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Lindsay Helton Nutrition: A Private Practice in Charlotte, NC

by

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## **Preface**

Writing this business plan has been a challenging and rewarding experience, and I am proud to have a blueprint to use to launch my own private practice. This process has also been eye opening to the lack of resources available to dietitians and nutrition students alike who want to become entrepreneurs. It was not surprising to discover that only 3% of the 6,461 surveyed dietitians in 2017 identified as a private practice dietitian (Rogers, 2018). Similarly, a 2015 survey of entry-level dietetics professionals found that only 3% of the 1,048 individuals surveyed held a primary position in private practice (Griswold, Rogers, Sauer, Leibovitz, and Finn, 2016).

In light of the lack of resources for entrepreneurial dietitians, there have been a number of resources developed for this niche in recent years. A handful of successful private practice dietitians have released courses and online communities to help the newer generation of dietitians interested in the same career path. One such example is INSPIRD to SEEK, a Facebook group of almost 1,700 dietitians, dietitians in training, and other allied health professionals interested in entrepreneurship. In this group, professionals exchange advice about building a business and support one another. The dietitian at the helm of this group, Haley Goodrich, also offers one-on-one coaching and membership options to provide mentorship and guidance (“Mentor Program”). Jennifer McGurk, RD, has authored two affordable books about starting and growing your private practice, and offers supervision and mentorship as well (“Pursuing Private Practice”). These are just two examples of dietitians helping others pursue their private practice dreams as they have.

Especially growing in number are private practice dietitians whose work is informed by Intuitive Eating and Health at Every Size. This is often referred to as the non-diet approach. Dietitians who identify this way often pursue private practice in order to practice in alignment with their values, rather than working in an environment where they may have to prescribe diets and weight loss. These movements are growing in momentum and traction, as evidenced by many articles in mainstream publications about them (Miller, 2018). There seems to be confusion about what it truly means to be a non-diet practitioner, and I would like to add my voice to those advocating for a weight neutral approach.

My goal is to help clients connect with their inner wisdom about eating, empower them to discover a healthy relationship with food, provide nutrition recommendations, and hold a space to process weight and body image concerns. The weight neutral part comes from working on all of these aspects with clients without promising weight loss or focusing on the scale. Having my own practice will allow me to dive into these topics with clients and support their health journey in a way that is evidence-based and compassionate. I look forward to opening my doors in early 2019 as a part-time endeavor, and building towards a full-time practice in the coming years.

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## 2. Executive Summary

Lindsay Helton Nutrition LLC will serve women in Charlotte, North Carolina who are seeking nutrition counseling for an eating disorder, disordered eating, or want to incorporate dietary changes to improve their health. Charlotte is a large city with a young population. Research shows that most eating disorders begin from ages 18-22, and Charlotte is home to approximately 36 colleges and universities (Hanlan et al, Charlotte Observer). Despite this, there is a lack of resources for eating disorder treatment and only four dietitians in or near Charlotte, NC who market eating disorders as a specialty on their profile at [www.HealthProfs.com](http://www.HealthProfs.com).

According to the National Eating Disorders Association, 20 million women and 10 million men in America will have an eating disorder during their lifetime ("What are Eating Disorders?"). Regardless of one's specialty, undoubtedly all dietitians are seeing clients with eating disorder histories. Given the prevalence of eating disorders and their dangerous, life-threatening nature, it is important that more dietetics students are given training in this area. I knew I wanted to work with people with eating disorders, so I completed my advanced internship rotation at The Renfrew Center of North Carolina. The Renfrew Center specializes in treatment of anorexia, bulimia, binge eating disorder, and other mental illnesses. I spent 10 weeks providing meal support, conducting assessments, follow-ups, and meal planning sessions and found it to be a valuable experience. My training in behavioral health and eating disorders has given me a strong skill set for working with clients along the eating disorder spectrum.

I also have interest in providing nutrition counseling for people with disordered eating, diabetes or prediabetes, and other health concerns such as high cholesterol or triglycerides. During graduate school, I heard about the paradigms of Intuitive Eating and Health at Every Size. I resonated with the message that people deserve to pursue health and be treated with respect no matter what size body they are in. The research confirmed that prescribing diets and focusing on weight loss is actually counter-productive; it often leaves people with worse self-esteem, is a risk factor for developing an eating disorder, and is associated with a number of negative health biomarkers (Bacon and Aphramor, 2011). Taking the focus away from weight opens up a world of possibilities to explore, and makes behavioral change for health's sake more attainable without the distraction of the scale. I began to share this message on my blog, Soon to be RD, two years ago and have enjoyed connecting with readers about this nutrition philosophy.

This is the message and approach that will be shared with clients at Lindsay Helton Nutrition, whether they just received a diagnosis of prediabetes, are getting off the diet merry-go-round, or are seeking treatment for an eating disorder. My extensive education in nutritional science and counseling combined with this approach will support clients' wellbeing and help to fulfill a need in this city.

### **3. Organizational Plan**

#### **3.1. Practice Location**

This business has an office secured in the Dilworth neighborhood of Charlotte, North Carolina. I will be sharing the office with my husband, who has a part-time therapy private practice. We pay \$300 a month for this office and it is furnished. Once I begin Lindsay Helton Nutrition we will both pay \$150 for rent from our respective businesses. The office is in a largely affluent area near Uptown. It is easily accessible from other neighborhoods of Charlotte, such as Elizabeth and South End.

#### **3.2. Equipment and Resources**

There are several resources I will need to invest in to begin the business. The office is equipped with a printer with fax and scanning capabilities, and I have a laptop that will be used exclusively for the business. The business will use Kalix software for charting and billing purposes. This is a HIPAA-compliant EMR service, which is equipped with scheduling and billing capabilities. It allows practices to bill insurance and take private pay, which I intend to do ("Helping To Grow Your Practice").

Upon receiving my RD credential, I will begin the process of becoming paneled with Blue Cross and Blue Shield of North Carolina to make my services more affordable and accessible to a greater number of people. Blue Cross accepts new dietitians after credentialing, and there is no time or experience requirement prior to being paneled ("Become a Blue Cross NC Provider or Recredential"). As of December 31, 2014, Blue Cross was the insurance company with the highest enrollment in Mecklenburg County (Shapiro, 2015). This insurance company is also the only option for health insurance in the exchange system in Mecklenburg County ("North Carolina health insurance: Find affordable coverage").

In addition, the business will need a website to house information about services and provide a platform to continue my blog. The website will be designed using Wix, a free website builder. I currently use BlueHost for my website hosting, and will continue to do so under the new domain of [www.lindsayheltonnutrition.com](http://www.lindsayheltonnutrition.com). Other tasks prior to start up are establishing a confidential phone line from Google Voice and obtaining professional liability insurance through Mercer.

Joining the Academy of Nutrition and Dietetics will provide connection to other dietitians as well as resources to assist the practice. These include the Evidence Analysis Library, which is a database of systematic reviews of nutrition topics and evidence-based nutrition practice guidelines. AND membership also grants access to free handouts and brochures to use with clients. I will also invest in the INSPIRD to SEEK 6-month membership. This is a program by a registered dietitian and PhD in nutrition, which helps other providers run successful businesses. Through this \$199 purchase I will receive access to 24 modules about starting and managing a nutrition private practice, monthly webinars by leaders in the field, and a private

Facebook community for support. The monthly webinars will help me accumulate continuing education credits (1 per month) and stay on top of the latest research and hot topics in nutrition.

### **3.3 Services**

In my role as a dietitian in private practice, I will offer the following services to meet my clients' needs:

- Nutrition counseling for women struggling with an eating disorder, disordered eating, or who are seeking to implement nutrition recommendations for various conditions without following a restrictive diet
- Skill development to help clients learn healthy habits and face challenge foods and food situations with the support of a Registered Dietitian
- Public speaking and presentations for businesses in the community

#### **3.3.1 Individual Nutrition Counseling**

Clients of all ages and with various health and medical concerns will benefit from one-on-one nutrition counseling. I will help clients set goals and provide nutrition education and counseling to assist them in being successful. Medical Nutrition Therapy will benefit clients with conditions such as an eating disorder, diabetes, high blood pressure, and high cholesterol.

Our first session will be an initial assessment, and each session after that will be a follow-up. Nutrition counseling will be conducted at the office in Charlotte.

Nutrition assessments will include:

- Eating disorder history and current symptoms
- Information about past dieting experiences
- Medical diagnoses and/or concerns
- Weight history
- Current weight
- Current dietary intake
- Sleep habits and stress management
- Current medications and supplements

In our follow-up sessions, I will check in with clients about progress in meeting their goals. We will reassess and set new goals, if applicable, and continue to process concerns about nutrition, eating disorder behaviors, and body image. These sessions will also be an opportunity to work on skills such as meal planning, food exposures, and grocery store or restaurant visits.

- Food exposures: I will work with clients who are appropriate to identify a hierarchy of fear foods, and they will have the option of reintroducing these foods with my support whether in the office or at a restaurant
- Food experience exposures: Similarly to food exposures, I will be available to engage in food experiences with clients who may have anxiety about visiting a grocery store, going to a restaurant, or eating in public

- Grocery store tours: This is a service available to any client, whether they are wanting to learn what items to buy to support their personal health goals or want support in visiting the grocery store after years of avoidance
- Meal planning: I will assist clients in developing skills related to meal planning and grocery shopping with their nutrition and budget goals in mind

### **3.3.2 Family Nutrition Counseling**

Family nutrition counseling is beneficial for many people, especially clients struggling with an eating disorder. Getting a client's support system on board is beneficial for long-term success. It is important to explain why their loved one needs to eat in a way to support their goals, whether they are following a meal plan or are learning more about intuitive eating. It can also be helpful to allow the client to share how they can best be supported.

### **3.3.3 Nutrition Presentations**

To engage with my love of sharing nutrition information and to increase revenue, I will develop nutrition education classes to share with various audiences. One area I hope to explore is the substance use field, as it combines my interests in mental health and nutrition. I feel this is an untapped population that could use information about sound nutrition as they recover from substance use disorders.

There are many substance use centers in Charlotte and I plan on approaching them about providing a weekly or monthly nutrition education class. Paige Smathers, RD has developed a curriculum that dietitians can purchase ("Nutrition & Substance Use Disorders Curriculum"). It is marketed as an \$800 investment that can lead to a monthly income of \$800-\$1500. This is an investment I will make once business income has increased. I will also be available to present on various nutrition topics to employers or schools and will market this on the business website.

## **3.4. Significance of Services**

### **3.4.1 The Nutrition Care Process**

Regardless of the client, the Nutrition Care Process will guide our sessions. This is a standardized process used by dietitians in all areas of dietetics to provide consistent and quality care. The Nutrition Care Process has four steps: assessment, diagnosis, intervention, and monitoring and evaluation.

#### **3.4.1.1 Nutrition Assessment**

Prior to the initial assessment, clients will complete an intake form to provide information about their past and current eating habits, weight, and any medical diagnoses. This form may be found on page 19 under "Supporting Documents." Additional information such as labs may be obtained prior to the first appointment. This information as well as other data collected during the initial assessment will lead to the nutrition diagnosis. Clients will be reassessed during follow-ups to confirm or change the nutrition diagnosis.



#### **3.4.1.2 Nutrition Diagnosis**

As the provider I will identify the specific nutrition problem that can be improved through interventions I will provide to the client. This will allow us to focus on the main nutrition concern and guide the client's dietary changes.

#### **3.4.1.3 Nutrition Intervention**

Nutrition counseling and education will be the primary intervention. The intervention and goals set will relate directly to the client's individual diagnosis. For example, an intervention for a client with anorexia may be to increase food intake while a client with diabetes may focus on adding fiber at meals to stabilize blood sugar.

#### **3.4.1.4 Nutrition Monitoring and Evaluation**

At each session we will discuss the client's progress. I will assess whether the client is adhering to dietary changes and examine any relevant and necessary documentation, such as lab results and weight. I will also coordinate with other providers, such as therapist and doctors, as indicated to monitor the client's progress and adherence. This will be particularly important for clients in the earlier stages of eating disorder recovery that need medical monitoring and additional therapy support.

While the Nutrition Care Process will be used with each client, the exact interventions and nutritional significance will vary depending on whether they are in eating disorder recovery, are implementing intuitive eating practices, or have diabetes or prediabetes.

### **3.4.2 Eating Disorder Recovery**

The Academy of Nutrition and Dietetics takes the position that nutrition counseling by a Registered Dietitian is a crucial component of the team treatment approach to eating disorders (Ozier and Henry, 2011). The dietitian's role is to conduct a nutrition assessment to identify nutrition-related issues and complications, such as refeeding syndrome, electrolyte imbalances, nutritional deficiencies, and eating disorder symptoms such as restriction, purging, and laxative abuse. In the following sessions the dietitian calculates estimated energy intake and supports clients as they adopt a regular eating pattern, increase variety, and become familiar with hunger and fullness cues (Ozier and Henry, 2011). Increasing energy intake and variety supports reducing symptom use as well as restoring or maintaining weight as appropriate. It also supports clients reach a better state of nutritional health as they eat a wider variety of nutrients in adequate amounts.

Dietitians have the unique combination of scientific knowledge and counseling skills to help clients work through fear foods and nutrition myths. They are equipped to support clients as they cope with eating adequate amounts of food and side effects such as gastrointestinal distress that often come with eating consistently after periods of restricting, bingeing, and purging. Advanced training in therapeutic

approaches equips the dietitian to take a holistic approach with the client, diving into the emotions behind the eating disorder and supporting the client with body image concerns.

### **3.4.3 Intuitive Eating and Health at Every Size**

Many Americans have been told that they need to change their eating habits or lose weight, but are confused by the sea of conflicting information about how to do so. Even more, they likely have spent years trying to do just that-lose weight-to find themselves heavier than they were when they began and no more healthy. This pursuit of thinness often leads to obsession over food and body, weight cycling which is linked to cardiovascular disease, and overall unhealthy behaviors such as over exercise and restrictive eating in order to lower the number on the scale (Bacon and Aphramor, 2011). The Health at Every Size and Intuitive Eating approach offers another option for clients. Building healthy habits with food, exercise, sleep, and stress management, as well as cultivating a healthy relationship with food, is sustainable and leads to true wellbeing.

A 2014 study found that people internally motivated to exercise were more likely to practice self-care and enjoy physical activity, and that intuitive eaters also had lower BMI (Gast, Nielson, Hunt, and Leiker, 2015). Although the aim is not to lower every client's BMI, this counters the often raised concern that not focusing on weight means weight will inevitably rise. This approach is also associated with clinically relevant improvements in blood pressure, blood lipids, dietary quality, and self-esteem (Bacon and Aphramor, 2011). It is appropriate for helping clients pursue health and is safe for clients with disordered eating patterns or a lengthy dieting history.

### **3.4.4 Diabetes and Prediabetes**

The approach outlined above can be adapted to meet clients' needs for a variety of health conditions and concerns, including diabetes. This can be an important and appropriate approach to take with clients as research shows a link between eating disorders and diabetes. A 2013 study found that 38% of females with type 1 diabetes and 16% of males with type 1 diabetes have disordered eating behaviors (Hanlan, Griffith, Patel, and Jaser, 2013). This population must take special care with meal planning and portioning for proper insulin dosing and diabetes management. This heightened focus on food, while aimed at protecting their health, can make type 1 diabetics susceptible to disordered eating. The impact of these behaviors includes poorer diabetes control, higher hemoglobin A1C levels, and even death. Diabulimia, or deliberate insulin underuse with the aim of weight loss, was found to increase mortality risk threefold in a longitudinal study (Goebel-Fabbri, Fikkan, Franko, Pearson, Anderson, and Weinger, 2008). Insulin restrictors were younger when they died and reported less engagement in diabetes self-management behaviors compared to women who did not restrict insulin. There were higher rates of nephropathy and foot problems compared with women who did not restrict insulin (Goebel et al, 2008). This makes sense considering people not using insulin appropriately likely had higher blood glucose and poorer control of their diabetes,

which over time can lead to these unpleasant complications. It is important to approach nutrition therapy with this in mind and with special care for the impact of interventions on this population.

Michelle May, MD and Megrette Fletcher, RD, CDE are authors of Eat What You Love, Love What You Eat with Diabetes which outlines a mindfulness approach to diabetes self-management. This approach emphasizes a healthy relationship with food, which in turn will help with diabetes self-management and lead to positive outcomes. The main components are approaching blood sugar monitoring with curiosity rather than judgment, making peace with all foods, and learning when and how much to eat without following restrictive rules (May, 2012). Making peace with all foods means that all foods are emotionally equivalent, and as a result clients often find they do not want to binge on foods that are detrimental to blood sugar. They know they can have these foods whenever they want, and mindfulness helps them connect to what foods taste and feel best in their bodies. Approaching diabetes care with curiosity and with the lens of self-care rather than self-control leads to sustainable, balanced living. It also reduces much of the shame and blame so often placed on patients with diabetes. Although the dietitian provides nutrition education and recommendations, the client is in the driver's seat, which contributes to more ownership, empowerment, and sustainability.

### **3.5. Practice Overview**

#### **3.5.1 Business Description**

Lindsay Helton Nutrition is a nutrition counseling private practice that specializes in eating disorders and disordered eating, as well as providing medical nutrition therapy for various health concerns. This business also offers public speaking services for employers and health centers.

The business structure will be a LLC, Limited Liability Corporation, and will be filed with the North Carolina Secretary of State. This structure provides protection in the case of a lawsuit, as it protects personal assets as separate from the business ("LLC Versus Corp: Best Business Structure For Your Private Practice"). In addition to this layer of protection, I will purchase professional liability insurance from Mercer, which will cost \$120 per year. This provides protection against malpractice claims and in the event of a lawsuit would provide me with my own attorney and cover additional costs associated with the claim.

#### **3.5.2 Mission Statement**

Lindsay Helton Nutrition seeks to empower women to make positive nutrition and lifestyle changes to support their physical and mental health.

### **3.6 Goals and Objectives**

#### *Short-term Goals*

**GOAL:** Launch a part-time nutrition private practice in Charlotte, NC in early 2019 to provide nutrition counseling services for clients who have an eating disorder, suffer from disordered eating, or are seeking nutrition support for various health concerns.

**Objectives:**

- a. Obtain Master's in Public Health in Nutrition from UNC Chapel Hill by December 10, 2018.
- b. Take and pass the RD exam to obtain credentialing by February 1, 2018.
- c. Establish the business as a registered LLC with the County Clerk and Secretary of State by March 1, 2018.
- d. Establish liability insurance for the practice by March 1, 2019.
- e. Promote the practice and begin seeing clients by April 1, 2019.

*Long-term Goals*

**GOAL:** Build up to a client load of 8 clients per week by April 1, 2021. At this point I would transition into full-time private practice.

**Objectives:**

- a. Invest in continuing education related to effective nutrition counseling and eating disorder care.
- b. Build connections with other dietitians and therapists in the area to share my areas of specialty and establish referral sources.
- c. Share information about eating disorder prevalence and the practice with health care providers in Charlotte, NC to build relationships and referral sources.

## **4. Marketing Plan and Analysis**

### **4.1 Overview**

This business will use indirect and direct marketing to reach its target audience and attract the ideal client. Lindsay Helton Nutrition will help to fill a need for dietitians in Charlotte who are trained in eating disorders and Health at Every Size.

### **4.2 Availability of Eating Disorder and Health at Every Size Dietitians**

It is clear that there is a need for more eating disorder dietitians in Charlotte, NC. Charlotte is a city of almost one million people, yet there is a significant lack of eating disorder practitioners and treatment centers (U.S. Census Bureau QuickFacts: Charlotte city, North Carolina).

There are no residential, also known as inpatient, eating disorder treatment centers in Charlotte. The closest residential treatment centers are in the triangle area: Carolina House in Durham, Veritas in Durham, and the UNC Center of Excellence for Eating Disorders in Chapel Hill. There are two centers in Charlotte that offer partial hospitalization (PHP) and intensive outpatient (IOP) levels of care, with one more center scheduled to provide these options soon. Both of these centers are in-network with several insurance providers. Renfrew is exclusive to women only ages

13 and up, while TranscendED is open to all genders age 11 and up. A handful of other centers offer outpatient services only.

<b>Facility</b>	<b>Level of Care</b>	<b>Location</b>	<b>Website</b>
The Renfrew Center	PHP and IOP	Charlotte, NC	<a href="http://renfrewcenter.com/locations/non-residential/charlotte-nc">http://renfrewcenter.com/locations/non-residential/charlotte-nc</a>
TranscendED	PHP and IOP	Matthews, NC	<a href="http://www.transcendeatingdisorders.com">http://www.transcendeatingdisorders.com</a>
Veritas Collaborative	Outpatient (PHP and IOP coming soon)	Charlotte, NC	<a href="https://veritascollaborative.com">https://veritascollaborative.com</a>
Center for Disordered Eating at Teen Health Connection	Outpatient for patients ages 11-22	Charlotte, NC	<a href="http://www.teenhealthconnection.org">http://www.teenhealthconnection.org</a>
Charlotte Center for Balanced Living	Outpatient	Two locations in Charlotte	<a href="http://www.charlottebalance.com">http://www.charlottebalance.com</a>
Southlake Counseling	Outpatient	Davidson, NC	<a href="http://southlakecounseling.com">http://southlakecounseling.com</a>
UNC Charlotte	Outpatient, also refers out to other centers	Charlotte, NC	<a href="https://studenthealth.uncc.edu/nutrition/eating-disorders">https://studenthealth.uncc.edu/nutrition/eating-disorders</a>

There is also a need for more resources at the outpatient level of care. According to HealthProfs.com, a database that professionals pay for to market their services, there are only twenty private practice dietitians in or near Charlotte. Only ten of these list their address as Charlotte, NC, and only one of these lists eating disorders as a specialty. There are three more dietitians who list and market eating disorders as a specialty, but their office is not actually located in Charlotte city limits (“Charlotte Nutritionists and Dietitians”). This private practice will help fill a need in Charlotte, and experience with eating disorders will be a great advantage.

There is also a need for dietitians trained in weight-neutral care. Providers with skill in processing body image and helping clients cultivate body acceptance is needed. A 2009 study found that a third of the 4,023 sampled American women engaged in extreme weight loss or purging behaviors (Reba-Harrelson, Holle, Hamer, Swann, Reyes, and Bulik, 2009). These women reported that these behaviors occupied a

great deal of their time and energy, and 74.5% agreed that their concerns about their bodies “interfered with their happiness.” This sample was among women aged 25-45, highlighting that eating and body concerns are not exclusive to adolescents and young adults. It is clear that these struggles impact many Americans in significant ways, and skill in navigating these concerns is important. Cultivating more positive body image is important for mental health, but it is associated with taking better care of one’s physical health as well. Poor body image is associated with avoiding exercise and engaging in unhealthy behaviors such as restricting, bingeing, purging, and using drugs to increase muscle mass (Grogan, 2006).

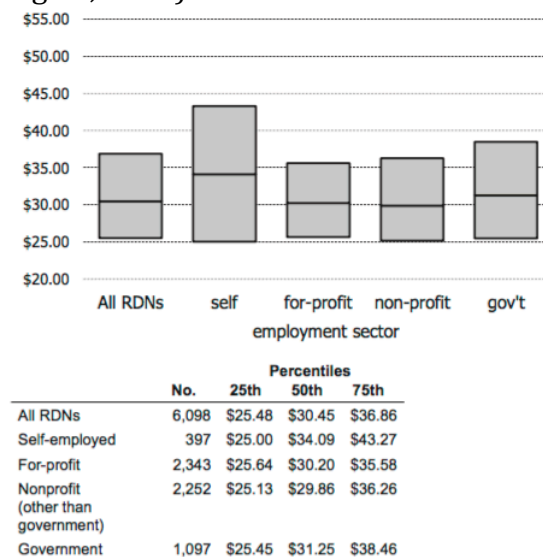
There are no dietitians in Charlotte who market their practice as using a weight-neutral, Health at Every Size approach A practice with this specialty will provide people in the Charlotte area a different approach to health and wellness than what they may have experienced in the past. This option may also encourage people to reach out who have avoided nutrition counseling in the past for fear of weight and diet judgment.

## 4.3 Pricing of Services

### 4.3.1 Pricing Strategy

Service prices have been carefully decided upon after reviewing the Compensation and Benefits Survey from the AND, researching the prices of other dietitians in the Charlotte area, and consulting the Medicare fee scheduling for Registered Dietitians in North Carolina. I have taken into account my newness to the field, as well as my desirable training in behavioral health and eating disorders.

The figure shown below from the Compensation and Benefits Survey 2017 indicates that hourly wages for self-employed dietitians are higher than dietitians employed in all other sectors (Rogers, 2018).



**Figure 15.** 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). From *Compensation & Benefits Survey of the Dietetics Profession 2017*.

The following figure from the same report indicates hourly wages for Registered Dietitians by region. Charlotte is located within the South Atlantic Region, which falls within the middle range for hourly wage. This is likely due to the lower cost of living in the South compared to other regions, like New England or the Pacific.

		Percentiles		
	No.	25th	50th	75th
All RDNs	6,098	\$25.48	\$30.45	\$36.86
New England	351	\$26.67	\$33.40	\$40.19
Middle Atlantic	799	\$26.79	\$31.49	\$37.95
East North Central	1,076	\$24.04	\$28.53	\$33.17
West North Central	580	\$24.04	\$28.53	\$33.99
South Atlantic	1,080	\$25.30	\$30.29	\$36.06
East South Central	324	\$23.08	\$26.96	\$32.21
West South Central	602	\$24.36	\$28.86	\$35.58
Mountain	434	\$25.00	\$29.81	\$35.17
Pacific	852	\$31.08	\$36.06	\$43.27

The 2013 Compensation and Benefits Survey showed that the hourly rates for dietitians in “Charlotte-Gastonia-Rock Hill NC-SC” were similarly in the middle range for hourly wage. The 50<sup>th</sup> percentile was \$26.44 and the 75<sup>th</sup> percentile was \$34.62, which indicates that dietitians at both of these percentiles have increased pay over the last four years (*Compensation and Benefits Survey 2013*[Pdf]). The combination of higher pay for private practice dietitians and the average pay by region makes Charlotte, NC an attractive place to launch such a business.

Unfortunately few private practice dietitians in Charlotte share their pricing structure on their website. On HealthProfs.com, several dietitians listed a range for their pricing and the two most common were “\$80-\$120” and “\$70-\$150” per session. One dietitian listed on her website that the initial assessment is “\$100-200.” (Carber). Another dietitian stated her start up package is \$350 for 3 visits (Thomas). A dietitian located in nearby Fort Mill, SC lists on her website that a package for two sessions is \$249 (Screen). Based on this information, I feel comfortable with the prices set for my business, discussed below.

#### **4.3.2 Nutrition Counseling**

##### **60-Minute Initial Assessment: \$115**

The Medicare fee scheduling for Registered Dietitians indicates that the reimbursement rate for a 15-minute unit of Medical Nutrition Therapy for an individual assessment is \$33.99 (“Physician Fee Schedule”). For a one-hour initial assessment, this equates to \$135.96 As such, I have set my initial assessment rate at

\$115. This is a competitive yet comparable price for a private practice dietitian in Charlotte, NC.

#### 45-Minute Follow-Up: \$100

The Medicare fee scheduling also indicates that the reimbursement for a 15-minute unit of follow-up nutrition therapy is \$29.44 (“Physician Fee Schedule”). For a one-hour follow up, this equates to \$117.76. Although I do not anticipate that all follow-ups will be an hour in length, I am setting my follow-up rate at \$100.

I will not offer packages, as I find it important to reassess clients at each visit and decide on the most appropriate length of continued support.

### **4.3.3 Nutrition Presentations**

#### Nutrition Presentations to Local Businesses: \$200

I arrived at this fee by taking into consideration the fact that the class will be around an hour long, like an assessment, but will have a larger group of people. I also must factor in the time it will take to prepare for any class I present, whether it is to a substance use facility or to a local business that would like to host a lunch and learn.

## **4.4 Assessing the Competition**

As mentioned previously, HealthPros.com shows 20 outpatient providers in a search for dietitians in the Charlotte area. Upon further inspection, there is only one dietitian with an office in Charlotte who offers eating disorder counseling. The office for this business is located in the Ballantyne area of Charlotte, which is 14 miles south of my office in Dilworth. There are three other dietitians who list this as a specialty and service, but their offices are located in Matthews, Rock Hill, and Columbia. The closest two are 12.8 and 24.3 miles from my office, which indicates a need for a dietitian with this specialty closer to the populated city center.

Of the ten dietitians who are located in Charlotte, the most common specialties listed are food allergies and sensitivities, sports nutrition, and weight loss. No private practice dietitians in Charlotte market themselves as non-diet dietitians or mention intuitive eating, which will set me apart. I will also be the only private practice dietitian in Charlotte with a Master of Public Health. This degree provided me with a strong background in behavior change and counseling, as well as a well-rounded view of many factors that shape how people eat and live. This lens will be important in helping clients make changes that are sustainable and realistic for their individual circumstances.

In addition, spending 10 weeks at an eating disorder center during the dietetic internship is rare. These skills are valuable for clients along the eating disorder spectrum, as well as clients struggling with weight and body image concerns. Completing this rotation in Charlotte gives me a competitive edge, as I already have a friendly relationship with providers in the area looking to refer to a dietitian.



## 4.5 Marketing Strategy

### 4.5.1 Target Market and Ideal Client

The target market consists of women aged 18-60 seeking assistance in meeting their nutrition and health goals and improving their relationship with food.

Overall, Charlotte has a large population of young, employed, well-educated women who likely have the means to invest in nutrition counseling, or perhaps have insurance to pay for it. Charlotte has a population of 859,052 and 52% is female ("Census profile: Charlotte, NC"). According to a 2013 Briefing Paper from The Institute for Women's Policy Research, the median age of women in the Charlotte Metropolitan Area is 36 years old. 64% of women in this area are employed or actively looking for work, and the majority work full-time ("*The Status of Women in the Charlotte Metropolitan Area, North Carolina*[Pdf].") Women in Charlotte are more likely to have a bachelor's degree than women in the state or nation as a whole. According to the 2017-2018 Mecklenburg County Community Health Assessment, 11% of residents are uninsured, which is on par with the national rate. This means that 89% of Mecklenburg residents do have health insurance that may pay for a portion, or all, of their nutrition sessions. A business that takes both private pay and insurance has a sizeable market to explore in Charlotte.

The ideal client is a woman between the ages of 18-60, living in the Charlotte metro area, looking for a dietitian that will provide an encouraging and supportive environment for meeting nutrition goals. These clients may be:

- Seeking nutritional support as they recover from an eating disorder with the help of a therapist and/or a medical provider such as a psychiatrist
- Searching for a new approach to health and nutrition after years of dieting and disordered eating
- Women who have chronic health concerns or a nutrition-related medical condition, such as diabetes, prediabetes, high cholesterol, or gastrointestinal issues

Although my target market is focused on women and my marketing messages will be geared towards this population, I am open to working with men as well as people who do not identify with either gender.

### 4.5.2 Market Potential

Although nationwide statistics for eating disorders are available, there is a lack of research overall and on the state and local levels. According to Murray et al., lifetime prevalence ranges from roughly 0.9% for anorexia nervosa to 3.5% for binge eating disorder, and the funding for research is not adequate. Federal funding for eating disorder research was \$0.73 per affected individual in 2017, while autism research was funded at a rate of \$58.65 per affected individual and schizophrenia at \$86.97 per affected individual (Murray et al., 2017). There is a need for more funding so eating disorders can be better understood, diagnosed, and treated.

The research that is available consistently shows that binge eating disorder is the most common, with one study finding that 3.5% of women and 2.0% of men had this eating disorder in their lifetime (Hudson, Hiripi, Pope, and Kessler, 2007). Anorexia, the mental illness with the highest mortality rate, occurs in 0.9% to 2.0% of females and 0.1% to 0.3% of males. Subthreshold anorexia, which means disordered behaviors are present but do not meet criteria for diagnoses, occurs in an additional 1.1% to 3.0% of adolescent females (Stice and Bohon, 2012). Bulimia was found to impact 1% of the population in a 2003 review (Hoek and Hoeken, 2003). While these statistics are relatively low, perhaps compared to diabetes or another diagnosis, they translate into a large number of people. These mental illnesses impact many Americans, and it is possible we have not discovered their full reach. It is important to keep in mind that research is lacking in this area and there is a great deal of shame and secrecy involved in eating disorders. The prevalence of these mental illnesses may be higher than what is consistently reported.

Eating disorders affect people of all genders, races, body sizes, and ages. However, research in the university population has been particularly striking, with one study finding that 13.5% of women and 3.6% of men had positive screens for eating disorders (Eisenberg, Nicklett, Roeder, and Kirz, 2011). This is much higher than the nationwide statistics mentioned above. As mentioned earlier, Charlotte is home to almost 40 universities and colleges and lacks many of the resources that would increase access to treatment. This means there are many people suffering who may not have had the opportunity to reach out for help. There are likely many college students in Charlotte currently battling an eating disorder, as well as others who have graduated college but did not have access to treatment and still need help.

According to the Eating Recovery Center, over 70% of people with an eating disorder will not seek treatment due to many reasons, including stigma and lack of access to care. There is hope that with more resources, these statistics will improve as research indicates up to 80% of patients who complete treatment will improve or recover ("Eating Disorder Facts & Statistics"). In addition, many Americans, whether college students or not, without a diagnosable eating disorder struggle with poor body image and spend many years on and off of the diet rollercoaster. This market needs more dietitians in private practice who specialize in eating disorders.

#### **4.5.3 Reaching the Target Market**

Clients will be reached through direct marketing, such as the business website, as well as indirect marketing, such as a referral from a therapist or doctor. The business will ideally have a mix of self-referred and provider-referred clients, as collaborating with other providers requires more time spent on the client.

##### **4.5.3.1 Direct Marketing**

I will transition my website from [www.soontoberd.com](http://www.soontoberd.com) to [www.lindsayheltonrd.com](http://www.lindsayheltonrd.com) upon obtaining my credentials in January 2019. Over the last two years I have built a small but loyal readership that I believe will enjoy

following my new journey as a dietitian. This will also be a source of potential clients. My new website will be more professionally oriented and have a tab for the blog, rather than mainly being a personal and nutrition blog. It will also have pages for services and other business offerings. This will allow me to continue to connect with my audience, and may help others become interested in my services.

In addition, I will post my services on [www.HealthProfs.com](http://www.HealthProfs.com). From my research it appears that almost all Charlotte area private practice dietitians market themselves on this website. Each provider has a page on which they share information about their services, expertise, any insurance they take, and a link to their website.

I will also join the Health at Every Size provider registry, located at <https://haescommunity.com/search>. This registry provides information on providers who are aligned with the Health at Every Size philosophy and mission of providing compassionate care to people of all sizes. There are no dietitians in Charlotte who have joined this registry, so this is as a great opportunity to reach people who are looking for an inclusive, weight-neutral provider.

#### ***4.5.3.2 Social Media and Internet Presence***

Over the last two years I have built a following of almost 800 followers on Instagram. This is the platform I am most active on in relation to my blog, although I also share posts on Facebook and have about 100 followers there. Instagram and Facebook have helped me network with other dietitians and dietitians-to-be. I will continue build my following by creating interesting content that potential clients and other providers will want to engage with, which could lead to new clients and referrals.

Research has shown that social media marketing is effective and has a positive effect on bottom line. According to one study, firm generated content works well with other types of marketing, such as email marketing, but its impact is greater for the social-media prone customer that I seek to attract (Kumar, Bezawada, Rishika, Janakiraman, and Kannan, 2016). They found that social media content has a “positive and significant effect on customer spending” and that customers who engaged with a business’s social media contributed more money to that business than customers who were not engaged on social media (Kumar et al, 2016). Another study found that engagement on social media increased a message’s popularity and spread (Chang, Yu, and Lu, 2015). These researchers emphasized the importance of social media posts that address the needs of the target audience and link to the business site to further promote the message and business. Maintaining active social media pages related to Lindsay Helton Nutrition will help the message of positive nutrition reach more people, and ultimately benefit the bottom line of the business.

#### ***4.5.3.3 Referrals***

As part of my marketing plan, I will reach out to providers in the area such as other dietitians, therapists, and doctors. I will focus on practitioners who share similar views about health and wellness, and ask for a meeting to learn more about each

other and the services we offer. I will also connect with the eating disorder treatment centers listed in this paper to learn more about their treatment style and establish a referral source. I anticipate that this will lead to genuine, lasting relationships in the community with other providers.

Social media is also a space for networking. On Instagram I am in a group message with 15 like-minded nutrition students or new dietitians, several of whom work with eating disorders and a few who even have their own practice. This is a very valuable source of insight, support, and collaboration as we often share each other's posts and collaborate on projects. On Facebook, I am a member of a nutrition entrepreneurship group called INSPIRD to Seek. Here members, mainly dietitians, ask questions and share what has led to success in their practices. This is also a place I can go to ask for support, seek guidance, and network with other dietitians in private practice for potential referrals in the Charlotte area.

#### ***4.5.3.4 Initial Office Contact***

Potential clients will find my contact information through HealthProfs.com or my website. My phone number, email, and website will be listed on HealthProfs.com, providing several ways to contact the business. On my website there will be a "Contact" page, which will include a space for the client's name, email address, phone number, and a brief message. This message will be forwarded to my private business email. I will then reach out to the client via phone to schedule an appointment. Clients may also call my office number directly if they would like to get in touch more quickly.

#### ***4.5.3.5 Evaluating Services***

This business will be adaptive and evaluate offerings to meet the needs of its clients and community. Additional services, such as micronutrient or metabolism testing, may be added if clients or referring providers demonstrate a need for them.

## **5. Financial Plan**

### **5.1 Projected Expenses**

The first fees for the business will be related to obtaining credentials. The fee for registering for the RD exam is \$200. The annual dues for being a member of the Academy of Nutrition and Dietetics are \$175, and the processing fee for joining is \$25. I have yet to become a member, so for the first year my fees will be \$200. Professional liability insurance from Mercer will cost \$120 per year. I will use Google Voice to establish a private practice phone number, and this service is free. I will also pay \$125 for establish Lindsay Helton Nutrition LLC. The cost for website hosting from BlueHost, which I currently use, is \$89.40 for the first year. This is a total of \$179.94 for the first year. As mentioned previously, I will also purchase six months of access to the INSPIRD to SEEK membership, which is \$199.

The biggest monthly expense for the business is the office rent. I will include \$150 for this in my cost analysis as my husband and I plan to split the cost between our businesses. HealthProfs.com will be an important marketing tool for the business and connect clients to my website and scheduling page. This service is free for the first six months, and then will cost \$29.99 per month. Kalix, the billing and scheduling software, will be \$27 per month. I will begin paying for this service in March to become familiar with it before the first anticipated client in April.

## 5.2 Projected Income

I plan on marketing the business through the month of March and securing the first client by April. As shown on the cash flow analysis below, I expect to have one assessment and one follow up in April, and then build by one client (approximately \$100 in income) every two to three months. This will lead to a monthly income of \$845 by the end of the first business year. Monthly costs will be \$177 for the first six months, then \$206.99 after that, so having two clients per month will lead to a profit. With one initial assessment and one follow up per month, income would be \$215. If there were no new clients in a month, three follow up appointments would be needed to make a profit. This would likely equate to two clients, as not every client will be seen weekly.

## 5.3 Cash Flow Analysis

Based on the financial cash flow analysis below, the business will begin to make a profit in April and will recover the initial investment cost of \$916.6 by the end of August.

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Annual Totals
<b>Income</b>													
Sales				315	430	430	530	530	530	645	745	845	5,000
Savings	2000												
Total Income	2000			315	430	430	530	530	530	645	745	845	7,000
<b>Expenses</b>													
Rent	150	150	150	150	150	150	150	150	150	150	150	150	
Kalix Software			27	27	27	27	27	27	27	27	27	27	
Health Profs Posting							29.99	29.99	29.99	29.99	29.99	29.99	
RD Exam Registration	200												
AND Member Fees	200												
Liability Insurance	120												
LLC Formation	125												
INSPIRD to SEEK Membership	199												
Website Hosting	89.40												
<b>Total Expenses</b>	1083.4	150	177	177	177	177	206.99	206.99	206.99	206.99	206.99	206.99	3183.34
<b>Monthly Cash Balance</b>	-916.6	-150	-177	138	253	253	323.01	323.01	323.01	438.01	538.01	638.01	
<b>Total Cash Balance</b>	916.6	766.6	589.6	727.6	980.6	1215.6	1538.61	1861.62	2184.63	2622.64	3160.65	3798.66	3816.66

## 6. Supporting Documents

### 6.1 Initial Assessment Questionnaire

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Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation:

Who do you live with?

**Purpose of our Consult-** Tell me about why we are meeting. What do you feel is the primary purpose?

**Relevant Medical History-** Please list/describe any medical diagnoses or procedures I should be aware of.

If applicable, have there been any inconsistencies with your menstrual cycle? If yes, please describe.

Please list your current medications & supplement dosages:

Please list/describe any mental health concerns should I be aware of (i.e. depression, anxiety, OCD, PTSD)?

Rate your current perceived level of stress on a scale of 1-10:

Have you ever worked with a dietitian/nutritionist? If yes, tell me about your experience.

#### **Digestive Health**

Have you ever received a gastrointestinal (GI) diagnoses? If yes, please describe

Did you have any GI issues as child or adolescent? If yes, please describe

Do you have any food allergies or intolerances? If yes, please describe

**Gastrointestinal symptoms:**

On a scale of 1-10 (10 = terrible, 0=non-existent) please state a number that identifies the level intensity of the following symptoms:

Gas 1 2 3 4 5 6 7 8 9 10

Nausea 1 2 3 4 5 6 7 8 9 10

Constipation 1 2 3 4 5 6 7 8 9 10  
7 8 9 10

Reflux/ (GERD) 1 2 3 4 5 6 7 8 9 10  
8 9 10

Bloating 1 2 3 4 5 6 7 8 9 10

Diarrhea 1 2 3 4 5 6 7 8 9 10

Abdominal Pain 1 2 3 4 5 6

Incomplete emptying 1 2 3 4 5 6 7

**Relevant Family History-** Share with me any family dynamics you feel are important for me to know/understand.

What was food like in your house growing up? What is it like now? Does anyone in your family have a history of dieting, disordered eating, or eating disorders? Other chronic illnesses?

**Food & Nutrition**

Tell me about your dieting and/or your eating disorder history

**Eating Patterns**

How many meals a day do you eat?

Do you skip meals?

If yes, which ones do you skip and why?

What are your snacking habits (i.e. frequency, time of day, foods you choose)?

When you feel overwhelmed or life gets busy, do you neglect your eating habits? If yes, please describe.

Do you feel that your life/schedule conflicts with nourishing your body in the way you'd like to? If yes, please describe.

Do you eat and multi-task (i.e. read, watch TV, drive)? If yes, please describe:

Where do you eat your meals?

Do you feel you eat particularly fast or slow? Please describe:

Do you like to cook?

Who does the grocery shopping?

Who prepares the food at home?

Please list the usual time and typical daily intake for each meal:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

What foods do you love?

What foods do you dislike?

Are there any foods that you fear or feel like binge foods for you?

Are there any foods that feel "safe" to you?

Does your diet have a lot of variety or does it tend to be the same from day to day?

### **Exercise and Activity**

Have you ever had a consistent exercise routine?

If yes, tell me about your past exercise habits/relationship to exercise:

Tell me about your current exercise habits/relationship to exercise:

**Weight- You can leave blank if you prefer or if it feels uncomfortable, we can discuss it in session together.**

Height: \_\_\_\_\_ Current weight: \_\_\_\_\_

Ave weight. for the past 2 to 3 years? \_\_\_\_\_

Weight you feel most comfortable \_\_\_\_\_ When were you last at that weight? \_\_\_\_\_  
\_\_\_\_\_



Highest adult weight? \_\_\_\_\_ Age: \_\_\_\_\_

Lowest adult weight? \_\_\_\_\_ Age: \_\_\_\_\_

If applicable, pre-pregnancy weight? \_\_\_\_\_ How much weight did you gain with pregnancy?

Have you lost or gained weight recently? \_\_\_\_\_

How much? \_\_\_\_\_ Time frame? \_\_\_\_\_

Do you weigh yourself currently? If yes, how frequently:

Please circle how you currently feel about your body.

strongly dislike      dislike      slightly satisfied      satisfied      very satisfied

### **Working together**

What do you hope to accomplish through our visits together?

Please feel free to share any additional information here.

## **6.2 Policies and Payment**

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### **Lindsay Helton Nutrition Policies**

#### **Payment and Cancellation Agreement**

- All services must be paid with cash, check, or credit card prior to the start of the services.
- Lindsay Helton Nutrition currently does not accept insurance.
- I may request a superbll, which I may submit to my insurance company for reimbursement purposes. A superbill does not guarantee payment for services.
- All appointment cancellations must be completed 24 hours in advance. Failure to cancel within 24 hours will result in a \$50 fee.
- There will be a \$30.00 charge for all returned checks.
- Appointments start on time. If I am late, I may use the remainder of my appointment time but no longer. I will be required to pay for the entire cost of the visit.
- Unpaid balances in excess of 30 days will be subject to a service charge of 1.5% per month.

- I have an obligation to pay my account in full 90 days from the scheduled date of service. If I do not pay my account in full within this time period I acknowledge my credit card will be charged for the remaining balance.
- Lindsay Helton Nutrition requires I provide my credit card information to be held on file.

Type of Card: \_\_\_\_\_ Card Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

I understand that by working with Lindsay Helton Nutrition, LLC I must comply with the payment and cancellation policies listed above. By signing this agreement, I am indicating that I understand these policies and agree to them.

I also understand that the recommendations and education provided by the clinician at Lindsay Helton Nutrition should not be used in place of medical advice.

\_\_\_\_\_  
 Client's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Client's Printed Name

### **6.3 Goal Setting**

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My long-term health and nutrition goal is: \_\_\_\_\_

How will reaching this goal improve my life?

What are the positives that would come with reaching this goal? Any negatives?

I will work toward achieving this long-term goal by focusing on the following short-term goals before my next appointment:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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## **Appendix: Business Plan Discussions**

During my time at The Renfrew Center, I had several conversations with the lead dietitian, Jessica Berens, and the site director, Ashley Moser, about outpatient dietitians and potential referrals. They knew I was planning to start a private practice and encouraged me to do so. They stated they were looking to refer to dietitians who shared their nutrition philosophy of food and weight neutrality. In addition, they only refer to dietitians they feel will not do harm when it comes to body image and weight concerns. Jessica told me there are only 5-7 outpatient dietitians she refers to in Charlotte, and that an even smaller number take insurance. This information was beneficial as I was beginning to form ideas about this business and deciding whether or not to take insurance. I look forward to collaborating with them in the near future.

I also conducted an interview with Rhya Pachin, RDN, LDN, CLT. Rhya owns a private practice located in Indian Land, SC called Carolina Functional Nutrition. She specializes in a functional nutrition approach to inflammation, food sensitivities, pain, and nutrition imbalances. She planned to build her private practice on the side of a full time job, but left her first job as a dietitian after three months due to unforeseen circumstances. At this point, Rhya jumped into full-time private practice work. She originally saw people in their homes to minimize overhead costs. She also worked as a consultant at a wellness center and a doctor's office to build experience and income.

For the last year, Rhya has had a full client load in her practice and no longer works consulting jobs. In the first months of her business, she took insurance to build her client base. She no longer takes insurance and states this has not been an issue for her clients, who mostly come from the Ballantyne and South Park areas of Charlotte. Rhya learned by trial and error and states she wished she had written a business plan. Her advice is to find mentors in the field to learn from and to join the Nutrition Entrepreneurs DPG with the Academy of Nutrition and Dietetics. Rhya states that being a part of a practice group with other entrepreneurs has been helpful and empowering as a business owner.