



## Inclusion is an Action Word

Michele “Shelly” DeBiasse, PhD, RDN and Kate Gardner Burt, PhD, RDN

As dietetics professionals with commitment to social justice, we read with interest President Mary Russell’s, MS, RDN, LDN, FAND page “To Support All: Diversity and Inclusion” published in a recent *Journal of the Academy of Nutrition and Dietetics (JAND)* (Russell, 2019). We support the Academy of Nutrition and Dietetics in its decision to include the word “inclusion” in its revised definition of diversity as we agree that a diverse profession is not only desirable, but essential to effectively meet the needs of patients and clients. Unfortunately, we identified a number of concerns with the information presented in the article by President Russell. In response (and following standard academic practice), we submitted a letter to the editor of *JAND* outlining our concerns; supporting our contentions in a fact-based fashion, inclusive of citations (Supplement).

Response to our submission came in the form of an email from the President of the Academy of Nutrition and Dietetics, Mary Russell. In her email, she informed us that our manuscript was forwarded to her by the Editor of *JAND*, Linda Snetselaar, PhD, RDN, FAND, LD. President Russell expressed her appreciation for our “views” and “commitment” to diversity and inclusion. Additionally, she stated that her column in *JAND* was not “intended as a comprehensive overview of the Academy’s previous or current efforts in increasing diversity and inclusion in nutrition and dietetics”. Further, she informed us that the Academy “will convene a diversity and inclusion strategic planning meeting in early 2020 to address this issue”. Our follow up email to Editor Snetselaar regarding the status of our submission to *JAND* informed us that our “submission will be withdrawn from further consideration for publication”. In keeping with our desire to promote discourse and

action with regard to diversity and inclusion in dietetics, we submitted this opinion piece to the *Journal of Critical Dietetics*.

Lack of true diversity and inclusion in the profession of dietetics is not a problem isolated to the United States. We have been informed by a number of our colleagues in both Canada (Dietitians of Canada) and Great Britain (British Dietetic Association) that the dietetics profession in these countries is not racially/ethnically diverse. A search of their association websites does not provide data on the racial/ethnic makeup of their professional memberships. We were informed by a member of the Dietitians of Canada professional association that there is no question on their membership form to allow applicants to identify their race/ethnicity (K. Comeau, personal communication, August 12, 2019). There is no mention of the racial/ethnic background of dietitians in the annual report of the British Dietetic Association (2018-2019). Brief discussion of this issue among the Critical Dietetics Facebook group (Critical Dietetics Group, n.d.), a group whose mission is to create “a global space for critical inquiry and dialogue to build on and broaden the body of knowledge in dietetics through collective and inclusive efforts” confirms that these types of demographic data are unavailable and that lack of racial/ethnic diversity is an issue (J. Brady & G. Dhami, personal communication, August 9, 2019). No further information regarding racial/ethnic diversity in Canada or Great Britain could be obtained.

With regard to the content published in the President’s Page in *JAND* (2019), we agree with our colleague Ms. Turner, MS, RD, LDN, that there is insufficient diversity in dietetics to allow for diverse decision makers and leaders or to “give equal footing to all those represented”

(Russell, 2019, p. 543). But, we believe the statement: “The Academy is diverse in that it welcomes membership without discrimination” (Russell, 2019, p. 543) is incorrect. Additionally, we argue that the Academy’s insertion of the term “inclusion” into their diversity statement without strategies to operationalize inclusion amounts to tokenism rather than effort to improve diversity and inclusion in dietetics. To be diverse, it is not enough for a group to welcome membership without discrimination; it must be comprised of members who represent the range of human differences (Ferris State University, nd). The Academy’s own membership statistics (presented below) are contrary to the assertion by President Russell that the dietetics profession in the United States (US) is diverse.

President Russell reports in her article that the Academy has prioritized diversity “since at least the early 1980s” (Russell, 2019, p. 543). Although this may be true, the Academy’s own data suggest that efforts the Academy has adopted to date to improve diversity in the profession have been ineffective. In 2013, data on the racial/ethnic breakdown of RDNs in the US show RDNs identifying as black comprising 2.7% and Hispanic comprising 2.9%. The 2018 data show little change (2.5% and 3.3% respectively) (Stein, 2017). To compound the problem, the data from ACEND regarding the racial/ethnic makeup of students in dietetics programs shows a DECLINE in representation among both black and Hispanic people from 1998 to 2016 (ACEND, n.d.). The initiatives undertaken by the Academy have not effectively increased the racial/ethnic diversity of its membership. Therefore, we suggest that the Academy’s plans to continue with current programs is not enough. We argue that new initiatives should be developed and adopted, and their impact evaluated so that true change in diversity can be realized.

Moreover, we disagree with President Russell’s statement regarding how addition of the word “inclusion” translates into the Academy’s revised statement. Equal representation within the Academy’s membership is not true inclusion. Inclusion is an active process in which voices and perspectives of diverse members are heard and respected. It does not mean “encouraging diverse individuals into the profession and continued involvement” (Russell, 2019, p. 543). We support Dr. Judith C. Rodriguez’s, RDN, LDN, FADA, FAND statement about the positive impact a diverse group of practitioners can have on the profession, and

the essentiality of that group to provide the best care to patients and clients. We argue that the Academy needs to initiate programs that actively create space within the profession for racially/ethnically diverse professionals to not only “see themselves” in the profession’s membership, but also know that they are both welcome and vital to the profession’s success.

We encourage the Academy to spend the time and resources needed to critically evaluate the effectiveness (or lack thereof) of its current diversity initiatives and programs. As a starting point, we suggest the Academy survey its membership who identify as persons of color to ask them if they feel included in the profession, and use this data as a roadmap to guide future programs and initiatives. In addition, we would welcome the Academy create a space for conversation about race, diversity, inclusion and equity at Academy-sponsored events. Although we support the Academy’s creation of a committee on diversity, we suggest additional financial and organizational support of this committee to allow for data collection and analyses (with publication of the results) on how the Academy’s current efforts are impacting diversity. Should data reflect minimal positive return on efforts (as appears the case from a cursory review), we believe the committee should re-evaluate and restructure its efforts to prevent continuation of programs that are not effective rather than staying the course to preserve the appearance of a commitment to diversity and inclusion.

We hope that this publication will spur the Academy to discontinue programs that are not improving diversity and use resources saved to create new programs that have the potential to effect real change. In addition to our suggestions outlined above, we offer additional suggestions such as the development of pipeline programs, encouragement of holistic admissions processes, subsidizing supervised practice programs, offering loan repayment, and providing credit for prior learning (Burt, 2019). In sum, inclusion is an action word. And immediate and sustained action is needed to improve diversity and inclusion in dietetics.

## References

- Accreditation Council for Education in Nutrition and Dietetics. (n.d.) Enrollment Statistics. Retrieved from <https://www.eatrightpro.org/acend/about-acend/enrollment-statistics>.
- British Dietetic Association. (n.d.) Annual Report 2018-2019. Retrieved from <https://www.bda.uk.com/about/executive/annualreport2018-19.pdf>.
- Burt, K.G., Delgado, K., Chen, M., & Paul, R. (2019). Strategies and recommendations to increase diversity in dietetics. *JAND*, 119(5), 733-736.
- Critical Dietetics Group [Facebook page]. (n.d.). Retrieved August 13, 2019, from <https://www.facebook.com/groups/1491941607580925/about/>.
- Ferris State University. (n.d.) Diversity and Inclusion Definitions. Retrieved from <https://www.ferris.edu/HTMLS/administration/president/DiversityOffice/Definitions.htm>.
- Russell M. (2019). To Support All: Diversity and Inclusion. *JAND*, 119(4), 543.
- Stein, K. (2017). A quarter-century of transformation: The recent history of evolution at the Academy of Nutrition and Dietetics. *JAND*, 117(10), S9-S18.

## Author bios

### Michele “Shelly” DeBiasse, PhD, RDNs

Michele “Shelly” DeBiasse, PhD, RDN (she/her/hers) is a Clinical Assistant Professor and Director, Programs in Nutrition at Boston University/College of Health & Rehabilitation Sciences: Sargent College, and Affiliated Faculty in the Women’s, Gender & Sexuality Studies program in the College of Arts and Sciences, Boston University, Boston, MA, USA. She has a PhD from the department of Graduate Medical Sciences, Boston University School of Medicine. She received her MS in Clinical Nutrition from Rush University, and completed her dietetic internship at Rush-Presbyterian-St. Luke’s Medical Center, both in Chicago, IL, USA. Her PhD dissertation, *The Theory of Planned Behavior and Implementation Intentions to Improve Fruit and Vegetable Intake in Women with Low Socioeconomic Status*, afforded her three first-author publications, and helped spark her scholarship interests to study ways to better the lives of women and other marginalized groups. Her current research centers upon issues related to equity, diversity and inclusion in healthcare and healthcare professions, and how gender may contribute to challenges often associated with female-dominated healthcare professions.

### Kate Gardner Burt, PhD, RD

Kate Gardner Burt, PhD, RD is an assistant professor at Lehman College and a registered dietitian and culinary nutritionist. She teaches courses in community and public health nutrition and cultural food and sustainability. Dr. Burt’s research broadly aims to reduce racial and ethnic inequities in community food systems in the Bronx and NYC as a whole. She does this by exploring strategies to strengthen efforts to grow food locally and improve community cohesion and social connectedness to build a more just food system. She also aims to reduce inequities in food systems by increasing opportunities for low-income people of color to excel in dietetics and food-focused careers. She takes a mixed methods, community-based approach to research and currently works with several New York City based non-profit organizations. Dr. Burt received her BS in film and television from Boston University and her MS in exercise physiology and nutrition, RD and PhD in food and nutrition policy from Teachers College, Columbia University.