those responsible for budgets of \$1 million or more earn a median hourly wage 37% greater than those with no budget responsibility (Figure 11).

Although 31% of practicing RDNs have some supervisory responsibility, only 22% manage budgets. Acquiring budget responsibility represents

another possible growth opportunity for RDN income.

As in prior surveys, subjectively assessed nutritional risk of the majority of patients/clients seen showed little correlation with wages; the median amount was largely similar for those working mostly with high-risk patients (\$36.06 per hour) and those working mostly with lower-risk patients (\$37.43 per hour). However, RDNs who do not see patients/clients earn substantially more than those who do, earning a median wage more than \$10 per hour higher. This finding is primarily attributable to the fact that those who do not see patient/clients have other characteristics that correlate with higher wages. For example, being faculty members, being involved in management and supervisory functions, and having budget authority (Figure 12).

**Where You Work Makes A Difference**

Hourly wages tend to be highest in the practice areas of management and executive leadership, education, and research, as well as consultation and business (Figure 13).

Among those employed, median wages tend to be similar for RDNs across different employment sectors, with military and those who are self-employed slightly higher than others (Figure 14).

RDN compensation varies to some degree according to location. In terms of the 9 standard Census Divisions, RDNs in New England, Middle Atlantic, and Pacific states earn median wages higher than \$34 per hour. RDNs in other areas of the country earn medians less than \$34 per hour (Figure 15).

**Other Compensation Opportunities for RDNs**

Practicing RDNs (48%) indicated they received at least 1 type of additional cash compensation in the 12 months before January 1, 2024—most commonly bonuses (27%), overtime (12%), and/or other incentive pay (10%) (Figure 16).

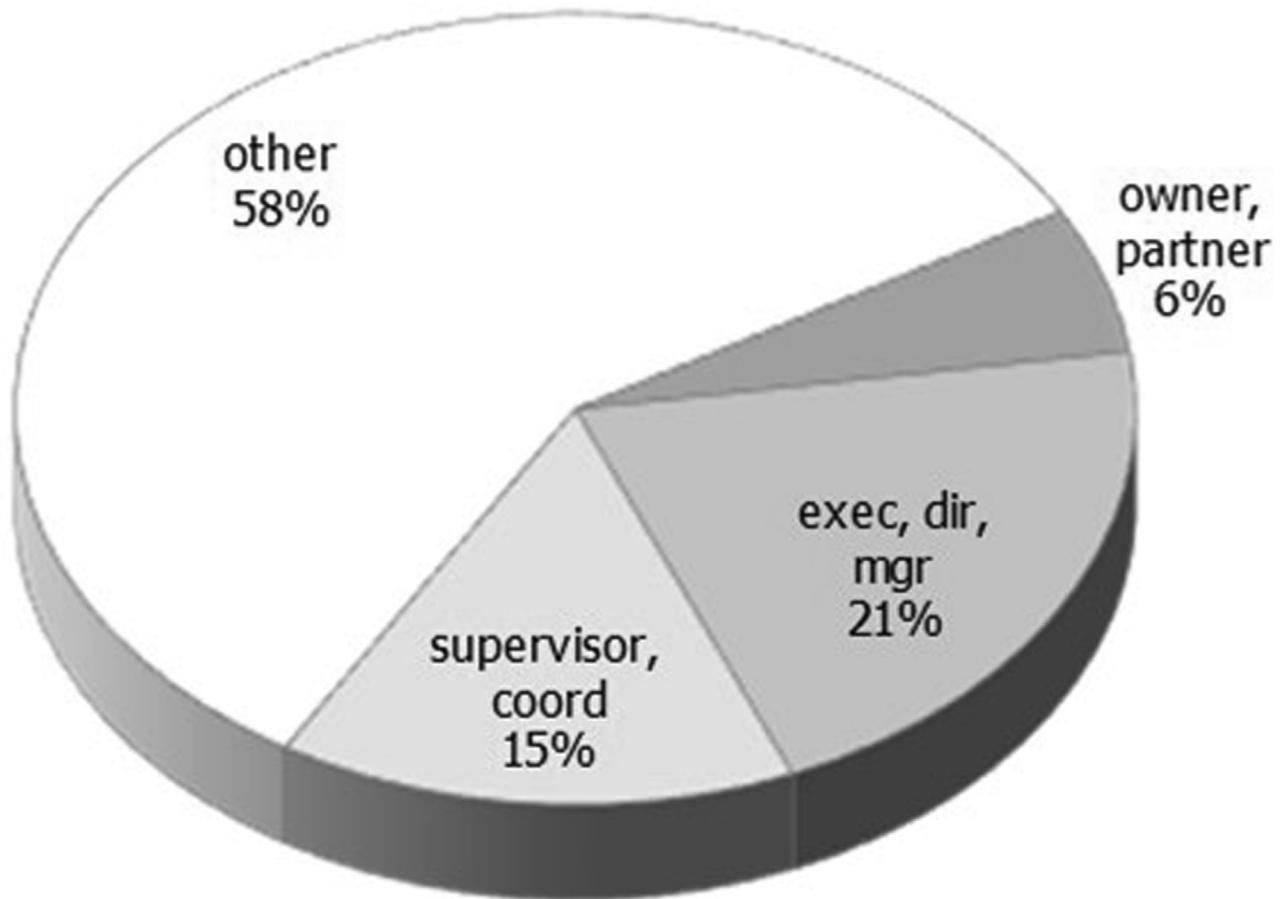
**NDTR Compensation**

Eighty-four percent of practicing NDTRs reported that their primary

**Table 4.** Most prevalent positions among practicing nutrition and dietetics technicians, registered (weighted n = 135)<sup>a</sup>

Position	%
Dietetics technician, clinical	41
Special Supplemental Nutrition Program for Women, Infants, and Children nutritionist	12
Dietetics technician, long-term care	6
Director of food and nutrition services	5
School/child care nutritionist	4
Dietetics technician, foodservice management	4
School foodservice director	3

<sup>a</sup>Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>



**Figure 4.** Responsibility level of credentialed nutrition and dietetics practitioners (weighted n = 4949). Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>

nutrition and dietetics–related position is full-time and year-round.

### Median NDTR Wages

Among all practicing NDTRs in all positions, the median hourly wage as of January 1, 2024 was \$26.31 per hour; if annualized, this equates to a salary of approximately \$54,700 per year. Median total cash compensation for NDTRs employed in the position full time for at least 1 year was \$56,700.

As with RDNs, these current survey estimates are much higher than those published by the BLS for dietetic technicians (May 2023 mean was \$18.48, annualized at \$38,440).<sup>4</sup> Two factors help account for the discrepancy: these survey data were current as of January 1, 2024, eight months more current than the BLS estimate; and BLS does not restrict its estimate to NDTRs.

Thirty-five percent of NDTRs are paid a salary by an employer, 62% are paid

an hourly wage, and 3% have some other pay basis (including those self-employed).

Like RDNs, NDTR compensation also spans a considerable range (Table 6).

Major factors associated with NDTR compensation levels are the same as for RDNs: experience, responsibility, and location. The practice area of management and executive leadership appears to hold the greatest promise for NDTRs, with a median wage of \$36.56.

As with RDN compensation, median NDTR wages do vary somewhat by location. Median wage for those in the Mid-Atlantic and Pacific states is \$2.50 and \$3.72 per hour above the national figure, respectively.

### Academy Membership

Academy membership is associated with modestly higher compensation levels for NDTRs; the differential in

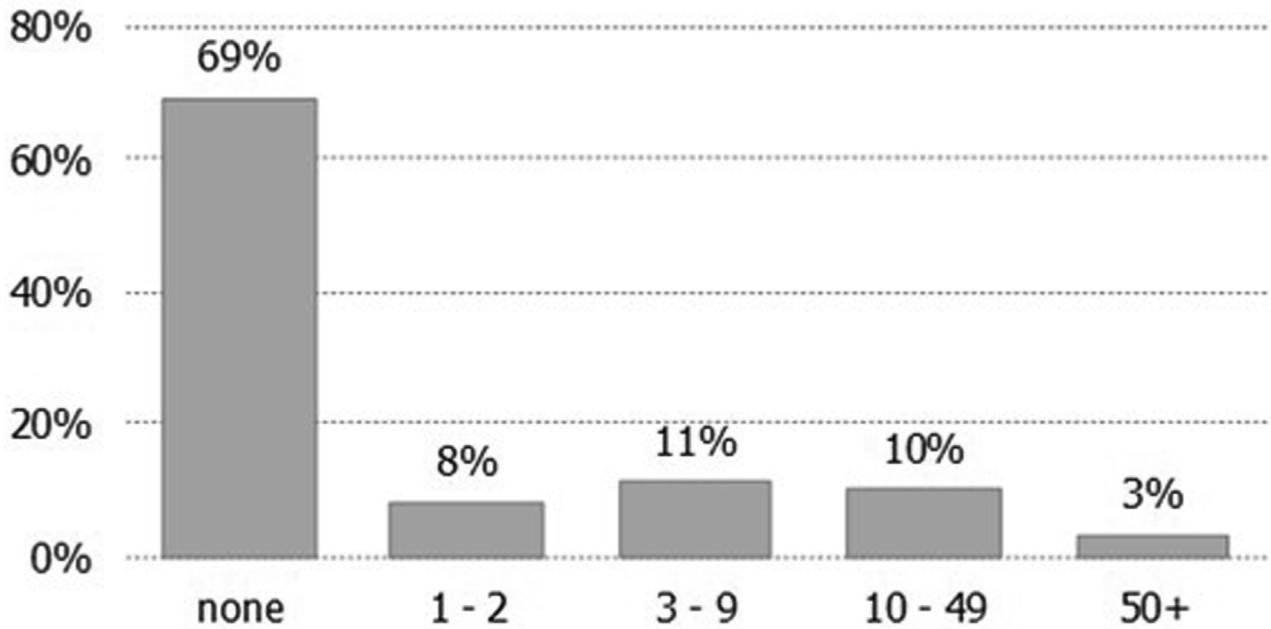
median hourly wage in 2024 is \$0.98 per hour.

### Benefits

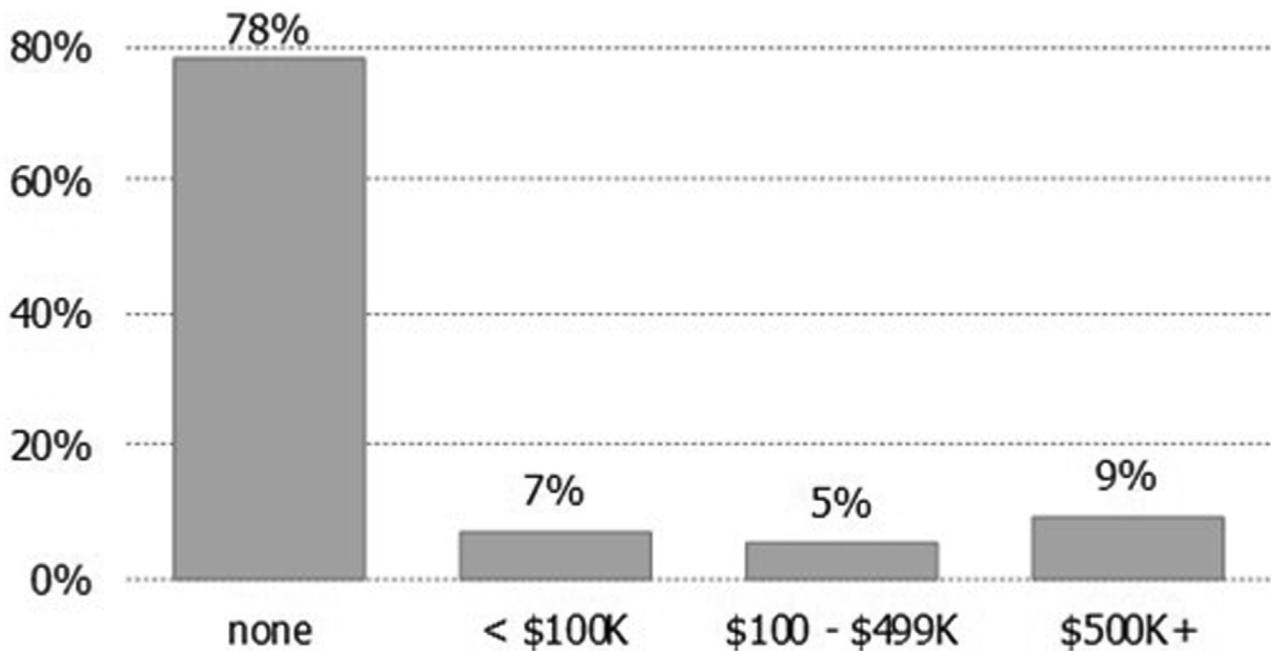
Although many are employed part-time, credentialed nutrition and dietetics practitioners as a group are offered considerable benefits packages through their employers (Table 7).

Eighty-six percent of practitioners reported their employers offer them some type of retirement benefit (whether they take advantage of it or not). This figure is essentially unchanged from 2011, although the proportion being offered a defined benefit plan (pension) has plummeted from 36% to 18%. In 2024, 73% of employers offer a defined contribution plan (eg, 401[k]) to which they contribute, and another 8% offer such a plan without employer contribution.

A majority of practitioners are offered the following: life insurance,



**Figure 5.** Number supervised directly and/or indirectly by credentialed nutrition and dietetics practitioners (weighted n = 4949). Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>



**Figure 6.** Budget responsibility of credentialed nutrition and dietetics practitioners (weighted n = 4949), Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>

**Table 5.** Registered dietitian nutritionist compensation at selected percentiles: hourly wage (weighted n = 4586) and total cash compensation for full-time employees in position at least 1 year (weighted n = 3888)<sup>a</sup>

Percentile	Compensation, \$	
	Hourly	Annual
10th (10% earn less)	28.32	60,000
25th (25% earn less)	32.37	68,600
50th (50% earn less)	37.98	80,400
75th (75% earn less)	45.78	98,900
90th (90% earn less)	56.41	124,900

<sup>a</sup>Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>

disability insurance, accidental death and dismemberment insurance, medical coverage for themselves and dependents, dental coverage for themselves and dependents, a prescription drug benefit, vision insurance, and a health care reimbursement or flexible spending account. The proportions of employers contributing toward most of those coverages, however, are significantly lower.

Results for a long list of other benefits, including paid time off and professional/career development items, are quite similar to those seen in 2021.

Eighty-six percent of practitioners are offered some form of paid time off, including 83% offered paid vacation or personal time off, 68% offered paid holidays, and 62% offered paid sick days.

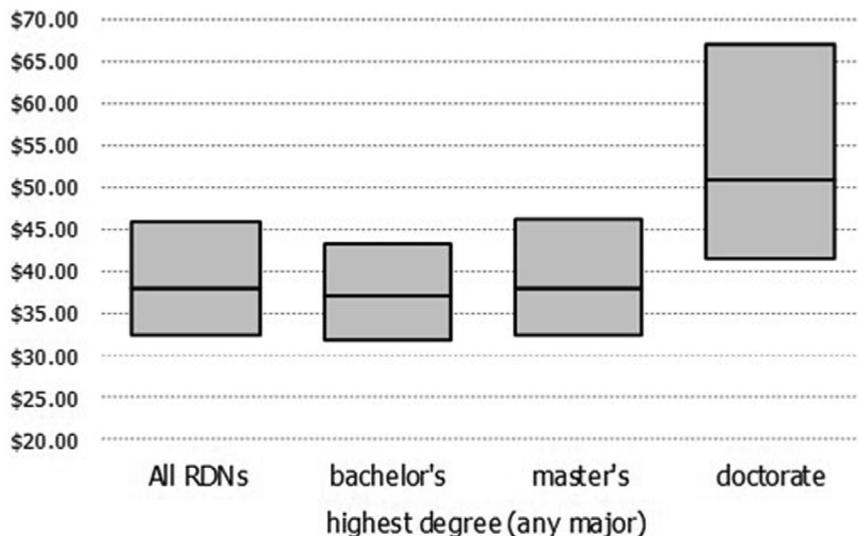
Seventy-three percent are offered 1 or more of the benefits classified as

“professional/career development,” led by funding/time off for professional development (eg, conferences and seminars) and college tuition assistance for employees.

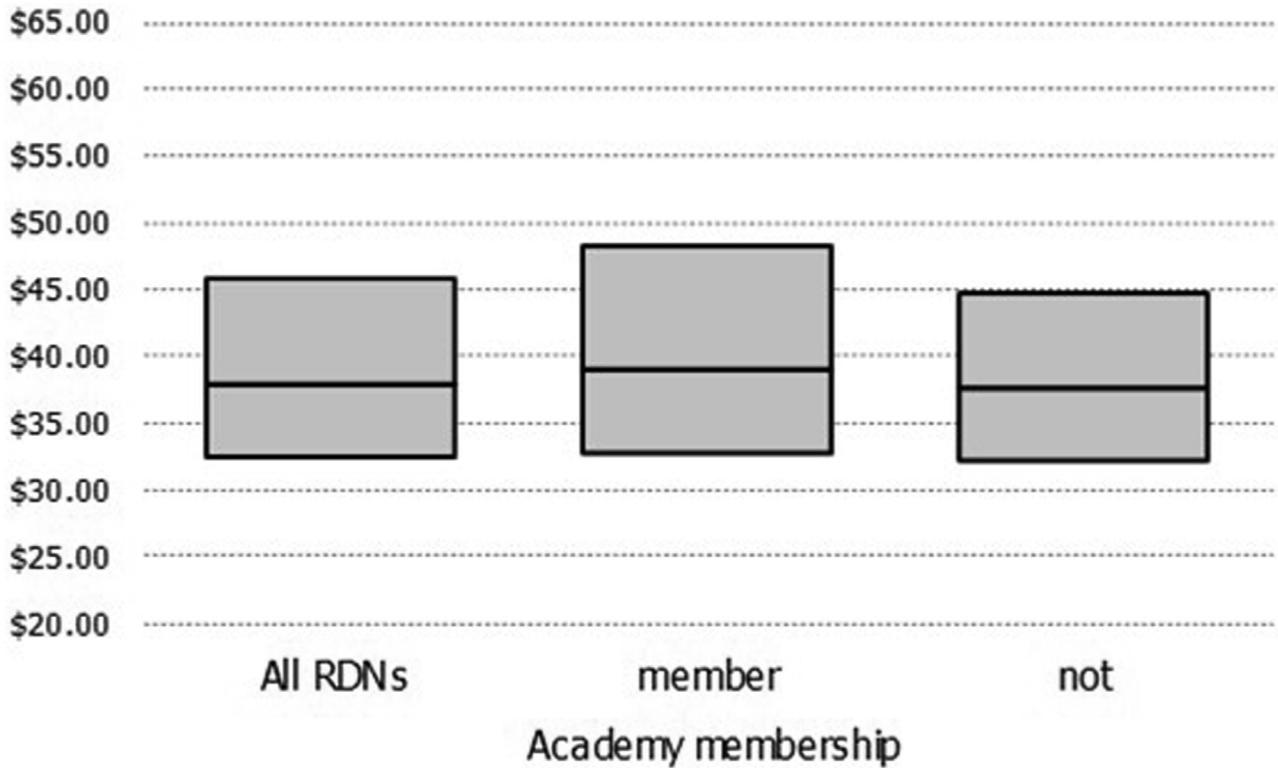
Eighty-eight percent are offered 1 or more of a variety of “quality of work life” benefits, led by on-site parking, employee assistance programs, wellness programs, and unpaid personal leave. Very few employers are offering childcare subsidies or on-site facilities, stock options, or profit sharing.

**CONCLUSIONS**

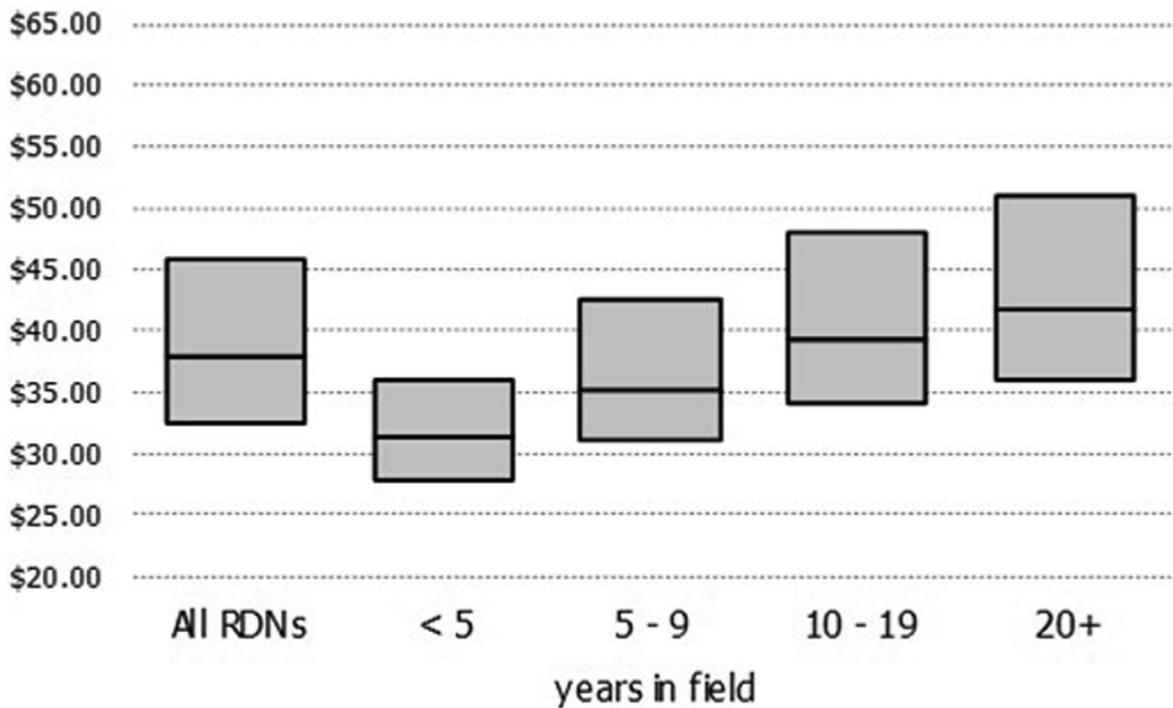
In underwriting the *Compensation and Benefits Survey of the Dietetics Profession 2024*,<sup>1</sup> the Academy of Nutrition and Dietetics and Commission on Dietetic Registration have again provided a comprehensive and current resource to help credentialed nutrition and dietetics practitioners manage their careers. This survey provides valuable perspectives on how specific jobs are compensated, shows how a variety of factors relate to compensation levels, and identifies important trends.



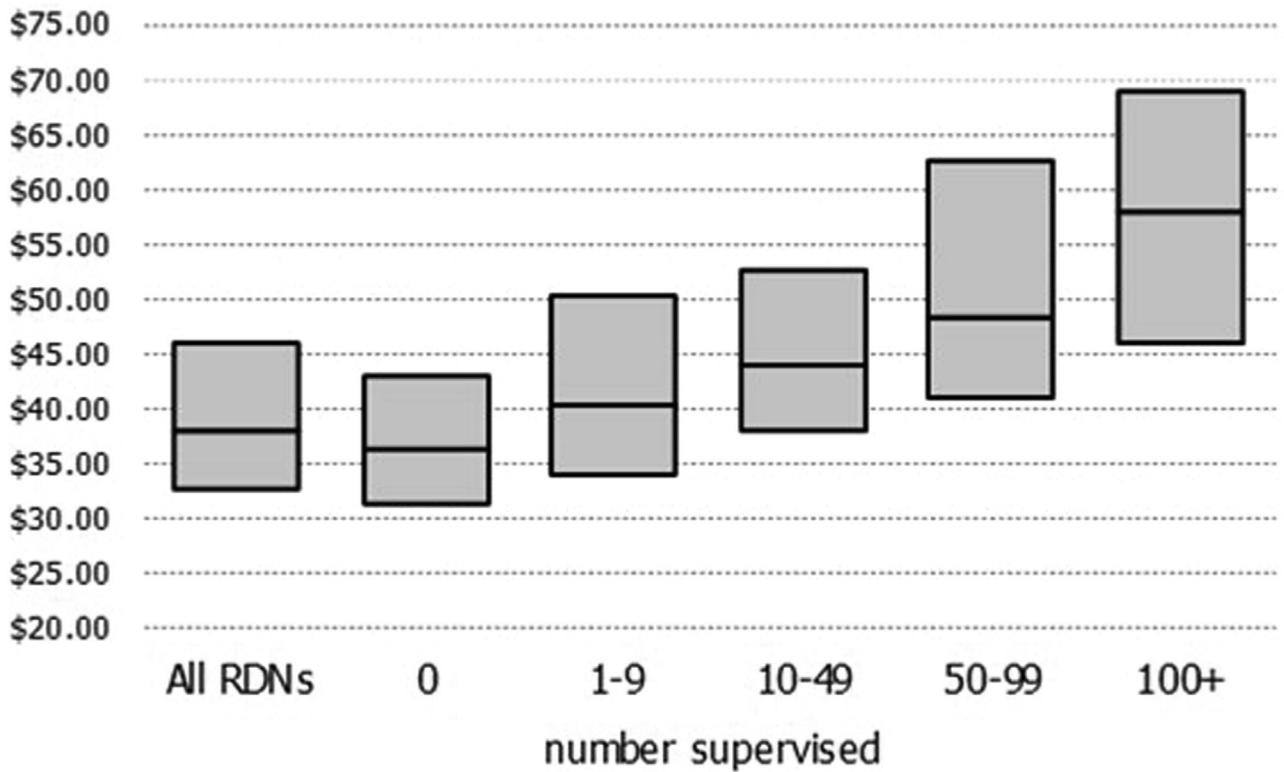
**Figure 7.** Registered dietitian nutritionist (RDN) hourly wage by education level (highest degree earned). Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>



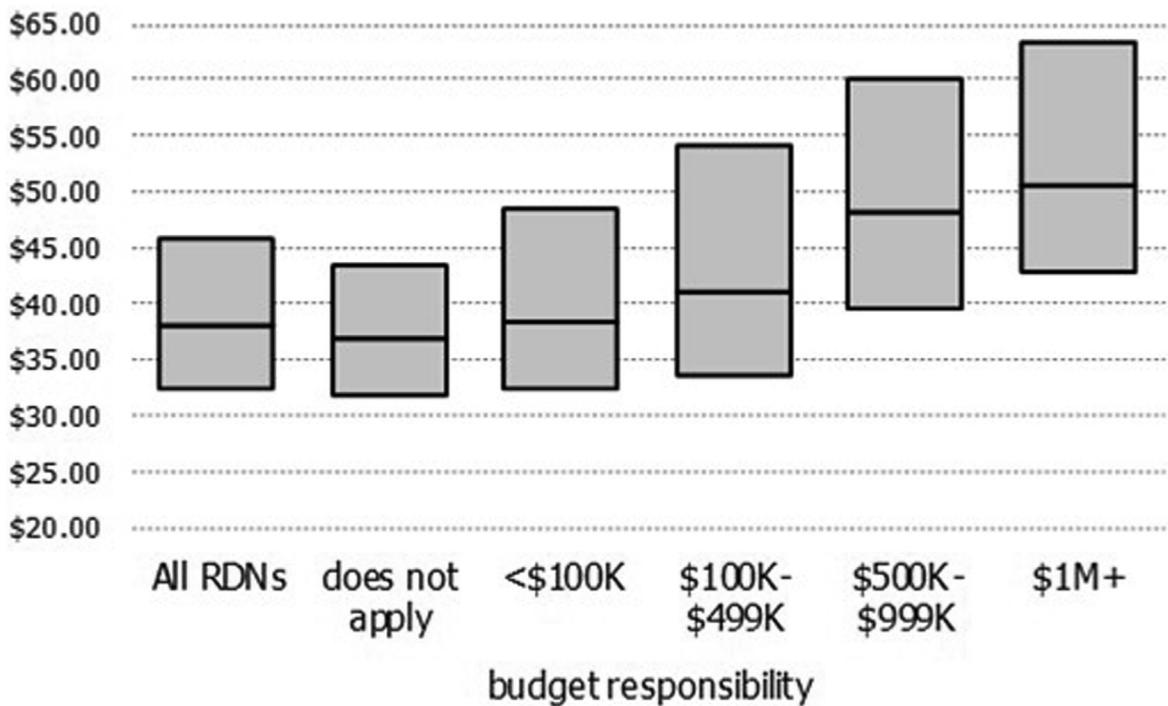
**Figure 8.** Registered dietitian nutritionist (RDN) hourly wage by Academy of Nutrition and Dietetics membership. Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>



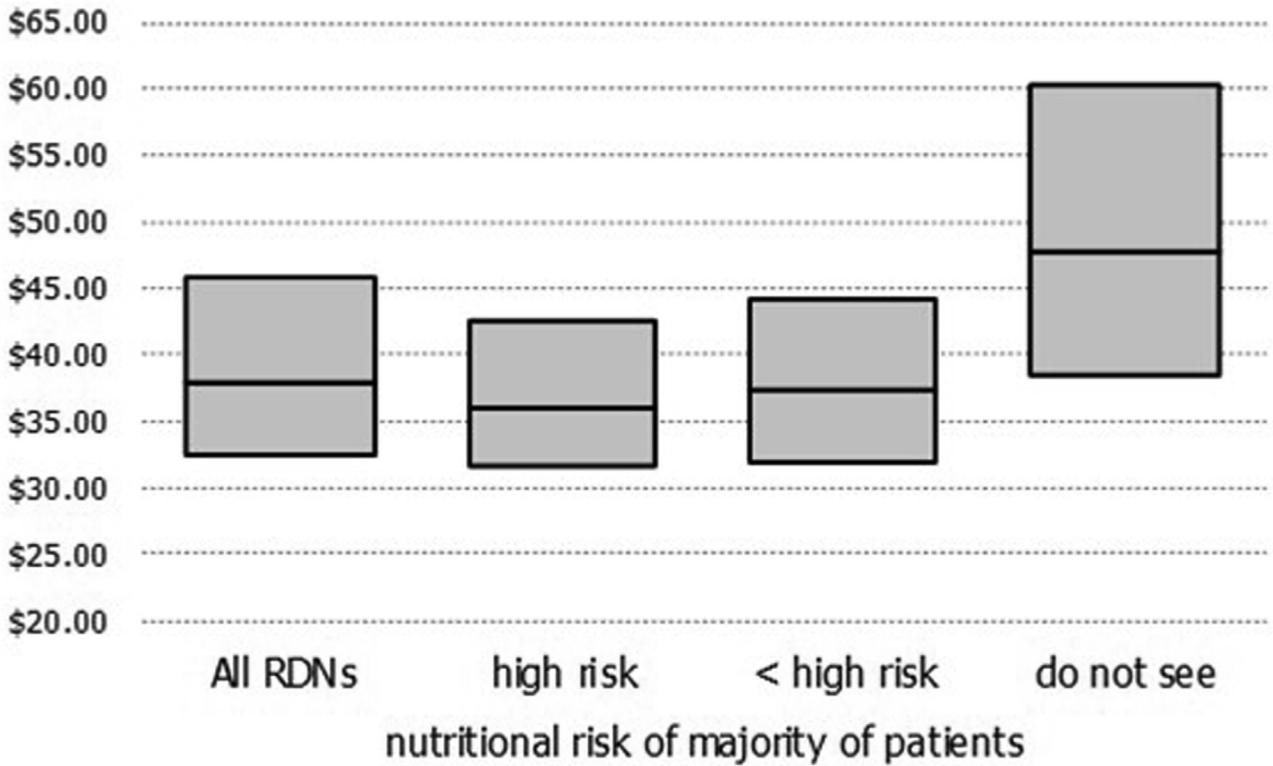
**Figure 9.** Registered dietitian nutritionist (RDN) hourly wage by experience (years in the field). Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>



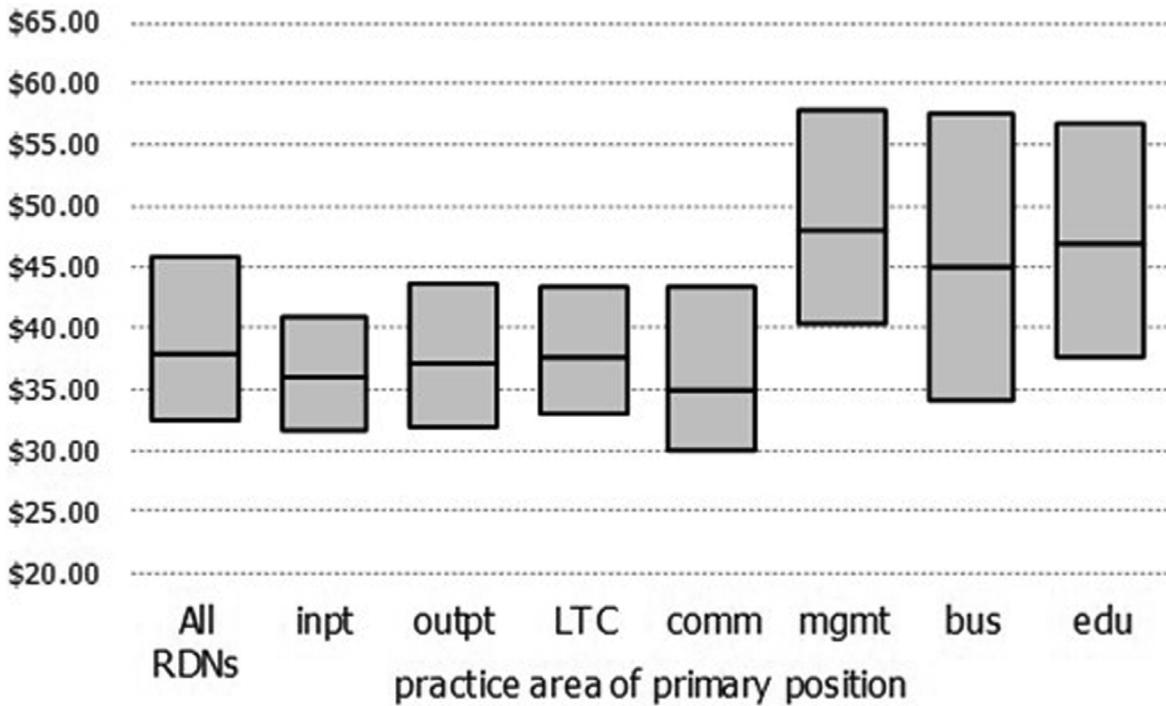
**Figure 10.** Registered dietitian nutritionist (RDN) hourly wage by number directly and/or indirectly supervised. Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>



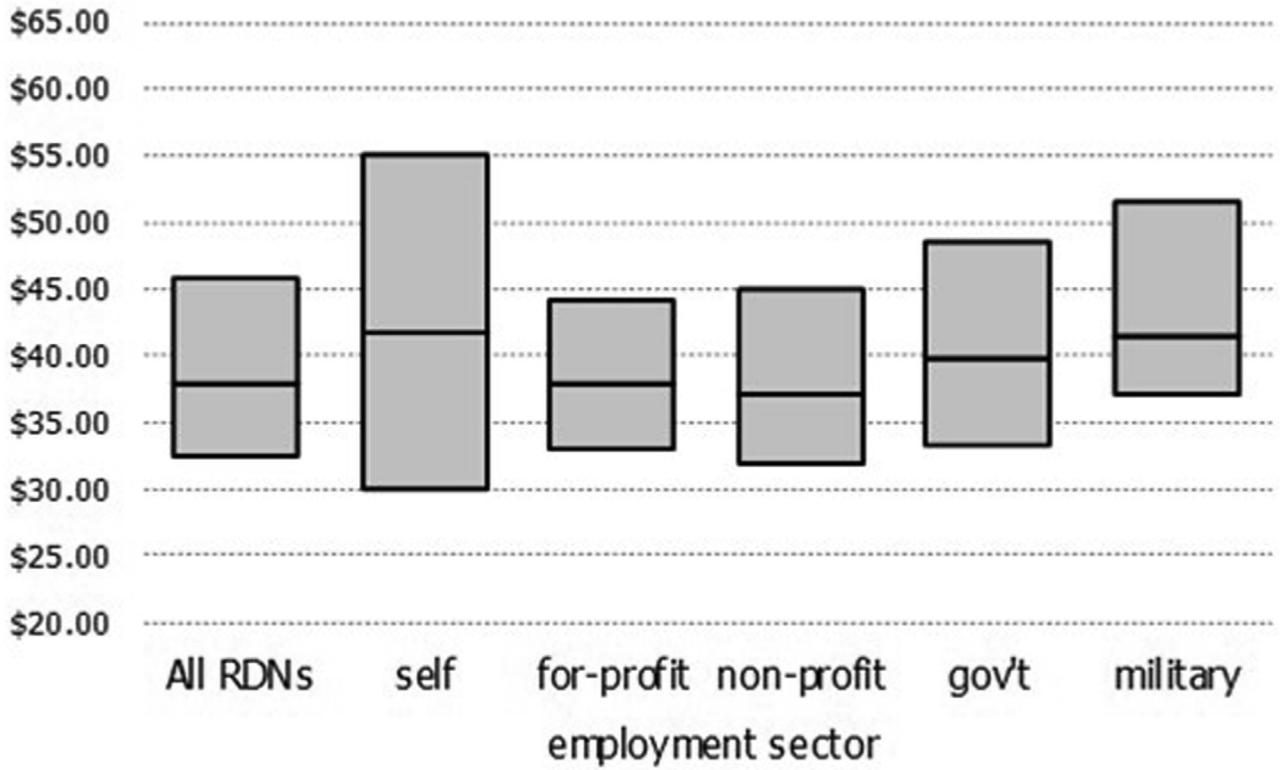
**Figure 11.** Registered dietitian nutritionist (RDN) hourly wage by budget responsibility. Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>



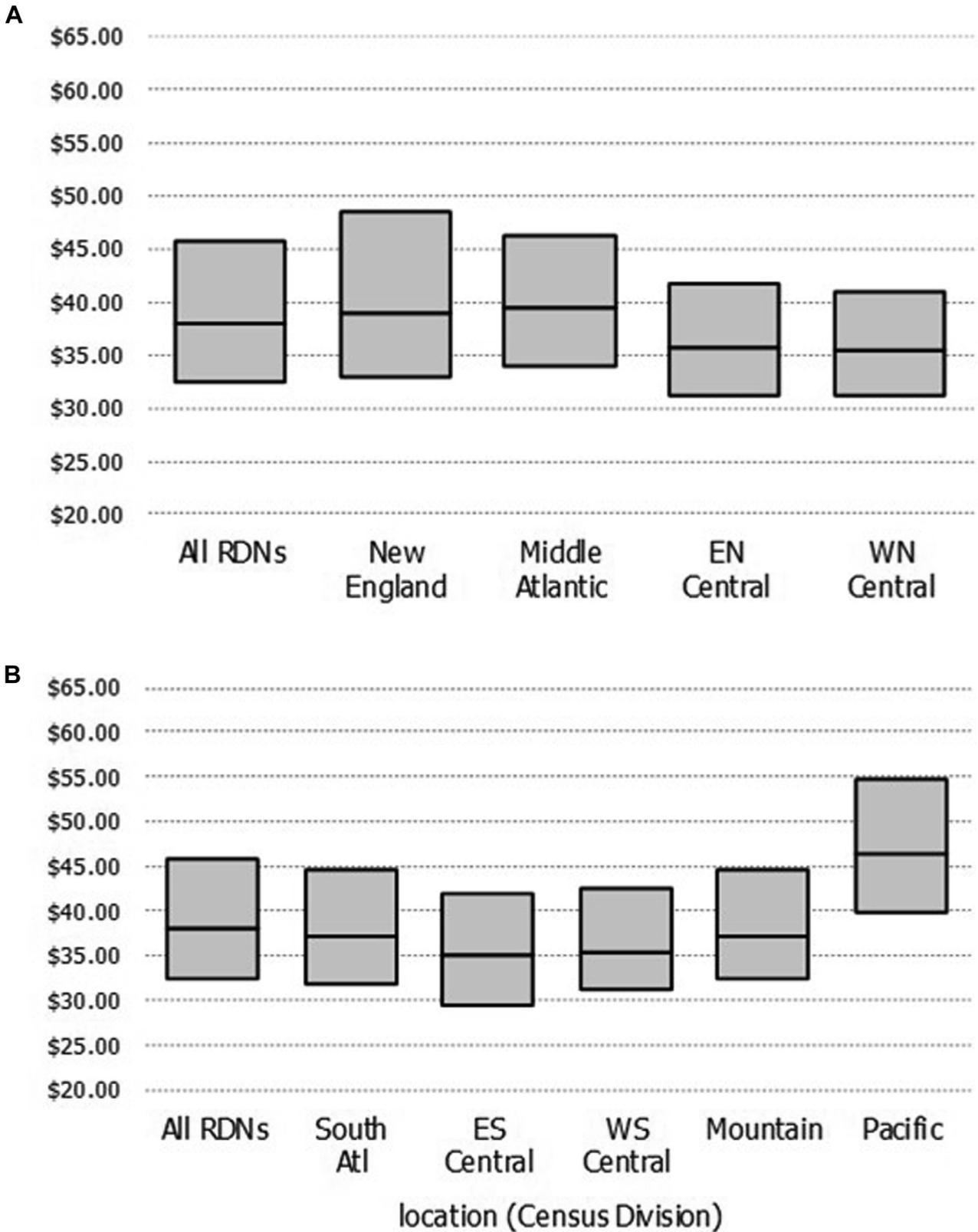
**Figure 12.** Registered dietitian nutritionist (RDN) hourly wage by patient/client nutritional risk. Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>



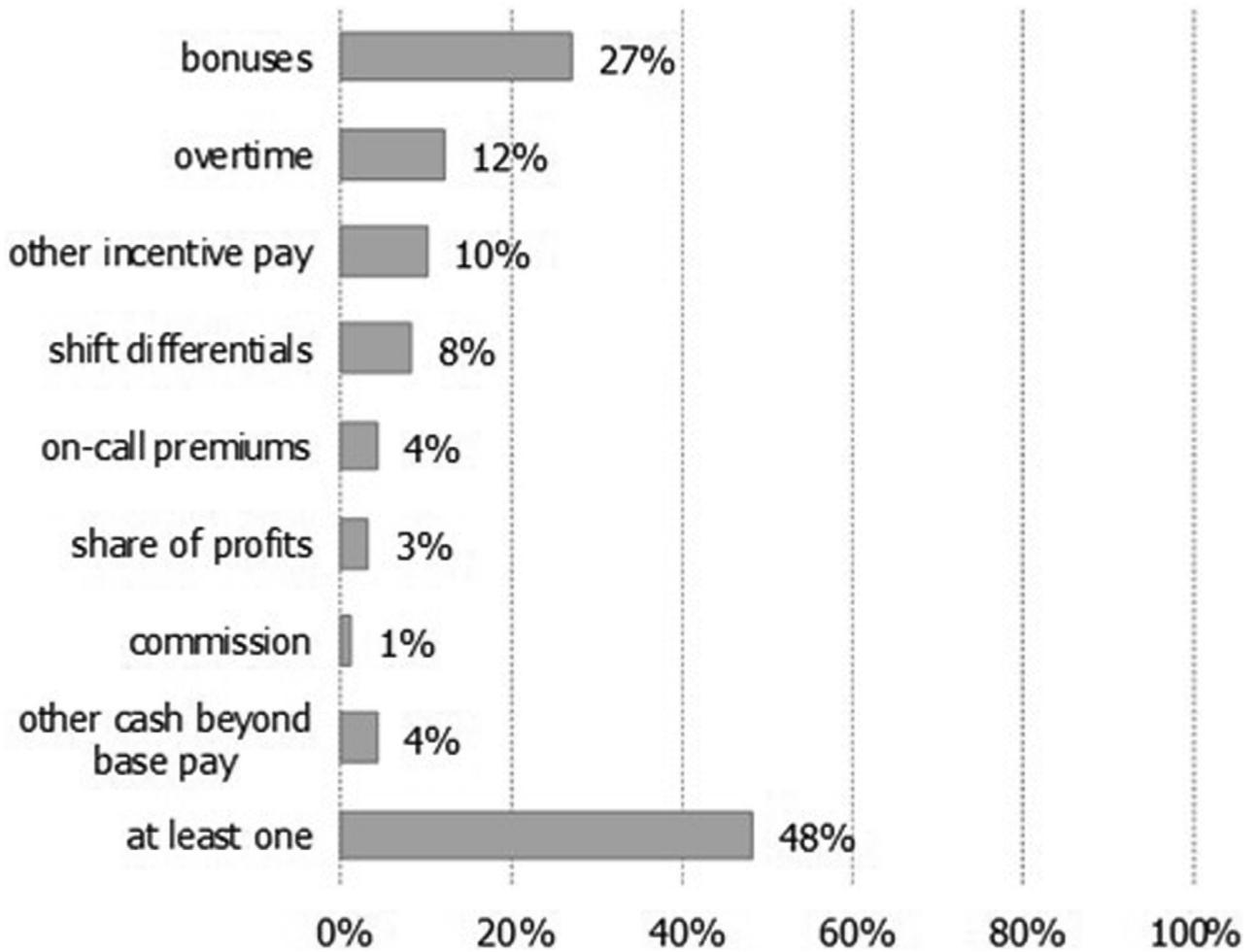
**Figure 13.** Registered dietitian nutritionist (RDN) hourly wage by practice area of primary position. Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). bus = business; comm = communication; edu = education; inpt = inpatient; LTC = long-term care; mgmt. = management; outpt = outpatient. Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>



**Figure 14.** Registered dietitian nutritionist (RDN) hourly wage by employment sector. Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). gov't = government. Source: *Compensation and Benefits Survey of the Dietetics Profession 2024.*<sup>1</sup>



**Figure 15.** Registered dietitian nutritionist (RDN) hourly wage by location (Census Divisions). Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). EN = East North; WN = West North. Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>



**Figure 16.** Types of additional cash compensation received among practicing registered dietitian nutritionists (weighted n = 4814). Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>

**Table 6.** Nutrition and dietetics technician, registered compensation at selected percentiles: hourly wage (weighted n = 126), and total cash compensation for full-time employees in position at least one year (weighted n = 94)<sup>a</sup>

Percentile	Compensation, \$	
	Hourly	Annual
10th (10% earn less)	20.43	43,600
25th (25% earn less)	23.38	50,000
50th (50% earn less)	26.31	56,700
75th (75% earn less)	33.05	70,500
90th (90% earn less)	43.82	88,800

<sup>a</sup>Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>

**Table 7.** Prevalence of benefits offered to credentialed nutrition and dietetics practitioners (weighted n = 4949) as part of employment/self-employment<sup>a</sup>

<b>Benefit</b>	<b>% offered</b>
NET, <sup>b</sup> any retirement benefit	86
Defined benefit retirement plan (pension)	18
Defined contribution plan	81
Life insurance	80
Disability insurance (long- and/or short-term)	78
Accidental death and dismemberment	70
Long-term care insurance	50
Business travel insurance	21
High-deductible medical insurance, for employees	69
High-deductible medical insurance, for dependents	68
Lower-deductible medical insurance or managed care plan, for employees	74
Lower-deductible medical insurance or managed care plan, for dependents	72
Dental insurance or group plan, for employees	83
Dental insurance or group plan, for dependents	80
Prescription drug benefit	73
Vision insurance or group plan	82
Health care reimbursement or flexible spending account	76
Retiree medical coverage	29
NET: paid time off	86
NET: benefits related to professional/career development	73
NET: other benefits related to quality of work life	88

<sup>a</sup>Source: *Compensation and Benefits Survey of the Dietetics Profession 2024*.<sup>1</sup>

<sup>b</sup>NET signifies percentage indicating 1 or more items in category.

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**STATEMENT OF POTENTIAL CONFLICT OF INTEREST**

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